An Update to the BLUEPRINT REPORT
LEVERAGING PROGRESS

Chester County Fund for Women and Girls

2016
Women in the United States, Pennsylvania and Chester County have made remarkable social, economic and political progress in the 21st century, but further improvements are needed. Over the last several decades, the gender wage gap has narrowed, women have graduated from college and moved into higher-paying jobs in increasing numbers and women’s representation in political office has increased. Women in states across the nation and in Chester County, however, face challenges such as poverty, limited access to affordable child care, adverse health conditions and threats to their personal safety. Women continue to be significantly underrepresented in political office relative to their share of the population and face stubborn disparities in opportunities and outcomes in all areas that exist among women of different racial and ethnic groups, ages, geographic areas and sexual orientations. Addressing these challenges is essential to promoting the continued advancement of women and the well-being of families and communities in Chester County and beyond.

An Update to the Blueprint Report: Leveraging Progress provides critical data to identify areas of progress for women and girls in Chester County and Pennsylvania and indicates where additional improvements are still needed. It presents data points across seven areas that affect the lives of women and girls.

• Employment and Earnings
• Work and Family
• Poverty and Opportunity
• Reproductive Rights
• Health and Well-Being
• Violence and Safety
• Political Participation

This report will seek to address significant issues and trends and bring them to the forefront of our awareness, conversations and planning.

Complete Report: www.ccfwg.org/research
The Chester County Fund for Women and Girls leads and unites the community through philanthropy and advocacy to ensure that women and girls have resources and opportunities to thrive.

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

The Fund was created in 1996 to respond to the vital needs and issues affecting women, girls and their families in Chester County. Report findings, new data and site visits with grantees drive our grantmaking decisions and education initiatives while underscoring the need to increase funding resources. In 2005 the Fund commissioned the Blueprint Report: a comprehensive compilation and original analysis of existing and newly collected data from more than 80 local, state and national resources – with a unique focus on women and girls. This report was updated in 2010 and again now. Since our inception, we have awarded more than $2 million in grants to 60 organizations addressing critical needs. The Fund embraces the challenge to grow our capacity and grantmaking capability so we may tackle deep and persisting needs within our county.

**CHESTER COUNTY QUICK FACTS**

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TOTAL POPULATION</strong></td>
<td></td>
<td>512,784</td>
<td></td>
</tr>
<tr>
<td><strong>51% FEMALE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>MEDIAN HOUSEHOLD INCOME</strong></td>
<td></td>
<td>$85,373</td>
<td>$53,541</td>
</tr>
<tr>
<td><strong>ALL HOUSEHOLDS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>FEMALE HOUSEHOLDS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>RACE OF FEMALES</strong></td>
<td></td>
<td>81% WHITE</td>
<td>6% BLACK</td>
</tr>
<tr>
<td><strong>6% HISPANIC</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>AGE OF FEMALES</strong></td>
<td></td>
<td>23% UNDER 18</td>
<td>16% OVER 65</td>
</tr>
</tbody>
</table>

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

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

The Fund was created in 1996 to respond to the vital needs and issues affecting women, girls and their families in Chester County. Report findings, new data and site visits with grantees drive our grantmaking decisions and education initiatives while underscoring the need to increase funding resources. In 2005 the Fund commissioned the Blueprint Report: a comprehensive compilation and original analysis of existing and newly collected data from more than 80 local, state and national resources – with a unique focus on women and girls. This report was updated in 2010 and again now. Since our inception, we have awarded more than $2 million in grants to 60 organizations addressing critical needs. The Fund embraces the challenge to grow our capacity and grantmaking capability so we may tackle deep and persisting needs within our county.

**CHESTER COUNTY QUICK FACTS**

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TOTAL POPULATION</strong></td>
<td></td>
<td>512,784</td>
<td></td>
</tr>
<tr>
<td><strong>51% FEMALE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>MEDIAN HOUSEHOLD INCOME</strong></td>
<td></td>
<td>$85,373</td>
<td>$53,541</td>
</tr>
<tr>
<td><strong>ALL HOUSEHOLDS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>FEMALE HOUSEHOLDS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>RACE OF FEMALES</strong></td>
<td></td>
<td>81% WHITE</td>
<td>6% BLACK</td>
</tr>
<tr>
<td><strong>6% HISPANIC</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>AGE OF FEMALES</strong></td>
<td></td>
<td>23% UNDER 18</td>
<td>16% OVER 65</td>
</tr>
</tbody>
</table>
GENDER EARNINGS RATIO

The national gender earnings ratio has improved in recent years, yet in every state in the nation women still earn less than men. In Pennsylvania, the gender earnings ratio improved between 2004 and 2013 from 74.7 to 76%. Practically speaking, this means that the median earning potential for women in Pennsylvania and Chester County in 2014 is $10,507 and $18,658 less than their male counterparts, respectively.

If progress continues at the current slow rate, the disparity between women’s and men’s earnings in the United States overall will not close until the year 2058. The gender wage gap in Pennsylvania is expected to close in the year 2072. With a higher discrepancy in median earnings for men and women than the state as a whole, closing this gap in Chester County may take more time.

EARNINGS AND THE GENDER WAGE GAP FOR WOMEN OF COLOR

In Chester County, the median annual earnings for all women are only 73.5% of men in Chester County. Compared to White men in Chester County, the gender earnings gap is smallest for Asian/Pacific Islander women in Chester County and White women. Hispanic women in Chester County have the lowest median annual earnings across racial and ethnic categories. Like their peers across the United States, these women earn just slightly more than half that of White men. Earnings gaps for Native American and Black women in Chester County relative to White men are smaller, but these women are still earning substantially less than White men.
Education increases women’s earnings but does not eliminate the gender wage gap. In the United States, women with a bachelor’s degree earn, on average, more than twice the amount that women with less than a high school diploma earn. Women who work full-time year-round, however, earn less than men at the same educational level.

