A CLOSER LOOK

A LANDMARK STUDY
OF WOMEN AND GIRLS IN
FOUR COUNTIES IN THE
PUGET SOUND REGION
2007
Dear Friends,

For more than two decades, Women’s Funding Alliance has been promoting community health and vitality by investing in opportunities for women and girls. We know that the well-being of women and girls often indicates a healthy society. When women and girls thrive, our entire community benefits.

Like all well-informed funders, we strive to know the realities of those we serve. So when we found the lack of comprehensive data, we saw an urgent need for an assessment of the economic, educational, health, and leadership status of the women and girls in our region. We realized that their voices were not being heard; their ideas on how to create a better world for us all were not being sought. So we set out to change that, by gathering information and insights from the source: women and girls themselves.

The result is A Closer Look, a landmark collaborative study providing an in-depth look at the real quality of life of women and girls in King, Pierce, Snohomish, and Whatcom counties. We selected the four counties because we wanted to make this manageable enough, yet still meaningful and diverse. We asked such questions as:

- What are the most pressing or problematic issues facing women and girls?
  Which indicators are getting worse?

- Which groups of women in our region are at highest risk of poor health, poverty and lack of economic security, violence, and low educational outcomes?

- What do women and girls themselves suggest as solutions to some of our area’s most pressing challenges?

We embarked on this study by talking to women in each county to get their perspectives on research priorities to assess building social and economic well-being for women and girls. We also scanned existing reports and data to identify and build on current data sources and social-service providers. We used this information to help create the scope and framework for our own research.

Our primary goals for this expansive report are to present a clear picture of the lives of women and girls in our area, to understand the challenges and needs facing them, and to gain some insight into possible solutions. We will use this information to create specific multi-year initiatives that will have a greater impact on positive social change in our communities.

We want this report to be a resource to other funders as they make strategic decisions as well as a powerful tool to help the media and general public learn more about the issues and problems facing our region. Additionally, our hope is that policymakers will use this as a resource to help guide their funding priorities and social policies.

We see this report as a beginning upon which we can build and eventually expand to look more closely at other counties in Western Washington. There is much for our region to be proud of in terms of the status of women and girls and I am confident that we can make the progress needed to achieve a truly just and healthy society for us all. Women’s Funding Alliance is eager to begin partnering with you to make that a reality.

Fondly,

LeAnne Moss,

Executive Director
Women’s Funding Alliance (WFA) is the leading funding organization in the Puget Sound region devoted solely to investing in the lives of women and girls. Our mission is to promote justice, health and opportunities for women, girls, and their families. We do this by funding progressive, visionary, and vibrant organizations working on the ground level to provide solutions to our area’s most critical issues.

*A Closer Look* was commissioned by WFA in partnership with the Human Services Policy Center of the University of Washington and James Bowman Associates. We deeply appreciate the dedication and spirit of collaboration that both of these teams brought to this project.

<table>
<thead>
<tr>
<th>HUMAN SERVICES POLICY CENTER</th>
<th>JAMES BOWMAN ASSOCIATES</th>
</tr>
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<tbody>
<tr>
<td>Lori Pfingst, MA</td>
<td>Wendy Nakatsukasa-Ono, MPH</td>
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<tr>
<td>Erin Maher, PhD</td>
<td>David N. Fine, PhD</td>
</tr>
<tr>
<td>Jon Agnone, MA</td>
<td>Jen Finkle-Weaver, MPH, MSW</td>
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<tr>
<td>Heidi Berman</td>
<td>Sharon Bogan, MPH</td>
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<td></td>
<td>Joni Greathouse, MEd</td>
</tr>
<tr>
<td></td>
<td>Kirsten Harris-Talley</td>
</tr>
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<td>April Pace, JD</td>
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</tbody>
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This report was made possible by the assistance and support of numerous individuals and organizations invested in improving the well-being of women and girls in King, Pierce, Snohomish, and Whatcom counties.

We would like to acknowledge the valuable input we received from participants in the pre-research forums we held in 2005.

We are also indebted to the members of the study’s Steering Committee for their guidance with the early stages of planning and designing the project and to the members of the study’s Honorary Committee for their leadership and commitment in securing the funding to complete *A Closer Look*.

Additionally, we are grateful to many individuals and foundations for their vision and generosity in funding this bold new endeavor for Women’s Funding Alliance.

Finally, we would like to thank WFA’s Board of Directors for their unwavering support and commitment and WFA’s staff for their professionalism and dedication to completing *A Closer Look*. 
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INTRODUCTION

“When women are fully involved, the benefits can be seen immediately; families are healthier; they are better fed; their income, savings and reinvestment go up. And what is true of families is true of communities, and eventually, of whole countries.”

– Kofi Annan, Former United Nations Secretary General

This report is a first step towards a broad understanding of the status of women and girls in the Puget Sound region. First and foremost, it celebrates their progress and success. In their contributions to the economy, accomplishments in education, roles as primary caregivers of children, and positions as civic leaders, women and girls elevate and enhance the world in which we live. More than ever before, women and girls are recognized for the important roles they play: the more they accomplish, the more opportunities open for the next generation. This is indeed cause for celebration.

But this report is also a call to action. Significant challenges remain to ensure equal opportunities for all women and girls to contribute and succeed. Throughout the report, we highlight areas where policies and programs are needed so that all women and girls in our region can aspire to lives that are healthy, economically secure, free of violence, and full of opportunity. By investing in programs and policies that help women and girls thrive, we are investing in the well-being of our families, communities, and society as a whole.

WHAT’S IN THE REPORT?

To begin painting a portrait of the status of women and girls in the Puget Sound region, we researched five critical topics: economic security, education, health and well-being, safety and violence, and leadership and giving. We devote a chapter to each of these topics. Within each chapter we highlight areas where women and girls are excelling and those in need of improvement. We conclude each chapter with a set of program and policy considerations to help women and girls move forward. Our research focuses on four counties in the Puget Sound region—King, Pierce, Snohomish, and Whatcom. Throughout the report, the term “four-county region” refers to these counties. While we recognize that the Puget Sound region extends beyond the four counties, these initial profiles come together as a rich collage of data and insights that will guide future efforts to understand the status of women and girls in the region as a whole.

The well-being of women and girls grows out of a complex web of interconnections among all the topics we investigated. Wherever possible, we try to highlight these relationships and stress the need for a holistic approach to improve the conditions of women and girls. In general, when women’s and girls’ well-being is threatened in one area, it is also jeopardized in other areas. This is especially true for economic security because opportunities for education and leadership, as well as health and safety, are profoundly affected by social and economic circumstances.

Within each topic area, we also include a section focusing on the status of immigrant and refugee women and girls in the four-county region. They share many of the same experiences as women and girls born in the U.S., and contribute to their communities and families in similar ways. Their experiences, however, are uniquely influenced by their cultural and linguistic differences as well as their immigration and citizenship status. This rapidly growing segment of our population greatly enriches our communities, yet their contributions often go unrecognized and their particular needs are frequently unaddressed. In summarizing the status of women and girls in the region’s immigrant and refugee communities, we provide a baseline of information upon which researchers, policymakers, and community organizations can build.

DATA AND METHODS

The A Closer Look research team used a “mixed methods” approach to paint a portrait of women and girls in the four-county region. From March 2006 through February 2007, we collected and analyzed quantitative and qualitative data from multiple sources.

The quantitative research includes data from national and state databases, such as the Census Bureau’s American Community Survey, Washington State Behavioral Risk Factor Surveillance System, Washington State Healthy Youth Survey, Washington State Population Survey, plus data from the Office of Superintendent of Public Instruction. In addition, we reviewed local reports containing data and analysis from various service agencies working for women and girls in the four-county region, and we incorporated these findings throughout the report.
To collect the qualitative data, we interviewed 104 service providers, administrators, managers, and staff from organizations working with women and girls, as well as other key stakeholders in the community (see Appendix B for a list of interviewees). These “community sources” have a deep knowledge of the major issues facing women and girls and offer perspectives that may not exist in the form of quantitative data. To probe more deeply on topics of particular interest, we also held 10 focus groups with specific groups of women and girls—including immigrant and refugee farm workers, lesbian and bisexual women, low-income women and mothers, older women, younger women, leaders, philanthropists, women of color, and women caring for aging and/or disabled family members.

LIMITATIONS
The information in this report is meant to provide a “snapshot”—a moment-in-time picture—of several issues critical to the well-being of women and girls in the four-county region. By covering such a breadth of issues, we necessarily sacrifice some of the complexity needed to fully understand those issues. While we would like to explain all the intriguing, complex, and interrelated findings about the region’s women and girls, such in-depth analyses are beyond the scope of this project. However, the report does provide a baseline of data and perspectives for future investigations. Furthermore, while newer data will inevitably replace the data in this report, the story of women and girls in the region is unlikely to change quickly. Thus, this report’s “big picture” will be useful for many years to come and any recommendations stemming from it will remain timely.

While we cover a wide range of topics, the information in this report is by no means exhaustive. To keep it at a manageable size, we made a number of difficult decisions. We based our choices of what information to include and how to present it on many factors. In some cases, data simply were not available or sufficiently reliable to accurately reflect the status of women and girls in the region. Thus, information is sometimes missing on important groups of women and girls, such as lesbian and bisexual women, transgendered people, women of color, immigrant and refugee women and girls, and those who are differently-abled. When data were not available or reliable at the county level, we supplemented our findings with state and national data, when appropriate.

Finally, the data used in this report are subject to errors inherent in all research studies. The quantitative data use regional samples of women and girls to make estimates describing their well-being across the five areas of interest. Since the data are based on a sample, and not all women and girls, the estimates contain some degree of error. When this error is large and brings the reliability of the estimate into question, we either exclude the estimate entirely or indicate that it should be interpreted with caution. The qualitative data (“community sources” and focus groups) were collected to gain a deeper, more personal understanding of the issues facing certain groups of women and girls and to bring “voice” to the report, rather than produce precise, representative descriptions of all women and girls. Caution should be used when generalizing the experiences and insight of community sources and focus group participants to all women.

Despite their different methods, the quantitative and qualitative approaches show remarkable agreement. Together, we believe this information reflects an accurate, descriptive, and useful snapshot of women and girls in this region.

A BEGINNING...
This report is only a beginning. We hope it piques the interest of funding organizations, policymakers, community organizations—anyone who is genuinely concerned about the well-being of women and girls in our communities. We hope it stimulates in-depth research, evidence-based program development, and well conceived evaluations of what does and doesn’t work to improve the lives of the daughters, mothers, students, working women, caregivers, civic leaders, and supportive friends who contribute so much to the quality of life in the Puget Sound region.

ADDITIONAL INFORMATION AND RESOURCES
To access the more extensive research report, as well as helpful resources about organizations and programs serving women and girls in the four-county region, please visit the Women’s Funding Alliance website at www.wfalliance.org.
WOMEN AND GIRLS IN THE FOUR-COUNTY REGION: DEMOGRAPHIC PROFILE

Over half (54 percent) of females in Washington live in King, Pierce, Snohomish, and Whatcom counties – a total of over 1.7 million women and girls.¹ Their diversity in race, ethnicity, country of origin, and age enriches our communities, and is important to remember when considering their overall well-being.

The four-county region is becoming increasingly diverse. Over the next 25 years, both nationally and locally, population growth among females of color will continue to outpace growth in the white female population. In Washington, this is especially true for Asian/Pacific Islander and Hispanic females, whose populations, by 2030, are expected to grow by 61 and 69 percent, respectively (Chart 1). The population of multiracial females is also expected to increase substantially (75 percent).

In King County, 29 percent of females are women and girls of color, followed by Pierce (26 percent), Snohomish (18 percent), and Whatcom (15 percent) counties (Table 1).

RACE/ETHNICITY OF FEMALES
FOUR-COUNTY REGION 2006

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>King %</th>
<th>Pierce %</th>
<th>Snohomish %</th>
<th>Whatcom %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Hispanic</td>
<td></td>
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<td></td>
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<tr>
<td>White</td>
<td>71</td>
<td>74</td>
<td>82</td>
<td>85</td>
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<tr>
<td>Black</td>
<td>6</td>
<td>7</td>
<td>1</td>
<td>&lt;1</td>
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<tr>
<td>American Indian/Alaskan Native</td>
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<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>14</td>
<td>8</td>
<td>8</td>
<td>4</td>
</tr>
<tr>
<td>Multiracial</td>
<td>3</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Hispanic</td>
<td>6</td>
<td>6</td>
<td>5</td>
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</table>


Note: Percents may not add to 100% due to rounding.

