A Change of Pace
Accelerating Women’s Progress

A WOMEN’S WAY publication in partnership with
The Alice Paul Center for Research on Women and Gender, University of Pennsylvania and Solutions for Progress Inc. • 2004 Update
Executive Summary

With this 2004 Change of Pace update, WOMENS WAY makes good on its promise to carefully monitor the status of women and girls in our region. Statistical data has been updated where possible through January 2004, and text and policy recommendations revised as appropriate.

Through A Change of Pace, WOMENS WAY capped its 25th Anniversary with a powerful call to action—a call that resonates just as clearly one year after the initial release of the report. This report, the first product of a unique collaboration between WOMENS WAY, the University of Pennsylvania’s Alice Paul Center for Research on Women & Gender and Solutions for Progress, takes stock of women’s status in our region. Its findings are sometimes encouraging, but more often startling and disturbing measures of life for American women in the 21st century.

While the findings demonstrate that women have made tremendous strides since WOMENS WAY’s founding, A Change of Pace concludes that many of these victories ring hollow, particularly for women of color and low-income women. The cumulative effects of poverty wages, scarce affordable housing, child care and health care, threats of violence and insufficient social supports create barriers for women struggling to attain the economic self-sufficiency and sense of security necessary to provide adequate care for themselves and their families. Even for middle-class white women whose relative economic security affords them a greater sense of well-being, the dream of equal pay for equal work, a life free from gender-based violence, a secure retirement and true reproductive freedom is far from realized.

Are Women Worth Three-Fourths of Men? In 1976, women working full time earned 61 cents for every $1 earned by men. In a quarter century, the gender wage gap has decreased 16 cents. That leaves another 23 cents to go. Every dollar women lose to gender inequality is a dollar they and their families do not have to pay for housing, child care, health care or food.

White, Blue & Pink Collar Jobs Despite gains in the last quarter century, women are still concentrated in low-paying “pink collar” occupations such as health care support and personal care. They remain underrepresented in higher-paying ones such as management and architecture. Even within the same occupations, women working full time are paid less than men.

Women’s Business A growing number of women are taking their livelihoods into their own hands by becoming entrepreneurs. However, with less access to capital, loan financing and growth by starting a business or bid on a larger project, women’s businesses struggle to survive. Women-owned businesses in the Philadelphia metropolitan area account for less than 5% of total sales and 10% of total employment.

Hard Times Above & Below the Poverty Line Women are more likely to be poor than men, and families headed by women are disproportionately poor. Families headed by single mothers are 15% of all families in the region, but more than 54% of the region’s poor. For many women, work and poverty go hand in hand. In Pennsylvania, 20% of full-time working women have “low earnings”—less than $8.77 per hour—compared with 13% of full-time working men.

Penalized for Caregiving Women are penalized in the labor market as paid and unpaid caregivers. They are more likely than men to work part-time or be out of the workforce because of care responsibilities, and more likely to hold jobs that involve care work for children, people with disabilities and the elderly. While hourly earnings in the Philadelphia area averaged $18.65 in 2002, “care work” jobs averaged less than $11 per hour.

Retirement Insecurity For many women, retirement means insecurity. The “three-legged stool” on which retirees depend—Social Security, personal savings and employer pensions—fails for many women. In the Philadelphia region, one in ten women 65 and older lives below the official poverty line. Older women in the Philadelphia region have only 52 cents to every $1 of income of older men.

Scarcie Affordable Housing Affordable housing is central to economic security for women and their families, but it is in short supply. In the Philadelphia region, 43% of renters and 25% of homeowners spend more than the affordability standard of 30% of their income on housing. Nearly one in four renters spends more than half her income on housing. Fewer than one in four families eligible for federal housing assistance receives it.

Health Care Not Ensured One in nine women in Pennsylvania is uninsured. Lack of health insurance typically means lack of preventive care, delayed or substandard treatment, and greater risk of disease, disability and death. Uninsured and low-income women in the region are much less likely to receive preventive cancer screenings. Women are more likely to forgo or delay medical care for financial reasons.

Defending Reproductive Freedom WOMENS WAY agencies have been at the forefront advocating for and protecting reproductive rights. Their struggle has been uphill. Underfunded family planning services in Philadelphia can meet only half the current need for services. Pennsylvania limits access to abortion through state-mandated lectures, waiting periods and parental consent laws. Access by low-income women is particularly limited because Pennsylvania excludes abortion from Medicaid coverage except in cases of rape, incest and threat to a woman’s life.

Women Under Assault With continued pressure from women’s organizations, law enforcement officials and the medical community have improved their response to sexual assault and domestic violence. There is a partial safety net of shelters and other services. Despite this progress, however, violence against women is still endemic in our community and the resources for survivors too few.

Corporate Brass and Glass Ceilings Women have made progress in entering administrative and managerial ranks over the last four decades, but when it comes to top leadership roles, women are still woefully underrepresented. Eight out of nine corporate board members and top executives at the largest 120 public companies in the Philadelphia region are men, and nearly 45% of the largest companies in the region have no women in top executive positions.

Political Underrepresentation Pennsylvania has only one U.S. Congresswoman and no women in the U.S. Senate. If the State Legislature were representative of Pennsylvania’s adult population, women would hold 133 seats instead of the 35 they currently hold; the Philadelphia region would have 43 women legislators instead of just 20. Only 14 states rank worse than Pennsylvania in appointing women to key state policy positions.

With continued pressure from women’s organizations, law enforcement officials and the medical community have improved their response to sexual assault and domestic violence. There is a partial safety net of shelters and other services. Despite this progress, however, violence against women is still endemic in our community and the resources for survivors too few.

If we are to address these community concerns and create that long-discussed level playing field, each of us must play a part. And so, WOMENS WAY issues A Change of Pace as a call to action, an invitation to become a positive agent of change for women and girls in our community. For its part, WOMENS WAY commits to leading critical community dialogues, challenging our region’s business and government leaders and mobilizing all who are committed to eradicating inequities that hamper the safety, health and well-being of our entire region. Specific recommendations for action are presented for each topic covered in the report. Read on. Choose your challenge. Commit to A Change of Pace.
In 2002, WOMENS WAY celebrated the remarkable milestone of its 25th Anniversary of funding complex, critical advocacy and services for women and girls in our region. The Anniversary year included celebrations to acknowledge the tremendous progress women have made and the role WOMENS WAY-funded agencies played in that advancement. But the focus of our Anniversary year was taking stock of women’s progress over the past 25 years.

A Change of Pace is the culmination of this illuminating research. A regional assessment of women’s socioeconomic standing, the report reveals an unsatisfying and woefully incomplete quest for equality even for middle-class white women in our region. Its assessment of life in our community for women of color and low-income women and their children is truly harrowing.

In reexamining the January 2003 report’s underlying data for this 2004 update, some statistics are worsening while others appear to be inching in the right direction. It is clear, however, upon closer inspection that many of these “gains” only reflect how poorly many different demographic groups are faring in the current economic climate rather than how much real progress women are making. Indeed, a thorough review of A Change of Pace suggests that much hard work lies ahead.

Now, in its 27th year of service, WOMENS WAY, along with the agencies it funds, has embraced enormous challenges. With the release of A Change of Pace, we take on one of our biggest. Unwilling to expose inadequacies without working to redress them, WOMENS WAY commits to leading long-needed community dialogues, challenging business and government leaders and mobilizing men and women throughout this region who are committed to eradicating inequities that hamper the safety, health and well-being of our entire region.

Through A Change of Pace, we ask you to join us in stepping up the pace of progress for all women and girls. Parents, employers, employees, elected officials, voters, concerned citizens—each of us has a role to play, a challenge to embrace and conquer, if we are to remove, once and for all, the barriers that prevent our daughters from enjoying the same benefits as do our sons. I look into my daughter’s eyes, and know I can do no less. Look into the eyes of a girl you love, and commit to A Change of Pace.

Melissa Weiler Gerber
Executive Director
WOMENS WAY
Imagine that you have twins—a son and a daughter. They have similar talents, interests and careers. Now imagine that for no reason but her gender, your daughter will earn half a million dollars less in a lifetime of work than your son. Sound far-fetched? If we do not change course, the average 25-year-old woman who works full time until retiring at age 65 will earn $523,000 less than the average 25-year-old man.1

Table 1: Median Earnings for Full-Time, Year-Round Workers by Gender and County, 2002

<table>
<thead>
<tr>
<th>County</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bucks</td>
<td>$43,000</td>
<td>$26,000</td>
</tr>
<tr>
<td>Chester</td>
<td>$42,000</td>
<td>$25,000</td>
</tr>
<tr>
<td>Delaware</td>
<td>$41,000</td>
<td>$24,000</td>
</tr>
<tr>
<td>Montgomery</td>
<td>$40,000</td>
<td>$23,000</td>
</tr>
<tr>
<td>Philadelphia</td>
<td>$41,000</td>
<td>$25,000</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau, 2002 American Community Survey, Table PCT060.

In 1976, when WOMENS WAY was founded, women working full time, year round earned 61 cents for every $1 earned by men. In 2002, women working full time earned 77 cents for every $1 earned by men.1 In a quarter century, the gender wage gap has decreased 16 cents. That leaves another 23 cents to go. We are just three-quarters of the way to wage equality. We need a change of pace.