An analysis of median earnings by educational attainment and gender shows that while women of all education levels in Chester County are earning more than women across the state and the country, they are earning significantly less than male residents with commensurate levels of education in their own communities.
WOMEN’S LABOR FORCE PARTICIPATION

In Pennsylvania, 58.6% of women aged 16 and older are active in the labor force compared to 67.4% of men. In Chester County, 62.4% of such women are active in the labor force compared to 71.3% of men. While more women aged 16 and older in Chester County are working, they continue to face significant challenges in acquiring and maintaining gainful employment. Among the largest racial and ethnic groups, Black women aged 16 and older had the highest workforce participation rates in 2014 in the United States, Pennsylvania and Chester County at 62.4%, 63.6%, and 67.1%, respectively.

PART TIME WORK

Although the majority of employed women and men in the United States work full time, women are nearly twice as likely as men to work part-time (29.4% compared with 15.8%). In Pennsylvania 30.7% of women in 2013 were working part time compared to 14.9% of men. Part-time labor force participation in Chester County in the same year was slightly higher than the national and state rates for women and men at 32.5% and 16.1%, respectively. Working part time makes it less likely that a worker will receive employment benefits such as paid vacation days, paid family or medical leave, paid sick days, health care insurance or employer contributions to retirement saving funds. Most women choose to work part-time often because of child or elder care obligations.

WOMEN IN SERVICE OCCUPATIONS

Women are also much more likely than men to work in service occupations, which include personal care aides, home health aides, nursing assistants, cooks and food service staff. These occupations are projected to see high growth in the coming years, but they have median annual earnings for women of less than $25,000 per year. 32% of employed Hispanic women, 28% Black and 27% Native American women work in service occupations, compared with 20.6% of Asian/Pacific Islander women and 18.3% of White women.
WOMEN IN STEM OCCUPATIONS

Science, technology, engineering and mathematics (STEM) occupations have experienced much faster growth than other occupations in the last decade and play a key role in the sustained growth and stability of the U.S. economy.

Women are less likely than men to work in STEM occupations in every state, but their shares of STEM occupations vary considerably. More women work as biological scientists than as engineers. Nationally, women represent 28.8% of STEM workers. In Pennsylvania and Chester County, women account for 30.4% and 29.6%, respectively, of the STEM workforce. The higher percentage of employed women working in these occupation in Chester County may be attributed to the concentration of higher education and pharmaceutical-related jobs in the region, even though overall employment for women is slightly below the state percentage.

The percentage of women working in STEM occupations varies across the largest racial and ethnic groups. In the United States, Pennsylvania and Chester County, Asian/Pacific Islander women are the most likely to work in these occupations (11.3% in Chester County), followed by White women (4.9% in Chester County), Black women (2.8% in Chester County), and Native American and Hispanic women (2.3% each in Chester County).

CONCLUSION

The differences in occupations in which women and men work are just one factor indicating that more progress needs to be made before women can achieve equality in the workforce. Occupational segregation continues to be a persistent feature of the U.S., Pennsylvania and Chester County labor force, with the occupations in which women are concentrated paying less than those in which men are concentrated. Women’s participation in the labor force has declined since 2002 and women in all states across the nation continue to earn less than men. Despite signs of progress, the gender wage gap is not expected to close for many decades. These findings point to the need for policies and practices that can accelerate the pace of change for women and improve their status in employment and earnings in all states and the nation overall.

www.ccfwg.org/research
PAID LEAVE AND PAID SICK DAYS

Paid leave helps women remain in the labor force when faced with caregiving responsibilities—whether the caregiving is for a baby, child, parent or spouse—and the continuous attachment to the labor force can also help with career advancement. Paid leave for men can help address the unequal division of caregiving tasks between women and men and can reduce the potential for stereotyping and discrimination against women if they are the only ones using paid leave benefits. The United States is one of only two countries in the world without a national paid maternity leave law and one of a small minority of high-income countries that does not require employers to provide paid sick days.

State laws and voluntary employer benefits are only partially filling the vacuum left by a lack of federal laws. Nearly 40% of all women workers, and about half of Hispanic women workers, do not have access to any paid sick time. Part-time workers (the majority of whom are women) are only rarely covered by paid leave benefits of any kind. Less than half of all employed women (41%) received paid maternity leave before or after the birth of their child.

2 OUT OF 5 FEMALE WORKERS DO NOT HAVE ACCESS TO ANY PAID SICK TIME UNITED STATES, 2013

<table>
<thead>
<tr>
<th>CHESTER COUNTY</th>
<th>UNITED STATES</th>
<th>PENNSYLVANIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>46.4%</td>
<td>49.8%</td>
<td>50.4%</td>
</tr>
</tbody>
</table>

HOUSEHOLDS WITH MOTHERS EARNING AT LEAST 40% OF FAMILY INCOME 2013
ELDER AND DEPENDENT CARE
Balancing both employment and caregiving responsibilities, particularly for women, leads to significantly higher levels of stress than those experienced by non-caregiving peers. The unequal division of family caregiving between working women and men is demonstrated by the fact that women are nine times as likely as men to work part time for family care reasons. In Chester County, 32.5% of women aged 16 and older in the labor force work part-time jobs compared to 16.1% of men. While women are also approximately twice as likely to work part time across the United States and Pennsylvania at 29.4% and 30.7%, respectively, the percentage is higher in Chester County.

