

2006



STATUS OF WOMEN IN RHODE ISLAND

A Mid-Decade Report

the Women's Fund
OF RHODE ISLAND

In conjunction with the
Poverty Institute at the Rhode Island College School of Social Work

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INTRODUCTION

The Status of Women in Rhode Island

Rhode Island women continue to face barriers to political, economic and social equality and the status of women in the state has deteriorated on several key measures since the *Status of Women in Rhode Island* was published in 2002. Women are more likely to be poor, to lack health coverage and to work part-time than they were five years ago. Rhode Island women continue to earn less than men and are more likely to work in low-paid service and administrative jobs. Furthermore, while the state's women vote at the same rate as men, they are underrepresented in elected and appointed office.

The first *Status of Women in Rhode Island* was published by the Institute for Women's Policy Research (IWPR) in conjunction with the Women's Fund of Rhode Island. That report gauged women's well-being on five issue areas: political participation, employment and earnings, social and economic autonomy, reproductive rights and health and well-being. The report compared the status of women in Rhode Island relative to women in other states and to the nation as a whole, and graded states on key indicators reflecting the five issue areas. The state received low grades on every indicator except reproductive rights.

The *Status of Women in Rhode Island 2006* provides information on each of the issue areas identified in the 2002 study with the most recent data available. Primarily, the report focuses on direct comparisons between Rhode Island women and men and provides comparisons to women in New England and across the country. The 2006 update provides baseline measures of women's status in Rhode Island and highlights areas in need of improvement.

POLITICAL PARTICIPATION

While Rhode Island women register and turn out to vote at approximately the same rates as men, they continue to be underrepresented in all branches of government. In 2006, women comprised only 19.5 percent of all public offices in Rhode Island, compared to 24.7 percent for all states as a whole.

In 2006, no statewide elected offices were held by Rhode Island women, while nationally one-quarter of statewide offices were held by females. Furthermore, women have lost one seat on the State Supreme Court, where a female was replaced with a male judge.

EMPLOYMENT AND EARNINGS

Despite the economic recovery, Rhode Island women realized wage gains of only 1 percent since 2000, while the male median wage fell by 4.5 percent. The wage gap between female and male earnings has narrowed due, in large part, to the decline in male earnings, so that in 2005 women earned 84.3 cents for every dollar earned by men. Of the New England states, only Vermont had a smaller wage gap between male and female wages. Women continue to be underrepresented in well-paid sectors of the labor market such as construction, managerial, and finance occupations and overrepresented in relatively poorly-paid administrative and service positions.

Since 1979, when the Department of Labor began tracking such data, Rhode Island women are substantially more likely to work for pay, with 20 percent more females participating in the labor force in 2005 than in 1979. However, Rhode Island women continue to work part-time at much higher rates than men.

Part-time work, occupational segregation and the wage gap mean that women at all educational levels are nearly twice as likely to be poor as their male counterparts.

SOCIAL AND ECONOMIC AUTONOMY

The IWPR used four indicators to assess the social and economic autonomy of women: access to health insurance, educational attainment, business ownership and poverty. On two of these gauges — health insurance and poverty — women's status has deteriorated in the last five years.

Both Rhode Island women and men have lost employer-sponsored health coverage since 2000. Sixty-seven percent of the state's adults had health coverage through an employer in 2003-2004, compared to 77 percent in 2000. While publicly-funded health insurance programs have mitigated some of this loss, one in eight Rhode Island women went without health insurance in 2003-2004.

FINDINGS

Women are also more likely to be poor than in 2000. Despite the economic recovery, female poverty rates increased between 2000 and 2005, from 10.5 to 12.4 percent. Women in Rhode Island are far more likely to be poor than men and have the second highest poverty rate in New England.

Poverty rates for female-headed households are shockingly high, especially among minority women, with 42.9 percent of all female-headed households living in poverty in Rhode Island. Furthermore, rising housing and childcare costs have made it increasingly difficult for a single parent to meet basic needs. With childcare and healthcare subsidies, a single parent with two children needs a full-time, year-round wage of \$14.76 per hour to cover essential living costs. The median wage in Rhode Island was \$14.28 in 2005.

REPRODUCTIVE HEALTH

Although Rhode Island women are more likely than women in other states to receive prenatal care, infant mortality, at 6.7 per 1,000 births, is only slightly below the national average. Eight and a half percent of babies are born weighing less than 5.5 pounds, a rate that exceeds the national average. These discrepancies appear to be due to inequities that exist between the amount and quality of maternal care received by white and non-white populations in the state. Rhode Island also has the second highest rate of teen pregnancy in New England, with 31 out of every thousand teens giving birth. The abortion rate in Rhode Island, at 24.1 per 1,000 women, is also higher than the national average.

Low-income women's family planning needs continue to be underserved in Rhode Island. Only 24 percent of women in need of publicly-funded family planning services received assistance in 2001-2002. Among the six New England states, Rhode Island ranks last in the percentage of eligible women served by publicly-funded clinics. At \$40 per eligible woman, Rhode Island's spending on family planning for low-income women is less than half that of neighboring states.

WOMEN'S SAFETY AND WELL-BEING

Women are more likely to receive preventive screening for cancer in Rhode Island than in other states, however mortality from lung cancer continues to exceed national averages. Since the 2002 report, female mortality rates from lung cancer and breast cancer have declined, as have the incidence of AIDS and Chlamydia. Reports of sexual assault and domestic violence decreased as well.

DATA SOURCES

Much of the data in this report is from the US Census Bureau and the Bureau of Labor Statistics. The Poverty Institute analyzed data on demographics, employment, earnings, education and poverty from the Current Population Survey, the American Community Survey and the Department of Labor's Current Employment Statistics. Data on health coverage was compiled from federal sources by the Kaiser Family Foundation's statehealthfacts.org.

Political participation information came from the Census Bureau, the Center for Women in Government and Civil Society and from research by The Poverty Institute and Women's Fund staff. Figures on women-owned business were compiled by Women's Fund staff from the Center for Women's Business Research.

Information on domestic violence and sexual assault was compiled by The Rhode Island Coalition Against Domestic Violence and Day One, respectively. Data on reproductive health was provided by the Rhode Island Department of Health, the Alan Guttmacher Institute, the National Center for Health Statistics and the Annie E. Casey Foundation. Other health and well-being information came from Rhode Island Kid's Count, the Rhode Island Department of Health, the Kaiser Family Foundation and the Institute for Women's Policy Research.

Poverty Institute staff compiled data on childcare, RItE Care/RItE Share and the Family Independence Program from state information sources. The cost of living in Rhode Island was estimated by Poverty Institute staff using data from the Consumer Expenditure Survey and other state and national sources.

SECTION 1

DEMOGRAPHICS

There were 534,771 females residing in Rhode Island in 2005, representing 51.7 percent of the population. While the ratio of females to males is 1.1 overall, elderly women outnumber elderly men by 44 percent.

Since 2000, Rhode Island's female population has become more ethnically diverse. The proportion of white, non-Hispanic women has declined in Rhode Island, from 82.6 percent to 79.3 percent, while the proportion of black and Hispanic women increased.

Women are less likely than men to be single and never married, more likely to be widowed and three times as likely to be single parents. [\(TABLE 1.1\)](#)

TABLE 1.1

General Demographic Information on Rhode Island Women (2005)

Distribution of Total Population				
	All Ages	Under 18	18-64	65 and Above
Total	1,032,662	244,331	648,370	139,961
Female	534,771	119,538	332,646	82,587
Male	497,891	124,793	315,724	57,374
Sex Ratio	1.07	0.96	1.05	1.44

Distribution of Female Population by Race and Ethnicity		
	2000	2005
White, Non-Hispanic	82.6%	79.3%
African-American	4.4%	5.1%
Hispanic	8.5%	10.8%
Asian American	2.3%	2.5%
Native American	n/a	n/a
Other race	4.8%	6.5%
Two or more races	2.0%	1.9%

Distribution of Population Aged 15 and Older by Marital Status		
	Women	Men
Married	50.7%	54.7%
Single, never married	27.0%	33.0%
Widowed	10.5%	3.1%
Divorced	11.9%	9.2%
Median age	39.7	36.9
Percent aged 16-64 with disability	15.1%	14.5%
Percent of families with children under 18 headed by a single parent	16.2%	5.5%
Percent over 65 years of age	15.5%	11.5%

Source: Poverty Institute analysis of American Community Survey

SECTION 2

POLITICAL PARTICIPATION

A VOTER REGISTRATION AND TURNOUT

In Rhode Island in 2004, two-thirds of all eligible women registered to vote. Statistically, this percentage was not significantly higher than the 2002 numbers, when 63.4 percent of women registered to vote. As well, no statistical difference was found between Rhode Island women and men with respect to voter registration. (TABLE 2.1)

Voter turnout rates in Rhode Island, as in the nation, are slightly lower than voter registration rates. In 2004, approximately 60 percent of Rhode Island women voted in the Presidential and state-wide elections. This was up from the 2002 turnout, when only 46 percent of women voted in the mid-term election. Like the voter registration rates, these percentages are roughly parallel to the rates for Rhode Island men and all US women. (TABLE 2.2) Voter registration and turnout rates appear to be based on election cycles — the rates are higher during presidential elections and lower during non-presidential, mid-term elections.

TABLE 2.1

Voter Registration for Women and Men in Rhode Island and the US

Voter Registration		
2004	Rhode Island	United States
Women	66.7%	67.6%
Men	61.3%	64.0%
2002	Rhode Island	United States
Women	63.4%	62.8%
Men	59.7%	58.9%
2000	Rhode Island	United States
Women	71.5%	65.6%
Men	67.7%	62.2%

Source: US Department of Census

TABLE 2.2

Voter Turnout for Women and Men in Rhode Island and the US

Voter Turnout		
2004	Rhode Island	United States
Women	59.2%	60.1%
Men	55.4%	56.3%
2002	Rhode Island	United States
Women	46.1%	43.0%
Men	46.5%	46.5%
2000	Rhode Island	United States
Women	62.9%	56.2%
Men	56.8%	53.1%

Source: Us Department of Census

Note: Voter turnout data reflects the percent of all eligible voters that voted, not the percent of registered voters that voted.

B WOMEN IN PUBLIC OFFICE

Rhode Island's women are greatly underrepresented in public office. Although women made up 53 percent of the total adult population in Rhode Island in 2006, only 19.5 percent of all public offices in the state are held by women. This is slightly lower than the national average of 24.7 percent. In addition, as discussed in more detail below, in each of the four major areas of the government — executive branch, legislative branch, judicial branch, and state-wide elected office — the percentage of Rhode Island women in public office is below the national average.