CHART 1
PERCENT CHANGE IN FEMALE POPULATION BY RACE/ETHNICITY
WASHINGTON STATE 2000-2030

Changes in the racial/ethnic makeup of Washington females are due in part to rapid growth in the population of immigrant and refugee women and girls. Estimates suggest that more than 400,000 foreign-born females live in Washington State. Three-quarters (76 percent) of them are naturalized citizens of the U.S. These numbers do not include the sizable population of undocumented women and girls, although, in the U.S. overall, the majority of the undocumented population (58 percent) are male. Most female immigrants in the four-county region are from Asia, Europe, and Latin America (primarily Mexico) (Table 2).

In addition to its diverse immigrant population, Washington hosts the sixth largest number of refugees in the U.S. In 2004 alone, Washington hosted more than 3,000 refugees. The majority of refugees living in Washington are from the former Soviet Union (71 percent), followed by Somalia (7 percent), Yugoslavia (6 percent), Vietnam (3 percent), Iran (3 percent), Sudan (3 percent), Ethiopia (2 percent), and all other areas (5 percent).

The age structure of our population is also changing. In the four-county region today, approximately one in eight women is over the age of 65. By 2030, as the baby-boom generation ages, that number is expected to increase to one in five.

Why do these changes matter? The increasing racial and ethnic diversity of the population will boost the need for culturally and linguistically competent policies and programs to serve women and girls in areas critical to their well-being, especially health care, education, and social services. The aging of the population will give rise to similar challenges: over the next 25 years, prioritizing the needs of women 65 and older will become increasingly important as these women move into retirement and rely on publicly funded programs such as Medicare and Social Security. Failure to prepare for these demographic changes could have significant negative impacts on the nation as a whole. Recognizing the policy implications of such transitions and planning for them now can greatly improve the prospects for women and girls in our region.

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**[Women have] an ability to bring people together and get people to work together. This has something to do with an attunement with collaborative, cooperative relationships.**

– Community Source

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**TABLE 2**

<table>
<thead>
<tr>
<th>Region</th>
<th>King</th>
<th>Pierce</th>
<th>Snohomish</th>
<th>Whatcom</th>
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<tbody>
<tr>
<td>Europe</td>
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<td>Other Latin America</td>
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<td>5</td>
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<tr>
<td>Other Areas</td>
<td>12</td>
<td>8</td>
<td>14</td>
<td>36</td>
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Source: American Community Survey 2005
HIGHLIGHTS

*A Closer Look* is a first step towards understanding the status of women’s and girls’ well-being in the Puget Sound region. We researched and analyzed five topics—economic security, education, health and well-being, safety and violence, and leadership and giving—that funding organizations, policymakers, businesses, and community-based organizations should consider to improve the lives of women and girls in the region.

The following section summarizes the key findings from *A Closer Look*. These highlights demonstrate the tremendous accomplishments and contributions women and girls have made in the region, but also draw attention to the challenges we must overcome to ensure that all women and girls have the chance to live healthy and economically secure lives, that are free of violence and full of opportunity.
**ECONOMIC SECURITY**

**Strengths**
- Women make a tremendous contribution to the local economy. Two-thirds of women in the four-county region participate in the labor force.
- Washington is ranked 9th highest in the nation for median earnings of women working full-time/full-year. At $41,601, women in King County have the highest earnings in the four-county region.
- Programs, initiatives, and collaborations in the four-county region continue to emerge to provide services that address women’s and girls’ critical need for work supports such as education and job training, housing, child care, and transportation.
- Compared to women born in the U.S., immigrant and refugee women are more likely to be entrepreneurs in business.

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**Challenges**
- Single women with children have the lowest median annual earnings of any family type. Married couples with children in King County, for example, earn about 160 percent more per year than single women with children.
- Washington State is ranked 42nd lowest in the nation for equality of earnings between males and females working full-time/full-year. Across the four-county region, women consistently make about 75 cents for every dollar men earn, even when accounting for educational level and occupation. Compared to white men, women who are Hispanic, American Indian/Alaskan Native, Native Hawaiian/Other Pacific Islander, and Black are the least likely to earn equal wages.
- Nearly 180,000 women and girls in the four-county region are living in poverty. In Washington, one-third of Hispanic, Black, and American Indian/Alaskan Native girls live in poverty.
- In Whatcom County, over one-third of single women live in poverty. Almost 90 percent of these women have children under age 18. Similar trends exist in King, Snohomish, and Pierce counties.
- Sexism, racism, xenophobia, classism, and homophobia continue to impede women’s progress toward economic self-sufficiency. These challenges are particularly acute for women of color, immigrant and refugee women, poor women, lesbians, bisexual women, and transgendered people.
- Lack of affordable, flexible child care is one of the most significant barriers to women achieving economic security in Washington and the four-county region.
- Many immigrant and refugee women in the region—particularly those who are newly arrived—face barriers to economic security and educational attainment due to lack of education, limited English proficiency, family responsibilities, and cultural expectations within their communities.
- Anti-immigrant sentiment in the region results in discrimination, harassment, and policies that exploit immigrant and refugee women and girls in the workplace and discourage or prohibit undocumented women and girls from accessing health- and human-service systems.
- The complexities of the employment, education, and health- and human-service systems, plus a lack of culturally and linguistically competent services prevent many immigrant and refugee women and girls from accessing services. This is particularly true for those with limited proficiency in English.
- Both within and outside their communities, immigrant and refugee women and girls face sexism and gender stereotypes that limit their employment and educational opportunities.

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One of the things that impedes women from economic security...is a demand and expectation from the existing governmental and social services structure that all families should be like Ozzie and Harriet.”

~Community Source
EDUCATION

Strengths

- The percentage of women obtaining college degrees in the four-county region has increased with almost every generation. Compared to women age 65 and older, twice as many 25- to 34-year-old women have a bachelor’s degree or higher.
- Over half the students in Washington’s four-year institutions and community/technical colleges are women.
- Of women age 18 to 24, nearly two-thirds in Whatcom County and approximately one-third in King, Pierce, and Snohomish counties are enrolled in college.
- Nationally, over the last 25 years the educational attainment of immigrant and refugee women and girls from all regions of origin has increased dramatically.
- Washington is the only state in the Pacific Northwest that allows eligible, undocumented students to qualify for in-state tuition.
- Both nationally and in Washington, attainment of higher education among foreign-born individuals is on par with those born in the U.S.

Challenges

- Women in Washington continue to be overrepresented in academic fields (such as education, psychology, and health) that lead to lower-paying jobs; they remain underrepresented in fields (such as engineering, computer and information sciences, and the physical sciences) that lead to higher-paying jobs.
- The cost of higher education, lack of financial assistance and lack of equity in athletic scholarships pose major barriers to women and girls, particularly those with low incomes, entering and graduating from institutions of higher education.
- While trends vary slightly by county, females across the four-county region are performing poorly on the math and science WASL tests. Approximately half of 10th grade females meet math standards and one-third meet science standards.
- Among 10th-grade females in Washington, 61 percent of Asians and 57 percent of whites met WASL math standards compared to just 35, 27, and 26 percent of American Indian/Alaskan Natives, Hispanics, and Blacks, respectively.
- Lack of quality, affordable, and culturally and linguistically appropriate early care and education programs and support for caregivers—including respite care for those whose children have special health care needs and those caring for aging parents and older family members—are major barriers to educational attainment for women and girls in the four-county region.
- In Washington, graduation rates for children with limited English proficiency were 58 percent compared to 70 percent for the general student population.
HEALTH AND WELL-BEING

Strengths

- Washington is ranked 7th in the nation for reproductive rights favorable to women and girls.
- Washington has the lowest percentage of low-birthweight babies in the nation and the 10th lowest state infant mortality rate.
- Prevention and education efforts in the region are increasingly tailored to meet the cultural and linguistic needs of women from diverse communities.
- In spite of economic hardship and other disadvantages, immigrants in the U.S. generally have better overall health outcomes than people born in the U.S.
- In the four-county region, community and migrant health centers and public health clinics play a critical role in providing affordable, culturally and linguistically competent primary health care to immigrant and refugee women and girls.

Challenges

- Over 300,000 working-age (18 to 64) women lack health insurance in Washington State. Nearly half (142,000) of these women live in King, Pierce, Snohomish, and Whatcom counties.
- Hispanic women have the lowest rates of health insurance in the state—43 percent were uninsured in 2005.
- Women and girls who do not meet eligibility requirements for publicly funded health insurance programs (such as Medicaid and the Basic Health Plan) and do not have access to employer-sponsored programs face significant challenges in accessing medical care, dental care, and other health services. Even women and girls who are eligible for publicly funded health insurance programs have difficulty accessing health services, due to limitations in the capacity, coverage, and number of providers participating in these programs.
- Lack of access to and availability of holistic and preventive care in the region—including prevention and education programs—challenge women and girls trying to optimize their health and well-being.
- The complexities of the health-services system and lack of culturally and linguistically competent services pose barriers to obtaining services, particularly for women of color, women with limited English proficiency, lesbians, bisexual women, transgendered people, and those who are differently-abled.
- Significant proportions of women (over 18) engage in health behaviors that put them at risk for heart disease. One in five women across the four-county region has high blood pressure; over one-third has high cholesterol, between 20 and 25 percent of women in the region are obese; and the majority of women do not eat enough fruits and vegetables or meet recommended physical activity requirements.
- Washington State has the highest incidence of breast cancer in the nation. At 191 per 100,000 women, King County has the highest rate in the four-county region. In spite of high incidence, women in Washington have the lowest rate of death from breast cancer in the country.
- More than 900 females are known to be living with HIV/AIDS in the four-county region. Over half of these women were living in King County at the time of diagnosis. Females in Washington represent an increasing proportion of new HIV cases (15 percent in the last five years). Compared to white females, prevalence rates of HIV/AIDS in Washington are 15 times higher for Blacks, four times higher in Hispanics, and twice as high for American Indian/Alaskan Native females.
- Across the state, the infant mortality rate for American Indian/Alaskan Native and Black mothers is double that of mothers in other racial/ethnic groups.
- One in five 12th-grade females in Snohomish and Whatcom counties report smoking at least one cigarette in the past 30 days; one in five 8th-grade female students in Pierce County and well over a third of high school females in all four counties report having at least one drink in the past 30 days.
- In Washington, over a third of female students in 8th, 10th, and 12th grades reported feeling so sad or hopeless for two weeks or more in the last year that they stopped their usual activities.
- Across the four-county region, young women and girls between the ages of 15 and 24 have higher rates of sexually transmitted disease than women in any other age group.
Women's Funding Alliance
www.wfalliance.org

Photo courtesy of Chaya

Serving South Asian Women
SAFETY AND VIOLENCE

Strengths

- In the four-county region, increased public awareness and discussion about violence against women contribute to an atmosphere that supports women and girls in addressing these issues.
- Social-support networks help women and girls address safety and violence issues in their lives.
- Washington is a leader among U.S. states in combating human trafficking. It was the first state to pass anti-trafficking legislation and establish an anti-trafficking task force.

Challenges

- Intimate-partner violence is the leading cause of injury to women in Washington State; most cases are not reported.
- Social and cultural norms—including sexism and gender stereotypes—continue to contribute to denying, minimizing, and, in some cases, normalizing violence. These norms also shape attitudes—often judgmental—toward victims of violence.
- Forty-four percent of Washington women (18 and over) report experiencing some form of physical or non-physical intimate-partner violence in their lifetime.
- Just over half (51 percent) of women in Pierce County, over one-third (39 percent) in Snohomish County; and about one in four in King (23 percent) and Whatcom (27 percent) counties report having been injured by an intimate partner during their lifetime.
- Women and girls who experience violence face economic, educational, mental health, and psychosocial barriers to escaping abusive relationships. Other significant barriers include racism, xenophobia, classism, and homophobia. Immigration issues compound these challenges for immigrant and refugee women and girls attempting to escape abusive relationships and human trafficking.
- One in ten high school females in Washington reports that, in the previous year, an intimate partner limited her activities, threatened her, or made her feel unsafe. One in six reports being hit, slapped, or physically injured in the past year.
- Half of all women murdered in Washington in 2005 were killed by their former boyfriend or husband. Over 300 women in Washington have been killed by an intimate partner in the last decade.
- Thirty-eight percent of women in Washington report some form of sexual assault in their lifetime.
- Twenty-nine percent of women in King and Whatcom counties; 26 percent in Snohomish County; and 19 percent in Pierce County report being threatened or forced to have unwanted sex in their lifetime.
- Women in Washington are more than twice as likely as men to report being a victim of sexual abuse as a child.
- Immigrant women are more likely than women in the general population to die from domestic violence.

