

The State of Rural Women's Economic & Health Status: KY, MD, NH (Abstract)

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Introduction

Policymakers who understand the unique circumstances of a particular subpopulation are better able to effectively match policy measures to the needs and issues of those members of society. Status reports are one method of identifying how subgroups within a population are doing, and where improvements based in policy might be made. In 1996, the Institute for Women's Policy Research (IWPR) began issuing reports on the status of women in various states. These reports described women's economic and health status, as well as measured women's rights and equality to men in each of the states. IWPR's rationale for producing status reports was to delineate the ways in which women still do not have the benefit of full equity with men, despite having achieved much in the way of economic, political and social rights. To produce these reports, IWPR used data from the U.S. Census Bureau's Current Population Survey, the U.S. Department of Labor, Bureau of Labor Statistics, and the U.S. Department of Health and Human Services.

The purpose of this research is to use IWPR's status reports (see Caiazza, 2003 and Werschkul, Gault, & Hartmann, 2004) as a guide to compare state and county data on economic and health indicators for New Hampshire (ranked overall as one of the best states for women by IWPR), Kentucky (ranked overall as one of the worst states for women by IWPR), and Maryland (ranked in the middle third of states for women by IWPR) to data from a sample of low-income, rural women from these same states who participated in wave 1 of *Rural Families Speak* (RFS, data collected 1999-2000, N=79), a USDA-funded, longitudinal study of low-income, rural women and their families⁴. This comparison is important, because research suggests that rural women experience disadvantage with regard to employment opportunities (McLaughlin & Sachs, 1988; Weber, Duncan, Whitener, & Miller, 2003), and these disadvantages are compounded by cultural values regarding gender roles and expectations about work (Flora, Flora, Spears & Swanson, 1992; Larson, 1978). Additionally, limited access to health care resources increases risk for poor mental and physical health (Ricketts, 1999). If the status of low-income, rural women differs from their counterparts state- and countywide, and if policymakers know about these differences, they could customize policies within the context of the rural community (Dyk, Braun, & Simmons-Wescott, 2004).

Summary of Findings

State Findings

Based on IWPR's evaluation of women's status in the states, data from the 2000 U.S. Census and Current Population Survey were utilized to capture four indicators of women's employment and earnings (median annual earnings, ratio of women's to men's median annual earnings, labor force participation, and employment in managerial/professional positions); two indicators of women's economic autonomy (four-year college degree attainment and percent of women living in poverty) and one indicator of health status (percent of women with health insurance). These data were captured for the state as a whole, as well as for the counties in which data were collected for the RFS research project⁵. Table 1 presents the comparisons among the states, counties, and RFS sample. Interestingly, although IWPR rated New Hampshire as one of the best states for women, on some statewide measures of employment, earnings, and economic autonomy the Maryland women actually fared better. Maryland women had higher median annual incomes (\$24,735 vs. \$20,138), a higher ratio of women's to men's incomes (71.3% vs. 62.4%), more employment in managerial/professional positions (43.3% vs. 33.4%), and higher levels of education (29.6% with four-year college degree vs. 26.8%). Statewide New Hampshire fared better only on two domains: higher rates of labor force participation (64.4% vs. 62.8%) and lower rates of women living in poverty (7.0% vs. 8.6%). Consistent with the IWPR findings, Kentucky did poorer than both New Hampshire and Maryland on all indicators of employment, earnings and economic autonomy. On the health indicator, New Hampshire did slightly better than Maryland: 10.7% of New Hampshire women were without health insurance compared to 10.9% of Maryland women. Again, Kentucky women fared worse than either New Hampshire or Maryland – 13.3% of Kentucky's women lacked health insurance.

County Findings

Examination of the county data shows a slightly different picture. On all indicators of employment, earnings, and economic autonomy, women in the New Hampshire counties did better than women in the Maryland counties. They had higher median annual earnings, a higher ratio of women's to men's earnings, higher rates of

Table 1

Comparison of state, county, and Rural Families Speak data on IWPR indicators of women's economic and health status