Focus group discussions and survey responses reveal that while Census numbers accurately reflect the reasons women are working part-time, they do not reflect their interrelatedness. Chester County service providers report that many women cite numerous reasons for not working full time. The alleviation of one reason does not necessarily mean that a woman can easily transition into a full-time, higher-paying job with better benefits. Decreasing the share of women’s part-time work hinges on addressing multiple facets of gender disparity.

MOTHERS AS BREADWINNERS
Regardless of whether or not a household is headed by a married couple or a single parent, mothers’ earnings make a major contribution to their family’s income. Breadwinning mothers are the sole provider or, in married couples, contribute at least 40% of family earnings. Single mothers are a slight majority of female breadwinners (51% of mothers who make at least 40% of household income). In married families with children, over a third of women (37%) earn at least 40% of the couple’s joint earnings. In Pennsylvania and Chester County, 50.4% and 46.4%, respectively, of households have breadwinner mothers. The share of single mothers in Chester County is 48.3% and 49.4% in Pennsylvania compared to 50.7% across the United States. The share of married mothers among breadwinners in Chester County is also slightly below the national and state percentages, at 37.8%.
THE COSTS OF EARLY CARE

The cost of child care can present a formidable burden to families with young children. Between 1985 and 2011, the weekly out-of-pocket expenditure on child care for families with an employed mother almost doubled in real terms. Only a small minority of young children—16% of infants and 25.5% of toddlers of employed mothers, and fewer than 5% of toddlers and infants of mothers who are not employed—are in licensed day care centers. Families with children who have income below the poverty line spent 30% of their income on child care in 2011. Reliable and affordable child care is an important factor in enabling mothers in low-wage jobs to maintain employment and advance at work.

In the majority of the United States, the annual costs of center care for an infant are higher than the costs of attending a year of college at a public university. In 22 states, including Pennsylvania and the District of Columbia, the costs of center care for an infant exceed 40% of the median annual income of single mothers.

Child care costs in Pennsylvania exceed

40%

of the median annual income of single mothers.

CHILD CARE SUBSIDIES

Child care subsidies help mothers and fathers access better quality child care, improve performance and advancement at work and reduce child care-related work interruptions. Nationally, in 2011 fewer than 4% of all infants and toddlers received any child care subsidies and even among low-income families, only 11.8% of children under five received any financial supports for child care from government sources.

In Pennsylvania, approximately 481,690 children were potentially eligible under federal parameters (i.e., family incomes less than 85% of state median income) in 2012. However, state standards are stricter. To be eligible under Pennsylvania’s state plan a family of three has to have income below 74% of the state median income. Thus, in 2012, the families of 242,390 children who were eligible under federal guidelines could not access assistance they needed for childcare.
THE COVERAGE AND QUALITY OF PRE-KINDERGARTEN EDUCATION

The benefits of preschool education for children’s cognitive and social development are well established. There were 13,163 children ages 3 and 4 living in Chester County in 2015. 40% (5,221) of those children lived in families below 300% poverty ($72,750 for a family of four) and of those children 4,320 did not have access to publicly funded, high quality pre-K in 2015.

GAPS IN MOTHERS’ AND FATHERS’ LABOR FORCE PARTICIPATION

Fathers are more likely to be in the workforce than mothers among all major racial and ethnic groups. Asian/Pacific Islander and White men have the highest rates (95.1% and 95.0%, respectively), and Native American fathers have the lowest rate (84%). The gap in parents’ labor force participation rates is smallest for Blacks and largest for Asian/Pacific Islanders and Hispanics. In Pennsylvania 70.5% of mothers and 94% of fathers are in the workforce.

CONCLUSION

Compared to many other states, Pennsylvania residents have greater access to paid leave as a result of state laws and voluntary employer benefits. Women workers in Chester County, however, are far less likely to have access to paid sick time than men. Compared to other states and localities, Pennsylvania and Chester County provide relatively few long-term care services and supports for individuals caring for elder and dependent family members. The most commonly cited reason for women working part time instead of full time is family and caregiving responsibilities. It is not surprising then that women in Chester County are almost twice as likely as men to work part time, and slightly more likely than women statewide and across the United States.
TRENDS IN POVERTY AND OPPORTUNITY

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

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

The increase in the percentage of women living above the poverty line in Chester County is particularly significant. In 2002, the county was slightly lower than the state, but surpassed the state percentage as of 2013. Additionally, while the state experienced a slight loss on this indicator, Chester County experienced a small gain between 2002-2013.

HEALTH INSURANCE COVERAGE

Health insurance gives women access to critical health services that can also contribute to well-being in other areas of their lives, such as their economic and employment status. In the United States, 81.5% of nonelderly women (aged 18–64) had health insurance coverage in 2013, a slightly higher proportion than men of the same age range (77.1%).

Analysis of national, state and county American Community Survey microdata reveals that while women aged 18–64 in Chester County tend to have slightly higher rates of coverage, coverage by gender and race and ethnicity reflect state and national trends. Across racial and ethnic categories, women have higher rates of coverage than men. Hispanic and Native American women in Chester County have the lowest rates of health insurance coverage, while White and Asian/Pacific Islander women have the highest rates of coverage.
EDUCATION

Women in the United States have closed the gender gap in education over the past several decades, aided in part by the passage of Title IX of the 1972 Education Amendments, which prohibit discrimination in educational institutions. Pennsylvania ranked 27 out of 51 (all states and the District of Columbia) for the percentage of women aged 25 and older that had completed a bachelor’s degree. The proportion of women who had achieved at least this level of educational attainment is larger than the proportion of men in 29 states, including Pennsylvania. In the same year in Pennsylvania, a smaller percentage of women earned less than a high school diploma (10.5%), more women earned their high school diploma or equivalent (36.1%) and fewer women completed some college or earned at least a bachelor’s degree (24.8% and 28.6%, respectively). More women in Chester County earned a bachelor’s degree or higher (30.7%) than in either the state or country.