(TABLE 2.3)

TABLE 2.3

Women in Executive, Legislative and Judicial Branch in Rhode Island (2006) and in All US states (2005)

Statewide Offices		
	Rhode Island	All States
Number of women as statewide elected officials/Total	0/5	81/318
Percent of women as statewide elected officials	0.0%	25.5%
Executive Branch		
	Rhode Island	All States
Number of women as department heads/Total	8/24	339/802
Percent of women as department heads	33.3%	42.2%
Number of women as Governors' Office top advisors/Total	2/7	233/335
Percent of women as Governors' Office top advisors	28.6%	66.6%
Legislative Branch		
	Rhode Island	All States
Number of women as state legislators/Total	19/113	1,666/5,716
Percent of women as state legislators	16.8%	29.1%
Judicial Branch		
	Rhode Island	All States
Number of women as highest court justices/Total	1/5	90/325
Percent of women as highest court justices	20.0%	27.7%
State Government Total		
	Rhode Island	All States
Number of women in public office combined/Total	30/154	2,409/9,734
Percent of women in public office combined	19.5%	24.7%

Source: Center for Women in Government and Civil Society / Compiled by the Poverty Institute

STATEWIDE ELECTED AND LEGISLATIVE

Of Rhode Island's five statewide elected officials—Governor, Lieutenant Governor, Secretary of State, General Treasurer or Attorney General—none were women in 2006. In addition, none of the four members of Rhode Island's US congressional delegation are women.

In the state legislature in 2006, 19 of 113 state legislators, or 16.8 percent, were women. This is well below the national average of 29 percent. Eleven of the 75 members, or 15 percent, of the House of Representatives are women. Of these 11 female representatives, one is Hispanic and one is African American. The remaining nine women are white. While there are no women in House leadership positions, women chair two of the nine Committees—the Rules Committee and the Separation of Powers Committee. In the state Senate, the percentages are slightly better. Women account for eight of the 38 Senators, or 21 percent. All of these Senators are white. The Senate Majority Leader position is held by a woman, for the first time in Rhode Island history, and three of the 11 Senate Committees are chaired by women—the Constitutional and Gaming Committee, the Environment and Agriculture Committee and the Health and Human Services Committee.

At the local level, 58 out of 248, or 23.4 percent, of Rhode Island's Town/City Council members are women and 80 percent of all Town/City Councils included at least one woman. In addition, 30 percent of State Board and Commission Members are women. (TABLE 2.4)

TABLE 2.4

Women in Public Office in Rhode Island (2006)

Women in Statewide Executive Elected Office	
Governor, Lieutenant Governor, Secretary of State, General Treasurer or Attorney General	0 of 5
Women in US Congress	
US Senate	0 of 2
US House	0 of 2
Women in State Legislature	
State legislators who are women	19 of 113 (16.8%)
House of Representatives	11 of 75 (14.6%)
Senate	8 of 38 (21.0%)
Women in Elected Office (Local Level)	
Percent of Town/City Council Members who are women	23.4%
Percent of State Board and Commission Members who are women	30.0%

Source: Compiled by Women's Fund of Rhode Island

EXECUTIVE

The percentage of women in appointed executive office in Rhode Island has remained at a consistent rate since 2001. There are currently ten women holding executive office positions out of 31 total positions, a 32.2 percent rate. This percentage is in line with the national average, which in 2005 was 33.5 percent.

The 31 executive office positions, as used by the Center for Women in Government and Civil Society, are made up of department heads and top advisors to the governor.¹ (TABLE 2.3 AND TABLE 2.5)

TABLE 2.5

Women in Appointed Office in Rhode Island and the US (2001 and 2005/2006)

Number and Percent of Women in Appointed Executive Office				
	Rhode Island 2001	United States 2001	Rhode Island 2006	United States 2005
Number	9 of 27	665 of 1,905	10 of 31	572 of 1,709
Percent	33.3%	34.9%	32.2%	33.5%
Number of Women by Race in Appointed Executive Office				
	Rhode Island 2001	United States 2001	Rhode Island 2006	United States 2005
White	7	547	9	unavailable
African American	2	70	0	unavailable
Hispanic	0	29	1	unavailable
Asian American	0	18	0	unavailable
Native American	0	1	0	unavailable

Source: Center for Women in Government and Civil Society / Compiled by the Poverty Institute

JUDICIAL

Currently, one State Supreme Court Justice out of five is a woman. This has decreased in the last four years, as one female justice passed away and was replaced by a man. At this 20 percent level, Rhode Island is much lower than the national average of 38 percent. When all the lower court judges and magistrates are considered, Rhode Island's percentages improve. Of the 85 judges and magistrates in the Rhode Island judicial system, 28, or 33 percent, are women. No woman holds the Chief Judge position in any of the courts. (TABLE 2.6)

TABLE 2.6

Women in the Judiciary in Rhode Island (2006)

Judicial Posts Held by Women			
	Number of Judges	Number of Magistrates	Percent of Positions Held by Women
State Supreme Court seats	1 of 5	n/a	20.0%
Superior Court	7 of 22 (1 unfilled)	2 of 5	33.0%
Family Court	4 of 12	5 of 9	43.0%
District Court	4 of 13	1 of 2	33.0%
Worker's Compensation Court	3 of 10	n/a	30.0%
Traffic Tribunal Court	1 of 5	0 of 2	14.0%
Total	28 of 85		33.0%

Source: Compiled by the Poverty Institute

C INSTITUTIONAL RESOURCES

As in 2002, Rhode Island has an active Commission on Women. The Rhode Island Commission on Women is a 26-member non-partisan state agency supported by one full time staff person. The Commission works to promote rights and opportunities for all women across all arenas, including education, health, economic development, employment, legal rights, political participation and the quality of individual and family life. Commission members are appointed by the Governor (12 total), the Legislature (6 total) and by Commission members themselves (8 total). Currently, there are six vacancies on the Commission — two gubernatorial appointments, three legislative appointments and one Commission appointment.

SECTION 3

EMPLOYMENT AND EARNINGS

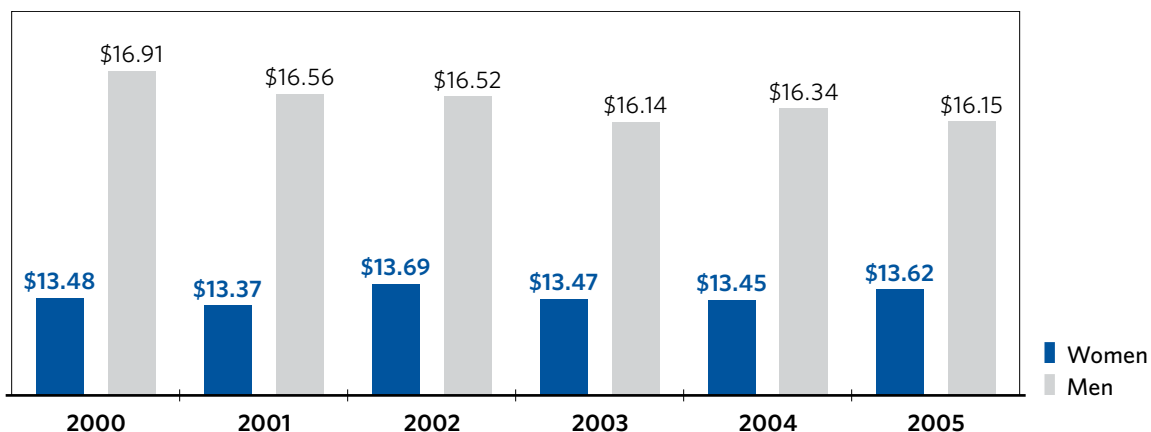
Wage and salary earnings are the largest component of income for most families. Rhode Island women have made tremendous gains in closing the wage gap between themselves and male workers over the past 25 years, but still lag behind men. In 1980, female Rhode Islanders earned only 63 cents for every dollar earned by their male counterparts, compared to over 84 cents in 2005. Women have also substantially increased their participation in the labor force and are more likely to work full-time than they were a generation ago. Over the past five years, however, the Rhode Island labor market, like the national labor market, has been quite weak. While both women and men earn more in Rhode Island than workers do nationally, earnings gains since the last recession have been paltry, more workers are unemployed and both men and women are more likely to work part-time because they are unable to find full-time jobs.

A WAGES

The median wage paid to all female workers (full- and part-time) was \$13.62 per hour in 2005, compared to \$16.15 for men. Adjusted for inflation, the median wage for Rhode Island women rose by only 1 percent since 2000, while the median wage paid to male workers in Rhode Island fell by 4.5 percent. (CHART 3.1)

CHART 3.1

Real Median Wages for Women and Men in Rhode Island (2000–2005) (in 2005 dollars)

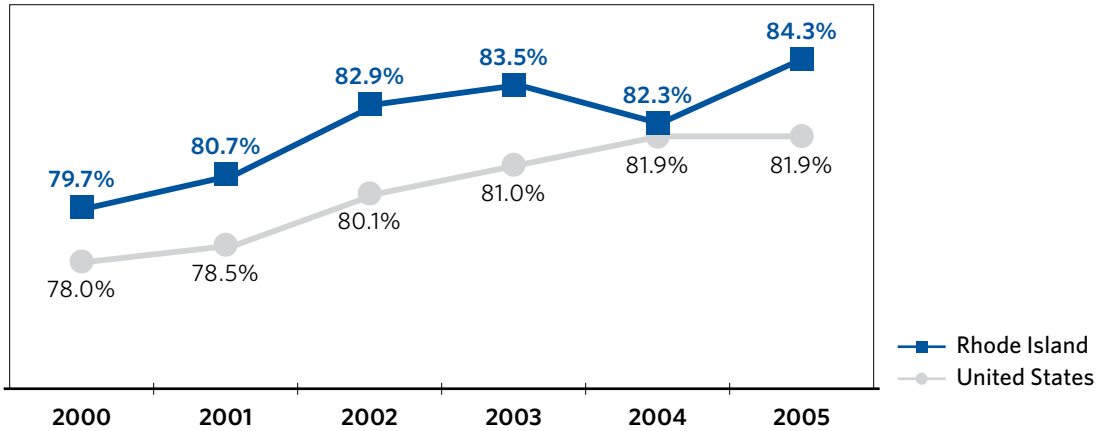


Source: Economic Policy Institute analysis of Current Employment Survey data

As a result of declining male wages, the ratio of women’s to men’s wages has risen significantly. In 2005, female wage-earners in Rhode Island received 84.3 cents for every dollar earned by men, compared to 79.7 cents in 2000. (CHART 3.2)