Working families in Pennsylvania would earn about $10 billion more a year if there were no gender wage gap. If women earned as much as similarly qualified men, poverty in single-mother households would be cut in half.1

Women of color face double wage discrimination. Median earnings for white full-time working women—whose earnings are higher than earnings for black and Latina women in the Philadelphia metropolitan area (see Table 2). The gender wage gap is greatest among whites because white men earn so much more than men of color. Black women working full time earn 87% of what black men earn, but only 60% of white male earnings. Latinas’ earnings are equal to Latinos’ but only 61% of white male earnings. Asian women’s earnings are 81% of Asian men’s earnings, and 80% of white men’s earnings.1

Table 2: Median Earnings Of Full-Time, Year-Round Workers In The Philadelphia Metropolitan Area by Gender and Race/Ethnicity, 2002

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>$46,000</td>
<td>$28,000</td>
</tr>
<tr>
<td>Black</td>
<td>$38,000</td>
<td>$22,000</td>
</tr>
<tr>
<td>Asian</td>
<td>$40,000</td>
<td>$24,000</td>
</tr>
<tr>
<td>Hispanic</td>
<td>$42,000</td>
<td>$26,000</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau, 2002 American Community Survey, Table PCT060.

Women with higher education earn higher wages, but not as much as their male counterparts. The typical woman with a masters degree makes less than a man with just a bachelors degree. Nationally, female high school graduates earn about $9,000 less for full-time work than male high school graduates. The gender gap is about $13,000 for college graduates and about $40,000 for those with professional degrees. (See Table 3.)

Recommendations
Accelerate the pace of women’s progress in achieving fair and equitable compensation for their work.

Demand aggressive enforcement of antidiscrimination laws and affirmative action regulations by the Equal Employment Opportunity Commission, the Office of Federal Contract Compliance Programs and comparable state and local agencies.1

Increase wages in female-dominated occupations and raise women’s relative wages within occupations.

Reopen the dialogue about ensuring equal pay for comparable work.
“Equal opportunity in the labor market remains a goal, not a reality. Despite four decades of antidiscrimination laws, women still face significant discrimination in wages, earning less than men with similar skills and experience.”

Janice Fanning Madden, Professor of Sociology and Real Estate, University of Pennsylvania.
Women & Work
White, Blue & Pink Collar Jobs

Since the 1970s, women have made great inroads in occupations long dominated by men. But many women remain wrapped in pink–pink collar jobs with low pay.¹⁰

Women are overrepresented in occupations such as health care support, personal care and administrative support. Women are underrepresented in architecture, transportation, construction and extraction occupations. (See Table 4.) More than one in four employed women work in office and administrative support occupations, compared with fewer than one in ten men. While 28% of women are employed in professional occupations, 65% of these women work in the traditionally “female” fields of education, training and library occupations or as health care practitioners and technicians.¹¹ And female-dominated fields pay significantly less than male-dominated fields.

Male-dominated jobs average $8,224 more annually than female-dominated jobs. Female-dominated jobs in the Philadelphia metropolitan area had full-time average annual earnings of $37,280 in 2002, compared with $45,504 for male-dominated jobs.¹²

Women make less money than men within the same occupations. Nationally, the 2002 full-time median weekly earnings of female accountants, for example, amounted to $734, compared with $980 for male accountants working full time. Female lawyers working full time earned $1,237, compared with $1,610 for male lawyers. Even in traditionally female professions, like teaching and nursing, women typically earn less than men. Female nurses earned median weekly wages of $870, compared with $957 for male nurses. Female teachers made $720, compared with $828 for male teachers.¹³

Women are overrepresented in three of the four lowest-paying occupational categories in the Philadelphia area; men are overrepresented in three of the four highest-paying categories. (See Table 5.)

Even within occupational categories, women are concentrated in the lower-paying jobs. For example, the generally high-paying legal occupations category includes lawyers ($43.57 per hour), but also legal assistants ($22.20 per hour), court reporters ($17.96 per hour) and law clerks ($18.61 per hour). Nationally, women make up 82% of legal assistants, but only 34% of lawyers.¹⁴

Table 4: Selected Occupations by Gender Distribution: Philadelphia Metropolitan Area, 2002

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Male (%)</th>
<th>Female (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education, training, &amp; library</td>
<td>50</td>
<td>50</td>
</tr>
<tr>
<td>Healthcare support</td>
<td>70</td>
<td>30</td>
</tr>
<tr>
<td>Personal care &amp; service</td>
<td>60</td>
<td>40</td>
</tr>
<tr>
<td>Office &amp; administrative support</td>
<td>75</td>
<td>25</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau, 2002 American Community Survey, Table P067.

Table 5: Gender Distribution of Employment in the Highest-Paying and Lowest-Paying Occupations in the Philadelphia Metropolitan Area, 2002

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Female (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Management-related</td>
<td>28</td>
</tr>
<tr>
<td>Law</td>
<td>26</td>
</tr>
<tr>
<td>Computer &amp; mathematical</td>
<td>26</td>
</tr>
<tr>
<td>Architecture &amp; engineering</td>
<td>26</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Mean Hourly Wage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthcare support</td>
<td>$11.42</td>
</tr>
<tr>
<td>Building &amp; grounds cleaning &amp; maintenance</td>
<td>$11.01</td>
</tr>
<tr>
<td>Personal care &amp; service</td>
<td>$10.23</td>
</tr>
<tr>
<td>Food preparation &amp; serving related</td>
<td>$8.73</td>
</tr>
</tbody>
</table>

Recommendations
Accelerate the pace of women’s progress by desegregating the labor market and expanding occupational opportunities for women and girls.

Encourage girls and women to pursue nontraditional occupations, and encourage government, unions and nonprofits to provide support for retention of women in nontraditional jobs.

Challenge the state government to create and fund training programs through Workforce Investment Boards and Welfare- to-Work programs that prepare low-income women for nontraditional occupations and/or jobs that pay living wages.

Demand aggressive enforcement of antidiscrimination laws and affirmative action regulations in hiring, pay, training, promotion and freedom from sexual harassment by the Equal Employment Opportunity Commission, the Office of Federal Contract Compliance Programs and comparable state and local agencies.

“We know that women can and want to do jobs that have long been considered ‘men’s work.’ We have more than 20 applicants for each of our training slots. Unfortunately, women must prove time and time again that they are even more qualified than men to have the same opportunities.”

Linda Lyons Butler, Executive Director, Tradeswomen of Purpose/ Women in Nontraditional Work, a WOMENS WAY agency.
Women’s Business

A growing number of women are taking their livelihoods into their own hands by becoming entrepreneurs. Like women employees, though, they face multiple barriers because of gender.

The Pennsylvania Advisory Committee to the U.S. Commission on Civil Rights reports that women and minority business owners face prejudice and have limited access to information and business networks easily tapped by their white male counterparts. Women business owners also have less access to capital, loan financing and bonding to start a business or bid on a larger project. For example, nationally, less than 5% of venture capital was invested in women-owned businesses in 2000. For all these reasons, women-owned businesses tend to be concentrated in lower-yield industries and to be set up as sole proprietorships with no paid employees.

Women-owned businesses win only a small share of municipal contracts. In 1998, the City of Philadelphia allocated less than 6% of its bid dollars to women-owned businesses contracting to provide supplies, services and equipment to the city and just 3% of its bid dollars to women-owned businesses contracting on public works projects.

Nationally, women-owned firms are growing at twice the rate of women-owned firms in Pennsylvania. Nationally, the number of women-owned firms increased 14.3% between 1997 and 2002, compared with 7.3% in Pennsylvania. Sales for women-owned businesses nationwide increased 40.4%, compared with 20.6% in Pennsylvania. And employment in women-owned firms expanded 30% nationally, compared with 12.2% in Pennsylvania.

In Pennsylvania, women-owned firms are increasing at twice the rate of firms generally. Between 1997 and 2002, the number of women-owned firms in Pennsylvania increased 7.3%, compared with 3.5% for all firms. The number of women-owned firms with at least one employee (employer firms) increased by 23%, compared with just 6% for all employer firms.

Despite some growth in women-owned businesses, they still account for a small share of employment and sales in the Philadelphia area. While women-owned businesses comprise 25% of all the privately held businesses in the Philadelphia metropolitan area and 16% of all firms with employees, they account for less than 4% of total sales and just 7% of total employment.

Women-owned businesses are concentrated in industries that generate comparatively low sales and receipts. Of the 84,100 women-owned businesses in the Philadelphia metropolitan area in 1997, 55% were in service industries. These industries generate just 21% of sales and receipts from women-owned businesses. By contrast, less than 3% of women-owned firms are in the manufacturing and wholesale trade industries, yet these firms generate 20% and 23% respectively of the sales and receipts from women-owned businesses.

Women-owned firms are more likely to be sole proprietorships without paid employees. In the Philadelphia metropolitan area, just one in five women-owned businesses has paid employees, compared with one in three male-owned businesses. Even within industries, women-owned businesses are more likely than male-owned businesses to have no paid employees. For example, 51% of male-owned firms in the retail trade industry had paid employees in 1997, compared with just 25% of women-owned firms in this industry. While 30% of male-owned firms in service industries had paid employees, only 14% of women-owned firms did.