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Educate, support and believe…those are the most important things that we have. We have a saying at our office, “If we’re not making people uncomfortable, we’re not doing our job.”

—Community Source
LEADERSHIP AND GIVING

Strengths

- Washington is ranked first in the nation for women’s participation in politics.
- Washington is consistently ranked in the top 10 states for percent of women in the state legislature.
- The Puget Sound region is ranked 15th in the nation for the number of privately-held, majority-women-owned firms; 126,857 women-owned, private firms in the region generate $23 billion in annual sales.
- Key factors influencing women in leadership positions in the four-county region include family, personal awareness and concern about societal issues, success in educational and professional life, mentoring and support, and leadership programs.

Challenges

- Only one of the nine positions for Washington in the U.S. House of Representatives is filled by a woman.
- In Washington’s 73 top companies, only five women are CEOs and two serve as board chairs. In addition, women hold only 18 percent of executive positions and 14 percent of board positions in these companies.
- Women in Washington continue to confront institutionalized sexism and hit the “glass ceiling” as they seek executive leadership positions in high-net-worth public companies.
- “Leadership ladders” in the four-county region discriminate against women who disproportionately bear the burden of caring for children, aging parents, and other family members.
- Institutionalized oppression continues to challenge women of color and women from diverse communities in their efforts both to increase their participation and influence as leaders and to receive appropriate recognition for their contributions.
ECONOMIC SECURITY

“[Economic security] is having a source of income you can count on and that income is enough to cover housing and utilities…and enough to cover transportation…and includes—and this is a big one—medical care security…and then, that there is something left over…enough that is a cushion (to help with rent, insurance, food, etc.)…. The ideal, of course, is much higher, but just that all those basic needs are met without worry.”

– Community Source

Over the past 30 years, women’s increasing participation in the labor force has contributed substantially to economic growth in the U.S. and locally. In the four-county region, women are more likely to participate in the labor force than women nationally or in Washington State as a whole. As their employment has shifted to higher-paying positions, women’s median earnings have increased, thus improving the economic security of many women and their families.

These economic gains, however, are tempered by some disheartening economic realities. Women in the four-county region make less money than men, even for the same type and amount of work. Children and women have the highest rates of poverty in the four counties, especially single mothers and women and children of color. Achieving economic security is especially challenging for low-income women, as the keys to economic stability—access to education, affordable housing, quality health care, child care, and employment that pays a livable wage—are elusive. Furthermore, women’s and girls’ access to services that could help move them toward economic stability is impeded by discrimination and, for immigrants and refugees, a lack of culturally and linguistically appropriate services.

Community sources across the four-county region stressed that, if all women are to achieve economic security, policies, programs, and community organizations will need to provide training, education, and financial assistance. Only this kind of coordinated effort will enable women to meet their families’ basic needs and build financial safety nets for the future. Community sources emphasized the need to focus on social-justice issues, such as equitable distribution of resources, housing stability, livable wages, and access to employment benefits. Organizations and programs offering culturally and linguistically competent services are also critical to addressing the needs of the increasingly diverse population of women and girls in the region.

FEMALE LABOR FORCE PARTICIPATION

Women in Washington participate in the labor force at rates slightly above the national level (61 compared to 60 percent, respectively). Female labor force participation in the four-county region exceeds both the national and state levels. About two-thirds of women in King, Pierce, Snohomish, and Whatcom counties participate in the labor force and comprise nearly half (46 percent) of all workers in the region.

In Washington, labor force participation varies slightly, but not significantly, by race and ethnicity. Participation is highest among Black women—66 percent compared to 61 to 62 percent for other racial groups, including Whites.

Three of every four women between the ages of 20 and 54 in Washington are working. As Chart 2 shows, participation in the labor force begins to steadily decline at age 55, but many women remain in the labor force in their 60s and 70s. Just over one in five (22 percent) women 65-69 years old and one in seven (14 percent) 70-74 years old are still working.

CHART 2
PERCENT OF FEMALES IN THE LABOR FORCE BY AGE GROUP – WASHINGTON STATE 2005


Not all women work full-time. On average, 70 percent of women in Washington work full-time, compared to 94 percent of men.11 The lower percentage of women working full-time is associated with their roles as primary caregivers for children and families, as many women work part-time to balance work and family.

**UNEMPLOYMENT**

The unemployment rate measures the percentage of people who are actively seeking employment but are unable to find a job. In the four-county region, Pierce County has the highest unemployment rate (8.3 percent) among women age 20 to 64, followed by King (6.1 percent), Snohomish (5.6 percent), and Whatcom (4.3 percent) counties.12 National data reveal that White and Asian women generally have lower rates of unemployment compared to Black, Hispanic, and American Indian women.13

**EARNINGS AND INCOME**

The median earnings of full-time/full-year14 female workers in Washington are $35,592.15 Washington is ranked 9th highest in the nation on this measure.16 In the four-county region, King County has the highest median annual earnings for women employed full-time/full-year ($41,601), followed by Snohomish ($36,830), Pierce ($35,591), and Whatcom ($30,686) counties.17

Earnings vary considerably by race, ethnicity, and family type for women in Washington (Chart 3). White and Asian women are the highest earners among full-time, full-year employees, followed by Black, American Indian/Alaskan Native, Native Hawaiian/Other Pacific Islander, and Hispanic women.

Among families with children in the four-county region, those headed by a single female have the lowest median earnings (Chart 4). The disparity among family types is greatest in King County, where married households and those headed by single men make 160 percent more ($53,924) and 47 percent more ($15,739), respectively, than households headed by single women. Similar trends exist in Pierce, Snohomish, and Whatcom counties.
WAGE GAP BETWEEN MEN AND WOMEN

Because women often work part-time to balance work and family responsibilities, they make less money than full-time workers. However, when comparing the earnings of men and women who work the same amount of time—“full-time/full-year”—women still earn less. Even when men and women have the same level of education and work in the same occupation the gender wage gap remains. While wage differences vary depending on industries and occupations, there is no industry or occupation in Washington where women’s earnings are on par with men’s. Thus, the failure to pay women for “comparable worth” is a primary factor contributing to the wage gap between the sexes.

Washington has one of the largest wage gaps between male and female earnings in the nation. While the wage gap between men and women exists in every state, Washington ranks 42nd out of the 50 states by this measure. Chart 5 shows wages for men and women working full-time/full-year in the four-county region. Across the region, women consistently make about three-quarters of what men earn.

The wage gap is even more striking for women of color. When comparing earnings to White men, Hispanic, Native Hawaiian/Other Pacific Islander, American Indian/Alaskan Native, and Black women who work full-time/full-year in Washington earn only 53 percent, 59 percent, 61 percent, and 63 percent, respectively.

Beyond the issue of comparable worth, women’s economic security is impacted by their higher likelihood of being employed in lower-paying, service-sector positions. Computer and mathematics jobs, for example, are among the highest paying in the four-county region, yet women hold only one-third of these positions. The female job market in the region is dominated by service and sales-related positions, many of which do not provide a livable wage for women supporting children. Women’s higher likelihood of being employed in lower-paying service jobs, many of which are part-time, also results in a gender gap in pension coverage. Nationally, women are less likely to be enrolled in pension programs. Even when they are, their benefits are just half that of men’s. Thus, elderly women are at greater risk for poverty than elderly men.

Community sources suggested that discrimination based on sex, race, and ethnicity is also a major contributor to the wage gap between men and women in the region. For example, employers often hesitate to invest in female employees, especially mothers, expecting that such workers will have high rates of absenteeism. Issues related to the wage gap are compounded for women of color. A focus group participant from King County summed up how racism challenges her ability to “move up” in her organization:

*It’s very hard for a woman of color to move up. I think there is a prevailing attitude that you’re going to fail…There are so many things…that you have to break through.*
POVERTY

Nearly 180,000 women and girls live in poverty across King, Pierce, Snohomish, and Whatcom counties. In each county, the poverty rate for females is slightly higher than that of males (Table 3).

POVERTY RATES BY SEX AND AGE GROUP
FOUR-COUNTY REGION 2005

<table>
<thead>
<tr>
<th></th>
<th>WA %</th>
<th>King %</th>
<th>Pierce %</th>
<th>Snohomish %</th>
<th>Whatcom %</th>
</tr>
</thead>
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<tr>
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<tr>
<td>Female</td>
<td>13</td>
<td>10</td>
<td>12</td>
<td>9</td>
<td>15</td>
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<tr>
<td><strong>AGE (Females Only)</strong></td>
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<td>19</td>
</tr>
<tr>
<td>65 years and over</td>
<td>10</td>
<td>11</td>
<td>10</td>
<td>8</td>
<td>5</td>
</tr>
</tbody>
</table>

Source: American Community Survey 2005
Note: Percentages for Whatcom County should be interpreted with caution due to small sample size.

With the exception of Whatcom County, poverty among working-age (18 to 64) and retirement-age women (65 and older) in the four counties is at or below the state average (13 and 10 percent for working-age and retirement-age women, respectively). The poverty rate among working-age women in Whatcom County (19 percent) is substantially higher than in the other three counties. This finding should be interpreted with caution, however, due to the high proportion of Whatcom County women enrolled in higher education, a unique but temporary period of poverty associated with being a student.

Approximately one in ten girls (10 percent) younger than age 18 in King, Snohomish, and Whatcom counties lives in poverty, compared to one in eight in Pierce County (13 percent). Poverty among girls in the region likely varies considerably by race and ethnicity, as 38, 32, and 30 percent of American Indian/Alaskan Native, Black, and Hispanic girls in Washington, respectively, live in poverty compared to 13 of White and 2 percent of Asian girls.

Compared to other household types in the four-county region, households headed by single women experience the highest rates of poverty (Chart 6). In Whatcom County, for example, households headed by single women are 12 times more likely to live in poverty compared to married-couple households—38 percent compared to 3 percent. In King, Pierce, and Snohomish counties they are 6 to 7 times more likely to be living in poverty than married-couples. The vast majority (about 90 percent) of the households headed by single women living in poverty in the region have children under age 18.

Poverty disproportionately affects single women with children. However, service providers in the four-county region suggested the face of poverty may be changing. More than ever before, they are serving two-parent households which struggle to make ends meet, despite the fact that at least one parent works outside the home.
[Women and girls] need to have ways to build assets, not just live hand to mouth.

– Community Source
ECONOMIC SECURITY OF IMMIGRANT AND REFUGEE WOMEN AND GIRLS

[We have a] pull-yourself-up-by-your-bootstrap mentality, but what if you don’t have boots?

– Community Source

For immigrant and refugee women—and also referred to as “foreign-born”—United States citizenship marks a critical divide between poverty and economic stability. Of foreign-born females who are not citizens, nearly one in four (24 percent) lives in poverty, compared to 9 percent of naturalized foreign-born citizens and 13 percent of women born in the U.S. (Chart 6A – see opposite page)

By several measures tightly linked to economic security—education, language proficiency, and labor force participation—immigrant and refugee women and girls who have become naturalized citizens surpass those who are not citizens. Citizenship is perhaps most important for accessing higher education. When immigrant and refugee women attain the same educational level as their U.S.-born counterparts, they are typically employed in similar occupations. The extent to which one group is more concentrated in lower-paying occupations than another reflects differences in education and English proficiency.

Of non-citizen females in Washington, 30 percent do not have a high school diploma, compared to 16 percent of naturalized foreign-born females and 6 percent of women born in the U.S. Women without a high school diploma are not equipped to compete for higher-paying jobs. On the language front, over 34 percent of naturalized female residents in Washington and 57 percent of non-citizen females report they speak English “less than very well.” This lack of proficiency is due in part to limited opportunities to speak English; 72 percent of Washington’s naturalized foreign-born females and 84 percent of non-citizen females speak a language other than English at home.

A significant proportion of immigrant and refugee women and girls lack the basic education and language skills needed to successfully participate in the labor force and, thus, improve their economic security. These disadvantages can intensify the economic vulnerability of immigrant and refugee women and girls: those who cannot speak English well are forced to accept low-paying, inflexible jobs that prevent them from enrolling in education or job-training programs that could help them qualify for higher-paying positions. While they participate in the labor force at similar proportions as U.S.-born women, they are much more likely to work in low-paying service occupations. In addition these jobs are often unsafe, a factor that probably contributes to higher rates of injuries and fatalities among immigrant populations compared to the general population. Moreover, low-paying jobs in the service sector typically do not offer health benefits. The situation is particularly acute for “undocumented” women and girls who do not have Lawful Permanent Residency (LPR) or “green card” status. Community sources indicated that many of these women accept low-paying caregiving and housekeeping jobs. Although these jobs sometimes pay as little as $3 per hour, they often do not require proficiency in English and may allow women to bring their children to work.