CHART 3.2

Ratio of Female to Male Median Wages (2000–2005) (in 2005 dollars)

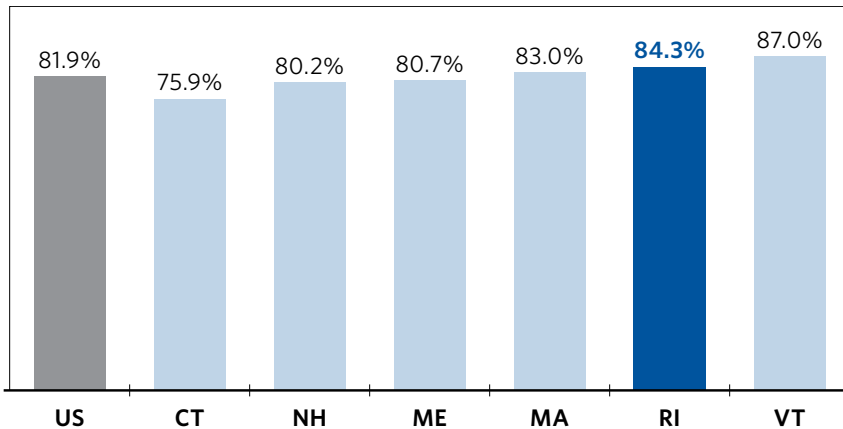


Source: Economic Policy Institute analysis of Current Employment Survey data

Among the New England states, only Vermont surpassed Rhode Island in the ratio of female to male wages. For the US as a whole, women’s median wages represented 81.9 cents for every dollar paid to men. (CHART 3.3)

CHART 3.3

Wage Gap in New England States (2005)



Source: Economic Policy Institute analysis of Current Employment Survey data

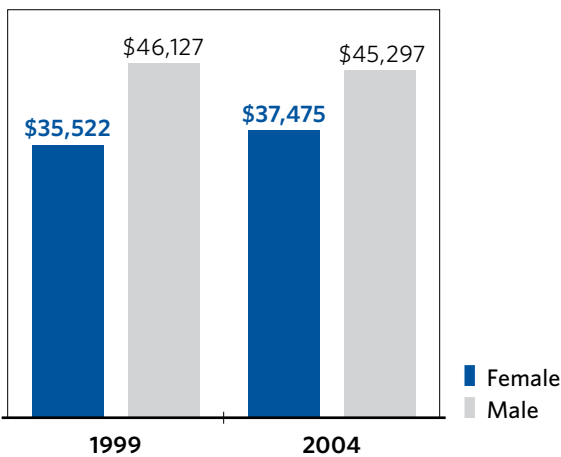
B FULL-TIME ANNUAL EARNINGS

While women earn 84.3 percent of male hourly wages when all workers are considered, the ratio of female to male earnings is lower when only full-time, year round workers are compared. Data from the American Community Survey indicate that women working in full-time, year-round jobs earned only 77 percent as much as male full-time, year-round workers in 2005. Both female and male annual earnings are 10 percent higher in Rhode Island than they are in the US as a whole. The Census Bureau ranks Rhode Island 12th highest in the US for household median income. (CHART 3.4)

Since 1999, women working full-time saw their real annual earnings rise by 5.5 percent in Rhode Island. Real annual earnings of male workers fell by 1.8 percent.

CHART 3.4

Median Annual Earnings of Full-Time, Year-Round Female and Male Workers in Rhode Island (1999 and 2004) (in 2004 dollars)



Source: Poverty Institute analysis of Current Population Survey data

C EARNINGS BY EDUCATIONAL LEVEL

Women at higher educational levels earn substantially more than women with less education. As educational attainment rises, the earnings gap narrows as well, so that women with advanced degrees earn 80 percent of male earnings, while women with less than a high school education earn only 66.9 percent of men's earnings.

Women at every level of educational attainment suffered poverty rates nearly double their male counterparts in 2005, with one-in-four women who lack a high school diploma living in poverty. (TABLE 3.1)

TABLE 3.1

Women's and Men's Earnings and Poverty Rates by Educational Attainment (2004)

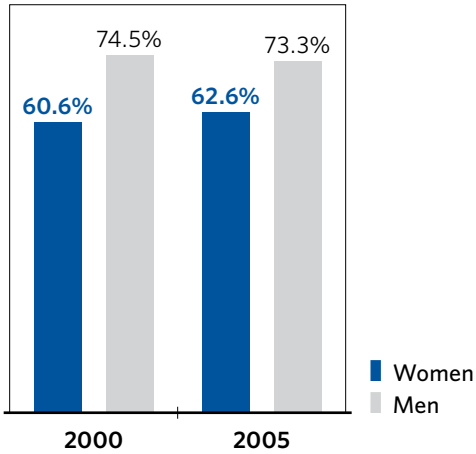
Earnings by Education Attainment					
	Median Annual Earnings Women	Median Annual Earnings Men	Male Female Earnings Ratio	Poverty Rates Women	Poverty Rates Men
Less than 12th grade	\$15,392	\$23,000	66.9%	25.3%	15.8%
High school only	\$25,000	\$35,000	71.4%	12.6%	6.5%
Some college	\$30,000	\$46,000	65.2%	8.5%	4.6%
Bachelor's degree	\$37,000	\$50,000	74.0%	3.8%	2.0%
Advanced degree	\$60,000	\$75,000	80.0%	2.7%	1.9%

Source: Poverty Institute analysis of Current Population Survey and American Community Survey

D LABOR FORCE

Women continue to participate in the labor force at lower rates than men, with 62.6 percent of women and 73.3 percent of men working or actively seeking paid work in 2005. Women have increased their labor force participation rate since 2000, while male labor force participation declined slightly in Rhode Island. (CHART 3.5) Since the Bureau of Labor Statistics began tracking such data in 1979, Rhode Island women have increased their labor participation by nearly 20 percent.

CHART 3.5

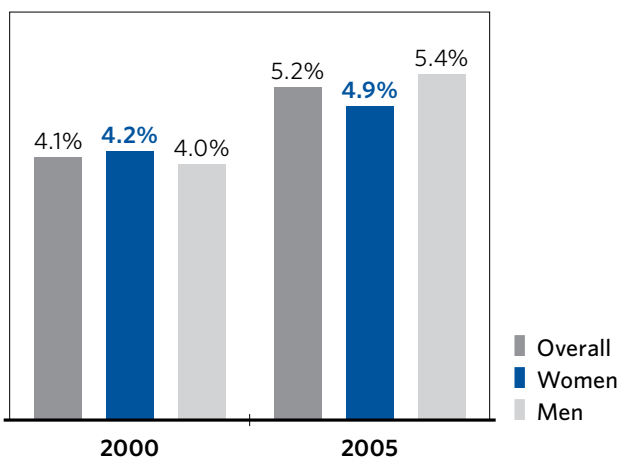
Labor Force Participation Rates for Women and Men in Rhode Island (2000 and 2005)

Source: Economic Policy Institute analysis of Current Employment Survey data

E UNEMPLOYMENT

The unemployment rate for Rhode Island women was 4.9 percent in 2005, compared to 5.4 percent for men, a difference that is not statistically significant. The overall unemployment rate increased significantly since 2000, from 4.1 to 5.2 percent. (CHART 3.6)

CHART 3.6

Unemployment Rates for Women and Men in Rhode Island (2000 and 2005)

Source: Bureau of Labor Statistics. Current Employment Survey

F PART-TIME AND FULL-TIME WORK

Women in Rhode Island are far more likely than men to work part-time, with 38.5 percent of women choosing to take part-time work (voluntarily part-time) in 2005 compared with 20.6 percent of men. The proportion of men working part-time, because they were unable to secure a full-time job, rose dramatically over the last six years. In 2000, only 10.4 percent of men reported working part-time involuntarily while 15.8 percent worked part-time involuntarily in 2005—a fifty percent increase. The percent of women working part-time involuntarily did not change significantly during that time. (TABLE 3.2)

TABLE 3.2

Full-Time, Part-Time and Unemployment Rates for Women and Men in Rhode Island (2000 and 2005)

Employment Rates by Gender						
	2000			2005		
	Women	Men	All Workers	Women	Men	All Workers
Employed full-time	53.0%	67.7%	61.1%	49.8%	58.2%	54.8%
Employed voluntary part-time	36.1%	17.9%	26.8%	38.5%	20.6%	29.3%
Employed involuntary part-time	6.7%	10.4%	8.0%	7.8%	15.8%	10.7%
Unemployed	4.2%	4.0%	4.1%	4.9%	5.4%	5.2%