Firms owned by African Americans make up only a small share of women-owned firms in Pennsylvania. As of 2002, there were 8,164 firms owned by African-American women in Pennsylvania, representing just 3.7% of all women-owned firms and 35% of all firms owned by African-Americans in the state. These firms employed just 1.2% of the total workforce and generated less than 1% of total sales in Pennsylvania.

Recommendations

Accelerate the pace of women’s progress in pursuing business ownership and sustainable entrepreneurial opportunities.

Challenge lenders and investors to increase women entrepreneurs’ access to credit and capital, including equity financing.

Challenge the federal, state and local governments to provide educational and technical assistance to women business owners on government contracting opportunities.

Support efforts by women’s organizations to increase training opportunities, mentoring programs and networking opportunities with established female entrepreneurs for women interested in starting a business.

Encourage organizations currently providing favorable health insurance and other benefit programs for small businesses to conduct outreach to women business owners.

“Women business owners face many challenges, including the challenge of being accepted as entrepreneurs. Women have less access to social, financial and power networks than men, and they have to work to change the mind-set of decision makers.”

Geri Swift, Executive Director, Women’s Business Development Center.
A growing number of people cannot make ends meet throughout the Philadelphia region. Many blue collar jobs paying middle-class wages have disappeared as the manufacturing sector has shrunk. The income gap between rich and poor has grown wider. Working women earning low wages struggle daily to meet their basic needs and support their families. Women are more likely to be poor than men, and families headed by women are disproportionately poor.

Tattered even during the 1990’s economic expansion, the safety net for poor people is being further weakened by new cutbacks at the state and federal levels. The dramatic shift in 1996 from welfare to the even more miserly and inflexible Temporary Assistance for Needy Families (TANF) ratcheted up the pressure on poor women who juggle family responsibilities while fulfilling work requirements. Often, the pressure to get a job—any job—under TANF means sacrificing the post-secondary education or training necessary to get a job paying decent wages. Workers with limited education are typically stuck in dead-end jobs paying poverty wages. In the words of Carol Goertzel of PathWaysPA, “Even when women move off welfare, they often don’t move out of poverty.”

One out of three families headed by single mothers lives in poverty. For most families, one income earner is just not enough. For families headed by single mothers earning disproportionately low wages and shouldering substantial child care bills, times are even harder. In the Philadelphia region, 33% of families headed by single mothers live under the official poverty line, compared with 19% headed by single fathers and just 4% of married couples with children. Families headed by single mothers are 15% of all families in the region, but more than 54% of the region’s poor. Women of color are doubly disadvantaged in the labor market by gender and race discrimination. While only 10% of working women, working full time year round in the Philadelphia metropolitan area earn wages lower than the official poverty line for a family of four, 14% of black women and 23% of Latinas earn poverty wages.

For many women, work and poverty go hand in hand. About 17% of female-headed households in the Philadelphia region with at least one worker are under the official poverty line, compared with 10% of male-headed households and less than 2% of married-couple households with at least one worker.

Many women and their families living above the federal poverty line struggle to meet even basic needs. The government says you are not poor if your family’s income is above these 2002 thresholds: $9,183 for a single person; $12,400 for one adult and one child; $14,494 for one adult and two children; and $18,244 for two adults and two children. However, the Self-Sufficiency Standard for the Philadelphia region ranges from $22,652 to $36,144 per year for a single parent with one child and from $23,465 to $47,150 for a single parent with two children when it comes to meeting such basic expenses as food, child care, housing, transportation, health care and taxes (depending on the age of the children and county of residence).

Women are more likely than men to receive “poverty wages.” The Census Bureau defines “low earnings” as earnings below the official poverty line for a family of four—less than $8.77 per hour in 2002 dollars. In Pennsylvania, 28% of working women—including 20% of full-time working women—earn these “poverty wages,” compared with 16% of working men, including 11% of men working full time.

Women of color are more likely to earn low wages than white women. Women of color are doubly disadvantaged in the labor market by gender and race discrimination. While only 10% of white women, working full time year round in the Philadelphia metropolitan area earn wages lower than the official poverty line for a family of four, 14% of black women and 23% of Latinas earn poverty wages.

Most minimum wage workers are women, and the minimum wage is worth 39% less than it was in 1968. Roughly two out of three minimum wage workers nationally and in Pennsylvania are women. The minimum wage is not enough to live on. The current minimum wage (federal and state) is $5.15 per hour, which translates to just $10,712 annually for a full-time worker. That is about $1,700 less than the federal poverty threshold for a single parent with one child. Research on household budgets has shown that a single parent with one child would have to work more than two full-time jobs at minimum wage to make ends meet. Research has also found that the minimum wage can be raised substantially with positive effects for workers and businesses alike.

The $5.15 minimum wage is not enough to live on. The current minimum wage (federal and state) is $5.15 per hour, which translates to just $10,712 annually for a full-time worker. That is about $1,700 less than the federal poverty threshold for a single parent with one child. Research on household budgets has shown that a single parent with one child would have to work more than two full-time jobs at minimum wage to make ends meet. Research has also found that the minimum wage can be raised substantially with positive effects for workers and businesses alike.

Women of color are more likely to earn low wages than white women. In the Philadelphia metropolitan area, 24% of black women, 29% of Latinas and 17% of Asian women live below the official poverty line, compared with less than 7% of white women.

“We continue to support low-income women as they struggle to raise their families alone with limited income. Their goal to enroll in post-secondary training and acquire meaningful work above minimum wage is a daunting battle as they are channeled to low-wage, dead-end jobs.”

Alexis T. Brown, Executive Director, Community Women’s Education Project, a WOMENS WAY agency.

2002 Change of Pace Survey Snapshot

65% of women and 56% of men express concern about being able to afford everyday expenses.

80% of women and 70% of men support an expansion of health insurance programs to help poor women and their families meet basic needs.

88% of women and 83% of men support an expansion of affordable housing programs to help poor women and their families meet basic needs.

More than 90% of women and men favor increasing educational and training programs for poor women in order to alleviate poverty.

83% of women and 75% of men favor increasing the minimum wage.
Recommendations

Accelerate the pace of progress for low-income women with policies that enable them to support themselves and their families.

- Challenge the federal and state governments to increase the minimum wage.
- Challenge the federal, state and local governments to enact living wage legislation to cover public employees and businesses with federal, state, city and county contracts.
- Promote use of the Earned Income Tax Credit and Pennsylvania’s TAX BACK program, which allows low- and moderate-income working families to reduce their tax liability.
- Challenge the federal government to revise the official poverty thresholds to reflect real costs.
- Permit higher education programs to count in fulfillment of TANF work requirements and provide adequate supports for low-income women continuing on to higher education.
- Challenge the state government to increase the benefit amount for cash assistance under TANF.
- Challenge the federal and state governments to increase eligibility ceilings for Medicaid and Food Stamps.
- Ensure a system of work supports that would enable women to secure and retain employment:
  - Challenge the federal and state governments to increase funding for child care, after-school care, elder care and care for people with disabilities, and expand the number of subsidized programs.
  - Challenge employers to offer flexible scheduling options and provide paid family leave, sick days and vacation time to all employees.
  - Challenge employers and state and local governments to offer transportation vouchers to offset commuting costs for low-income workers.
  - Challenge employers to provide health insurance coverage to workers in all jobs, including part-time jobs.

Numerous states have enacted minimum wages higher than the federal minimum of $5.15 per hour (e.g., $7.10 in Connecticut, $7.05 in Oregon, $7.16 in the state of Washington, and $7.15 in Alaska as of January 1, 2004), but Pennsylvania is not yet among them. There also is a growing movement to enact living wage legislation around the country. More than 100 municipalities have enacted living wage ordinances, which typically require higher wage levels (often pegged to the poverty line for a family of four) for public employees and/or businesses with city and county contracts. Research has found that living wage ordinances reduce poverty, increase productivity, lower worker turnover and relieve pressure on employers to squeeze labor costs in order to win low-bid contracts. In the words of Business Week, living wage laws “have imposed little, if any, cost” to the cities that have passed them and “have lifted many families out of poverty.” Yet, Philadelphia has not enacted a living wage ordinance.
Women & Economic Security

Penalized for Caregiving

Care is at the core of family life. Women have traditionally shouldered most of the responsibility—with the attendant joys and burdens—of caring for children, the elderly and other family members. Yet women’s role as primary unpaid caregiver is rooted in the increasingly anachronistic notion of family as a “breadwinner father” and “homemaker mother.”

Today, most mothers are working mothers on the job as well as in the home. Nationally, nearly three out of four women with children under 18 were in the labor force in 2002, and 74% of these employed mothers worked full time. Among women with children under six years of age, 64% were in the labor force, 70% of whom worked full time.31

Unfortunately, despite society’s caring rhetoric about children and families, women are penalized in the labor market as paid and unpaid caregivers.32 First, women face a “care penalty” when they must sacrifice income in order to meet care obligations. Women may be fired for taking a sudden day off when a child is sick, be ineligible for benefits as part-time workers, lose income while on extended leave or out of work caring for newborns or elderly parents, and accrue less Social Security and other retirement benefits because of their time out of the paid workforce. Second, as seen below, jobs that involve care work for children, people with disabilities and/or the elderly pay unconscionably low wages compared with other jobs.