FEMALE EDUCATIONAL ATTAINMENT
CHESTER COUNTY, 2013

HEALTH INSURANCE COVERAGE RATES BY GENDER AND RACE/ETHNICITY
CHESTER COUNTY
2013

www.cccfwg.org/research
Focus group participants generally agreed that, while educational opportunity had improved for women and girls overall in Chester County, the distribution of resources to schools across the county was not equitable. Additionally, fewer women in all racial and ethnic categories are dropping out before earning a high school diploma or equivalent. These discussions are consistent with broader discussions of the social and cultural gap that exists between those living in prosperity in Chester County and those living in poverty.

Poverty rates vary considerably among adult women from the largest racial and ethnic groups. While women in Chester County are less likely to be living in poverty than women in the United States and Pennsylvania, the poverty rate for women is higher than men across all racial and ethnic categories. Similar to national and state trends, the difference is greatest between Hispanic women and men.
POVERTY BY HOUSEHOLD TYPE

In Chester County, more single women, with and without children (44.4% and 21.5%, respectively), live below the poverty line compared to state and national statistics. However, fewer single men, with and without children (20.8% and 15.3%, respectively), in Chester County are living in poverty. In Chester County, the annual self-sufficiency standard for one adult and one preschooler is $51,853, or 356% of the Federal Poverty Level. This ranks Chester County as having the highest self-sufficiency standard of all counties in the state. Given that housing comprises the largest single expenditure category within the standard, it is clear that the high cost of housing in Chester County increases the amount of income needed to sustain individual and familial basic needs. In fact, when compared to the U.S. average (including mortgage payments, apartment rents and property tax), Chester County is 72% higher.

Fewer married couples in Chester County, with and without children (7.2% and 3.4%, respectively), are living in poverty compared to married couples across the United States and Pennsylvania. Like state and national trends, though, married couples in Chester County tend to experience poverty less than non-married individuals and women and men with children in Chester County experience poverty at higher levels than those without children.

2 OUT OF 5 SINGLE MOTHERS LIVE BELOW THE POVERTY LINE IN CHESTER COUNTY. 2013

CONCLUSION

Increasing women’s access to resources that foster their economic independence and success is integral to the overall well-being of women, families and communities. Women have made great gains in education in recent years and are a driving force behind the nation’s growth in businesses and the revenues they generate; yet, many women lack economic security and do not have the opportunity to pursue the education and training that might put them on a path to increased financial stability. In addition, women continue to face significant racial and ethnic disparities and access is often limited to public benefits that serve as an important source of support. Women’s access to the resources that enable economic independence varies across states; pinpointing these differences and increasing supports that help women to thrive in the workforce and beyond is essential to elevating women’s status.

www.ccfwg.org/research
ABORTION SERVICES
In 2011 there were 1,720 abortion providers in the United States. 89% of U.S. counties had no abortion clinic; 38% of American women lived in these counties, which meant they would have to travel to obtain an abortion. There were 47 abortion providers in Pennsylvania; 20 of those were clinics. 87% of Pennsylvania counties had no abortion clinic; 49% of Pennsylvania women lived in these counties. Planned Parenthood is the sole abortion provider in Chester County. This represents a 6% decline in overall providers and a 9% decline in clinics from 2008, when there were 50 abortion providers overall, of which 22 were abortion clinics. Of women obtaining abortions in 2008, one-third traveled more than 25 miles.

CONTRACEPTIVE COVERAGE
The 2010 Patient Protection and Affordable Care Act (ACA) expanded women’s access to contraception in several ways, including the requirement that health care insurers cover contraceptive counseling and services and all FDA-approved contraceptive methods without any out-of-pocket costs to patients. This change is particularly significant for lower-income women who often struggle with the financial burden associated with purchasing contraception on a regular basis. The average cost of a year’s supply of birth control pills is the equivalent of 51 hours of work for a woman making the federal minimum wage of $7.25 an hour. One national study estimates that for uninsured women, the average cost of these pills over a year ($370) is 68% of their annual out-of-pocket expenditures for health care services.

PERCENTAGE OF WOMEN WITH NO OUT OF POCKET EXPENSE FOR ORAL CONTRACEPTION IN THE UNITED STATES

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>15%</td>
</tr>
<tr>
<td>2014</td>
<td>67%</td>
</tr>
</tbody>
</table>
MEDICAID EXPANSION

The Affordable Care Act dramatically reduced rates of uninsured among women aged 18 to 24 by allowing adult children to stay on their parents’ health insurance plans until the age of 26. Between 2008 and 2014, the percentage of women aged 18 to 24 without health insurance decreased from 24.9% to 15.9%. During this time period, uninsurance rates for women of all ages dropped almost one-fifth, from 13.0% in 2008 to 10.6% in the first nine months of 2014.

The ACA has also increased the number of people with health insurance through changes to Medicaid, a public health coverage program for low-income individuals. To help those who may have struggled in the past to afford insurance, the ACA seeks to expand Medicaid eligibility to all individuals under age 65 who are not eligible for Medicare and have incomes up to 138% of the federal poverty line. Individuals were previously eligible only if they met income requirements and were pregnant, the parent of a dependent child, 65 years of age or older, or disabled. This change increases the number of women who are eligible to receive family planning services, along with other health care services; however, states can opt out of this Medicaid expansion. Pennsylvania is one of 20 states that include men and individuals younger than 19 years old as part of the population eligible for Medicaid coverage of family planning services.