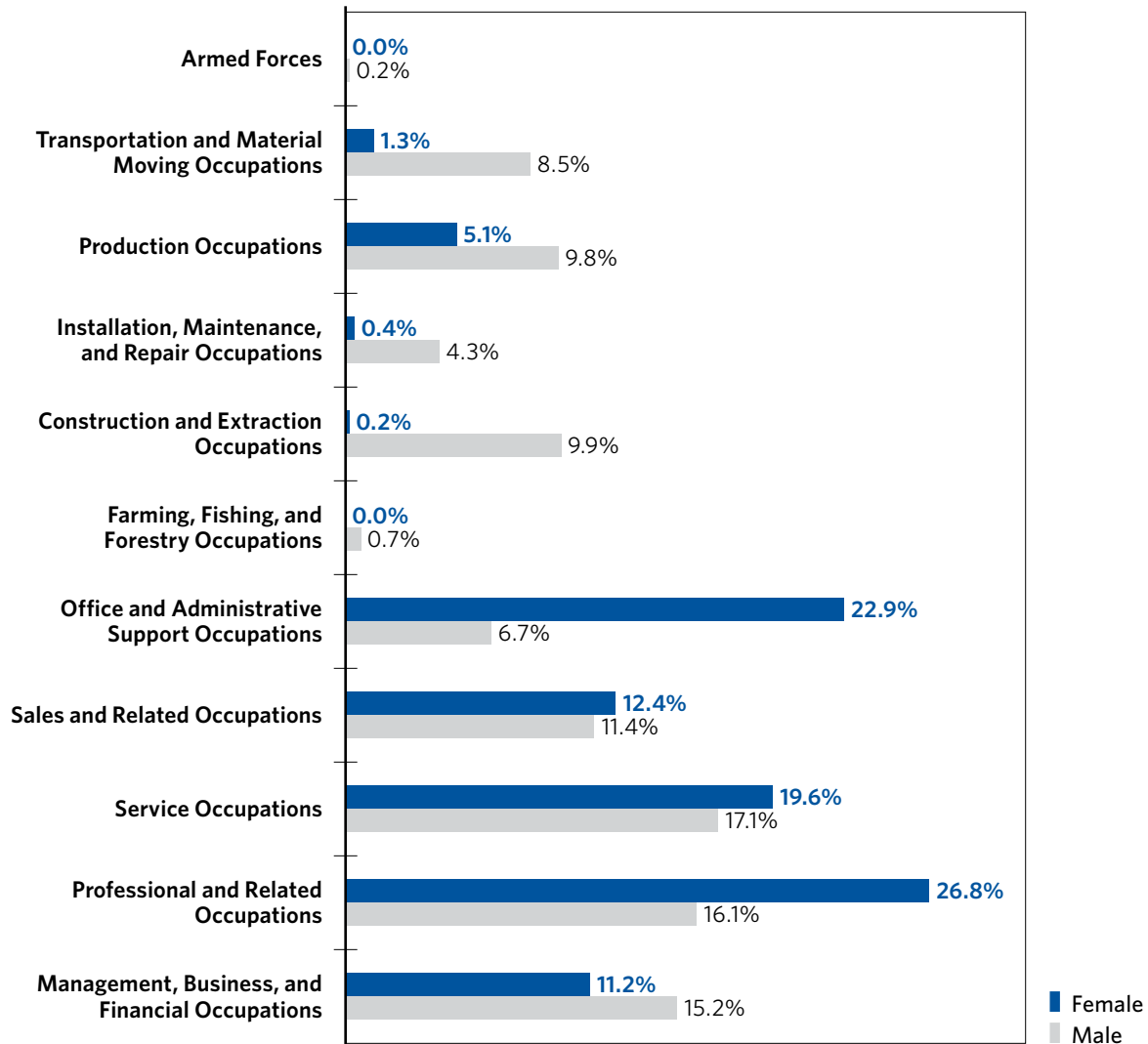
Source: Bureau of Labor Statistics

G OCCUPATIONS

Rhode Island women have made great strides in accessing professional occupations (such as medicine, law, and engineering), but continue to be underrepresented in managerial and financial positions. Furthermore, women hold a disproportionate share of less well-remunerated administrative, office support and retail occupations. More than half of female workers in Rhode Island are employed in sales, service or administrative positions. In contrast only 11.2 percent of women work in managerial or financial jobs, compared to 15.2 percent of male workers. Women are also woefully underrepresented in the relatively well-paid construction, transportation and installation occupations. (CHART 3.7)

CHART 3.7

Female and Male Rhode Islanders by Occupation



Source: Poverty Institute analysis of Current Population Survey data

RHODE ISLAND'S SUBSIDIZED CHILDCARE PROGRAM: STARTING RIGHT

As more mothers have gone to work, childcare has become an increasingly important issue for both single and two-parent families. In Rhode Island, according to the 2005 American Community Survey, 57 percent of all families had children under age 18 and 11 percent had children under the age of six. Sixty-seven percent (50,391) of Rhode Island children under age six had all custodial parents in the workforce in 2005, meaning that these children spend at least some time in childcare. That is higher than the national average of 60 percent.

Women also comprise the bulk of the childcare workforce. National estimates indicate that at any point in time there are 2.3 million individuals who are paid to provide direct care to children (due to turnover, the number of childcare workers over the course of a year is closer to 2.5 million). Ninety-seven percent of the center-based workers and 99 percent of family childcare workers are women.

The childcare industry is vital to Rhode Island's economy. In 2002, childcare allowed approximately 32,167 Rhode Island parents to go to work where they earned \$627 million dollars to support their families. That same year, the childcare industry employed over 7,417 people in Rhode Island. The parents helped and workers employed were primarily women, including women from all socio-economic strata.

Rhode Island's 1998 Starting Right Initiative, which created an entitlement to subsidized childcare for all families with income up to 225 percent of the Federal Poverty Level and increased reimbursement rates paid to childcare providers, was an important commitment to improving the childcare system. Since its creation, the Starting Right Program has increased the overall availability of regulated care and improved access for low income children. From 1997 to 2005, the number of childcare centers increased by 60 percent (from 320 to 517) and the number of family childcare providers almost doubled (from 717 to 1,314). The number of centers accepting children using subsidies increased from 71 percent to 85 percent and the number of family childcare providers accepting children using subsidies increased from 56 percent to 81 percent.

In December 2005, 12,666 Rhode Island children were receiving childcare subsidies and 79 percent of all childcare subsidies in Rhode Island were being used by low-income working families. The balance were used by parents receiving cash assistance and preparing for work. Subsidies are available to families with income less than 225 percent of the Federal Poverty Level (\$45,000/year for a family of 4 in 2006). But approximately 93 percent of families receiving childcare assistance earn less than twice the Federal Poverty Level including 40 percent who earn below or near the Federal Poverty Level.

During the 2006 Legislative Session, several changes were made to the Starting Right program including:

- **Child Support Cooperation as a Condition of Eligibility:** Childcare assistance recipients are required to provide information about non-custodial parents for all children in the family and to cooperate with the Office of Child Support Services in establishing a child support order and/or medical support order.
- **Asset Test:** An asset test of \$10,000 in liquid resources was made part of the childcare assistance eligibility requirements. This means that families who have more than \$10,000 in assets that can be converted into cash, such as stocks and bonds or mutual funds, will not be eligible for childcare assistance.
- **Childcare Subsidy Co-payment:** The co-payment for families receiving a childcare subsidy and earning between 185 percent and 225 percent of the Federal Poverty Level increased by 1 percent.
- **Childcare Market Rate Survey:** The reimbursement rate increase for childcare providers serving children enrolled in the state's childcare subsidy program was delayed from July 1, 2006 until July 1, 2007. The rate increase will be based on a 2006 market rate survey.

SECTION 4

SOCIAL AND ECONOMIC AUTONOMY

Basic gauges of women’s social and economic autonomy have deteriorated over the last five years both in Rhode Island and nationally. The Institute for Women’s Policy Research uses four indicators to assess women’s social and economic autonomy: access to health insurance, educational attainment, poverty, and women business ownership. Rhode Island women are more likely than men to have health coverage and have similar rates of educational attainment. However, women, particularly single women raising children, are considerably poorer than their male counterparts and most business owners continue to be male.

A ACCESS TO HEALTH INSURANCE

Sixty-seven percent of adult men and women aged 19–64 in Rhode Island had employment-based health insurance in 2003–2004. This is down sharply from the nearly 77 percent rates of employment-based coverage reported for 2000. According to the 2005 Census, women were sixty percent more likely than men to be covered as dependents, rather than under their own policies.²

Employment-based insurance coverage is declining both in Rhode Island and in the US as a whole. The Economic Policy Institute reports that only 56.3 percent of Rhode Islanders working in the private sector received insurance at their place of employment in 2003–2005, compared to 61.3 percent in 1996–1998.³ Between 2000 and 2004, 28,700 Rhode Islanders lost employer-sponsored insurance.⁴

As private employment-based coverage shrinks, the availability of publicly funded insurance in Rhode Island helps mitigate the rise in uninsured residents. Beginning in 1998, health insurance through RItte Care (Rhode Island’s Medicaid program for children and families) was extended to working parents earning up to 185 percent of the Federal Poverty Level.

Women participate in RItte Care and Medicaid at higher rates than men with 14 percent of non-elderly adult women covered by these programs, compared to 10 percent of men.

The percentage of women with no insurance coverage was 13 percent in 2003–2004, compared to a national rate of 19 percent.⁵ Both men and women are more likely to be insured, either by an employer-plan or through RItte Care or Medicaid, in Rhode Island than in the US as a whole.

(TABLE 4.1)

TABLE 4.1

**Health Insurance Coverage of Women and Men Aged 19–64 in Rhode Island and the US
(2003–2004)**

Types of Coverage				
	Rhode Island		United States	
	Women	Men	Women	Men
Employment Based Coverage	67.0%	67.0%	63.0%	63.0%
Individual Private Insurance	5.0%	4.0%	6.0%	6.0%
Medicaid	14.0%	10.0%	9.0%	6.0%
Other Public	2.0%	2.0%	3.0%	3.0%
No Insurance	13.0%	17.0%	19.0%	23.0%

Source: Urban Institute and Kaiser Commission on Medicaid and the Uninsured, www.statehealthfacts.org

RITE CARE / RITE SHARE HEALTH INSURANCE

Rhode Island's Rite Care/Rite Share Program provides health insurance coverage and access to quality healthcare to pregnant women, low income children and their parents. Rite Care participants choose one of three managed care plans in which to enroll and the state pays their enrollment fee. Rite Share participants enroll in their employers' health insurance plan and the state pays the employee's share of the premium. The state spends an average of \$200/month for a Rite Care participant and significantly less for each Rite Share participant.

As of August 2006, 122,346 individuals were enrolled in the Rite Care/Rite Share Program (117,005 in Rite Care and 5,341 in Rite Share). Adults make up around 35 percent of enrollees and the majority of these 43,000 parents are women. While Rite Care/Rite Share is available to families with income less than 185 percent Federal Poverty Level (\$30,710 for a family of three) and to children in families with income less than 250 percent Federal Poverty Level (\$41,500), around 90 percent have family income less than 150 percent Federal Poverty Level (\$24,900).

Families with income above 150 percent Federal Poverty Level — about 5,000 families — are required to pay a monthly premium ranging from \$61-\$92/month for Rite Care/Rite Share coverage. Each month an average of 140 families are sanctioned for failing to pay the premium and are ineligible for coverage for four months. Pregnant women are exempt from the premium.

Evaluations of the Rite Care program have shown that enrolling a family in a health plan and providing access to a primary care doctor has improved access to prenatal and pediatric care and resulted in improved health for pregnant women, children and families.

- The adequacy of prenatal care (care beginning in the fourth month of pregnancy and completing at least 80 percent of the recommended visits) increased from 56 percent in 1993 to 72 percent in 2002.
- The percentage of women who smoke decreased from 32 percent in 1993 to 21 percent in 2002.
- The percentage of women who had a short interval between births (less than 18 months) decreased from 41 percent in 1993 to 31 percent in 2002, closing the gap between women on Rite Care and women with private insurance.*
- 85 percent of parents enrolled in Rite Care have an annual check-up with their doctor.