Beyond the obstacles to acquiring education and language skills, immigrant and refugee women and girls face discrimination and harassment significant enough to compromise their ability to achieve economic security. Community sources commented that immigrant and refugee women and girls are frequently forced to contend with sexism and traditional views about women’s roles, both within their own communities and in society more generally. In some cultures, men may feel humiliated when their wives go to school or work, whether for economic security or personal fulfillment. One focus group participant summed up the pressure many women and girls feel:

We are demonstrating that we are women who want to work. We do not want to be depending on a man’s hand. We want to show we can move forward and how we can do it even if we are women. Sometimes, we are discriminated against. “You’re a woman, so your place is home. So, stay there.”

Sometimes, sexism intersects with race or ethnicity to affect immigrant and refugee women in unique ways. For example, one community source talked about how Asian and Pacific Islander women and girls are often stereotyped by those outside their community as “passive, sexualized creatures,” a characterization at odds with the qualities one needs to succeed in the workplace:

[These stereotypes] hamper women and girls in the workplace, because most of the skills and attributes that they need to succeed and advance are the very opposite of these stereotypes.

Beyond sexism, community sources mentioned other biases that immigrant and refugee women and girls face in the workplace, including ageism, religious discrimination (particularly for Muslim women), and homophobia. Multiple forms of discrimination can be especially difficult to deal with; an immigrant lesbian commented on the biases she encounters both within and outside her community:

There is a strong anti-immigrant feeling, and then being a lesbian is difficult…and not looking like an American can be a big challenge.
The measures of poverty used in the preceding section are conservative estimates of the number of households in the region struggling economically. They are based on the federal poverty thresholds developed by the U.S. government and have been criticized as being an outdated measure of what it actually takes to achieve an adequate standard of living. Because many publicly funded programs use the federal poverty thresholds to determine eligibility for their programs and services we included these estimates in our discussion.

However, “livable wage” measures paint a more accurate picture of what it actually takes to make ends meet in the four-county region. If these measures were used to determine the number of households struggling economically instead of the poverty thresholds in the preceding section, the proportion and number of households estimated to be economically insecure would be substantially higher.

Livable wage measures calculate, by region, how much income an individual or family needs to achieve economic security and maintain an adequate standard of living. A livable wage takes into account the cost of basic necessities such as food, child care, health insurance, housing, transportation, clothing, and school supplies. It does not include many of the additional costs incurred in pursuit of the ‘American Dream’ such as personal savings, investment income, or the purchase of a home. “In essence, it can be viewed as a minimum income standard that if met draws a very fine line between the financial independence of the working poor and the need to seek out public assistance.”

Chart 7 illustrates the difference between a living wage, the state-determined minimum wage, and a wage based on the federally determined poverty thresholds for a family of four (two adults, two children) living in the four-county region. This chart clearly shows that both the state minimum wage ($6.90 in 2005) and hourly wages based on the federal poverty thresholds ($9.39 in 2005) vastly underestimate the actual costs of meeting basic needs.

![Chart 6A](chart6a.png)

**CHART 6A**

PERCENT OF FEMALES LIVING IN POVERTY BY NATIVITY AND CITIZENSHIP
WASHINGTON STATE 2005

Source: American Community Survey 2005 IPUMS 5% Sample

**LIVABLE WAGE**

![Chart 7](chart7.png)

**CHART 7**

WAGE COMPARISONS FOR A FAMILY OF FOUR – FOUR-COUNTY REGION 2005

Source: Poverty in America Project 2006 – http://www.livingwage.geog.psu.edu/
AFFORDABLE HOUSING

Rent
Renting in the four-county region is increasingly expensive and can be a significant drain on a household’s budget. These costs are especially daunting for low-income households, many of which are headed by single women with children.

In Washington, for example, over two-thirds of households with incomes between $10,000 and $20,000 spend more than 30 percent of their income on rent alone, compared to just one percent of those making over $75,000. Focus group participants indicated that some women spend as much as 75 percent of their take-home pay on rent alone.

Home Ownership
Traditionally, owning a home is one of the most significant sources of wealth that families depend upon for building economic security throughout their lifetime. But home ownership is increasingly unaffordable in the regional real estate market, particularly for first-time buyers.

According to the Puget Sound Regional Council, “housing affordability levels have dropped to an all-time low as interest rates reversed course and income levels continued to be outpaced by housing prices.” Regionally, little is known about housing equity and total wealth by family type, but national data indicate that households headed by single females with children are much less likely to have housing equity than other types of households.

Table 4 lists the Housing Affordability Index for King, Pierce, Snohomish, and Whatcom counties.

Of the four counties, Pierce County has the most affordable homes, since a typical family has 92 percent of the income necessary to afford a median-priced home. Pierce County is also most affordable for first-time home buyers, although the typical first-time buyer earns only slightly more than half (54 percent) of the income necessary to afford a “starter” home. But in all four counties both indices are below 100, showing that, on average, families simply do not earn enough to buy their own homes. The situation is worst in King County, where a typical family earns only 69 percent of the income needed to afford a home, and first-time buyers earn only 39 percent of what they need.

I just want the permanence of one little place to call my own with my stuff in it…then, the work would go better…[my] psyche would get better.

– Focus Group Participant
**CHILD CARE**

The rise in women’s labor-force participation over the past 30 years has dramatically increased the need for child care. Access to high-quality, affordable, and flexible child care is a critical support for women attempting to balance work and family life. Quality child care also nurtures their children’s early learning, laying the groundwork for further education (discussed in next chapter).

The cost of child care is one of the most significant barriers women face in attaining economic security. Rates vary by county and by age of child. As Chart 8 shows, families in King and Whatcom counties choosing full-time licensed center care for their infant would pay one-fifth (21 and 20 percent, respectively) of their annual income for child care. For families earning less than the median income, the percentage of annual income would be even higher.

In Pierce and Snohomish counties, full-time child care takes a slightly lower chunk out of median incomes, but the story is basically the same. Although costs decrease somewhat as children get older, families continue to pay a sizable proportion of their household incomes for child care. This burden is especially pronounced for low-income families, who pay a much larger percentage of their income for child care than families at the upper end of the socioeconomic ladder. Focus group participants across the four-county region highlighted the cost of child care as the biggest obstacle to their continuing education, job training, and skill building—all essential ingredients to achieving economic self-sufficiency, employment and wage parity with men, and career advancement.

**CARE FOR AGING PARENTS**

Upwards of 52 million Americans care for their aging parents. Women represent nearly two-thirds of all unpaid caregivers in the nation, and daughters disproportionately care for their elderly parents.

Unpaid caregiving can have significant economic and emotional consequences for women. It can negatively impact their earnings, as time spent caring for others could otherwise be spent in the paid labor market. And, while many women may find caring for their aging parents rewarding, focus group participants described it as a very draining, emotional, and sometimes frustrating process that often conflicts with their educational and career goals:

*I always find myself cutting somebody...or something important short. So, if I do great in school this week, something’s lacking at home with my grandmother being ill or my daughter or something’s lacking at work. If I do great at work that week, something’s lacking on the other end.*

**CHART 8**

**PERCENT OF MEDIAN INCOME SPENT ON LICENSED CENTER CARE BY AGE OF CHILD**

**FOUR-COUNTY REGION 2005**

![Chart showing percent of median income spent on licensed center care by age of child in four-county region 2005](chart.png)

*Source: Washington State Resource and Referral Network 2006*
BARRIERS TO HELPING WOMEN AND GIRLS ACHIEVE ECONOMIC SECURITY

Challenges within the Service System

Several barriers prevent community-based organizations and service providers from helping women and girls in the social-service system to attain economic security. The organizations and providers often operate in silos, making it difficult for staff to leverage services for their clients. And sometimes knowledge about available services is incomplete. While women may know about basic resources like food banks and free or low-cost health services, many are unaware of the full range of programs and services in their communities. One service provider offered a peek into her clients’ everyday lives:

It becomes a daunting task to wake up in a tiny little apartment. You have two kids. You’re on public assistance. There’s no way out if you don’t give them hope and the information and the knowledge to get out of there.

Lack of funding for services and the absence of a coordinated system of support are further challenges. Community sources stressed that access to reliable and affordable transportation, health services, domestic-violence resources, education, and job training are all critical to helping women and girls become economically secure. Yet the service system fails to address the complexity of issues faced by many women—particularly single women with children—and does not offer coordinated services that deal with their situations holistically. For example, service providers working with women in the four-county region discussed the challenges facing women with mental health issues. Since mental health is often not covered through public plans, they often lose their jobs because they lack access to medication and counseling. Furthermore, their employment is often inflexible, with no sick-leave benefits to allow time to manage these issues. Women experiencing domestic violence face similar challenges. Abusive partners may take advantage of women economically, limit their personal and professional growth, and hinder their self-esteem. The post-traumatic stress many domestic violence survivors experience can affect their ability to maintain employment and achieve economic self-sufficiency. An integrated set of work supports could help women to overcome these challenges.

Temporary Assistance for Needy Families (TANF) and WorkFirst

Of all the services available to help women and girls achieve economic security, community sources throughout the four-county region primarily criticized aspects of two programs in the welfare system—TANF and WorkFirst. They maintained that, because of work requirements and lack of coordinated work supports, these programs can impede women and girls in their quest for economic self-sufficiency.

Community sources stated that the work requirements to receive benefits from TANF and WorkFirst are inadequately supported by necessary services, such as provisions for child care assistance and access to transportation. Without coordinated delivery of these services, service providers attempting to help women become economically secure said they are unable to trouble-shoot child care, transportation, and other issues that would help women and girls engage in welfare-to-work program activities. Women and girls in our focus groups echoed these challenges, stating that, as their wages increase, they begin to lose child care subsidies, food stamps, and other key supports. They never seem to get ahead:

If I get a slight raise, I lose my $300 of food stamps [and] then I am actually $68 under….You are right back where you started. Where is the incentive for people? That end goal is so hard to get to.

You lose everything. You lose your food stamps. You lose your medical. You lose all help. On what I’m making, I have to go between houses [living with friends and family], but that’s not working because we need our own space. I’m barely making it now…how am I going to afford rent?

In addition to the lack of coordinated services, full family sanctions throw already poor families into abject poverty. When a welfare worker deems that a parent is not complying with welfare to work program policies, the whole family loses 40 percent of their grant. Community sources throughout the four-county region indicated that nearly half of the families they work with are sanctioned due to lack of child care, transportation, and other key supports, basically “throwing a club over their heads” and ruining any chances for self-sufficiency.

Focus group participants perceived TANF and WorkFirst as racist and “predicated on a belief that all welfare recipients are African American women who just want to get on the dole and have babies and not work and are lazy…” Women and girls suffer from the internalized oppression this type of discrimination brings:

I must be the wrong race. I must speak the wrong language. I must be the wrong whatever to be here.

Community sources indicated that racism, classism, and homophobia persist in the social-service system. The presence of such discrimination leaves women feeling marginalized and powerless. Sources maintained that heterosexual, middle class, and upper-middle class women are not judged for the decisions they make in the same ways as women with fewer advantages or more diverse characteristics. When low-income women, women of color, and lesbians face situations common to all women—unplanned pregnancy, abortion, adoption, and domestic violence—racism, classism, and homophobia cloud society’s judgments about their worth as “good people.”
MOVING FORWARD

In this chapter we provided a snapshot of the economic well-being of women and girls in the Puget Sound counties of King, Pierce, Snohomish, and Whatcom counties. We highlighted several challenges that women and girls face in achieving economic stability. To overcome these challenges and help women and girls move forward, community sources and focus group participants suggested ideas that employers, community-based organizations, regional programs, and/or policymakers should consider:

Program and Service Improvements

- **Offer job-training programs** that focus on building a “career ladder” for women and girls instead of placing them in “dead-end jobs.” Community sources also recommended case management to help women and girls—particularly those who are new to the labor force—develop a better understanding of the work environment.

- **Provide mentoring and guidance programs** that help women and girls identify their interests and opportunities; offer a trusting environment for them to seek advice; and get moral support. These programs are especially critical to women and girls of color who face challenges in the workplace that are often not understood or prioritized by employers.