SAME-SEX PARENTAL RIGHTS

Second-parent adoption, which provides legal rights to second parents in same-sex relationships represented the only option for many lesbian and gay individuals seeking to be legal co-parents of their children. Since the end of the 20th century, the recognition of marriage for same-sex couples in 37 states, including Pennsylvania and the District of Columbia, whether by legislation or pursuant to a state or federal court ruling, has opened up new options for same-sex couples. It has given married same-sex couples who have a child together the same parental rights as married different-sex couples. The recognition of same-sex marriage has also made stepparent adoption—a legal process available to married couples where the non-biological parent adopts the child or children of their spouse—a possibility for many individuals in same-sex couples who marry after one or both partners has a child or children.
PRENATAL CARE

Women who receive prenatal care throughout their pregnancy are, in general, more likely to deliver healthy babies. In the United States in 2012, 84% of women began receiving prenatal care in the first trimester of pregnancy.

The percent of women beginning prenatal care in the first trimester was lower in Chester County (74.4%) than in Pennsylvania or the United States (79.4% and 83.6%, respectively). This percentage was lower for Black women (50.6%) in Chester County compared to all other racial and ethnic groups for which data are available.

LOW BIRTH WEIGHT

Nationwide, the percent of babies with low birth weight has increased slightly, from 7.7% in 2001 to 8% in 2013. In Pennsylvania and Chester County, the percentage of all women delivering babies with low birth weight also increased slightly between 2001 and 2013. Among Blacks, the percent of babies born with low birth weight has decreased slightly (from 13% to 12.7%). Of all racial and ethnic groups (for which data are available), Black women in Chester County are most likely to deliver low birth weight babies. White women in the county are least likely to deliver babies with low birth weight. Like White women across the United States, however, this percentage has increased slightly since 2001, from 6.3% to 6.5%. The percentage of low birth weight babies delivered to Hispanic women in the county has also increased from 8.2% to 8.6%. While this is higher than the national percentage, the rate of increase in the percentage of low birth weight babies born to Hispanic women in Chester County is less than in the United States and Pennsylvania.
INFANT MORTALITY

Between 2001 and 2013, the infant mortality rate in the United States decreased from 6.8 to 6.0 per 1,000 live births. These gains were experienced across all racial and ethnic groups. Similar gains have been made in Chester County. Although county-level data are not available for Asian/Pacific Islander and Native American women, infant mortality rates for White, Hispanic, and Black women in Chester County decreased between 2001 and 2013. The most significant improvements in infant mortality rates in Chester County were observed in the Hispanic and Black populations. Rates for both groups decreased 1.2 per 1,000 live births. Black and Hispanic women in Chester County, however, still experience infant mortality at higher rates than Black and Hispanic women across the United States. Black women in Chester County are twice as likely to experience infant mortality as White women nationwide.

CONCLUSION

Women’s status in the area of reproductive rights has seen minor gains, as well as substantial setbacks, over the past two decades. The rate of infant mortality has declined, states across the nation have recognized same-sex marriage and many states have expanded their Medicaid programs under the ACA, increasing women’s access to reproductive health services. The number of states requiring mandatory waiting periods for abortion has, however, increased, and the percentage of low birth weight babies has risen. While the implementation of the Affordable Care Act has changed the landscape of reproductive health care for women by granting them more access to reproductive and family planning services, some women still face barriers to obtaining the services they need, and women’s reproductive rights continue to be contested in state legislatures across the nation. Increasing access to reproductive rights and resources will help advance women’s health, economic security and overall well-being.

www.ccfwg.org/research
WHAT HAS IMPROVED

Nationally, the rate of heart disease among women of all ages declined 36% between 2001 and 2013. The lung cancer mortality rate among women of all ages in the United States declined between 2001 and 2013 about 11%. The overall female breast cancer mortality rate in the United States decreased 20% between 2001 and 2013. Between 2001 and 2012, the incidence of AIDS among adolescent and adult women aged 13 years and older decreased 47% nationally. Data demonstrates that trends related to women’s health and well-being in the county are largely consistent with national trends relative to what has improved and what has worsened. Mortality rates for heart disease, lung cancer, breast cancer and the incidence of AIDS have decreased in Chester County.

WHAT HAS WORSENED

The median percentage of women in Chester County who have been told they have diabetes, the rate of reported cases of chlamydia, the median number of days per month that women aged 18 and older reported experiencing poor mental health, the suicide mortality rate and the median number of days per month during which women aged 18 and older reported that their activities were limited by their mental or physical health status increased between 2002 and 2013.

Focus group discussions concerning the health and well-being of women and girls in Chester County, like other areas of concern identified in this report, addressed on the disparity in outcomes experienced by different populations of women in Chester County. Language barriers, cultural incompatibilities, lack of awareness and lack of trust between patients and health care providers were identified as significant barriers in improving the health and well-being of women and girls in the county.
HEART DISEASE
One in four women in the United States dies from heart disease. Pennsylvania has a heart disease mortality rate of 143.6 per 100,000. The heart disease mortality rate in Chester County (138.7 per 100,000) is lower than the state rate, but higher than the national rate.

Mortality rates from heart disease vary substantially by race and ethnicity. Black women in the United States, Pennsylvania and Chester County have the highest rates, followed by White and Native American women. Asian/Pacific Islander and Hispanic women have the lowest rates of heart disease mortality. Although Asian/Pacific Islander women have the lowest rate, heart disease remains the second biggest killer for this group and rates of heart disease mortality differ across Asian/Pacific Islander populations.

CANCER
The nation has made considerable progress in the prevention, detection and treatment of certain forms of cancer in recent decades; nevertheless, cancer is the second leading cause of death for all women in the United States.

Black women in Pennsylvania and Chester County have significantly higher rates of lung cancer mortality compared to Black women across the United States and are more likely to die of lung cancer than any other racial or ethnic group in the state and county. As in the United States, Hispanic women in Chester County have the lowest lung cancer mortality rate. The mortality rate for all women in Chester County is lower than both the national and state rates.