During the 2006 legislative session, eligibility for non-citizen children who were not on the program prior to December 31, 2006 was ended.

Rite Care Health Insurance: A Celebration of Children's Health. Covering Kids and Families

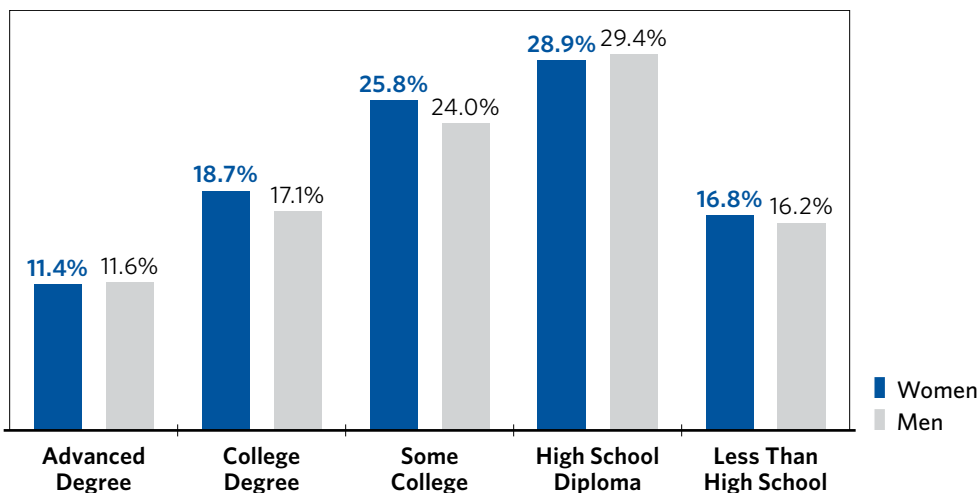
B EDUCATIONAL ATTAINMENT

Women and men in Rhode Island have similar rates of educational attainment. About 45 percent of both female and male Rhode Islanders possess a high school diploma or less and around 30 percent have a bachelor's or advanced degree. (CHART 4.1) The proportion of Rhode Island women with four or more years of college has increased substantially over the past 15 years, from 18 percent in 1990 according to the Decennial Census, to 28.5 percent in 2005, according to the most recent American Community Survey data.

Recent data from the American Community Survey show that women are currently more apt than men to participate in higher education. In 2005, 9.3 percent of Rhode Island women over age 15 were enrolled in college or graduate school, compared to 7.4 percent of men.

CHART 4.1

Educational Attainment of Women and Men Aged 25 and Older in Rhode Island (2005)



Source: Poverty Institute analysis of American Community Survey data

C WOMEN-OWNED FIRMS

Self-employment and business ownership can be an important source of economic independence for women. Since the last report was published in 2002, business ownership by women has increased in Rhode Island. In 2002, there were 23,209 majority women-owned firms in Rhode Island with total revenues of \$3.8 billion, a 17 percent increase since 1997. In addition, there were 8,229 privately held firms owned jointly by men and women with revenues of \$2.6 billion. The Center for Women's Business Research estimates that 28.6 percent of privately-held firms in Rhode Island were majority women-owned in 2004.⁶

In addition, 31.4 percent of self-employed workers in Rhode Island were women in 2002. Self-employment, however, includes such relatively poorly-paid occupations as family childcare centers, and is no guarantee of economic autonomy.

D POVERTY AND ECONOMIC SECURITY

In 2005, 12.4 percent of Rhode Island women aged 18 and older had incomes below the Federal Poverty Level, compared to 7.5 percent of men. (CHART 4.2) Poverty rates are lower in Rhode Island than in the nation as a whole. (CHART 4.3)

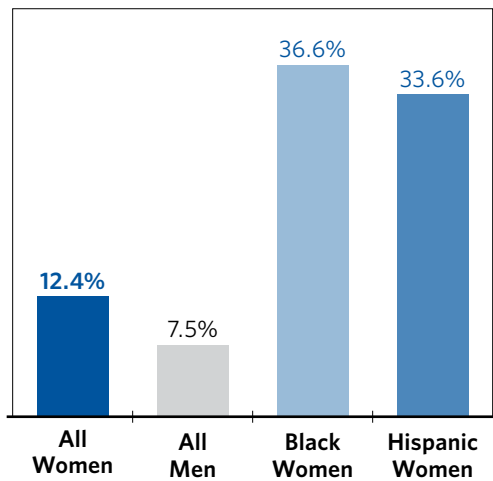
Poverty rates for both women (12.4 percent) and men (7.5 percent) in 2005 are higher than recorded in the 2000 Decennial Census, where 10.5 percent of women and 6.4 percent of men had incomes below the Federal Poverty Level.

Among the New England states, only Maine, with a female poverty rate of 13.2 percent, ranked higher in female poverty than Rhode Island. Poverty rates among minority women are especially high, with more than a third of black and Hispanic women living on incomes below the Federal Poverty Level in 2005.

Poverty rates for minority children in Rhode Island are also extremely high. In 2004, 52 percent of Hispanic children and youth in Rhode Island were living in poverty compared to the national rate of 29 percent. At the same time, 48 percent of Rhode Island’s Black or African American children were living in poverty and 38 percent of Rhode Island’s Asian children were living in poverty. The poverty rate for all Rhode Island children was 21 percent. Rhode Island’s child poverty rates for Hispanic and Asian children are three times the rates for Hispanic and Asian children in the United States.⁷

CHART 4.2

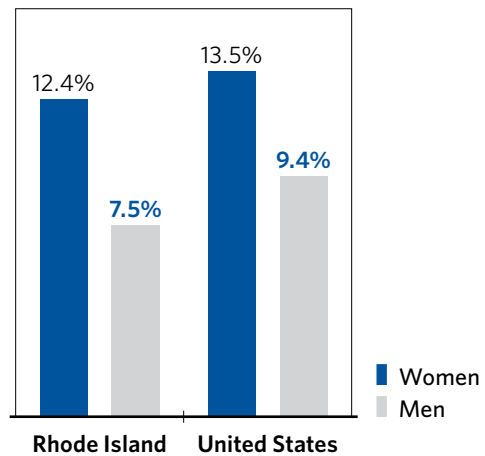
Poverty Rates Among Rhode Islanders Aged 18 and Above (2005)



Source: Poverty Institute analysis of American Community Survey and Current Population Survey data

CHART 4.3

Poverty Rates for Women and Men in Rhode Island and the US (2005)



Source: Poverty Institute analysis of American Community Survey and Current Population Survey data

FEMALE-HEADED HOUSEHOLDS

Because they earn less than men, are disproportionately represented in lower-earning occupations, are more likely than men to work part-time and bear greater responsibility for child and elder care, Rhode Island women are particularly disadvantaged when they head households. Nearly 43 percent of female headed households with dependent children in Rhode Island have incomes below the Federal Poverty Level, more than double the poverty rate of male-headed households. This is higher than the national poverty rate of 36.2% for female-headed households in 2005.

The median income in 2005 of Rhode Island female-headed households was \$19,964, only slightly above the Federal Poverty Level of \$16,090 for a family of three, despite the fact that 60 percent of single mothers held jobs in 2005. (TABLE 4.2) Median income for households headed by single fathers was \$31,016.

Single female-headed households with dependent children headed by black and Hispanic women suffer alarming rates of deprivation, with 62.2 percent of black and 72.3 percent of Hispanic female-headed households in poverty.

TABLE 4.2

Economic Status of Female-Headed Households with Dependent Children (2005)

Economic Status in Rhode Island Households			
	Number of Households below FPL	Percent of Households below FPL	Median Household Income
Married Couple household	3,717	4.4%	\$79,159
Single Male-Headed household with children	1,760	21.1%	\$31,016
Single Female-Headed household with children	14,854	42.9%	\$19,964
Black Female-Headed household	3,372	62.2%	n/a
Hispanic Female-Headed household	5,520	72.3%	n/a

Source: Poverty Institute Analysis of American Community Survey data

RHODE ISLAND'S FAMILY INDEPENDENCE PROGRAM

The Family Independence Program is Rhode Island's cash assistance and work-readiness program for children and their parents or caretaker relatives. Ninety percent of parents are women. The program was enacted in 1996 with unanimous bi-partisan support. There has not been a comprehensive review of the program by policy makers but numerous changes — most of which have implemented policies harmful to beneficiaries — have been made over the past ten years, including:

- Counting benefits a parent has received in another state against the 60 month life-time limit for cash assistance.
- Requiring parents to take reading/math test and sign an employment plan before benefits are provided.
- Requiring one parent in all two-parent families to work 35 hours/week — including families in which one parent is disabled.
- Limiting time for job search to four consecutive weeks.
- Increasing the sanction for a parent who has failed to participate in a work activity. The system of graduated sanction (approximately 20 percent reduction in benefits increased by an additional 10 percent at six-month intervals) was replaced with closure of the entire case after a certain number of months of benefit reduction. Originally case closure (full family sanction) occurred after 18 months of benefit reduction. In the next year it was reduced to 12 months and this past year, it was reduced to six months.
- Eliminating the \$50 “child support pass through” payment provided to a family when a non-custodial parent makes a timely child support payment. The General Assembly reinstated the payment.
- Requiring non-exempt parents to work or participate in work readiness activities 30 hours, instead of 20 hours, during their first 24 months on the program.
- Eliminating a \$100 yearly “weatherization” payment to help families meet the high cost of heat. The monthly cash payment for a family of 3 is \$554, less than half the poverty level. This amount hasn't been raised since 1989.

THE RHODE ISLAND STANDARD OF NEED: MAKING ENDS MEET IN THE OCEAN STATE

Families have increasing difficulty making ends meet in Rhode Island. In 2006 a single parent with two children must earn \$3,993 per month (\$47,916 per year) to cover basic needs, according to *The Rhode Island Standard of Need (RISN)* published by The Poverty Institute. Using national and state data, the *RISN* shows the cost of a no-frills budget to pay for housing (2-bedroom apartment), food, transportation (car), healthcare (employer pays one-half of costs), childcare and other necessities. The *RISN* also shows how subsidies for childcare and the RItE Care program, help families with lower earnings make ends meet. In 2003, a family earning 150 percent of the poverty level could just make ends meet with these subsidies. In 2006, a single parent family using subsidized childcare and RItE Care required an income of 185 percent of the poverty level to cover basic needs.