The majority of care workers in the labor force are women, and these jobs are generally undervalued and underpaid. Nationally, more than 95% of child care workers and 88% of home health care aides and nursing aides are women. While hourly earnings in the Philadelphia metropolitan area averaged $16.65 in 2002, “care work” jobs paid less than $11 per hour on average.33

Women are more likely than men to work part time or be out of the workforce because of their care responsibilities. While women comprise about 70% of Pennsylvania’s part-time workforce, they account for 96% of those working part time due to child care, family and other personal obligations. Nearly half of all women working part time in Pennsylvania cite child care problems or other family and personal obligations as their primary reason for working part time compared with 5% of men working part time. Nearly two out of three women in Pennsylvania who are not in the workforce cite taking care of home or family as their primary reason compared with less than one in ten men.34

Women are more likely than men to provide care for older relatives. According to a national survey on caregiving, three out of four people providing unpaid care to a relative or friend 50 years of age or older are women. The typical caregiver is a married woman in her mid-forties who works full time, is a high school graduate and has an annual household income of $35,000.35

Most unpaid family caregivers caring for a relative 50 years and older report significant work adjustments and sacrifices. While 50% of unpaid family caregivers adjusted their daily work schedules, 21% left their job temporarily or permanently in order to provide care. An additional 14% took a less demanding job, turned down a promotion or lost job benefits because of their care responsibilities.36

Most workers are ineligible for leave under the Family and Medical Leave Act, and most eligible workers cannot afford to take unpaid leave. The Family and Medical Leave Act (FMLA), passed in 1993, provides for up to 12 weeks of unpaid leave to workers in firms with at least 50 employees. Less than half the private sector workforce is eligible to take leave under the law. Among eligible workers, 77% do not take it because they cannot afford to go without pay. Among eligible workers who could not afford unpaid leave, 88% said they would have taken leave if compensation were available. Among workers who do take unpaid leave under the FMLA, 29% borrow money, 39% put off paying bills and 9% end up on public assistance to make ends meet.37

Some states had provided parents with partial wage replacement for approved leave to care for a newborn or newly adopted infant through the state unemployment compensation system under the Birth and Adoption Unemployment Compensation regulations, referred to as “Baby UI.” However, the Bush administration repealed the Baby UI regulations in 2003, effectively turning back states’ efforts to make parental leave affordable.38

Child care subsidies are inadequate. The Federal Child and Dependent Care Credit is another child care support, but this tax credit only covers a small portion of actual expenses. In 2003, the maximum credit for one child is $1,050 while the average annual cost of care for a preschool child is more than $6,000. Moreover, you cannot benefit from the tax credit if you do not earn enough to owe federal income taxes. A working mother or father who pays for child care, but earns too little to owe income taxes, is not eligible for the credit. By contrast, the Earned Income Tax Credit (EITC) is a refundable tax credit: if tax filers have no income tax liability they are still eligible to receive the EITC in a refund check from the government. With the nonrefundable Child and Dependent Care Credit, tax filers only receive a credit against their income taxes, and the amount of the credit cannot exceed their tax liability. There is no refund.

“Society does much too little when it comes to caring for children, the elderly and people with disabilities. To take a glaring example—the number of children who need child care far exceeds the availability of safe, reliable and affordable spaces.”

Nora Lichtash, Executive Director, Women’s Community Revitalization Project, a WOMENS WAY agency.
Recommendations

Accelerate the pace of progress in care work by assisting women and men to better manage care and work obligations and increasing the value attached to paid caregiving.

Encourage men to take an equal role in caregiving.

Challenge employers to recognize that many employees are both wage earners and care providers, eliminate the care penalty and create workplaces that foster work-life integration. Policies being implemented successfully at many companies today include flex-time scheduling, job sharing, telecommuting, on-site child care and personal days to care for sick children and other family members.

Challenge employers to increase pay and guarantee benefits for part-time work.

Challenge the federal government to extend the Family and Medical Leave Act so that it covers all workers.

Advocate for the reinstatement of the “Baby UI” regulations so that states can provide partial wage replacement for parents through the state unemployment compensation program.

Challenge the federal and state governments to increase funding for subsidized care.

Challenge the federal government to make the Child and Dependent Care Tax Credit refundable (like the Earned Income Tax Credit) and challenge the state government to legislate a refundable state child and dependent care credit, as 20 states have already done.

Challenge the state government and school districts to fund full-day kindergarten for all students.

Challenge the state government to expand programs to increase wages for paid caregivers, and challenge employers to increase wages for care workers.

2002 Change of Pace Survey Snapshot

84% of women and 72% of men agree women are more likely to provide care within the household.

70% of respondents say women have difficulties in striking the balance between work and family.

86% of women and 77% of men favor extending family leave to cover all workers.

85% of women and 74% of men favor using a state temporary disability insurance fund to pay for family leave.

75% of respondents support using unemployment compensation coverage for family leave.

“Fulfilling regulatory requirements for women applying for or maintaining child care subsidies, enabling the mothers to attend classes and work, is an extremely time consuming and often challenging task. The result—the women miss significant class time and work hours.”

Alexis T. Brown, Executive Director, Community Women’s Education Project, a WOMENS WAY agency.
Women & Economic Security

Retirement Insecurity

For many women, retirement means insecurity. It is not a time of new opportunities, but of difficult choices: choosing between eating and heating, or filling a prescription for one medication but not the other. The “three-legged stool” on which retirees depend—Social Security, personal savings and employer pensions—fails for many women.

One in ten adults 65 and older lives below the official poverty line.

Despite Social Security and Medicare, many seniors still live in poverty. In 2002, the poverty rate among adults 65 and older was 10.4%. This is an increase from a 1999 low of 9.7%.42

The official poverty threshold for seniors—less than $9,000 a year—is set unrealistically low.

Many older women cannot make ends meet living above the poverty line, which was $8,628 in 2002 for a person 65 years and older. That comes to just $719 a month. Start adding up minimally adequate housing, food, prescription medicine and other essentials and it becomes clear how artificially low the threshold is set. Nationally, 38.4% of people 65 and older, including 31.2% of men and a striking 43.7% of women, had incomes below 200% of the poverty line in 2002. In other words, more than four in ten women 65 and older had annual incomes of less than $17,256.43

Older women are much more likely to be poor than older men.

In the Philadelphia region, 10% of women 65 and older live below the official poverty line, compared with 7% of men. Women make up about 59% of seniors living below the poverty line. In Philadelphia county, nearly one in six women 65 and older lives below the poverty line, compared with one in seven men.44

Older women of color are more likely to be poor than older white women.

In the Philadelphia metropolitan area, one in five black women, nearly one in five Latinas and one in ten Asian women 65 and older live below the poverty line, compared with one in fourteen white women. Poverty rates for seniors in Philadelphia County are even higher: 21% for black and Asian women, 35% for Latinas and 11% for white women.45

Among Pennsylvania seniors, women’s average income is just 52% of men’s. Pennsylvania women 65 and older have total incomes averaging $15,121, compared with $28,861 for male seniors—a difference of $13,740 per year.46 That difference of $13,740 is more than a full-time minimum wage worker makes in a year.

Women receive less Social Security income than men.

In the Philadelphia region women receive about $268 less on average each month in Social Security benefits than men. Women collect 76 cents for every $1 of Social Security income that men collect. Annually, Philadelphia region women collect just $9,938 per year in Social Security income, which spells insecurity for anyone depending on that income alone for retirement.47

While the gender gap in Social Security income is likely to narrow for the next generation due to women’s increased labor force participation, it is not likely to disappear. Because women generally earn less than men, the Social Security benefit they receive will be smaller, even for women with continuous labor force participation throughout their lifetimes. As seen elsewhere in this report, nationally the typical male full-time worker earns about one-third more than the typical female full-time worker, and this has a huge cumulative impact on Social Security income.

Fewer women have pension coverage than men.

As women’s labor force participation has increased, so has their coverage by pension plans. In 1972, 38% of full-time working women had pension coverage, compared with 54% of men. Now the gender gap in pension coverage among full-time workers has all but disappeared (60.7% of women have pensions vs. 61.7% of men).48 However, part-time workers and low-wage workers, most of whom are women, are much less likely to have pension coverage.49 Overall, among those 65 and older, only 30% of women and 47% of men, 65 and older, receive pension income.44

“The elderly population is growing rapidly, and women make up the majority of those experiencing the health, social and economic problems common to the aging. They are five times more likely to live alone and to suffer chronic illnesses. Women of color are even more likely to suffer from chronic health problems, have inadequate health care, live in sub-standard housing and live in poverty.”

Merle Drake, Executive Director, Supportive Older Women’s Network, a WOMENS WAY agency.

Recommendations

Accelerate the pace of women’s progress by correcting policies and practices that result in gross economic inequities for older women.