Black women in the United States, Pennsylvania and Chester County have the highest mortality rates from breast cancer. It is more than double the rate for Asian/Pacific Islander, Native American and Hispanic women and considerably higher than the rate for White women. Asian/Pacific Islander women have the lowest mortality rate from breast cancer in the United States and Pennsylvania.

www.ccfwg.org/research
DIABETES

In Chester County, rates of diabetes across all racial and ethnic groups are higher than rates in the United States. Women and men with diabetes are considerably more likely to develop heart disease, stroke, blindness, kidney disease and other serious health conditions. Rates of diabetes vary by age and among the largest racial and ethnic groups. Black and Native American women in the United States have the highest rates of diabetes and are twice as likely as Asian/Pacific Islander women, who have the lowest rate.

Among Hispanic adults between 2010-2012, the rate of diagnosed diabetes was highest among Puerto Ricans (14.8%) and Mexican Americans (13.9%), and lowest among Central and South Americans (8.5%) and Cubans (9.3%). Differentiation among Hispanic populations is important in Chester County due to the large Mexican population in southern Chester County.

OBESITY AND HEALTHY WEIGHT

Being overweight or obese is a growing health concern for women in the United States. In both Pennsylvania (57.6%) and Chester County (56.8%), a majority of the women are overweight or obese.

Among women from the largest racial and ethnic groups, Black women in the United States are the most likely to be overweight or obese at 73.3%, followed by Native American women (64.1%), Hispanic women (63.7%) and White women (54.3%). Asian/Pacific Islander women are the least likely to be overweight or obese (30.5%). The distribution of overweight and obese women according to race and ethnicity in Pennsylvania and Chester County reflect national trends. Notably, the proportion of overweight and obese women in Chester County is lower than national and state percentages across all categories.
MENTAL HEALTH

Although overall, men and women experience mental illness at similar rates, some mental disorders occur more frequently in women than men, including anxiety and eating disorders. Women are nearly twice as likely as men to suffer from major depression. Women are three times more likely than men to engage in non-fatal suicidal behavior, though less likely to use a lethal method and die by suicide. Rates of anxiety disorders are two to three times higher in women than men; this includes post-traumatic stress disorder (PTSD), which affects women more than twice as often as men.

While the overall number and rate of increase is lower than the state and nation, women in Chester County are reporting increases in the number of days per month that they experience poor mental health. In Pennsylvania, the number of poor mental health days reported by women increased from 3.6 to 5.2 days and from 3.3 to 3.9 days in Chester County. Women also serve as primary caretakers for those suffering from mental illnesses, make many of the health decisions in the family and play a critical role in perpetuating or breaking the intergenerational effects of mental illnesses.

CONCLUSION

Some measures of women’s health status show signs of progress since the early 2000s, but in other ways women’s health status has worsened. Women are less likely to die from heart disease, breast cancer and lung cancer, but more likely to experience poor mental health, have their activities limited by their health status and to be diagnosed with diabetes or chlamydia. In addition, the suicide mortality rate among women has increased. The implementation of the Affordable Care Act has changed the landscape of health care for women, providing more women access to preventive care and other services, yet some women continue to face barriers to obtaining the services they need. Ensuring that women have adequate access to preventive care, health care services and information about specific health conditions is integral to promoting the good health women need to work, pursue educational and career opportunities, achieve economic security and maintain their overall well-being.

www.ccfwg.org/research
Nearly one in three women (31.5%) experiences physical violence by an intimate partner at some point in her lifetime. A smaller, but still notable, percentage experience partner stalking (9.2%), rape (8.8%), or other sexual violence by an intimate partner (15.8%). Nearly half of all women experience, at some point in their lifetimes, psychological aggression from an intimate partner. This aggression includes both expressive aggression, such as name calling, and attempting to monitor, threaten or control their partner’s behavior.

In the United States, it is estimated that more than half of Native American and multiracial women, more than four in 10 Black women, three in 10 White and Hispanic women, and three in 20 Asian/Pacific Islander women have experienced physical violence by an intimate partner. An even higher proportion have experienced psychological aggression: more than six in 10 Native American and multiracial women report having experienced psychological aggression by an intimate partner, as have more than half of Black women, more than four in 10 White and Hispanic women, and three in 10 Asian/Pacific Islander women. Sexual violence within intimate partner relationships also affects a disturbingly large share of the population. About 11% of women who identify with two or more races, 10% of White women, 9% of Black women, and 6% of Hispanic women have experienced rape by an intimate partner.
DOMESTIC VIOLENCE FATALITIES
There were 141 domestic violence-related deaths in Pennsylvania: 97 victim deaths and 44 perpetrator deaths in 2014. Of the victim deaths, 61% were women and 39% were men; 38% were White, 23% were Black, 5% were Hispanic and 34% were unknown. Domestic violence-related deaths in Pennsylvania, including victims and perpetrators, decreased by 11% from 158 in 2013 to 141 in 2014. The total number of victims who were killed decreased by approximately 9% from 107 in 2013 to 97 in 2014. The total reported domestic violence-related deaths reported in Chester County for 2014 were four, of whom two were victims and two were perpetrators. Of all Pennsylvania counties, Chester County has the ninth highest count of domestic violence fatalities (39) since 2004. In 2015 Chester County District Attorney Tom Hogan announced that Chester County was leading the state “in its use of the Lethality Assessment Program, considered a best practice to protect the safety of victims of domestic violence”.

RAPE AND SEXUAL VIOLENCE
Sexual violence and rape are alarmingly common and pose a serious threat to women’s health and well-being. In the United States, 19.3% of women are raped at some time in their lives and 43.9% experience sexual violence other than rape. The perpetrator is often someone the victim knows: almost half of the female rape victims surveyed (46.7%) said they had at least one perpetrator who was an acquaintance and a similar proportion (45.4%) said they had least one perpetrator who was an intimate partner.