The table below shows the budget for a parent with a toddler and elementary-school-aged child. The parent earns \$14.76 per hour or 185 percent of the Federal Poverty Level. (The median wage in Rhode Island in 2005 was \$14.28 per hour). The family's monthly income is \$2,536 after taxes and tax credits are factored in. Without subsidies, the family is short each month by almost \$1,500. However, using childcare subsidies and RItE Care, the family is just able to make ends meet.

Estimated Monthly Living Costs for Families With and Without Subsidies

Single Parent Earning \$30,710/year (185% of the Federal Poverty Level)		
	Without Subsidy	With Subsidy
Housing	\$965	\$965
Food	\$536	\$536
Transportation	\$324	\$324
Childcare	\$1,283	\$179
Health Insurance	\$500	\$61
Miscellaneous + Sales Tax	\$385	\$385
Total Expenses	\$3,993	\$2,450
Income	\$2,536	\$2,536
Difference	-\$1,457	\$86

The Poverty Institute, 2006 Rhode Island Standard of Need

Since 2003, private childcare costs have increased by 6 percent and HUD market rents have risen by 42 percent. Rent is the second largest item in the budget and a family's housing can easily be jeopardized as emergencies and unanticipated expenses arise. The need for affordable housing is further underscored by the rise in homelessness in Rhode Island and increased demand for emergency shelter.

ECONOMIC STATUS OF OLDER WOMEN

Older women receive lower Social Security benefits and are far less likely than male seniors to receive other non-Social Security pension benefits. As a result, the incomes of women aged 65 and older in Rhode Island are considerably below those of men. Over 9 percent of female seniors in Rhode Island had incomes below the Federal Poverty Level (\$9,570 for a single individual) in 2005, compared with 6.5 percent of male seniors. (TABLE 4.3)

TABLE 4.3

Economic Status of Women and Men Aged 65 and Older in Rhode Island (2004*)

Economic Status					
	Poverty Rates (2005)	Average Social Security Benefit	Percent with Other Retirement Benefits	Average Other Retirement Benefit	Average Total Income
All Females	9.1%	\$9,201	22.5%	\$2,164	\$15,850
All Males	6.5%	\$11,080	56.4%	\$10,052	\$30,750

Source: Poverty Institute analysis of Current Population Survey and American Community Survey data

*All data for 2004 unless otherwise specified.

SECTION 5

REPRODUCTIVE HEALTH

Reproductive healthcare is an extremely important issue for Rhode Island women. The desire to become pregnant and maintain a healthy pregnancy or to avoid or terminate a pregnancy are central issues in the lives of most women of child-bearing years.

This section provides information on state policies concerning abortion, contraception, infertility and sex education as well as state investments in family planning services. It also presents data on fertility and natality, including births to teenage mothers. Table 5.5 (at the end of this section) provides an overview of policies addressing contraception.

A PREGNANCY

According to the Alan Guttmacher Institute, 20,400 of the 233,470 Rhode Island women of childbearing age became pregnant in 2000. Sixty-one percent of these pregnancies resulted in live births, 24 percent resulted in abortions and the remaining 15 percent ended in miscarriage.

Data from the Rhode Island Department of Health's (RIDH's) Pregnancy Risk Monitoring System (PRAMS) indicates that 35.9 percent of births among Rhode Island women during 2002-2003 resulted from pregnancies that were unintended (29 percent of the respondents wanted to become pregnant later and 6.9 percent did not want to become pregnant at any time). Among women with an unintended pregnancy, 52.9 percent were not using contraception at the time of conception.⁸

FERTILITY, NATALITY AND INFANT HEALTH

Rhode Island's fertility rate for woman ages 15-44 was 54.6 live births per 1,000 women in 2003. This rate is lower than the US rate of 64.8 per 1,000 women. Rhode Island had the lowest percentage of births to women receiving late or no prenatal care in 2003 of any state in the nation, a reflection of the state's extensive private and publicly-funded healthcare coverage for pregnant women. Nevertheless, the percentage of babies born weighing less than 5.5 pounds was higher than the national average. **(TABLE 5.1 ON NEXT PAGE)**

Infant mortality is only slightly lower in Rhode Island than in the US at 6.7 per 1,000 births. Rhode Island Kids Count reports, however, that African American infants in Rhode Island experienced mortality of 11.7 per 1,000 births which, while lower than the US rate of 14 per 1,000 births, is still nearly 75 percent higher than the state's overall infant mortality rate. Between 1995 and 2005, the percentage of pre-term births, the leading cause of infant mortality in Rhode Island, rose by 39 percent among Rhode Island residents. In 2005, 1,625 babies were born prematurely. While Rhode Island has high rates of prenatal care and low infant mortality, serious disparities between white and non-white populations exist in these areas, and the rates of premature births are increasing.⁹

TABLE 5.1

Fertility, Natality and Infant Health in Rhode Island and the US (2003)

2003		
	Rhode Island	United States
Fertility Rate (live births per 1,000 women ages 15-44)	54.6	64.8
Infant Mortality Rate (deaths of infants under age one per 1,000 live births)	6.7	6.9
Percent of Low Birth Weight Babies (less than 5.5 pounds)	8.5%	7.9%
Percent of births to women receiving late or no pre-natal care	1.1%	3.5%

Source: Annie E. Casey Foundation and the National Center for Health Statistics

TEEN PREGNANCY

Teenagers are more than three times as likely to have unintended pregnancy than women ages 30 or older (69.3 percent versus 21.2 percent).¹⁰ Although the number and rate of teen pregnancies in Rhode Island have been decreasing, approximately 1,600 teens ages 15-19 in the state became pregnant in 2003. In 2005, 69 percent of pregnancies among teens ages 15-19 resulted in live births and 27 percent ended in abortion.¹¹ Between 2000 and 2004 in Rhode Island, 20 percent of teen births were to a teen who was already a mother.

Although Rhode Island's 2003 birth rate among teens ages 15-19 was ranked the tenth best in the nation by Rhode Island Kids Count, the rate was the worst among the six New England states.¹³ (TABLE 5.2)

TABLE 5.2

Birth Rates Per 1,000 Teen Girls Ages 15-19 in New England (2003)

Birth Rates in Teen Girls		
	Birth Rate	New England Ranking
Connecticut	25	4
Maine	25	4
Massachusetts	23	3
New Hampshire	18	1
Rhode Island	31	5
Vermont	19	2

Source: Annie E. Casey, 2006 Kids Count Fact Book

B PUBLICLY SUPPORTED FAMILY PLANNING SERVICES

States can play an important role in helping women avoid unintended pregnancies—particularly low-income women, who are more likely than those who are better-off to experience an unintended pregnancy and to rely on publicly supported services for their contraceptive care. Every dollar spent on family planning services saves the federal and state governments three dollars in Medicaid costs for prenatal and newborn care.¹⁴

NEED FOR PUBLICLY-FUNDED FAMILY PLANNING SERVICES

In 2002, 146,340 Rhode Island women ages 13–44 were in need of contraceptive services and supplies. Rhode Island served only 24 percent of the estimated 67,910 women (ages 13–44 years) who qualified for publicly-funded family planning services through the Title X-funded healthcare organizations. This percentage ranked Rhode Island lower than the nation and lower than the other five New England states in this respect.¹⁵ (TABLE 5.3)

TABLE 5.3

Women (Ages 13–44) in Need of and Served by Publicly-Funded Family Planning Services in New England

Number and Percentage of Women in Need of Publicly Funded Family Planning Services			
	Number of Women in Need of Publicly-Funded Family Planning Services (2002)	Percentage of Women in Need Served at Title X-Funded Clinics (2001)	New England Ranking
Connecticut	165,960	43.0%	4
Maine	79,260	62.0%	1
Massachusetts	332,120	42.0%	5
New Hampshire	65,370	47.0%	3
Rhode Island	67,910	24.0%	6
Vermont	37,450	55.0%	2

Source: Alan Guttmacher Institute, 2006

SERVICE AVAILABILITY

Title X of the Public Health Service Act, the only federal program devoted solely to the provision of publicly-supported family planning services, supports 16 family planning locations (“Health for Her” locations) in Rhode Island. In 2005, these locations served 21,319 individuals — an 80 percent increase from the 12,099 served in 1999. In addition, between 1999 and 2005, the number of adolescent clients (under 20 years old) served rose by 67 percent, from 3,051 in 1999 to 5,105 in 2005. During this same period, the number of male clients served rose by 536 percent from 316 in 1999 to 2,009 in 2005.¹⁶

Of the 21,319 clients served in 2005, 90.5 percent were women, including adolescent women. Sixty-one percent of the individuals who received Title X-funded services during 2005 were white. Thirty-seven percent were Latino. Forty-five percent of the individuals served in 2005 were uninsured for healthcare.

In addition to providing individuals with a broad range of contraceptives during 2005, Title X family planning agencies provided 4,989 pregnancy tests, 9,477 pap smears, 10,592 clinical breast examinations, 8,425 Chlamydia tests, 8,151 Gonorrhea tests, 2,576 HIV tests, 2,267 Syphilis tests, and the information and education that individuals need in order to prevent unintended pregnancies and diseases.

FUNDING FOR PUBLICLY SUPPORTED SERVICES

Rhode Island spent only \$40.00 in public funds (all sources) per woman in need of publicly funded contraceptive services in 2001, which ranked the state the 47th worst in the nation and the worst in New England.¹⁷ (TABLE 5.4)

Family planning services are provided to mothers who have Medical Assistance through the RIte Care program. Title X is the major source of funding for family planning services for adults without children who cannot qualify for RIte Care. Many states also use other federal sources, such as the Maternal and Child Health (MCH) Block Grant and the Temporary Assistance for Needy Families (TANF) to fund family planning services, as well as their own revenues.

Only 7 percent of the total funding for contraceptive services and outreach in Rhode Island in 2001 was funded with state revenues. Only five other states allocated this same percentage or less (North Dakota: 7 percent; Arkansas: 4 percent; Nebraska: 3 percent; Hawaii: 1 percent; and Kansas: 0 percent).

TABLE 5.4

Public Spending for Contraceptive Services and Outreach Per Woman in Need in New England (2001)

Public Expenditures			
	Total Public Expenditures	Public Expenditures (All Sources) per Woman in Need	New England Ranking
Connecticut	\$20,778,000	\$98.00	2
Maine	\$7,202,000	\$91.00	3
Massachusetts	\$31,036,000	\$73.00	4
New Hampshire	\$2,826,000	\$41.00	5
Rhode Island	\$2,748,000	\$40.00	6
Vermont	\$4,317,000	\$110.00	1

Source: Alan Guttmacher Institute, 2006

MEDICAID WAIVER FOR FAMILY PLANNING

Rhode Island is one of only six states that has obtained a waiver to continue Medicaid coverage of family planning services for women who would otherwise lose Medicaid coverage postpartum. In recent years, several states have expanded eligibility for Medicaid coverage of family planning services by securing approval (officially known as a “waiver”) from the Centers for Medicare and Medicaid Services. Rhode Island now covers these women for an additional two years. (All states are required to fund pregnancy-related care, including family planning services, for 60 days postpartum to women with incomes up to at least 133 percent of the Federal Poverty Level.)