	Kentucky			Maryland			New Hampshire		
	State(a)	County(a)	RFS	State(a)	County(a)*	RFS	State(a)	County(a)*	RFS
Employment and Earnings									
Women's median annual earnings	\$16,163	\$16,275	\$0	\$24,735	\$15,294	\$226	\$20,138	\$17,980	\$0
Ratio of women's to men's earnings	61.5%	73.8%	15.6%	71.3%	62.2%	37.3%	62.4%	64.8%	13.1%
Women's labor force participation	54.4%	47.3%	52.4%	62.8%	54.5%	76.5%	64.4%	59.9%	41.7%
Women in managerial and professional occupations	32.7%	30.9%	0%	43.3%	29.4%	0%	37.9%	33.4%	0%
Economic Autonomy									
4 years or more of college	16.4%	10.4%	0%	29.6%	8.1%	2.9%	26.8%	22.4%	4.2%
Percent of women in poverty	15.3%	20.5%	90.4%	8.6%	12.5%	68.1%	7.0%	9.1%	66.4%
Health Status									
Percent of women without health insurance	13.3% (b)	NA	33.3%	10.9% (b)	NA	41.2%	10.7% (b)	NA	29.2%

labor force participation, more employment in professional and managerial positions, more four-year college degrees, and lower rates of poverty. Consistent with the state findings, women in the Kentucky county fared worse than women in the Maryland and New Hampshire counties. It is noteworthy, however, that women in the Kentucky county actually did better than women statewide on two indicators. Their median annual incomes were slightly higher (\$16,275 vs. \$16,163), and the ratio of women's to men's earnings was higher (73.8% vs. 63.5%). County data were not provided for health insurance status.

Rural Families Speak Findings

Compared with the state and county findings, the rural low-income women participating in the RFS research study did not fare as well as the women in their respective states and counties overall. For the rural low-income women in RFS, women had lower median annual incomes, the ratio of women's earnings to men's was much lower, women's labor force participation was lower, and none of the rural women were employed in managerial or professional occupations. Rural women in the RFS project lacked economic autonomy. As expected from the RFS sample population, the poverty rate for participants was much higher than for both the states and counties. The RFS participants also had less education than women in both their states and counties. Access to health insurance also was more limited for the RFS participants. The rural low-income women had uninsurance rates between 29 and 41%, compared to 10.7 and 13.3% in their states.

Conclusions and Implications

The status of the rural, low-income women in Maryland, New Hampshire, and Kentucky who participated in the *Rural Families Speak* research study is not good. Likely other rural, low-income women in these states are experiencing similar conditions. However, additional research is needed to confirm their status. In New Hampshire and Maryland, where the reported economic status of women is fairly robust, the conditions for the rural women are contrastingly bleak. In a state like Kentucky, where women overall are not faring particularly well, rural women may be facing an even more unpromising economic outlook. The same holds true for health status. Although all three states had rates of uninsurance greater than 10%, the rural women who participated in RFS were much less likely to be covered by health insurance. This lack of insurance, combined with already documented limited access

to health care facilities and resources, suggests that the rural women in these states are at-risk for significant health problems that likely limit their ability to contribute to their families and communities.

Understanding the status of rural, low-income women is especially important in personal, family, and community systems. Rural women are at a greater disadvantage than men, and face more limited employment opportunities (McLaughlin & Sachs, 1988). "Improving the economic status of women [in Maryland, New Hampshire, and Kentucky] can benefit all females in the[ir] state[s] and their families. It can also contribute to the economy and quality of life throughout the state[s]" (Gittell, Churilla & Griffin, 2005, p. 28). Further, when those women are mothers like the RFS participants, not only are their economic and health status at risk, but the well-being of their children is jeopardized.

Rural, low-income women will not become economically self-sufficient when their economic and health status are as depressed as evidenced by the indicators compared in this paper. Their children also are not likely to attain economic self-sufficiency. Policy measures to address the economic and health issues of women, and especially mothers, can benefit by understanding among policymakers of the differences in economic and health status measures such as presented in this analysis.

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Endnotes

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⁴ This research was supported in part by USDA/CSREES/NRICGP Grants - 2001-35401-10215, 2002-35401-11591, 2004-35401-14938. Data were collected in conjunction with the cooperative multistate research project NC-223/NC-1011 "Rural Low-Income Families: Tracking Their Well-being and Functioning in the Context of Welfare Reform." Cooperating states are California, Colorado, Indiana, Iowa, Kentucky, Louisiana, Massachusetts, Maryland, Michigan, Minnesota, Nebraska, New Hampshire, New York, Ohio, Oregon, South Dakota, West Virginia, and Wyoming.

⁵ Data were collected from two counties in both Maryland and New Hampshire. For purposes of this paper, the county data in these states were aggregated and the means of the indicators reported.