- **Offer financial literacy and planning classes** to help women and girls accumulate wealth and plan for economic stability in the future.

- **Offer training and educational programs and support for caregivers**, including respite care for those who have children with special health care needs or are caring for aging parents and older family members.

- **Provide adequate English-language training** programs in places of employment and expand the training period under TANF and WorkFirst to integrate immigrants and refugees into the labor force. Employers could partner with non-profits to provide and fund the cost of these programs.

- **Encourage employers to develop “family-friendly” policies and work supports** that allow women to balance work and family life. Suggestions include allowing flexible scheduling for appointments (e.g. medical, school) and offering part-time or contract work to retirement-age women.

- **Educate employers** about the gender wage gap, institutionalized sexism, and other forms of discrimination, such as racism and homophobia.

- **Coordinate support services**, such as mental health counseling, substance abuse treatment programs, domestic-violence services, and health care so women and girls can access supports concurrently and caseworkers can offer a holistic approach to meeting the needs of women and girls.

Public Policy Considerations

- **Increase public subsidies for housing and child care** so women and girls can create safe, permanent homes for their families and access affordable, quality care for their children.

- **Create flexible child care options** to accommodate women who work non-standard hours.

- **Provide financial support, advocacy, and respite care to unpaid caregivers**, especially those who are caring for aging parents and children. Community sources highlighted the stressful nature of caregiving, and how women often neglect their own health and well-being because they are consumed with meeting their family members’ needs.

- **Preserve and expand the Earned Income Tax Credit** and other tax reforms to benefit low-income working women.

- **Ease the pathway to citizenship** for immigrants and refugees. Naturalization services are critical to achieving economic security; becoming integrated into the labor force and educational programs; and helping women and girls gain access to employment and health and human services.

- **Reform the unemployment insurance system** by changing “voluntary quit disqualifications” that fall disproportionately on women who have to leave their jobs because of child care/family responsibilities.

- **Change the eligibility criteria under the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA)** to make undocumented immigrants eligible for services.

- **Reform the welfare system** by revising the work requirements for receipt of welfare benefits under TANF and WorkFirst; maintaining the stability of benefits to allow women and girls enough time to become economically secure; and coordinating the support services women may need to eventually achieve self-sufficiency.

- **Eliminate barriers to small-business development** by increasing availability of start-up funding and easing the burden of regulations and reporting.

Strategies for Social Change

- **Change public perceptions of poverty, inequality, and economic security** by communicating that tax dollars are an “investment in human capital;” poverty is a woman’s issue; the gender wage gap remains; and immigrant and refugee women and girls face unique challenges in attaining economic self-sufficiency.

- **Lobby policymakers to increase the state minimum wage** to a livable wage standard.
EDUCATION

This whole idea of education is the root of what does or doesn’t happen in our lives.

– Focus Group Participant

N
ationwide and in Washington State, women and girls are making significant educational gains. With every generation, the percentage of women earning college degrees in the four-county region has increased. Among women, college enrollment and years of higher education are at their highest levels ever, and women in the region now complete more years of higher education than men.

Trends in primary and secondary schools are similar. In 4th, 7th, and 10th grades, a higher percentage of girls than boys are meeting the reading and writing standards on the Washington Assessment of Student Learning (WASL); in math and science, subjects where girls have typically lagged behind boys, the size of the gender gap on the WASL is negligible. High school girls in the four-county region have lower dropout rates and higher graduation rates than boys.

Despite these significant educational gains, challenges remain. In higher education, women continue to be overrepresented in academic fields associated with lower-paying jobs and remain underrepresented in those leading to higher-paying jobs. Girls are not developing the math and science skills critical to success in the 21st-century job market. While girls are doing as well as boys on the WASL math and science tests, significant proportions of both sexes are not meeting standards in these subjects. With the exception of Asian students, females of color have the lowest rates of secondary and post-secondary educational achievement and attainment of advanced degrees.

Community sources indicated that the cost of higher education, lack of financial assistance, and gender inequities in athletic scholarships create major barriers to women’s and girls’ ability to enter and graduate from college. Finally, high-quality early child care and education—so critical to a child’s social and educational outcomes later in life—are becoming more difficult for families to afford.

ENROLLMENT AND ATTAINMENT IN HIGHER EDUCATION

Nationally and locally, women are enrolling in and graduating from college at higher rates than ever before. Explanations of women’s educational gains over the last several decades include decreases in overt gender discrimination in educational settings and increases in the perceived value of education for women.

Over half of the students enrolled in Washington’s four-year institutions (both public and private) and community and technical schools are female. Nearly two-thirds (62 percent) of young women (18 to 24) in Whatcom County, and about one-third in King (38 percent), Pierce (31 percent), and Snohomish (31 percent) counties are enrolled in college. The higher percentage of 18- to 24-year-old females enrolled in college in Whatcom County may partially be explained by the fact that it has several public and private post-secondary institutions and is home to Western Washington University, which is also the largest employer in the area.

The only way we’re going to stay ahead and to meet the needs of business is to make sure that everyone has the skills they need to be a productive, contributing member of the workforce. [We need to take] a long-term view to develop the skills that lead to self sufficiency.

– Community Source
Furthermore, the percentage of women in the four-county region with at least a bachelor’s degree has increased with almost every generation; twice as many of today’s 25- to 34-year-old women have a bachelor’s degree or higher compared to women age 65 and older. In King County, 52 percent of women (age 25 to 34) have a degree, followed by 36, 31, and 22 percent of women in Whatcom, Snohomish, and Pierce counties, respectively (Chart 9). In each county, women outpace men in both higher educational enrollment and degree attainment.

Consistent with general trends in education when comparing males and females, women of color attain higher levels of education than men of color. Among females, however, significant racial and ethnic disparities in educational attainment still exist. In Washington, 41 percent of Asian women have a college degree compared to 29, 17, 12, and 10 percent of White, Black, Hispanic, and American Indian/Alaskan Native women, respectively. Community sources reported that, particularly for low-income women and girls, major barriers to educational advancement include the cost of higher education, lack of adequate financial assistance, and gender inequities in athletic scholarships.

---

The benefit [of public investments] isn’t just for the person who gets the job; the benefit is for all of us. The benefit is you’ve got a person who might have been on welfare or in jail and who’s now contributing to the workforce. It’s an investment in human capital that’s going to help you as a business person, as a state and country to have a stronger economy. From a taxpayer point of view, it makes sense.

– Community Source

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**CHART 9**

**PERCENT OF FEMALES WITH A BACHELOR’S DEGREE OR HIGHER BY AGE GROUP**

**FOUR-COUNTY REGION 2005**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>King</th>
<th>Pierce</th>
<th>Snohomish</th>
<th>Whatcom</th>
</tr>
</thead>
<tbody>
<tr>
<td>25 to 34</td>
<td>52%</td>
<td>47%</td>
<td>39%</td>
<td>36%</td>
</tr>
<tr>
<td>35 to 44</td>
<td>22%</td>
<td>24%</td>
<td>25%</td>
<td>36%</td>
</tr>
<tr>
<td>45 to 64</td>
<td>22%</td>
<td>11%</td>
<td>17%</td>
<td>33%</td>
</tr>
<tr>
<td>65 and Over</td>
<td>11%</td>
<td>6%</td>
<td>23%</td>
<td>23%</td>
</tr>
</tbody>
</table>

Source: American Community Survey 2005
EDUCATIONAL ATTAINMENT OF IMMIGRANT AND REFUGEE WOMEN AND GIRLS

Over the past 25 years, female immigrants in the U.S. have made impressive gains in education. Across all age groups and regions of origin, female immigrants are increasingly likely to attend high school and college.\(^5^1\)

In Washington, higher educational attainment among foreign-born females is on par with that for women born in the U.S. More than one in four (28 percent) Washington women age 25 and older, regardless of nativity (U.S.-born or foreign-born) and citizenship status, has a bachelor’s degree or higher.\(^5^2\) However, higher educational attainment likely varies depending on a woman’s region of origin. Nationally, foreign-born individuals from South and East Asia, the Middle East, and South America are much more likely than individuals from Mexico and Central America to obtain a college degree. These differences can be attributed to length of time spent in the U.S., English proficiency, and cultural expectations that women and girls face in their own communities.\(^5^3\)

Undocumented immigrants and refugees have limited opportunities for higher education, as they are generally excluded from social-service supports that could help them access and afford post-secondary education. Federal law prohibits undocumented immigrants from receiving federally funded financial aid, and most states do not let them pay in-state tuition rates. Washington State is an exception. Washington has the distinction of being the only state in the Pacific Northwest that allows undocumented immigrant students to qualify for in-state tuition. The qualification criteria are that they: (1) finish a full senior year of high school from a Washington State school or receive a diploma equivalent; (2) live in Washington for at least three years before graduating and continue residing in the state before enrolling in college; and, (3) sign an affidavit stating they will file for permanent residency as soon as they become eligible.\(^5^4\)

While foreign-born females are doing as well as U.S.-born females in higher education, they lag behind in graduating from high school. Citizenship status contributes strongly to this difference. Almost one-third of females (25 and older) who are not citizens do not have a high school diploma, in contrast to 16 percent of naturalized foreign-born female citizens and 6 percent of U.S.-born women (Chart 9A).

English proficiency influences whether a student will stay in school. While students with limited English proficiency (LEP) generally have lower educational attainment, there are exceptions. Students with English proficiency generally have higher educational attainment than students with limited English proficiency.\(^5^5\)

-- Focus Group Participant

For me, another piece about education is about your passions….I would like to go back to school because I don’t feel like I’m living my passions at work….Besides earning more,… you can live out your dreams.
ACADEMIC FIELDS OF STUDY

Since 1970, women have increased their representation in all academic disciplines, resulting in relatively equal distributions of men and women in many fields. Nevertheless, across the nation women continue to be overrepresented in lower-paying fields such as education, psychology, and health, and remain underrepresented in the highest-paying fields, such as engineering, computer and information sciences, and the physical sciences.

Similar patterns persist in Washington State. Overall, more women than men earn degrees from Washington’s public universities, but women lag behind in degrees awarded in the sciences—a critical sector of the regional economy. Table 5 shows the percentage of bachelor’s degrees awarded in different fields of study to female students at two of the major public institutions in the four-county region: the University of Washington (UW) and Western Washington University (WWU).

Women receive the majority of degrees in health services, public administration/social service, education, cultural/gender studies, and visual/performing arts. However, women are underrepresented in fields, such as computer science and engineering, which are typically associated with higher-paying occupations. For example, at the UW, less than one-quarter of computer science (23 percent) and math/statistics (24 percent) degrees are awarded to females. At WWU, a higher proportion of math/statistics degrees are awarded to women (39 percent) compared to UW, but women obtain only 4 percent of computer-science degrees.

PERCENT OF BACHELOR'S DEGREES AWARDED TO FEMALE STUDENTS IN 2004-05 FOR SELECTED PROGRAM AREAS FROM TWO PUBLIC FOUR-YEAR INSTITUTIONS

<table>
<thead>
<tr>
<th>PROGRAM AREA</th>
<th>University of Washington</th>
<th>Western Washington University</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Bachelor’s Degrees Awarded to Female Students</td>
<td>53%</td>
<td>59%</td>
</tr>
<tr>
<td><strong>Sciences</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Computer and information sciences and support services</td>
<td>23%</td>
<td>4%</td>
</tr>
<tr>
<td>Engineering and engineering technology</td>
<td>18%</td>
<td>6%</td>
</tr>
<tr>
<td>Mathematics and statistics</td>
<td>24%</td>
<td>39%</td>
</tr>
<tr>
<td>Physical sciences</td>
<td>37%</td>
<td>43%</td>
</tr>
<tr>
<td><strong>Professional</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Architecture and related services</td>
<td>57%</td>
<td>*</td>
</tr>
<tr>
<td>Communication, journalism, and related programs</td>
<td>68%</td>
<td>72%</td>
</tr>
<tr>
<td>Education</td>
<td>59%</td>
<td>80%</td>
</tr>
<tr>
<td>Health professions and related clinical sciences</td>
<td>80%</td>
<td>98%</td>
</tr>
<tr>
<td>Psychology</td>
<td>73%</td>
<td>71%</td>
</tr>
<tr>
<td>Public administration and social service professionals</td>
<td>83%</td>
<td>85%</td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Area, ethnic, cultural, and gender studies</td>
<td>68%</td>
<td>52%</td>
</tr>
<tr>
<td>Business, management, marketing, and related services</td>
<td>43%</td>
<td>38%</td>
</tr>
<tr>
<td>Family and consumer sciences/human sciences</td>
<td>*</td>
<td>90%</td>
</tr>
<tr>
<td>Foreign languages, literatures, and linguistics</td>
<td>64%</td>
<td>75%</td>
</tr>
<tr>
<td>History</td>
<td>43%</td>
<td>44%</td>
</tr>
<tr>
<td>Parks, recreation, leisure, and fitness studies</td>
<td>*</td>
<td>60%</td>
</tr>
<tr>
<td>Philosophy and religious studies</td>
<td>42%</td>
<td>25%</td>
</tr>
<tr>
<td>Security and protective services</td>
<td>59%</td>
<td>*</td>
</tr>
<tr>
<td>Social Sciences</td>
<td>52%</td>
<td>52%</td>
</tr>
<tr>
<td>Visual and performing arts</td>
<td>70%</td>
<td>58%</td>
</tr>
</tbody>
</table>

Source: Adapted from 2004-2005 IPEDS data found in Table 2 of “Gender Equity in Higher Education” Washington Higher Education Coordinating Board (December 2006). An asterisk (*) indicates that the institution does not award degrees in this program area.
EDUCATIONAL ACHIEVEMENT IN PRIMARY AND SECONDARY SCHOOL

Washington Assessment of Student Learning (WASL)

The WASL measures performance in four subject areas: reading, writing, math, and science. Starting in 2013, 10th-grade students who do not meet standards in any subject will not be eligible to graduate from high school.