Nearly eight in 10 female rape victims were first raped before age 25 and approximately 40% were raped before age 18. Victimization at a young age is associated with revictimization later in life. More than one-third of women who were raped as minors were also raped as adults, compared with 14% of women who had no history of victimization prior to adulthood.
VIOLENCE AND SAFETY AMONG TEEN GIRLS

Youth violence—especially bullying and teen dating violence—is a serious public health concern for girls and boys. Nearly one in four (23.7%) girls and one in six (15.6%) boys reported having experienced bullying on school property one or more times in the 12 months prior to the survey. 21% of girls and 8.5% of boys said they had been bullied in the past 12 months through electronic means such as e-mail, chat rooms, websites, instant messaging and texting. Also, 8.7% of high school girls and 5.4% of high school boys did not attend school at least once in the previous 30 days because they felt unsafe either at school or traveling to and/or from school.

13% of girls and 7.4% of boys who dated or went out with someone during the 12 months before the survey said they experienced physical dating violence, including being hit, slammed into something or injured on purpose. About 14.4% of girls and 6.2% of boys who dated or went out with someone during the 12 months before the survey said they had experienced sexual dating violence, including kissing, touching or being physically forced to have sexual intercourse by someone they were dating.

Several other national studies indicate that as technology has advanced, “electronic” abuse has become a significant issue in teen relationships. A 2006 survey of 615 teens aged 13–18 and 414 parents of teens found that 25% of teens reported having been called names, harassed or put down by their partner via cell phone or texting. 22% reported having been asked by cell phone or the internet to engage in unwanted sexual activity and 19% said their partner has used a cell phone or the internet to spread rumors about them.

WILL EXPERIENCE BULLYING IN THE UNITED STATES

1 in 4 Girls
1 in 6 Boys

2014
CAMPUS SEXUAL ASSAULT

One in five women are sexually assaulted while in college. 90% of these offenses on college campuses are never reported. Consistent with the trends of rape and sexual violence overall, the vast majority of campus sexual assaults are committed by an acquaintance of the victim. Alcohol is also a significant contributor to campus sexual assault. Of the self-reported perpetrators, 75% reported that they had used alcohol prior to their most recent incident.

Chester County’s five colleges and universities reported offenses related to dating violence and sexual assault in the time period of 2012 through 2014. Four of the five schools reported forcible sexual offenses, stalking and rape. The statistics provided represent offenses reported to campus security and/or local law enforcement agencies. All postsecondary institutions are required to submit this information annually. In 2013, Congress passed the Violence Against Women Reauthorization Act and included provisions to improve campus safety. This included the addition of reporting the number of domestic violence, dating violence and stalking incidents that occur on campus in addition to the longstanding requirement to disclose other crimes, including sexual assault.

CONCLUSION

These sobering realities point to the need to continue working to enhance our understanding of violence and abuse and to develop effective responses to the multiple forms of harm that women face. At a basic level, this requires improving data collection in the area of violence and abuse by ensuring that survey data are available with sufficiently large samples to allow for analysis at the state level and by race and ethnicity, age, sexual orientation and other contextual factors. Having improved data will allow researchers to pinpoint the needs of various populations and will help advocates, policymakers and others to strengthen effective institutional, political and community responses.
TRENDS IN WOMEN’S POLITICAL PARTICIPATION

Between 2004 and 2015, the number and share of women in state legislatures and in the U.S. Senate and House of Representatives increased, while the number and share of women in statewide elective executive office declined. The percentage of women who registered to vote was also lower in the 2010/2012 elections than in the 1998/2000 elections, but the percentage of women who went to the polls increased during this period.

Twenty of 100 members of the U.S. Senate (20%) and 84 of 435 members of the U.S. House of Representatives (19.3%) are women in 2016. These numbers represent an increase since 2004, when women held 14 of 100 seats in the U.S. Senate and 60 of 435 seats in the U.S. House of Representatives. Pennsylvania has two senators in the U.S. Senate and 18 representatives in the U.S. House of Representatives; none are women.

In 2016 women hold 1,363 of 5,411 seats in state house assemblies (25.2%) and 445 of 1,972 state senate seats (22.6%) across the country, compared with 1,659 of 7,382 seats (22.5%) in state legislatures in 2004. While the number of women serving in state legislatures has more than quintupled since 1971, the share of seats held by women in state legislatures across the country is well below women’s share of the overall population. Nine of the 50 (18%) Pennsylvania Senate seats and 37 of the 203 (18%) Pennsylvania House of Representatives seats are held by women in 2016.

Zero of Pennsylvania’s 20 members of U.S. Congress are women 2016
In the United States, women are considerably more likely to be registered to vote and to go to the polls than men: 61.5% of women were registered to vote in the 2010 midterm election and 42.7% voted, compared with 57.9% of men who registered to vote and 40.9% who cast a ballot. In the 2012 general election, 67% of women were registered to vote and 58.5% voted, compared with 63.1% and 54.4% of men. In Pennsylvania, 66.9% of women registered to vote in the 2010/2012 elections and 51.4% of women turned out to vote in the 2010/2012 elections.

In 2012 Black and non-Hispanic White women had the highest voting rates among the total female population aged 18 and older, at 66.1% and 64.5%, respectively. Their voting rates were approximately twice as high as the rates for Hispanic women and Asian women.