Challenge employers to offer retirement benefits to part-time workers and low-wage workers, most of whom are women.

Support the Social Security reforms proposed by the National Council of Women’s Organizations:

Increase Social Security benefits for low-income earners and widows and increase eligibility of divorced spouses (who are more likely to be poor than elderly widows).

Provide a “family care” credit for low-wage earners and single parents so they are not penalized for time spent providing care for family members.

2002 Change of Pace Survey Snapshot

75% of women and 72% of men say they are concerned about saving enough for a secure retirement.
Scarce Affordable Housing

Safe, stable, affordable housing is central to economic security for women and their families. Having a place to live impacts women's employment and educational opportunities as well as their children's health, schooling and well-being. Access to housing is also a lifeline for many survivors of domestic violence. Yet affordable housing is in short supply because of negligent federal, state and city policies and a growing gap between housing costs and people's incomes.

Instead of delivering on the U.S. Housing Act's commitment of a decent home for all Americans, the government is running away from its goal. Federal funding for low-income housing is about 50% lower than it was in 1976, adjusting for inflation.16 The largest federal housing support program, the mortgage interest deduction, disproportionately benefits higher-income families.

The shortfall in federal support for affordable housing has led to a growing gap between the number of low-income renter households and the number of low-cost rental units. To make matters worse, the Bush Administration proposes deep cuts and radical changes in the Section 8 housing voucher program—the nation's principal low-income housing assistance program—that are more "sweeping and threatening...than any proposal advanced by any prior Administration during the voucher program's 30-year history."17

Rent is not affordable for many families, especially single mothers and their children.

The 2003 Fair Market Rent in the Philadelphia metropolitan area was $721 for a one-bedroom apartment and $892 for a two-bedroom apartment. The generally accepted standard of housing affordability assumes that households pay no more than 30% of their income in housing costs. By this standard, a family would need an income of $28,840 to rent a one-bedroom apartment at Fair Market Rent and $35,680—nearly twice By this standard, a family would need an income of $28,840 to rent a one-bedroom apartment at Fair Market Rent and $35,680—nearly twice the generally accepted standard of housing affordability. In the Philadelphia region, the situation is worse with nearly half (47%) of renters spending more than 30% of their income on housing, and 26% spending more than half their income.13

Most households eligible for housing subsidies do not receive them. In Philadelphia, fewer than one in four families eligible for federal housing assistance (including public housing and Section 8 vouchers) receives it, according to the 2003 Hunger and Homelessness Report by the U.S. Conference of Mayors.18 The waiting list for a Section 8 voucher is closed in Philadelphia because it is so oversubscribed. For the 17,000 households on the list, the wait time is estimated at 24 months to 4.2 years.19 Some families receive preferences for Section 8 vouchers (homeless families, survivors of domestic violence, fire victims or victims of natural disasters and families involuntarily displaced by public action). But even if a family obtains a voucher, it may have a difficult time finding a landlord willing to accept it within the 60 days of the voucher's validity. Discrimination against Section 8 voucher holders is widespread.

Philadelphia policy has placed increased emphasis on housing assistance and subsidies for moderate-income families, leaving many low-income families out in the cold. The Philadelphia Housing Authority (PHA) provides housing for 32,000 households, but only 30% of these families are low-income. Moreover, PHA's redevelopment efforts have been geared toward replacing demolished units with a smaller number of units serving residents with a higher range of income. Philadelphia's Office of Housing and Community Development receives federal and state monies to invest in housing and community development for low- and moderate-income families. In fiscal year 2004, the projected budget totaled $235 million. The city has considerable discretion in how these funds are spent. Yet, of this total, less than 15% will be spent on permanent affordable housing for households with incomes at or below $20,000.20

Many households spend more than 30% of their income on housing costs. In the Philadelphia region, 43% of renters and 25% of homeowners spend more on housing than the affordability standard of 30% of their income. Moreover, 23% of all renters and 8% of all homeowners face severe problems with housing affordability—spending more than half of their income on housing. For renters within Philadelphia County, the situation is worse with nearly half (47%) of renters spending more than 30% of their income on housing, and 26% spending more than half their income.21

Homeownership remains out of reach for many families, especially those headed by single parents.

In the Philadelphia region, 43% of renters and 25% of homeowners spend more on housing than the affordability standard of 30% of their income. Moreover, 23% of all renters and 8% of all homeowners face severe problems with housing affordability—spending more than half of their income on housing. For renters within Philadelphia County, the situation is worse with nearly half (47%) of renters spending more than 30% of their income on housing, and 26% spending more than half their income.21

Homeownership remains out of reach for many families, especially those headed by single parents.

Married-couple families, often with the benefit of two incomes, are more likely to own their home than single-parent families and non-family households. More than 86% of married-couple families in the Philadelphia region owned their home in 2002, compared with 60% of single-parent families and 50% of non-family households.22

Philadelphia officials cite lack of affordable housing as a main cause of homelessness.

In the 2003 survey conducted by the U.S. Conference of Mayors, Philadelphia officials cited lack of affordable housing as a main cause of homelessness in the region along with low-paying jobs. Families comprise 56% of the homeless population. Ninety percent of homeless families in Philadelphia are single-parent families and 72% of homeless family members are children.23

Recommendations

Accelerate the pace of progress in securing safe, affordable housing for low-income households.

Challenge the federal, state and local governments to increase investments in affordable housing and Section 8 vouchers and other subsidies for low-income households.

Challenge the state government to strengthen tenants' rights, and challenge the courts to enforce tenants' rights in eviction proceedings.

Challenge the federal, state and local governments to increase funding for homelessness prevention programs.

Challenge the private sector to provide more affordable housing.

“While the federal, state and local housing budgets continue to decline, the dream of safe, decent, affordable and accessible housing for all Americans is further from reality. Protecting housing rights at the local level continues to be a major challenge. Informed and organized housing consumers are our greatest hope for change.”

Phil Lord, Executive Director, Tenants’ Action Group of Philadelphia, a WOMENS WAY agency.
Health Care Not Ensured

Health care is literally a matter of life and death. The United States spends more per capita on health care than any other country, but is the only major industrialized nation not to assure health care for all its citizens. Lack of health insurance typically means lack of preventive health care and delayed or second-rate treatment. The well-documented consequences, which we only touch upon in this report, are that the uninsured are at much higher risk for disease, disability and death. For example, uninsured women are 49% more likely than insured women to die during the four to seven years following an initial diagnosis of breast cancer.62

The uninsured rate has been rising in Pennsylvania and around the nation. Nationally, the uninsured rate was 15.2% in 2002. That is 18% higher than 1987, when the uninsured rate was 12.9%. Uninsured rates are much higher for low-income Americans. As the Census Bureau notes, “Despite the Medicaid program, 10.5 million poor people, or 30.4% of the poor, had no health insurance of any kind during 2002.”63

“The increased number of uninsured Americans is a forerunner of much larger increases to come,” says Ron Pollack, Executive Director of Families USA, a national organization for health care consumers. “The confluence of four factors—much higher health care costs, employers passing on more of these costs to their workers, unemployment growth, and state cutbacks in Medicaid programs—all but guarantees that the increased number of uninsured Americans is a forerunner of much larger increases to come,” says Ron Pollack, Executive Director of Families USA, a national organization for health care consumers. “The confluence of four factors—much higher health care costs, employers passing on more of these costs to their workers, unemployment growth, and state cutbacks in Medicaid programs—all but guarantees that the number of uninsured people will skyrocket in the next few years.”64

One in nine women in Pennsylvania lacks health insurance. Pennsylvania does better than most states in health insurance coverage, but still many people are uninsured and the rate is rising. An estimated 11% of adult nonelderly women in Pennsylvania and 12% of women in the Philadelphia region were uninsured in 2002. Ten percent of women in the Philadelphia region lacked prescription drug coverage and 27% lacked dental coverage, according to the 2000 Philadelphia Health Management Corporation (PHMC) Southeastern Pennsylvania Household Health Survey.65

Only one in three low-income workers—disproportionately women—has employment-based health coverage. Six out of ten people nationally are covered by private sector employment-based insurance through either their own employment or that of a relative. But the share of workers covered by employment health plans drops from 81% in the top fifth of wage earners to 68% in the middle fifth to 33% in the lowest fifth.66 And required employee contributions to health insurance costs tend to be higher in low-wage firms. Among low-wage workers in Pennsylvania (those earning less than $18,244 per year), less than 30% of men and women have insurance through their own employer.67

Women are more likely than men to delay or forgo medical care, including taking prescription drugs, for financial reasons. According to a survey by the Kaiser Family Foundation, 24% of nonelderly women delayed or went without medical care in 2001 because they could not afford it, compared with 16% of nonelderly men. Low-income women (those with incomes below 200% of the federal poverty level) were two times more likely to delay or forgo care due to cost than other women. Moreover, 21% of nonelderly women and 13% of men did not fill a needed prescription because they could not afford it. In Pennsylvania, 20% of low-income seniors did not fill at least one prescription due to cost; 23% skipped doses of medication and 20% spent less on other basic needs in order to afford prescription drugs in 2001.68

Pennsylvania does not meet the Healthy People 2000 benchmark that at least 90% of all pregnant women receive prenatal care in the first trimester. Only 85% of pregnant women in Pennsylvania receive prenatal care in the first trimester. There are large racial disparities in care: while 89% of white women receive prenatal care in the first trimester, only 74% of Latinas and 72% of black women do.69

Most uninsured and low-income women do not receive preventive cancer screening. For example, only 39% of uninsured women in the Philadelphia region received a mammogram in 2000, compared with 69% of insured women. Among low-income women, 28% did not receive a breast exam and 37% did not receive a mammogram. In contrast, 19% of higher-income women did not receive a breast exam and 30% did not receive a mammogram.70

AIDS cases among women in Philadelphia are rising dramatically. Women make up about 20% of cumulative AIDS cases in Philadelphia, but account for 31% of newly reported AIDS cases. The proportion of new AIDS cases among women has increased four-fold since the late 1980s. The number of women living with AIDS has increased 67% from 1995 to 1999, compared with a 37% increase in the overall number of people living with AIDS during the same period. 71

Recommendations

Accelerate the pace of progress in achieving affordable health care for all people.