The good news is that well over three-quarters (80 to 88 percent) of 10th-grade females in each of the four counties meet WASL standards in reading and writing. The percentage meeting math and science standards, however, is significantly lower. Only 58, 53, 48, and 41 percent of females in King, Whatcom, Snohomish, and Pierce counties, respectively, meet math standards (Chart 10). Even fewer perform at criterion level in science—43 percent in King County, about one-third in Snohomish (34 percent) and Whatcom (32 percent) counties, and one-quarter in Pierce County (26 percent).

WASL performance differs somewhat by sex, with females typically outpacing males in reading and writing. While national data indicate that the gap in math and science performance between girls and boys remains (but is narrowing), the gender gap in math and science is negligible in Washington and the four-county region. Racial and ethnic disparities are more striking than gender differences, however, and persist in all WASL subjects. Racial/ethnic disparities in math and science are of particular concern because these skills are so highly valued in the workplace.

In Washington, 61 percent of Asian and 57 percent of White females meet WASL math standards, compared to just 35, 27, and 26 percent of American Indian/Alaskan Native, Hispanic, and Black females, respectively (Chart 11). In science, about twice as many Asian and White females meet WASL standards than females in other racial and ethnic groups, although fewer than half of females overall meet the standards. The implications of the racial/ethnic gap in education are devastating since higher levels of educational achievement and attainment are associated with many long-term positive outcomes for individuals and society.
The negative consequences of dropping out of high school are severe. Over their working lives, students who drop out earn less than graduates and are more likely to experience unemployment, effects that are largely due to an increasingly skilled labor force. Nationally and in Washington State, girls are less likely than boys to drop out of public high schools. Figures in the four-county region are similar, but the differences between male and female dropout rates are small. In King County, for example, 3 percent of females did not graduate during the 2004-2005 academic year compared to 5 percent of males. Both Pierce and Snohomish counties had dropout rates of 5 and 6 percent for females and males, respectively. In Whatcom County, 6 percent of both sexes dropped out of high school.

Several factors may contribute to the typical difference between male and female dropout rates. Nationally, female students are less likely than their male counterparts to engage in violent behavior and substance use, less likely to be diagnosed with learning disabilities, and more likely to plan on attending college. Furthermore, with the exception of athletics, girls are also more likely than boys to participate in extracurricular activities, which are associated with higher academic achievement and educational expectations.

Of greater concern than gender differences are dropout rates by race and ethnicity. In each of the four counties, American Indian, Hispanic, and Black students—both male and female—have higher dropout rates than White and Asian students (Chart 12).

Higher dropout rates among American Indian/Alaskan Native, Hispanic, and Black female high school students may be partially explained by the higher rates of teenage pregnancy in these racial/ethnic groups. Teen pregnancy rates have decreased substantially in Washington for several decades, but remain relatively high among these three racial/ethnic groups. Nationally, only 71 percent of teenage mothers graduate from high school compared to 95 percent of those without children; and just 2 percent of teenage females with children graduate from college compared to 44 percent of those without.

**Chart 12**

**High School Dropout Rates by Race/Ethnicity**

*Four-County Region 2004-2005*

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>King</th>
<th>Pierce</th>
<th>Snohomish</th>
<th>Whatcom</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian</td>
<td>10%</td>
<td>8%</td>
<td>13%</td>
<td>15%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>8%</td>
<td>7%</td>
<td>9%</td>
<td>6%</td>
</tr>
<tr>
<td>Black</td>
<td>3%</td>
<td>4%</td>
<td>5%</td>
<td>5%</td>
</tr>
<tr>
<td>White</td>
<td>3%</td>
<td>4%</td>
<td>3%</td>
<td>4%</td>
</tr>
<tr>
<td>Asian</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

IMPORTANCE OF EARLY CARE AND EDUCATION

Children’s success in school and life is related to the quality of learning experiences in their first five years, before they enter kindergarten. Low-income children who participate in high-quality child care benefit in both the short and long terms. Short-term outcomes include the development of greater cognitive, social, and emotional skills. Long-term benefits include higher lifetime earnings, greater employment stability and labor market success, higher educational attainment, greater family stability, and dramatically reduced involvement in delinquency and crime. Positive outcomes for the child translate into benefits for society as a whole; estimates suggest that for every dollar invested in a quality early care and education (ECE) program, $17 is returned to society.

Kindergarten teachers in Washington State report that fewer than half of incoming students are adequately prepared for kindergarten, suggesting a lack of quality in early child care settings. Recruiting and retaining high-quality early care and education providers, therefore, are key elements to assuring quality early learning and school readiness for children.

Low wages for child care providers—the majority of whom are female—result in high occupational turnover. Turnover affects the quality of care, the stability of the children’s relationships with caregivers, and, ultimately, children’s developmental outcomes. Most early care and education providers do not have bachelor’s degrees, but providers with equivalent education as K-12 public school teachers still earn significantly less than their K-12 counterparts. Statewide, for example, kindergarten teachers make 44 percent more than child-care-center directors and 93 percent more than child-care-center teachers. Figures in the four-county region are consistent with state trends. The wage disparities between kindergarten teachers and child care workers are largest in Pierce County (Table 6).

Ensuring that all families have access to affordable, high-quality child care is not only important for working families—especially single parents—but also for children’s future social, economic, educational, and health outcomes. The benefits are especially pronounced for low-income families. Research has shown significant returns on investment for high-quality early care and education programs for low-income children, who are most at risk for lack of school readiness. Therefore, improving quality of child care and increasing access and affordability for families are wise investments for children, families, and society as a whole.

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If we say we value families, regardless of configuration, we should make it, as a society, easier for parents to care [for their families].

– Community Source

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MOVING FORWARD

In this chapter, we highlighted the substantial gains women and girls have made in education. In spite of these gains, access to education remains a challenge for women and girls, especially those who are low-income, women and girls of color, immigrants, and refugees. In addition, women and girls are not entering or performing well in academic fields associated with higher-paying jobs. The quantitative data, plus comments from community sources, suggest the following steps can improve educational opportunities for women and girls:

Program and Service Improvements

- Expand vocational internships and trade opportunities for women and girls to improve their access to higher-paying jobs. Local universities, community colleges, and employers can play a critical role in developing these opportunities.
- Assure affordable and culturally/linguistically appropriate early care and education for all children.
- Remove barriers to educational attainment for immigrant and refugee women and provide supports that will help them access and succeed in the educational system.
- Help low-income women access and complete higher education by offering greater financial support, transportation assistance, child care, academic guidance, and comprehensive services.
- Provide incentives, tutoring, guidance, and scholarships to help move more women and girls into high-paying fields such as computer science, engineering, and math.
- Provide financial and social supports to young mothers pursuing education.
- Provide career counseling and guidance for immigrant and refugee students during and after high school graduation, including advisors in post-secondary institutions who specialize in working with the unique needs of immigrant and refugee students.
- Provide child care for immigrant and refugee women participating in English language classes, job-training programs, and education. Program planning should be sensitive to both the child care needs and scheduling constraints experienced by immigrant and refugee women.

Public Policy Considerations

- Support initiatives to improve the quality of child care (such as Quality Rating and Improvement Systems) and increase compensation of child care workers.
- Reform the tax structure in Washington State so that education—from preschool through college—has adequate and dependable long-term funding.
- Invest in math and science education in primary and middle schools and offer mentoring programs for girls to encourage their study in these disciplines.
- Identify and implement effective school reforms that address the racial achievement gap in education.

Strategies for Social Change

- Create public-awareness campaigns and advocacy materials about the benefits of investing in early child care and education programs for children.
- Advocate for greater financing for education at all levels, particularly to improve access and support educational attainment for women and girls of color, those with low incomes, and immigrants and refugees.

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The most successful people that I know have had someone believe in them. You have to get kids early.

– Focus Group Participant
HEALTH AND WELL-BEING

Health is a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity.

— World Health Organization

In many ways, Washington is a healthy place for women and girls. The Institute for Women’s Policy Research ranks Washington State 14th in the nation for women’s overall health and well-being. The state is ranked 7th in the nation for reproductive rights for women. In the Puget Sound region, we enjoy a world-class medical system supported by one of the top medical schools in the country, a nationally recognized children’s hospital, a growing biomedical industry, cutting-edge research and technology, and a wide array of health care services.

While our state laws and the regional infrastructure generally support the health and well-being of women and girls, not all benefit equally. Over 300,000 working-age women in Washington lack health insurance; nearly half of these women live in King, Pierce, Snohomish, and Whatcom counties. Low-income women and girls and those of color are least likely to have coverage. In addition, the complexities of the health care system and the lack of culturally and linguistically competent services make it difficult to obtain services, particularly for women of color, women with limited English proficiency, lesbians, bisexual women, transgendered people, and those who are differently-abled.

Lack of access to health care and insurance contributes to negative health consequences. With few exceptions, low-income women and girls have the highest rates of negative health outcomes. Women and girls of color experience a disproportionate burden of disease and illness in the region. These racial and ethnic disparities can be attributed to the social and economic conditions confronting women of color, as well as to racism and discrimination in getting access to health care. In addition to the challenges associated with inequality, negative health behaviors start young and often persist into adulthood, highlighting the need to increase awareness about healthy lifestyles among girls.

Moving toward more positive health outcomes for women and girls in the four-county region requires recognition that health is more than the absence of disease. It is an overall state of physical, mental, and social well-being. Community sources emphasized that basic needs, such as stable housing and economic security, are prerequisites to good health, as are stable relationships with family and friends. Access to culturally and linguistically competent preventive care and the availability of comprehensive health coverage (e.g., dental, vision) should be prioritized.

HEALTH INSURANCE COVERAGE

In Washington State, 13 percent of working-age women (18 to 64)—more than 300,000 individuals—lack health insurance. Because the majority of Washingtonians live west of the Cascades, almost half (142,000) of the state’s uninsured women reside in King, Pierce, Snohomish, and Whatcom counties. Whatcom County has the highest rate of uninsured working-age women in the region (18 percent), followed by Pierce and Snohomish counties (11 percent) and King County (10 percent).

Even if you have access to health care, that doesn’t mean you can get good health care.

— Focus Group Participant
Women of color are the least likely to have health insurance (Chart 13). In Washington, 43 percent of Hispanic women are uninsured, followed by American Indian/Alaskan Natives (23 percent), Blacks (18 percent), Native Hawaiian/Other Pacific Islanders (14 percent), and White and Asian women (10 percent).

For families that meet eligibility and income requirements, Washington State provides health care benefits through the Basic Health Plan, Medicare, and Medicaid. While these safety nets are critical for many families’ well-being, community sources described significant limitations in the programs’ ability to meet the needs of all low-income residents.

For example, a woman whose employer does not provide health care benefits but whose income exceeds the eligibility cut-off for public plans will not have coverage unless she can afford private insurance. Even eligible women often cannot afford the out-of-pocket premiums for public plans. And several plans do not cover services beyond basic services. As a result, many women cannot access the full range of needed services, such as dental, mental health, substance abuse, prenatal care, birth control, and preventive care. An added barrier to obtaining care is the unwillingness of some medical professionals to accept patients covered by Medicare or Medicaid. Finally, the complexity of state-subsidized programs makes them challenging to use, particularly for women and girls with limited English proficiency.