Young women have a much lower voting rate than older women. In the 2012 election, 41.3% of women aged 18–24 voted, compared with 58.5% of adult women. Women aged 65–74 had the highest voting rate in 2012 at 0.1%, followed by women aged 75 years and older (65.6%), women aged 45–64 years (65.0%), and women aged 25–44 years (52.6%). Overall, 81.7 million women reported having registered to vote in 2012 and 71.4 million voted, compared with approximately 71.5 million men who said they had registered to vote and 61.6 million who cast a ballot.
TRENDS IN WOMEN’S SHARE OF ELECTED OFFICIALS

Although women have become increasingly active in U.S. politics, the majority of political office holders at the state and federal levels are still male. In 2016, women hold just 104 of 535 (19.4%) seats in the U.S. Congress, 1,808 of 7,383 (24.5%) seats in the nation’s state legislatures and 77 of 312 (24.7%) statewide elective executive offices. Among women of color, the level of representation is especially low: women of color—who constitute approximately 18% of the population aged 18 and older—hold about 6.2% of seats in the U.S. Congress, 5.4% of seats in state legislatures and 2.9% of statewide elective executive positions. Pennsylvania has two senators in the U.S. Senate and 18 representatives in the U.S. House of Representatives; none are women.

WOMEN IN ELECTED OFFICE: CHESTER COUNTY

Three commissioners, two of whom are women, make up the Chester County Board of Commissioners. Several other county-wide elected offices are held by women, including the clerk of courts, the sheriff and the treasurer. None, however, are women of color. Chester County has 57 townships with 212 elected supervisors, 16% are women. Chester County has 15 boroughs. Three boroughs have women mayors. Of 101 elected council members, 31.2% are women. Of elected judicial positions in Chester County, four of 18 Chester County Court of Common Pleas judges are women and four of 15 magisterial district court judges are women. No female judges in Chester County are women of color. Statewide, two of six Supreme Court justices are women; nine of 17 Pennsylvania Superior Court judges are women; and six of 13 Commonwealth Court Judges are women.
WOMEN’S INSTITUTIONAL RESOURCES

The Pennsylvania Center for Women and Politics (PCWP) is the only organization to focus on women’s political involvement in Pennsylvania. The Center, located at Chatham University in Pittsburgh, integrates disciplinary knowledge, civic education and coalition building and examines the intersection of women and public policy.

The Pennsylvania Commission for Women, which consists of appointed members, is responsible for advising the governor on policies and legislation that impact women; supporting economic and civic opportunities for women; encouraging mentoring programs for girls and young women; identifying programs and opportunities for the benefit and advancement of women; and serving as a resource center for Pennsylvania women. The Chester County Women’s Commission (CCWC) of Pennsylvania was established in 1993 by the Chester County Commissioners. The CCWC’s purpose is to provide regular input on the status and needs of women in Chester County through legislative advocacy and other activities in the areas of health care, economics and education. The commission is comprised of volunteer members who are appointed by the Chester County Commissioners. Appointments are designed to ensure that the diverse interests of Chester County women are represented.

CONCLUSION

Although there are many institutions that promote women’s civic engagement, obstacles to women’s participation and leadership persist. Women’s lesser economic resources, greater caregiving responsibilities, limited access to important supports that could help them run for office and the greater scrutiny that women candidates seem to face from the public and the media, all restrict women’s political participation and leadership in states across the nation. Progress in advancing women’s political status continues to move at a sluggish pace. In 2016, women’s representation at all levels of government remains well below their share of the overall population. Efforts to recruit more women to run for office and to increase their success as candidates and office holders will be crucial to increasing their representation in the future.

www.ccfwg.org/research
WHAT YOU CAN DO

SHARE
Raise awareness by forwarding the Blueprint Report to family, friends and colleagues.

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

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

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

STAY INFORMED
Learn more about the work of CCFWG and our grantees. Subscribe to our newsletter and social media to remain current on issues affecting women and girls.
WHAT CCFWG WILL DO

**FUND** programs and organizations addressing our community-identified priority areas.

**INFLUENCE** young women through our Girls Advisory Board and other programming.

**EDUCATE** the community about the findings of the Blueprint Report through informative events, print and social media.

**CONVENE** women’s groups, organizations, community members and other stakeholders to develop a collective plan to leverage the success of previous and current efforts to improve the lives of women in Chester County.

**ADVOCATE** by informing legislators how policies and programs impact the status of women and girls.

THE FULL REPORT, INCLUDING SOURCE MATERIAL, CAN BE FOUND AT WWW.CCFWG.ORG/RESEARCH
We would like to acknowledge our many partners whose participation has made this report possible. Thank you to our funding partners, who believed in the importance of the report and provided the resources to ensure its completion; our research and community partners, who collaborated on the data collection, analysis and release of the report; the many non-profit organizations, county government departments, foundations, volunteers and researchers, who participated in this extraordinary effort; and the county, state and national agencies, who provided data and added their perspective to the research.
2015-2016
BOARD OF DIRECTORS

MARY LOU STERGE
Chair

ANN MOSS
Vice Chair

JENNIFER BYRNE
Treasurer

JOELLEN JORDAN
Secretary

JUDI BELL

GLADYS BLACK

MARY CHAN

ERIN DUFFY

PAULA HUDSON

TRICIA LEFKOF

JANE MACELREE

BETH MCGARRIGLE

NANCY MCLELLAND

TONI MOORE

MARY BETH MORRISSEY

MARY ANN ROSSI, ESQ.

AMANDA RYLAND

CATHERINE SENNETT, ESQ.

CHRISTINA SHIPE

MAIA TOLSDORF

BARBARA JORDAN

Honorary Board Chair

SUSAN MOSTEK

Executive Director

CCFWG
RESEARCHERS
WEST CHESTER UNIVERSITY OF PENNSYLVANIA
CENTER FOR SOCIAL AND ECONOMIC POLICY RESEARCH
Allison H. Turner, Ph.D., MPA