Challenge the state government, insurance companies and pharmaceutical companies to make prescription drugs and prescription drug coverage affordable.

Challenge the state government, employers and insurance companies to offer health coverage to domestic partners.

Challenge the state government to maximize the use of federal monies to pay for services for uninsured women.

Challenge the state government to expand, rather than cut back, Medicaid and the State Children's Health Insurance Program (SCHIP) to cover all low-income adults and children.

Challenge the state and federal governments to build on the universal health care provided to seniors through Medicare and implement universal health coverage for the whole population.72

Trina Johnston, Executive Director, CHOICE, a WOMEN'S WAY agency.
Women & Health
Defending Reproductive Freedom

For generations women did not have the freedom to plan their families. Women have fought long and hard against sterilization abuse, for access to safe birth control and reproductive health services, and for the right to choose. WOMENS WAY agencies have been at the forefront advocating for reproductive rights in Pennsylvania and protecting the right to choose in the face of legislative assaults and the harassment of clinics, clients and health care providers. Their struggle has been uphill. According to research by the Institute for Women's Policy Research, Pennsylvania received a grade of F and ranked 41 out of 50 states in ensuring and protecting women's reproductive rights in 2002. Women have limited access to contraceptive coverage. Nationally, while 99% of people with employer-based health plans have general prescription drug coverage, only 78% have coverage for oral contraceptives. More than one-fifth of women with employer-based health plans lack contraceptive coverage. Further, plans that do provide contraceptive coverage typically do not cover all of the most commonly used reversible contraceptive methods.

Pennsylvania law restricts access to abortion. A woman seeking an abortion in Pennsylvania is required to listen to a mandatory lecture regarding the abortion procedure and the woman's other options for her pregnancy. The woman then must wait an additional 24 hours before having the abortion procedure—a real hurdle for women without a nearby abortion provider or paid leave from work. Moreover, parental consent is generally required for a woman under the age of 18. While a judicial bypass option to the parental consent requirement is available, many young women are not aware of this option.

Access to abortion is limited, particularly for poor women. Only 37% of Pennsylvania's women lived in a county where there was an abortion provider as of the year 2000. The cost of a first-trimester abortion in the Philadelphia region ranges from $300 to $500. An abortion in Philadelphia costs more than one-third of the monthly take-home pay of a minimum wage worker. Moreover, the cost of an abortion in Philadelphia is generally more than the average monthly amount of assistance for TANF families in Pennsylvania—a mere $477 in 2003. While Medicaid covers prenatal and obstetric services, it only pays for abortion services in cases of rape, incest or life endangerment. This policy forces low-income women to continue pregnancies that are dangerous to their health and destructive of their spirit. The Greater Philadelphia Women's Medical Fund is able to assist only one in four women who contact the organization for a loan to pay for an abortion.

Family planning organizations do not have enough resources to assist all the women who need services. The family planning network in the Philadelphia region meets just half the need for family planning assistance among low-income women. Between 1999 and 2002, family planning clinics in the region saw their patient population increase 17%—by nearly 20,000 women served—but state and federal funding has not kept pace. While the number of Medicaid patients served in family planning clinics remained relatively stable in that period, the number of uninsured patients served by area family planning clinics increased 22%.

Women have limited access to contraceptive coverage.

The ability to choose when to have children is central to women's autonomy, but in Pennsylvania our laws and policies are designed to frustrate women's choices and impede their access to health care. We are committed to fighting these policies until all women are free to make their own reproductive decisions and have access to high quality, respectful and confidential reproductive health care.

Carol Tracy, Executive Director, the Women's Law Project, a WOMENS WAY agency.

Recommendations
Accelerate the pace of women's progress in defending and protecting all of women's reproductive rights, including a woman's right to choose an abortion.

Increase state funding to expand access to family planning services.

Challenge the state government to enact legislation providing for equitable prescription drug coverage to cover all contraceptives approved by the FDA.

Pressure employers that have prescription drug plans to cover all contraceptives approved by the FDA.

Advocate for widespread availability of emergency contraception in pharmacies and hospital emergency rooms.

Eliminate barriers to abortion in Pennsylvania including the waiting period, parental consent for women under 18 and the state-mandated lecture.

Challenge the state government to provide coverage for abortion through Medicaid and the State Children's Health Insurance Plan (which covers enrollees up to age 19) for women enrolled in these programs.

Demand enforcement of the federal Freedom of Access to Clinic Entrances Act.

Support women's right to make autonomous decisions about their pregnancies, and help them lead healthy lives before, during and after pregnancy by ensuring that they have prompt access to prenatal care, substance abuse treatment, income supports and protection from abuse.

2002 Change of Pace Survey Snapshot
80% of women and 72% of men support health insurance coverage for all birth control methods.
Women & Violence

Women Under Assault

Just a generation ago, women who were raped or battered were routinely blamed for “asking for it.” Domestic violence was not generally treated as a crime, but rather a family secret, which the criminal justice system, medical profession, clergy and other institutions helped sweep under the societal rug. Since 1975, writes Susan Schechter in Women and Male Violence, “The ongoing struggle of the battered women’s movement has been to name the hidden and private violence in women’s lives, declare it public, and provide safe havens and support.”

With continued pressure from women’s organizations, law enforcement officials and the medical community have improved their response to sexual assault and domestic violence. There is a partial safety net of shelters and other services across the country. Despite this progress, however, violence against women is still endemic in our community and the resources for survivors too. Uncertainty about their ability to provide economic support for themselves and their children further burdens women confronting domestic violence.

Women Organized Against Rape (WOAR), a WOMENS WAY agency, runs the only rape crisis center in the city of Philadelphia. According to WOAR Executive Director Carole Johnson, the demand for services is overwhelming.

“The services currently in place for victims of sexual assault face overwhelming demands. WOAR’s crisis intervention staff, counselors and volunteers handle about 6,000 calls each year and provide emotional support to 1,000 sexual assault victims in the emergency room. We also accompany and support approximately 1,100 victims per year in court.”

Carole Johnson, Executive Director, Women Organized Against Rape, a WOMENS WAY agency.

In addition to the thousands served by WOAR, the Pennsylvania Coalition Against Domestic Violence served more than 25,000 persons in the Philadelphia region in fiscal year 2002-2003. But many others went unserved because of a lack of resources.

Nearly all rape victims in the Philadelphia region are female, and four in ten are under 18 years old. In 2002, according to the Uniform Crime Reporting system, there were 1,421 forcible rape offenses committed in the Philadelphia region; 97% of the victims were women. Nearly forty percent of rape victims in the Philadelphia region were girls under the age of 18. In 2002, there were 3,210 sex offenses (not including rape) committed in the Philadelphia region. More than four out of five of these crimes were women and more than half were girls under 18. In addition, many cases of rape and other sex offenses go unreported and unprosecuted.

Women are more likely than men to be raped, sexually assaulted or murdered by an intimate partner. One in four women nationwide reports that she has been raped or physically assaulted by a partner in her lifetime. Women are much more likely than men to be victimized by a partner. Nearly two in five female homicide victims in Pennsylvania in 2002 were killed by her husband or boyfriend.

Most women who were raped, physically assaulted or stalked as adults were victimized by an intimate partner. Nationally, 64% of women who were raped, physically assaulted or stalked as adults were victimized by an intimate partner.

Under Pennsylvania law, women who lose their jobs due to domestic violence are not covered by unemployment insurance. Between one- quarter and one- half of domestic violence survivors nationally reported losing a job because of their victimization. Pennsylvania law does not explicitly allow unemployment insurance to cover women who have quit their jobs due to domestic violence. Court decisions, rules and agency policies have enabled domestic violence survivors to receive unemployment compensation in some cases.

There are not enough shelters or transitional housing units for women and children fleeing domestic violence.

Accessing an affordable and safe place to live is essential for survivors of domestic violence to free themselves from an abusive relationship. Survivors need a safe place to live and the time and support to connect to services they may have been isolated from as victims, such as public assistance, job training, education and child care subsidies.