**CHART 13**

**PERCENT OF WORKING-AGE WOMEN WHO ARE UNINSURED BY RACE/ETHNICITY**

**WASHINGTON STATE 2005**

CHRONIC DISEASES: LEADING CAUSES OF DEATH FOR WOMEN

Chronic diseases—heart disease, stroke, and cancer—are “among the most prevalent, costly, and preventable of all health problems.”81 Individual health behaviors, such as smoking, poor nutrition, and lack of physical activity, are major contributors to chronic disease. These health behaviors are influenced by social circumstances such as social and economic status, access to health care and insurance, work conditions, psychological strain, and neighborhood safety.

Heart Disease

Heart disease is the leading cause of death for women. Women in Washington are ten times more likely to die from heart disease than breast cancer.82 A significant proportion of women in the four-county region engage in health behaviors that put them at risk for heart disease:83

- In all four counties, one in five women has high blood pressure; over one-third have high cholesterol; and diabetes affects about one in 20 women.
- Obesity affects one in four women in King and Whatcom counties; one in five in Pierce and Snohomish counties.
- One in five women smokes in three of the four counties. In King County the rate is closer to one in eight.
- Two-thirds of women in each county do not eat enough fruits and vegetables, and nearly half do not get sufficient leisure-time physical activity.

Some of these behaviors and conditions start young—20 percent of 12th-grade females in Snohomish and Whatcom counties, for example, report smoking at least one cigarette in the past 30 days, and approximately one in six 10th-grade females in Washington is overweight or obese.84

Risk factors for heart disease differ by race and ethnicity (Table 7). For example, fewer Asian women are obese or smoke than women of other racial/ethnic groups. Diabetes is more common in Black and Native Hawaiian/Other Pacific Islander women; Black, American Indian/Alaskan Native, and Native Hawaiian/Other Pacific Islander women are the most likely to smoke; and Hispanic women are the least likely to have high blood pressure and diabetes.

Among women age 35 and older in all four counties, Black and American Indian/Alaskan Native women have the highest rates of death from heart disease, followed by White, Asian, and Hispanic women.85

[We] need to educate people … that they are not alone [and] they have rights to access the system. Empower them to fight for what is rightfully theirs.

– Community Source

PERCENT OF WOMEN (18+) WITH RISK FACTORS FOR HEART DISEASE BY RACE/ETHNICITY – WASHINGTON STATE 2005

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>High Blood Pressure %</th>
<th>High Cholesterol %</th>
<th>Obese %</th>
<th>Smoke %</th>
<th>Diabetes %</th>
<th>Eats fruits and vegetables &lt;5 days per day %</th>
<th>Insufficient Leisure Time Activity %</th>
</tr>
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<td>White</td>
<td>25</td>
<td>37</td>
<td>23</td>
<td>17</td>
<td>6</td>
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<td>44</td>
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<td>9</td>
<td>7</td>
<td>6</td>
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<td>54</td>
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<tr>
<td>American Indian/Alaskan Native</td>
<td>24</td>
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<td>17</td>
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</table>

Lung Cancer

Both nationally and in Washington, lung cancer kills more women than any other kind of cancer. Approximately three-fourths (78 percent) of women’s lung cancer cases in Washington are related to tobacco. The disease most commonly appears in women older than 50 who have smoked for many years. Higher smoking rates among Black, American Indian/Alaskan Native, and Native Hawaiian/Other Pacific Islander women increase their risk of dying from lung cancer. Pierce County has the highest rate of lung cancer mortality among women in the region (52 per 100,000), followed by Snohomish (47 per 100,000), King (42 per 100,000) and Whatcom (35 per 100,000). Many girls take their first steps toward lung cancer in high school or earlier: one-third of those who start smoking will eventually die from the disease. Chart 14 displays the percentages of 8th, 10th, and 12th grade females who report smoking cigarettes in the past 30 days: at 4 percent, King County has the lowest level of 8th grade smoking; in the other three counties the rates are about twice that—8 to 9 percent. The percentage of females reporting that they smoked at least one cigarette in the past 30 days increases at each grade level, peaking in 12th grade. About one in five (20 percent) 12th grade females in Pierce and Snohomish counties report this level of recent smoking.

Chart 14
Percent of female students who reported smoking a cigarette in the last 30 days by grade
Four-county region 2004

Source: Healthy Youth Survey 2004

Breast Cancer

Washington State has the highest rate of breast cancer in the nation. Aside from some types of skin cancer, breast cancer is the most common form of cancer among women in the U.S., regardless of race or ethnicity. The risk of breast cancer increases with age and is highest among women over age 65. The good news is that, despite Washington’s high incidence of breast cancer, mortality from the disease is the lowest in the country. In the four-county region, King County has the highest rate of newly diagnosed breast cancer—184 newly diagnosed cases per 100,000 women. (Seattle’s incidence of breast cancer is highest among all major U.S. cities.) Breast-cancer incidence is lower in Snohomish, Pierce, and Whatcom counties, with rates of 178, 177, and 170 per 100,000 females, respectively. Research suggests the high state and regional rates of breast cancer are in part linked to the older ages at which women have their first child, compared to other states and metropolitan areas. In our state, most new diagnoses of breast cancer are for White women, who tend toward later childbearing compared to other racial/ethnic groups. Despite a lower incidence of breast cancer than Whites and American Indians/Alaskan Natives, Black women experience higher mortality from the disease than any other ethnic group (Chart 15). Even after accounting for differences in education and social and economic status, Black women are more likely than women of other races/ethnicities to be diagnosed when the disease is more advanced and difficult to treat.

Chart 15
Breast cancer incidence and mortality by race/ethnicity
Washington state 2001-2003

HIV/AIDS

Females account for an increasing proportion of HIV/AIDS diagnoses. Over the past five years in Washington, 15 percent of all newly diagnosed HIV patients were female. More than 900 women and girls have been diagnosed with HIV/AIDS in the four-county region; over half of them live in King County.

Compared to White women, rates of HIV/AIDS in Washington are 15 times higher for Blacks, four times higher for Hispanics, and twice as high for American Indians/Alaskan Natives. In 2005, females of color comprised 65 percent of all newly diagnosed cases. Community sources suggested that these disparities might be linked to a general lack of public awareness about HIV/AIDS among Washington women and to the tremendous stigma associated with the disease, particularly in communities of color.

REPRODUCTIVE RIGHTS AND HEALTH ISSUES

The Institute for Women’s Policy Research ranks Washington State 7th highest in the nation for women’s reproductive rights, giving it an overall grade of B+. Minors in Washington can have an abortion without parental consent or notification; waiting periods are not mandated; public funding for abortions is available for income-eligible women; state law mandates coverage for contraceptive health; over three-quarters of counties have at least one abortion provider; and the majority of the state legislature are pro-choice. In addition, hospital emergency rooms are required to dispense emergency contraception to survivors of sexual assault, and pharmacists are allowed to dispense emergency contraception without a prescription.

The latest IWPR reproductive-health ranking indicates three critical areas where there is room for improvement. The first concerns rights for gay and lesbian couples. While a lower court approved a petition for these couples to adopt children, the Washington State Supreme Court has yet to prohibit discrimination against them in the area of family rights. Focus group participants discussed the implications of this lack of protection:

As a heterosexual married couple, the marriage license automatically sets up certain rights, whereas [lesbians] have to make specific documentation notes on our title, right of survivorship documentation, [and] guardianship documentation….

Second, Washington has no mandates for insurance companies to cover infertility treatment. Finally, at the time of the IWPR ranking, Washington did not require public schools to provide comprehensive sex education.

Recent legislation passed in Washington has addressed some of these areas. The Washington State legislature just passed a domestic partnership law that grants same-sex couples rights similar to married couples, including hospital visitation rights, the ability to authorize autopsies and organ donations, and inheritance rights when there is no will. The Washington State legislature also recently passed a bill requiring that, in addition to abstinence education, schools will have to provide “medically accurate” information on contraception.

Providing comprehensive sex education is critical. Young women and girls have specific reproductive health needs requiring accurate, timely information and quality, age-appropriate programs and policies. Community sources suggested that reproductive health care “is often the only health care that [women and girls] get,” and that their experiences with it often shape their views of the health care system and impact their willingness to access health services in the future.

You can’t be sexually healthy if you can’t ask for what you need and ask the questions you need to ask of a new partner…It shocks me how few people can do that.

– Community Source
Treatment of sexually transmitted diseases (STDs) exemplifies a need that is critical to the reproductive health of young women. Chlamydia and gonorrhea are most prevalent among young women and girls age 15 to 24. These STDs are easily cured with antibiotic treatment, but are usually asymptomatic and underdiagnosed. Left untreated, they can lead to reproductive health complications such as pelvic inflammatory disease, ectopic pregnancy, and unintended infertility. Charts 16 and 17 show the rates of chlamydia and gonorrhea infections, respectively, reported to the State Department of Health for young women age 15 to 24. Pierce County has the highest rates of both diseases.

Nationally, women and girls of color are disproportionately affected by STDs. Chlamydia prevalence among Black women, for example, is seven times that of Whites and more than twice that of Hispanics. The rate among American Indian/Alaskan Native women is the second highest, after Blacks. In Washington, as in the U.S. overall, gonorrhea has the greatest impact in the Black community.

### Chart 16
RATE OF KNOWN CHLAMYDIA CASES AMONG YOUNG FEMALES
FOUR-COUNTY REGION 2005

Source: Washington State Department of Health, Infectious Disease and Reproductive Health, STD/TB Services Section 2006

### Chart 17
RATE OF KNOWN GONORRHEA CASES AMONG YOUNG FEMALES
FOUR-COUNTY REGION 2005

Source: Washington State Department of Health, Infectious Disease and Reproductive Health, STD/TB Services Section 2006
MATERNAL AND CHILD HEALTH

Access to Prenatal Care

Early and ongoing prenatal care is critical for positive long-term health outcomes of mothers and their babies. Mothers who receive timely prenatal care are less likely than those who postpone such care to deliver prematurely and have low-birthweight babies; they also have lower rates of both infant and mother mortality during childbirth.106

Over three-quarters of women in Washington and the four-county region receive prenatal care in the first trimester of their pregnancies. King County has the highest percentage of women getting first-trimester prenatal care (83 percent), followed by Pierce (81 percent), Snohomish (80 percent), and Whatcom (76 percent) counties. In all four counties, American Indian/Alaskan Native, Hispanic, and Black women are the least likely to receive timely prenatal care. Age is also a factor: women younger than 20 are the least likely to access care, which may partially explain the higher rates of infant mortality and low birthweight in this age group.

Unintended Pregnancy

Starting in the mid-1960s and continuing for several decades, unintended pregnancies in the U.S. declined; however, recent data suggest that they are once again on the rise.108 A woman who doesn’t intend to become pregnant may unknowingly engage in behaviors that puts her child at risk. She also may not seek timely prenatal care. Unintended births are associated with unnecessary infant morbidity and mortality, and with child abuse and neglect, particularly in large families.109

In Washington and the four-county region, the rate of unintended pregnancy is highest among women younger than 20.110 Although teenage pregnancy has been declining in Washington for over 25 years, more than 5,000 young women and girls (age 15 to 19) in the four-county region became pregnant in 2005. Pierce County has the highest rates of teenage pregnancy, especially among 18 to 19 year-olds (Chart 18). For every 1,000 women age 18 to 19 in Pierce County, 104 became pregnant, a rate substantially higher than in other counties.

Across the region, American Indian/Alaskan Native, Black, and Hispanic women have the highest rates of unintended pregnancy; White and Asian/Pacific Islander women the lowest.111 Community sources attributed teen pregnancy rates, in part, to male partners’ refusal to use condoms or other contraceptive methods, and highlighted the need for sex education that includes information on communication skills and healthy relationships.