Research shows that states that have received a family planning waiver to cover low income women and men who do not otherwise qualify for Medicaid served 24 percent more clients than states without such a waiver.¹⁸ Rhode Island has so far not requested or obtained such a waiver.

C ABORTIONS

In 2000, 5,600 women obtained abortions in Rhode Island, a rate of 24.1 abortions per 1,000 women of reproductive age. This was slightly higher than the national rate of 21.3 abortions per 1,000 women of reproductive age. Some of the women obtaining abortions in Rhode Island were women from other states, and some Rhode Island residents had abortions in other states, so this rate may not reflect the abortion rate of state residents. The rate increased 3 percent since 1996, when it was 23.3 abortions per 1,000 women ages 15–44. Abortions in Rhode Island represent 0.4 of all abortions in the United States.¹⁹

In 2000, there were six abortion providers in Rhode Island. This represents a 20 percent increase from 1996, when there were five abortion providers. Eighty percent of Rhode Island counties had no abortion provider in 2000. In comparison, 87 percent of US counties had no abortion providers. Thirty-nine percent of Rhode Island women lived in these counties. In the Northeast census region, 14 percent of women having abortions traveled at least 50 miles, and 4 percent traveled more than 100 miles.²⁰

Rhode Island has the following restrictions on abortion (as of December 2005):

- One parent of a minor must consent before an abortion is provided, unless the minor receives court approval to obtain an abortion without parental involvement. There are no exceptions for medical emergency (28 states provide for such an exception) or in cases of abuse, assault, incest or neglect (12 states provide for such an exception).
- A woman must receive state directed counseling that includes information designed to discourage her from having an abortion before the procedure is provided.
- Public funding is available for abortion only in cases of life endangerment, rape or incest.
- Abortion is covered in insurance policies for public employees only in cases of life endangerment, rape or incest.

D SEX AND STD/HIV EDUCATION

Rhode Island is one of 19 states that mandates that public schools teach sex education. As part of the sex education curriculum, Rhode Island requires that abstinence be stressed (21 other states also require that abstinence be stressed, ten required that it simply be covered) and contraceptives be covered (13 other states also require that contraceptives be covered, 0 require that it be stressed).

Rhode Island also requires that public schools teach STD/HIV education, as do 34 other states. As part of the STD/HIV education curriculum, Rhode Island requires that abstinence be stressed (24 other states also require that abstinence be stressed, 11 required that it simply be covered) and contraceptives be covered (17 other states also require that contraceptives be covered, 0 require that it be stressed).

While parental consent is not required for sexuality or STD/HIV education, Rhode Island allows parents to remove their children from instruction if they so choose (34 other states and the District of Columbia also have this opt-out provision).²¹

E EMERGENCY CONTRACEPTION

Emergency contraception is a method of preventing pregnancy within hours or a few days (within 72 hours) after unprotected sexual intercourse. Some states' attempts to expand access to emergency contraception have focused on three approaches: mandating emergency contraception services for women who have been sexually assaulted, allowing pharmacies to dispense emergency contraception without a prescription, or requiring pharmacies that stock contraceptives to dispense emergency contraception.

Currently, Rhode Island does not have a state policy requiring hospital emergency rooms to offer and provide sexual assault victims with emergency contraception. Nine states have such a law (California, Massachusetts, New Jersey, New Mexico, New York, Ohio, Oregon, South Carolina, and Washington).²²

Seven states allow pharmacists to dispense emergency contraception without a prescription through collaborative practice agreements (Alaska, California, Hawaii, Massachusetts, New Hampshire, Washington, and Vermont). Three states have a state-approved "direct access" protocol for allowing pharmacists to dispense emergency contraception without a prescription (California, Maine, and New Mexico). A collaborative practice agreement refers to the practice where prescribers (generally physicians) authorize pharmacists to engage in specified activities, including adjusting and/or initiating drug therapy.

Rhode Island permits collaborative practice agreements or a similar agreement between physicians and pharmacists. Since the FDA's planned over-the-counter marketing of emergency contraception does not include minors, Rhode Island should explore the feasibility of encouraging the development of collaborative practice agreements between pharmacists and physicians for the provision of emergency contraception to adolescents, especially in communities where there are high rates of teen pregnancies.

F INFERTILITY COVERAGE

Prior to the 2006 legislative session, Rhode Island law required insurers and HMO's that cover pregnancy services to cover the cost of medically necessary expenses of diagnosis and treatment of infertility. The law defined infertility as "the condition of an otherwise healthy married individual who is unable to conceive or produce conception during a period of one year." The patient's co-payment could not exceed 20 percent. In June 2006, the law was changed. Now insurers are only required to cover treatment for women between the ages of 25 and 40 who have had trouble conceiving for two years. In addition, there is now a lifetime cap of \$100,000 for total treatment.²³

TABLE 5.5

Overview of Rhode Island's Laws and Policies Addressing Contraception

Policy Options	
Expanded Medicaid Eligibility for Family Planning Services	
For individuals with incomes up to a state-specified level	
Only for all or certain individuals losing Medicaid coverage	X
No expansion	
Insurance Coverage of Contraception	
Mandate for all insurers	X
Mandate that includes a broad refusal clause	
Mandate that excludes emergency contraception	
No policy, or mandate that covers only a limited segment of the insurance market	
Access to Emergency Contraception	
Available from pharmacists through a collaborative practice arrangement	
Discussion or provision in emergency rooms required	
No policy	X
Minors' Consent Law	
All or most minors can consent to contraceptive services	
No policy, or only certain classes of minors can consent to services	X
Sex Education Policy	
Requires contraceptive education statewide	X
Requires abstinence education statewide	X
Requires contraceptive education in school districts with sex education	
Requires abstinence education in school districts with sex education	
Rejects federal abstinence-only education funds	
Restrictions on Family Planning Funds	
No restrictions	X
Separation of abortion and state-funded family planning services required	
Parental consent required for state-funded contraceptive services to minors	
Refusal Clause for Contraceptives	
No policy	X
Applies to individual healthcare providers	
Applies only to pharmacists (without consumer protections)	
Applies to healthcare institutions	

Source: Alan Guttmacher Institute, March 2006

SECTION 6

WOMEN'S SAFETY AND WELL-BEING

Rhode Island women's overall health status has improved since publication of the first *Status of Women* report in 2002. Health and safety are critical to a woman's sense of well-being. Poor health, domestic violence and the fear of sexual assault can impair the ability of a woman to care for herself and her family. Thanks to the state's extensive healthcare programs for low-income residents, Rhode Island women are far more likely than women in other states to receive regular health screening for cancers and other diseases.

A SAFETY

DOMESTIC VIOLENCE

On any given day in Rhode Island, 46 people call a domestic violence hot line, 59 women and children spend the night in a domestic violence shelter, and 28 people seek community-based domestic violence services. A total of 10,046 unduplicated victims of domestic violence received services in 2005. A total of 2,642 restraining orders were issued in 2005, and 4,267 criminal cases were handled in District Court.²⁴

In 2004, Rhode Island police reported that there were 1,872 incidents where children saw the abuse happen and 2,046 incidents where children heard, but did not see the abuse.²⁵ In 2005, 7.9 percent of the 10,046 clients served by the Rhode Island Coalition Against Domestic Violence's member agencies were children. National statistics reflect that approximately 30 percent of teens report that they or someone they know has experienced dating violence and that 26 percent of teen girls in a relationship reported enduring repeated verbal abuse.²⁶

Recognizing that it is estimated that more than half of the women receiving welfare have experienced physical abuse by an intimate partner, the Rhode Island Department of Human Services has contracted with the Rhode Island Coalition Against Domestic Violence and the Women's Resource Center of Newport and Bristol Counties to run the Family Violence Option Advocacy Program. As a condition of receiving cash assistance from the Family Independence Program, women are required to cooperate in pursuing child support from the non-custodial parent and participating in education, training and/or work. Women who fear that cooperation with these requirements will put themselves or their children in jeopardy are referred to the Family Violence Option Advocacy Program to establish an exemption(s) and for safety planning services. In 2005, 640 Rhode Island women received support services from an advocate through this innovative collaborative program.²⁷ Beginning October 1, 2006, participants in the childcare assistance program are required to cooperate in pursuing child support from non-custodial parents as a condition of receiving assistance. The Department of Human Services has contracted with the Rhode Island Coalition Against Domestic Violence to expand the Family Violence Option Advocacy Program to include women applying for childcare assistance

who assert that cooperation will put themselves or their children at risk. There is still a need, however, to expand the Program to be available to women seeking health insurance through the Rite Care Program.

In addition to domestic violence policies, many states have provisions related to crimes such as stalking, harassment, and sexual assault. In 12 states, a first stalking offense is considered a felony. In 26 states, stalking can be classified as either a felony or a misdemeanor, depending on circumstances such as use of a weapon or prior convictions. Felony status is considered preferable because it usually leads to quicker arrest, eliminating the need for police to investigate the seriousness of the stalking to determine probable cause.²⁸ In Rhode Island, a first stalking offense is a felony. In 2006, the Rhode Island Legislature passed an amendment to the civil restraining order language to include stalking and cyberstalking as conditions under which a complainant can apply for a restraining order.

SEXUAL ASSAULT

In 2005, Rhode Island had 32 incidents of rape per 100,000 residents, comparable with the national average of 32.3 per 100,000 residents. A total of 7,880 victims and their families received services for sexual assault and abuse in Rhode Island during that year.