Many women we see would have left an abusive situation sooner, but felt they had no choice because they were afraid they couldn’t support themselves and their children. Limited resources, lack of affordable housing, child care and health care are all barriers to economic independence, which is key to surviving domestic abuse.”

Rita Buckley Connolly, Executive Director, Domestic Abuse Project of Delaware County, a WOMENS WAY agency.

Recommendations

Accelerate the pace of progress in finding effective community solutions to domestic and sexual violence.

Support advocates in shaping a Coordinated Community Response (CCR) to violence against women. A CCR ensures that the police, medical professionals and institutions, the criminal justice system and advocates are working together effectively in cases involving violence against women. Procedures are implemented to enable interagency cooperation and a uniform response.

Challenge the state government to mandate unemployment insurance for survivors of domestic violence.

Increase state and federal funding for shelters and transitional housing units.

2002 Change of Pace Survey Snapshot

71% of women say keeping safe from violence is a concern for them personally.

91% of women and 83% of men say it is somewhat likely for a woman in the Philadelphia region to be a victim of sexual assault.

92% of women and 89% of men say it is at least somewhat likely for a woman in the region to be a victim of domestic violence.

48% of male and female respondents say domestic violence is the most serious safety issue facing women in the region.
Women & Influence
Corporate Brass & Glass Ceilings

Women have made progress in entering administrative and managerial ranks over the last four decades. From 1975 to 2002, women doubled their numbers in executive, administrative and managerial positions nationally from 22% to 48%. When it comes to top corporate leadership roles, however, women are still woefully underrepresented.

Too often, corporate women hit that now familiar “glass ceiling” in the course of their careers. They find themselves in positions that offer low visibility, little access to company-wide decision making and lower pay relative to their male counterparts.

Eight out of nine corporate board members in the Philadelphia region are men. Women’s underrepresentation on corporate boards in the Philadelphia region is even worse than the low national Fortune 500 average. Women made up 13.6% of the board members of Fortune 500 companies in 2003. In the Philadelphia region in 2002, women held 11.5% of the board seats in the 120 largest public companies. While nearly 11% of Fortune 500 companies had no women board members, 34.2% of the Philadelphia region’s largest 120 public companies had no women board members and 37.5% had just one woman on their board in 2002. Only 11 of the 120 largest public companies in the region had three or more women on their boards.

Nearly half of the largest companies in the region have no women in top executive positions. Women held only 11.2% of the top executive positions in the largest 120 public companies in the Philadelphia region in 2002. Nearly 45% of those companies listed no women top executives. There were just two women board chairs and three women CEOs among Philadelphia’s top companies. Among the Fortune 500 companies, women represented 15.7% of corporate officers; 71 companies had no women officers at all. Women of color held just 1.6% of positions. Looking at the highest levels, only 7.9% of Fortune 500 “clout” positions (chair, CEO, president or executive vice president) were held by women in 2002, including the mere 1.2% women CEOs.

The top-earning corporate officers are almost all men. Women account for only 5% of top-earning corporate officers in Fortune 500 companies.

Recommendations
Accelerate the pace of women’s progress in achieving corporate influence and leadership.

- Support the efforts of local, regional and national organizations working to increase the number of women in corporate leadership positions.
- Challenge major corporations and nonprofit organizations in the Philadelphia area to add more women to their boards and to increase the number of women executives.
- Challenge business leaders to support efforts to increase the number of women in corporate leadership positions.
- Challenge female executives and board members to mentor, recruit and advocate for women in corporate leadership positions.
- Challenge businesses to create workplaces that foster work-life integration.

“A critical mass of women is needed on corporate boards and in executive positions for companies to reap the different perspectives women can bring to corporate decisions. Companies need to move beyond tokenism—although unfortunately in many firms even tokenism would be an improvement over the status quo.”

You would not know by looking at Pennsylvania's political leadership that women make up more than half the state's population. Just one year before WOMENS WAY was founded in 1976, women held 9 out of 253 seats in the Pennsylvania State Legislature—less than 4%. Today, women hold 35 seats or 14%. That is certainly a welcome improvement, but at that pace, the legislature will remain heavily male-dominated for generations to come.

Pennsylvania has one of the nation’s worst records in electing women to the U.S. Congress and the State Legislature. Pennsylvania has only one U.S. Congresswoman and no women in the U.S. Senate. Pennsylvania ranked near the bottom—45th of 50 states—in terms of women's representation in the state legislature in 2003. If their representation in the legislature matched their representation in the state's adult population, Pennsylvania women would hold 133 seats instead of the 35 they currently hold. Similarly, the Philadelphia region would have 44 women legislators, instead of its current 20.

Pennsylvania gets a D- in women's voting and other political participation. The Institute for Women's Policy Research gave Pennsylvania a D- in its composite political participation index, which includes measures of women’s voter registration and turnout, representation in elected office and institutional resources. Pennsylvania ranked 42nd of the 50 states in terms of women’s voter registration in 1998 and 2000, with 62% of women registered to vote, and 38th among the 50 states in terms of the percent of women who voted in 1998 and 2000.

Women contribute less money to political campaigns than men. Women’s campaign contributions have been rising, but they still lag significantly behind men, a reflection in part of women’s lagging economic power. In 1978, women’s campaign donations represented 17% of all individual contributions over $200 to U.S. congressional or senate races. By 1998, women still accounted for only 25% of large campaign donations and 12% of contributions to national committees.

Recommendations
Accelerate the pace of women’s progress in achieving equality of representation and political influence.

- Encourage progressive female candidates to run for office.
- Support progressive female and male candidates who support women’s issues.
- Direct outreach efforts to voter registration, voter turnout and voter education on women’s issues.
- Encourage women to contact elected officials on issues of importance to them.
- Support state and local campaign finance reform.

“Women need to continue to organize politically to ensure involvement in the political process as leaders, voters and policymakers. Society needs to change the traditional sphere of influence to include people who are excluded now. We have to keep in mind the rubber band metaphor—keep the pressure on or it will snap back.”


“All of us—women and men—who care about the quality of life in Pennsylvania ought to be concerned about the underrepresentation of women in political leadership here. The clear correlation between women in elective office and progressive education, health care and violence prevention policies should inspire us to take action to correct this embarrassing inequality.”

Lynn Yeakel, Chair, WOMENS WAY 25, and Director, Institute for Women’s Health and Leadership, Drexel University College of Medicine.
Appendix
Survey Methodology, Data and Interviews

1. 2002 WOMENS WAY Change of Pace Survey Methodology
Solutions for Progress, Inc. (SfP), of Philadelphia designed and administered the WOMENS WAY Change of Pace Survey in order to obtain information on people’s perceptions of conditions facing women in the Philadelphia region, and to gauge their support for policies designed to improve the lives of women and their families. The random telephone survey of households in the Philadelphia region was conducted between September 17 and October 11, 2002 during the hours of 5:30 p.m. to 9:00 p.m. All interviewers were trained and supervised. Telephone numbers were drawn from a list generated by a random digit dial process. All responses were anonymous and confidential.

For the purpose of this survey, the Philadelphia region was defined as Philadelphia, Bucks, Chester, Delaware and Montgomery counties. The survey reached a total of 654 adults (18 and older), including 397 women and 254 men (3 individuals did not specify their gender). The margin of error for the total sample is +/-3.8% with a 95% level of confidence. The margin of error for the women’s sample is +/-4.9%, and the margin of error for the male sample is +/-6.1%, with a 95% level of confidence. For example, in one question, 77.6% of women surveyed indicated that they would favor extending unemployment compensation to workers taking family leave. We can be 95% confident that between 72.7% and 82.5% of women in the Philadelphia region would favor extending unemployment compensation to workers taking family leave.

Solutions for Progress, Inc. was able to disaggregate survey results on the basis of city or suburban residence based on zip code information provided by respondents. A total of 621 individuals provided their residential zip code; 272 respondents resided in the City of Philadelphia and 349 resided in surrounding suburbs. The margin of error for the city sample is +/-5.9%, and the margin of error for the suburban sample is +/-5.2%, with a 95% level of confidence.

2. U.S. Census Bureau Current Population Survey (CPS) Data
The Current Population Survey (CPS) is administered monthly by the U.S. Census Bureau to 50,000 households for the Bureau of Labor Statistics. The survey is the primary source of information on labor force characteristics in the United States and is designed to produce national estimates. Households participate in the survey for four consecutive months, are not surveyed for eight months and then participate again for four consecutive months. Households in their fourth and eighth (final) month comprise the Outgoing Rotation Group. Only households in these months of the rotation are asked a series of questions about their hours worked, weekly earnings and hourly wages in the week prior to the survey. In addition, each March the Census conducts its Annual Demographic Survey as a supplement to the Current Population Survey. This supplement is the primary source of information on income and poverty in the United States. It also includes information on health insurance coverage of the U.S. population.

Outgoing Rotation Group (ORG) Files
The Alice Paul Center for Research on Women and Gender at the University of Pennsylvania analyzed the CPS ORG files for the A Change of Pace update because these files represent the most recent wage and earnings data for the labor force. (The Annual Demographic Survey contains retrospective earnings information from each household from the year prior to the survey). In order to produce reliable estimates for Pennsylvania and the Philadelphia region, The Alice Paul Center pooled and averaged ORG data for households in Pennsylvania for 2001 through 2003.

The ORG data were used to:
- Estimate the mean income of persons 65 and older by gender.
- Estimate the percent of persons who were uninsured by gender.
- Estimate the percent of low wage workers with employment based health coverage.
- Estimate the number and percent of full-time workers by gender.
- Estimate the number and percent of part-time workers by gender.
- Estimate the number and percent of workers earning at or below minimum wage ($5.15) by gender and full-time/part-time status.
- Estimate the number and percent of workers earning at or below poverty wages ($8.77) by gender and full-time/part-time status.
- Estimate the percent of persons working part time by reason for working part time and by gender.
- Estimate the percent of persons not in the labor force by reason for not being in the labor force and by gender.

Annual Demographic Survey (March Supplement)
The Annual Demographic Survey provides information on income, health insurance and work experience of households and their members for the previous year. In order to produce estimates at the state and sub-state level, The Alice Paul Center for Research and Gender at the University of Pennsylvania pooled and averaged data from the March supplement from 2001 through 2003 for the A Change of Pace update.

The Annual Demographic Survey was used to:
- Estimate the mean income of persons 65 and older by gender.
- Estimate the percent of persons who were uninsured by gender.
- Estimate the percent of low wage workers with employment based health coverage.
- Estimate the number and percent of full-time workers by gender.
- Estimate the number and percent of part-time workers by gender.
- Estimate the number and percent of workers earning at or below minimum wage ($5.15) by gender and full-time/part-time status.
- Estimate the number and percent of workers earning at or below poverty wages ($8.77) by gender and full-time/part-time status.
- Estimate the percent of persons working part time by reason for working part time and by gender.
- Estimate the percent of persons not in the labor force by reason for not being in the labor force and by gender.
1 In this Executive Summary, we do not duplicate endnotes for material discussed in depth throughout the report.
5 Hartmann, Allen and Owen, Equal Pay for Working Families.
6 U.S. Census Bureau, 2002 American Community Survey, Table PCT060.
7 U.S. Census Bureau, 2002 American Community Survey, Tables PCT060B, PCT060D, PCT060G and PCT061K.
8 Federal law prohibits sex discrimination in pay, hiring, promotion and through sexual harassment, and mandates affirmative action in public employment and in all firms that contract with the government.
9 Unless otherwise noted, quotations are from inter-views and correspondence conducted for this report (see Appendix).
10 Pink collar jobs are defined as those that traditionally have been held by women such as clerical and administrative support and service occupations.
11 U.S. Census Bureau, 2002 American Community Survey, Table P0900.
17 Ibid.
18 Center for Women’s Business Research, "Women Owned Business in Pennsylvania: 2002–A Fact Sheet". The U.S. Census Bureau changed its methodology between the 1992 and 1993 Economic Census so earlier figures are not directly compar-able to current estimates.
19 Ibid.
25 U.S. Census Bureau, 2002 American Community Survey, Tables PCT060B, PCT060D, PCT061G and PCT061K.
26 U.S. Census Bureau, 2002 American Community Survey, Table PCT068.
29 U.S. Census Bureau, 2002 American Community Survey, Table PCT060B, PCT060G and PCT061K.
29 U.S. Census Bureau, 2002 American Community Survey, Table PCT060B, PCT060G and PCT061K.
30 U.S. Census Bureau, 2002 American Community Survey, Table PCT060B, PCT060G and PCT061K.
32 U.S. Census Bureau, 2002 American Community Survey, Table PCT060B, PCT060G and PCT061K.
33 U.S. Census Bureau, 2002 American Community Survey, Table PCT060B, PCT060G and PCT061K.
34 As defined in this report, “care” refers to paid or unpaid care provided for children under age 13, or for a disabled person and for persons over 65 years of age (elder care).
37 For the purpose of the study, caregiving was defined as including “help with personal needs or household chores...taking care of a person’s finances, arranging for outside services, or visiting regularly to see how they are doing.” This person need not live with the caregiver. The National Alliance for Caregiving and the American Association of Retired Persons, Family Caregiving in the U.S.: Findings from a National Survey (June 1997).
42 U.S. Census Bureau, Poverty in the United States: 2002, Detailed Table PO101.
43 U.S. Census Bureau, Poverty in the United States: 2002, Detailed Table PO101.
44 U.S. Census Bureau, 2002 American Community Survey, Table P114.
45 U.S. Census Bureau, 2002 American Community Survey, Tables PCT060B, PCT060D, PCT061G and PCT061K.
47 For the purpose of the study, caregiving was defined as including “help with personal needs or household chores...taking care of a person’s finances, arranging for outside services, or visiting regularly to see how they are doing.” This person need not live with the caregiver. The National Alliance for Caregiving and the American Association of Retired Persons, Family Caregiving in the U.S.: Findings from a National Survey (June 1997).
52 Barbara Sard and Will Fischer Administration Seeks Deep Cuts in Housing Vouchers and Conversion of Program to a Block Grant (Washington, DC: Center on Budget and Policy Priorities, March 2004).
53 Fair Market Rents are defined as “the amount that would be needed to pay the gross rent (shelter plus utilities) of privately owned, decent, safe and sanitary rental housing of a model (non-luxury) nature with suitable amenities.” Fair Market Rents represent rents at the 40th percentile. The Fair Market Rent is based on the entire nine-county Philadelphia PA-NJ metropolitan area. National Low Income Housing Coalition. Out of Reach 2003: America’s Housing Wage Climb (2003). Median rent for the Philadelphia region in 2002 ranged from $640 in Philadelphia County to $838 in Chester County. U.S. Census Bureau, 2002 American Community Survey, Table H061.
54 U.S. Census Bureau, 2002 American Community Survey, Table PCT054.
55 U.S. Census Bureau, 2002 American Community Survey, Tables H067 and H088.
58 Philadelphia Affordable Housing Coalition, A Call to Action: Philadelphia’s Affordable Housing Crisis and What We Can Do About It. (Spring 2003).
59 U.S. Census Bureau, 2002 American Community Survey, Table HCT01.
61 Sklar, Myktya and Wefald, Raise The Floor, pp, 5, 121-31, citing American College of Physicians, No Health Insurance? It’s Enough to Make You Sick, Decision 2000 Campaign, and numerous other sources. Also see families USA, Getting Less Care.


63 U.S. Census Bureau, Health Insurance Coverage 2002 (September 2003), Tables 1.2 and 1-1.


66 U.S. Census Bureau, Health Insurance Coverage 2002 (September 2003), Figure 1, Lawrence Mishel, Jared Bernstein and Heather Boushey, The State of Working America, 2002-2003 (Washington, DC: Economic Policy Institute, 2002), Table 2.14.


70 Philadelphia Health Management Corporation (PHMC), PHMC Health Data Research Center, “Preventive Cancer Screenings” (January 2001); “Who Are the Uninsured in Southeastern Pennsylvania?” (Spring 2001); “Breast Cancer Awareness” (January 2000).

71 Data provided by Family Planning Council, Correspondence from Brian M. Green, Manager – Quality Improvement and Planning, Circle of Care, November 6, 2002.

72 National surveys have shown repeatedly that most Americans believe that everyone should have health coverage whatever their income or job. For example, 62% of Americans surveyed agree it is the responsibility of the federal government to make sure all Americans have health coverage in The Gallup Poll, November 11-14, 2002 and 62% of those surveyed thought that as a country we could afford to provide everyone with all the health and medical services they need in The Harris Poll, September 8-12, 2000. The move toward universal health care, which proposals show will save money by eliminating enormously wasteful insurance red tape, is once again gaining momentum among medical professionals, health care advocates and politicians. See, for example, the recent National Academy of Sciences report by Janet M. Corrigan, Ann Greiner, Shari M. Erickson, Postponing Rapid Advances in Health Care: Learning from System Demonstrations (Washington, D.C.: National Academy Press, 2002) and Physicians for a National Health Plan, Proposal of the Physicians Working Group for Single-Payer National Health Insurance. 73 Institute for Women’s Policy Research, “The Status of Women in Pennsylvania, 2002: Highlights – Fact Sheet”; IWPR Publication #218 (2002).

74 Data provided by the Family Planning Council of Southeastern Pennsylvania.


77 Data on the cost of abortion provided by The Greater Pittsburgh Coalition for Abortion Rights.


80 The 5 county region referred to throughout this report is equivalent to the Southeast Common Service Area reported in the Pennsylvania Annual Crime Report, Pennsylvania Uniform Crime Reporting System (UCR), 2002 Online Annual Crime Report.


82 Data on the cost of abortion provided by The Greater Pittsburgh Coalition for Abortion Rights.


87 Catalyst 2002 Census of Women Corporate Officers and Top Earners.

88 Board membership in non-profit organizations provides women with greater visibility and serves as a stepping stone to corporate leadership roles.


90 Appointed policy makers are defined as Department Heads and Top Advisors in Governors’ Offices. Department Heads include heads of departments, agencies, offices, boards, commissions and authorities. Top Advisors in Governors’ Offices include chiefs of staff, government liaison, press secretaries and communications directors.


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