Approximately two-thirds of all victims of sexual assault are children. It is estimated that one in four girls and one in six boys are sexually assaulted before the age of 18.²⁹ In Rhode Island in 2004, there were 223 allegations of sexual abuse reported to the Department of Children, Youth and Family (DCYF), of which some children were victims more than once. In 75 percent of these cases, the victim was female. Sixty-seven percent of victims (63 percent of girls and 78 percent of boys) were under the age of 12.³⁰ Also in 2004, Rhode Island law enforcement reported 116 cases of child molestation and 115 arrests for child molestation. In addition, there were nine cases of adults reporting their own past abuse and 3 arrests related to these reports.³¹

B WELL-BEING

MORTALITY AND INCIDENCE OF DISEASE

The Institute for Women's Policy Research compiles data on several measures of women's health and finds that Rhode Island women experienced slightly lower mortality from heart disease and breast cancer than the US average. They also had lower rates of AIDS, chlamydia and diabetes. However, lung cancer mortality rates among women in Rhode Island were somewhat higher than in the US as a whole. (TABLE 6.1)

TABLE 6.1

Mortality and Incidence of Disease Among Women in Rhode Island and the US

Mortality and Incidence of Disease			
	Rhode Island	United States	Rhode Island Rank
Average annual mortality rate among women from heart disease (per 100,000), 1999-2001	199.1	211.5	25
Average annual mortality rate among women from lung cancer (per 100,000), 1999-2001	43.9	41.0	35
Average annual mortality rate among women from breast cancer (per 100,000), 1999-2001	26.1	26.5	25
Percent of women who have ever been told they have diabetes, 2001	5.6	6.5	13
Average annual incidence of chlamydia (per 100,000), 2002	377.7	455.4	17
Average annual incidence of AIDS among women (per 100,000), 2001	6.1	9.1	34

Source: Institute for Women's Policy Research

MENTAL HEALTH

In its 2002 report on Rhode Island women, the Institute for Women's Policy Studies ranked Rhode Island among the best states in the nation for women's mental health. Data for 1999-2001 show Rhode Island losing some ground as suicide mortality among Rhode Island women increased from 2.8 per 1,000 in 1996-1998 to 3.4 per 1,000 in 1999-2001. (TABLE 6.2)

TABLE 6.2

Mental Health of Women in Rhode Island and the US

Mental Health			
	Rhode Island	United States	Rhode Island Rank
Average number of days per month of poor mental health, 2000	3.8	3.8	24
Average annual mortality rate from suicide (per 100,000), 1999-2001	3.4	4.0	11

Source: Institute for Women's Policy Research

PREVENTIVE CARE AND HEALTH ACCESS

Rhode Island leads the nation in most measures of preventive healthcare for women. The state ranks 3rd in mammograms, 2nd in pap smears, 4th in dental care, and 8th in colorectal screening. Only in routine cholesterol screening for women does Rhode Island lag behind other states with only 16 percent of women in the Ocean State having been screened for cholesterol, compared to 25 percent nationally. (TABLE 6.3)

TABLE 6.3

Health Screening Among Women in Rhode Island and the US

Health Screening			
	Rhode Island	United States	Rhode Island Rank
Percent of women aged 50–69 who have had a mammogram in the past two years, 2000	89%	81%	3
Percent of women aged 18 and over who have had a pap smear in the past year, 2004	89%	86%	2
Percent of women aged 18 and over who have been screened for cholesterol in past five years, 2001	16%	25%	51
Percent of all women who have visited a dentist or dental clinic in past year, 2002	79%	72%	4
Percent of women who have ever been screened for colorectal cancer, 2002	54%	48%	8

Source: Kaiser Family Foundation, statehealthfacts.org

C HEALTH RISKS

Despite Rhode Island's relative success in providing health coverage and health screening to women, concerns about women's health mount as the female population ages. A survey by the Rhode Island Department of Health found that only 43 percent of women aged 45–64 were at their recommended weight; 44 percent engaged in the recommended level of physical activity and 55 percent were former or current smokers. (TABLE 6.4)

TABLE 6.4

Major Health Risks Among Women Aged 45–64 in Rhode Island (2003)

Major Health Risks	
Weight	Percentage
Obese	18%
Overweight	30%
Recommended Weight	43%
Physical Activity	Percentage
Inactive	15%
Some Activity	41%
Recommended Level of Activity	44%
Tobacco Use	Percentage
Current Smoker	22%
Former Smoker	33%
Never Smoked	45%

Source: RI Department of Health, Office of Health Statistics

D STATE HEALTH POLICIES AND RESOURCES

In order to advance women's access to adequate health-related resources, Rhode Island has passed policies governing healthcare coverage by insurance companies for their policy-holders. Studies show that the quality of insurance coverage largely affects women's access to certain health resources and, consequently, their health status. Rhode Island has many state insurance mandates important to women, including mandated coverage for preventive screenings for cervical cancer, inpatient care after mastectomies and maternity, laws allowing women direct access to obstetrics and gynecology physicians without referral, and requirements that insurance companies cover at least some mental health services. A requirement that health insurance companies cover hair prosthetics for women with cancer was added in 2006. Rhode Island also mandates well-child visits and diabetes monitoring, supplies and education. (TABLE 6.5)

TABLE 6.5

Health Policies and Resources in Rhode Island

Health Policies		
Does Rhode Island require insurance companies to:	Yes	No
Cover Mammograms	X	
Cover Osteoporosis screening		X
Cover Cervical cancer screening – pap smears	X	
Provide patients direct access to OB/GYN services	X	
Cover minimum stays for mastectomy and maternity	X	
Cover well-child visits	X	
Cover diabetes monitoring, supplies and education	X	
Cover at least some mental health services at the same level as other services	X	
Cover hair prosthetics for women with cancer	X	
Cover HPV vaccine		X
Cover Chlamydia screening		X

Source: RI Office of the Health Insurance Commissioner

Rhode Island has not followed the lead of fourteen states in mandating preventative screening for osteoporosis, although the state does have a legislatively-created Osteoporosis Program that works to raise awareness of osteoporosis. According to the Rhode Island Osteoporosis Program, in 2002, 79 percent of the estimated 41,200 Rhode Islanders over the age of 50 with osteoporosis were female. An insurance mandate requiring screening is important for the health of Rhode Island's older female population.

In addition, Rhode Island does not mandate Chlamydia screening. While only three states do mandate some form of Chlamydia screening, such screening would greatly benefit Rhode Island's women. Chlamydia is the most common bacterial sexually transmitted infection in the US and is most prevalent in women ages 15 to 25. Untreated Chlamydia can result in severe health problems for women, including pelvic inflammatory disease, which can lead to chronic pelvic pain, ectopic pregnancy, and infertility. Routine testing of sexually active women is the most effective way to identify and treat women with Chlamydia, since up to 75 percent of women with the infection are asymptomatic.

In June 2006, the Food and Drug Administration approved and the Centers for Disease Control recommended the use of a vaccine to prevent the infection in girls of HPV, the human papillomavirus, which is the primary cause of cervical cancer. Rhode Island does not require insurance companies to cover the vaccine. Although Rhode Island has one of the lowest cervical cancer rates in the US (ranked 43 in 2002 by the Kaiser Family Foundation), this is an important scientific breakthrough for women's health to which Rhode Island women and girls should have access.

FOOTNOTES

- ¹ Departments Heads: Board of Governors for Higher Education, Budget Office, Department of Administration, Department of Business Regulation, Department of Children Youth and Families, Department of Corrections, Department of Elderly Affairs, Department of Elementary and Secondary Education, Department of Environmental Management, Department of Health, Department of Human Services, Department of Labor and Training, Department of Mental Health, Retardation and Hospitals, Department of Transportation, Economic Development Corporation, Emergency Management Agency, Executive Office of Health and Human Services, Fire Marshals Office, Human Rights Commission, Parole Board, Public Defender's Office, Public Transportation Authority, Public Utilities Commission, State Police. The Top Advisors to the Governor: Chief of Staff, Executive Council, Deputy Chief of Staff, Legislative Director, Communications Director, Administrative Services Director, Municipal Affairs and Appointments Director
- ² Poverty Institute analysis of Current Population Survey data for 2004
- ³ Economic Policy Institute analysis of Current Population Survey data
- ⁴ Kaiser Foundation, www.statehealthfacts.org
- ⁵ National Women's Law Center, Losing Ground: An Overview of Poverty, Income and Health Insurance Trends Among Women, 2000-2005
- ⁶ Center for Women's Business Research, www.womensbusinessresearch.org/USStateFacts/RhodeIsland.pdf
- ⁷ Rhode Island Kid's Count
- ⁸ Rhode Island Department of Health, Maternal & Child Health Service, Pregnancy Risk Assessment Monitoring System (PRAMS). www.health.ri.gov/family/prams/UnintendPregnancy.pdf
- ⁹ Rhode Island Department of Health, Division of Family Health, The Rhode Island Department of Health 2006 Family Health Plan
- ¹⁰ Rhode Island Department of Health, Maternal & Child Health Service, Pregnancy Risk Assessment Monitoring System (PRAMS)
- ¹¹ Rhode Island Department of Health, Division of Family Health, Maternal & Child Health Database, 2006
- ¹² Rhode Island KIDS COUNT, 2006 Rhode Island KIDS COUNT Factbook
- ¹³ Annie E. Casey Foundation, 2006 KIDS COUNT Data Book
- ¹⁴ AGI, Contraception Counts: Rhode Island, 2006
- ¹⁵ AGI, Contraception Counts: Rhode Island, 2006
- ¹⁶ Rhode Island Department of Health, Family Planning Program, 2007 Application for Title X Family Planning Services, September 1, 2006
- ¹⁷ AGI, Contraception Counts: Ranking State Efforts, In Brief, February 2006
- ¹⁸ Frost, JJ, Frohwirth, L, & Purcell, A., "The Availability and Use of Publicly Funded Family Planning Clinics: U.S. Trends, 1994-2001." Perspectives on Sexual and Reproductive Health, Vol. 36, No. 5, September/October 2004, 206-215
- ¹⁹ AGI, Contraception Counts: Rhode Island, 2006
- ²⁰ AGI, Contraception Counts: Rhode Island, 2006
- ²¹ AGI, Sex and STD/HIV Education, Oct. 1, 2006
- ²² The Henry J. Kaiser Foundation, State Health Facts Online, <http://www.statehealthfacts.org>, August 1, 2006.
- ²³ AGI, Legislative updates, 2006
- ²⁴ Rhode Island Coalition Against Domestic Violence, 2005
- ²⁵ Domestic Violence Monitoring and Training Unit, 2005
- ²⁶ National Coalition Against Domestic Violence, 2005
- ²⁷ RI Coalition Against Domestic Violence, 2006
- ²⁸ US Department of Justice, Office of Justice Programs, Violence Against Women Grants Office, 1998
- ²⁹ Snyder 2000
- ³⁰ Rhode Island Kids Count, 2005
- ³¹ Supreme Court of Rhode Island, Domestic Violence Training and Monitoring Unit, 2006

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