Access to birth control is also an issue. Focus group participants talked about campaigns on their college campuses about “safer sex,” but expressed frustration with the challenges young women face in getting birth control:

For the most part, [men] can walk into the grocery store, and get a “thingy” and walk out. We’ve got to go see an OB/GYN. We’ve got to make an appointment. We’ve got to make sure what we’re taking isn’t going to hurt us in the future…There’s a lot more work [for women].
HEALTH ISSUES AMONG IMMIGRANT AND REFUGEE WOMEN AND GIRLS

The “Epidemiological Paradox”

Despite lower levels of income and education—factors typically associated with negative health outcomes—foreign-born men and women fare significantly better than people born in the U.S. on several measures of physical health, including obesity, hypertension, cardiovascular disease, and smoking. They are also less likely to suffer from serious psychological distress. This pattern is known as the “epidemiological paradox” because it violates traditional assumptions about the relationship between social and economic conditions and health. It occurs in spite of the fact that foreign-born individuals also are less likely than people born in the U.S. to have health insurance or a "usual source of care."124

Stress and Health

The good news about health outcomes among immigrants and refugees is trumped by some bad news: the longer they live in the U.S. the worse their health becomes, suggesting assimilation to U.S. culture is harmful to their health. Community sources noted the stress of adjusting to life in this country threatens the health of immigrant and refugee women and girls. The pace of life here may be overwhelming, as immigrant and refugee women and girls often lack support—either from social networks or service systems—to ease the transition. And gender expectations in the U.S. may differ from those in their home countries, affecting family relationships and sometimes escalating domestic conflicts as gender roles and expectations change. For undocumented immigrant and refugee women and girls, the fear of deportation compounds other stressors they may be experiencing.

Immigrant and refugee [women and girls] have been through hell, but [are still] standing up.

– Community Source

For some foreign-born women and girls, especially refugees, the choice to come to this country is often very emotional. These emotions can be intensified by adverse conditions in a woman’s home country, such as war, persecution, oppression, and poverty. Community sources indicated that some immigrant and refugee women and girls from formerly war-torn countries (Cambodia and Vietnam, for example) suffer from post-traumatic stress disorder. This may affect their adjustment to life in the U.S., interfering with their ability to obtain a job, go to school, or learn English—all potential contributors to overall well-being.

The expectations that immigrant and refugee women and girls place on themselves also affect health outcomes. For example, community sources noted that many women put their children’s and family’s health before their own, sometimes at the expense of their own health:

*Women tend, especially in more traditional families or cultures, to put themselves last…you only show up when you’re in crisis because you have been taking care of the rest of your family.*

Health Care Access and Affordability

When immigrant and refugee women and girls do seek health care, they often face significant obstacles to affordability and access. Community sources indicated that many do not have employment-based health insurance because they or their spouses work in low-wage jobs without benefits, or own small businesses that cannot afford health insurance. Foreign-born individuals are legally able to receive public benefits, but to qualify for public plans, they need to meet income-eligibility criteria. Community sources indicated that many immigrant families are just above the income cutoffs. For those who do qualify, several plans include co-pays that makes them unaffordable. The application process for public benefits is also long and complex, which discourages families from applying.

In addition to affordability constraints, immigrant and refugee women and girls have limited access to culturally and linguistically competent health care. Women’s communication with health care providers and their willingness to seek health care depend in part on bridging cultural divides. Examples of cultural issues that limit access to care include stigmas associated with specific conditions (e.g. mental health, HIV/AIDS), unfamiliarity with U.S. systems of health care, and lack of knowledge about preventive services. Community sources also stressed the importance of professional interpreter services to help immigrant and refugee women and girls understand the health care system, noting that health service providers’ cultural and linguistic incompetence often leaves their patients feeling intimidated and traumatized.

In their attempts to access the health care system, immigrant and refugee women and girls also experience extensive discrimination due to their racial/ethnic background. In 1995 and 1996, for example, Public Health-Seattle and King County studied seven racial/ethnic groups in King County—Black, Latino, Chinese, Filipino, Japanese, Korean, and Vietnamese—to better understand health care utilization in these groups. The study found discrimination varied considerably by race/ethnicity, but the vast majority of respondents reported delays in seeking needed health care because of experience with discrimination.125
**Infant Mortality**

Infant mortality is an important indicator for the health of a community because it reflects broader trends in maternal health, social and economic conditions, and public health practices. Although infant mortality in the U.S. declined substantially during the 20th century, recent decreases have not kept pace with those of other developed nations.\(^\text{112}\) Furthermore, the persistence of large disparities in infant mortality among racial/ethnic groups in the U.S. suggests that differences in social and economic status could be linked to this critical health outcome.

Washington has the 10th lowest infant mortality rate in the nation, with only 5.6 per 1,000 live births resulting in death.\(^\text{113}\) Of the four counties, Pierce is the only one with a rate higher than the state average (6.6). Whatcom has the lowest rate (3.8).

These rates vary by age and race, however. Women younger than 25 and over 40 have the highest rates of infant mortality.\(^\text{114}\) And, consistent with national trends, infant mortality rates for American Indians/Alaskan Natives (11.4 per 1,000) and Blacks (10.2 per 1,000) are double those of other racial/ethnic groups in Washington (Chart 19).

---

**Low Birthweight**

Babies who weigh less than 5.5 pounds (2500 grams) at birth have higher rates of mortality and illness than normal birthweight babies, and their care can be very costly.\(^\text{115}\) In 2006, Washington had the lowest percentage of low-birthweight babies in the nation.\(^\text{116}\) Nevertheless, low birthweight is still a serious problem, in Washington and nationally. The prevalence of low birthweight in U.S. infants has decreased very little since the mid-20th century. However, substantial improvements in the quality of newborn medical care have led to a drastic decline in infant mortality,\(^\text{117}\) increasing the number of children at risk for short- and long-term consequences of low birthweight.

As with other maternal and child health indicators, the percentage of low-birthweight babies varies by age and race. Women younger than 20 and Black women have higher rates of low birthweight infants than other age and racial/ethnic groups. Pierce County has the highest percentage of low-birthweight babies (5.1 percent), followed by King (4.8 percent), Snohomish (4 percent) and Whatcom (3.9 percent) counties. Smoking while pregnant increases a mother’s risk of having a low-birthweight baby. In 2002-2004, 9 percent of women who gave birth in Pierce County smoked during their pregnancies, compared to 8, 6, and 4 percent in Snohomish, Whatcom, and King counties, respectively.\(^\text{118}\)

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**Chart 19**

**Infant Mortality Rate by Race/Ethnicity – Washington State 2002-2004**

- **American Indian/Alaskan Native**: 11.4
- **Black**: 10.2
- **Hispanic**: 5.4
- **White**: 5.4
- **Asian**: 4.9

MENTAL HEALTH AND SUBSTANCE ABUSE

Mental health issues manifest differently in men and women. In the U.S., women are twice as likely as men to experience a depressive disorder (e.g., major depression, bipolar disorder). Depressive symptoms often begin in childhood and extend through adulthood, especially following pregnancy and during menopause. Women also experience anxiety disorders at higher rates than men, and are much more likely to struggle with eating disorders.119

Nearly 300,000 people in Washington are living with serious mental illness.120 Mental illness starts early; well over one-third of girls in 8th, 10th, and 12th grades report that, for two or more weeks within the past year, they felt so sad or hopeless that they stopped their usual activities. Lack of self-esteem may well contribute to the depression and anxiety many female adolescents experience. Females in 8th through 12th grades are much less likely than their male counterparts to report feeling “completely good about themselves” (Chart 20). The fact that one in four female 10th grade students in Washington said they seriously considered suicide in the preceding year121 confirms the importance of attending to mental health issues in women and girls.

Eating disorders also jeopardize the health of women and girls in the region. Although obesity has received a great deal of recent media attention, fad dieting, consumption of diet aids (e.g., pills, laxatives), and eating disorders are still common problems. In Washington, normal-weight 10th grade girls are much more likely than normal-weight boys to say they are either “slightly” or “very” overweight; half of them are trying to lose weight.122 About 7 to 8 percent of females in 8th, 10th, and 12th grades report that they vomited or took laxatives in the last 30 days to keep from gaining weight or to lose weight.123 Young women in focus groups admitted they feel anxious about their appearance and self-conscious about their eating behaviors:

*It really is a social pressure… I hate saying it, but, when you’re living with guys all the time [on campus], it’s like you constantly have to watch yourself—the way you eat, how much you eat… There’s just this stigma for eating a lot.*

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**Chart 20**

Percent of students reporting that it is “completely true” that they feel good about themselves by sex – Washington state 2004

![Chart showing percent of students reporting feeling good about themselves by sex and grade level.](chart.png)

Source: Healthy Youth Survey 2004
BARRIERS TO MAXIMIZING THE HEALTH AND WELL-BEING OF WOMEN AND GIRLS

Lack of Coordinated Services
Community sources reported a lack of coordination in the region’s health and human services. Given the strong link between health outcomes and social and economic conditions, the absence of integrated services prevents health care professionals and other service providers from treating women’s and girls’ health needs holistically.

Lack of Culturally and Linguistically Competent Care
Community sources stressed that, within the health services system, misunderstandings about different cultures and beliefs prevented some women and girls from obtaining needed health services. Transgendered people, lesbians, and bisexual women may not access health care because the system fails to acknowledge or address their unique health needs. Community sources highlighted the importance of educating medical professionals about the cultural issues women and girls face.

Some barriers to appropriate care come from apprehensions specific to certain cultures or communities. Latinas, for example, sometimes view health care professionals as authorities rather than partners, and thus are unable to talk candidly about health issues. In some communities the stigma of disease (e.g., HIV/AIDS in the African community) prevents women and girls from discussing issues openly or seeking the care they need.

Challenges in accessing care are further compounded for women and girls whose command of English is limited. The law requires health care professionals to provide interpreter services to individuals with limited English proficiency. However, community sources said health care providers sometimes rely on a patient’s family or friends who, because they may misunderstand key medical terminology or the details of prescribed treatment, often are not good substitutes for professional interpreters. The absence of competent translation services may prevent women and girls with limited English proficiency from making informed decisions about their health.

Discrimination in Health Care Settings
The ways women and girls perceive the health service system and the trust—or mistrust—they develop with medical professionals significantly affect their choices about seeking health care. A 2001 report on racial and ethnic discrimination in health care settings in Seattle and King County found that one in six (16 percent) Black residents and nearly one in 10 persons of color reported discrimination during the previous year. Across every racial/ethnic group, well over half the people interviewed said that, because of past experiences with discrimination, they had delayed seeking needed health care.\(^{29}\)
MOVING FORWARD

In this chapter, we provided a snapshot of the health and well-being of women and girls in King, Pierce, Snohomish, and Whatcom counties. We discussed how women and girls fare in several areas critical to their health. And we highlighted the challenges women and girls face in living socially, physically, and emotionally healthy lives.

Community sources suggested the following ideas for health care providers, community-based organizations, regional programs, and policymakers to help women and girls overcome some of the challenges they face in maximizing their health and well-being:

Program and Service Improvements
- Emphasize preventive medicine and primary care in our health care delivery system. Health-insurance companies should devote more resources to covering preventive care.
- Develop culturally and linguistically appropriate public-education campaigns for hard-to-reach populations of women and girls, including those of color, lesbians, bisexual women, transgendered people, immigrants, and refugees.
- Educate and train health care professionals to provide culturally competent health services that reflect improved understanding of and empathy for women and girls whose needs have traditionally been overlooked or ignored.
- Create “comprehensive care centers” that combine medical services with social support services so the social, emotional, and medical needs of women and girls can be met in an integrated context.
- Establish community service centers in immigrant and refugee communities for the provision of culturally and linguistically competent social and health services.
- Provide mentoring, counseling, and peer-support networks for immigrant and refugee women and girls to address the psychological consequences of social and cultural adjustment in the U.S.
- Collect better data to assess the health of women and girls with diverse characteristics, such as women of color, immigrant and refugee women and girls, lesbians, bisexual women, transgendered people, and elderly women.

Public Policy Considerations
- Offer comprehensive health and sex education programs in schools to empower young women and girls with knowledge “to control their futures” and prepare them with skills to establish healthy relationships.
- Continue to support efforts such as TAKE CHARGE, a program administered by the Washington State Department of Social and Health Services, to provide family planning and reproductive-health services to eligible, low-income individuals.
- Expand public health coverage and programs to undocumented immigrant and refugee women and girls.
- Provide family and medical leave coverage to immigrant and refugee women not covered under the Family and Medical Leave Act of 1993 because they are employed by small businesses or cannot afford unpaid leave.
- Increase access to health care by expanding Washington’s public health-insurance plans and rolling back out-of-pocket premiums for low income families.
- Expand health services for women and girls in rural Washington.
- Create regional support networks for mental-health and substance-abuse treatment that are well funded and sustainable over time.

Strategies for Social Change
- Create awareness about legislative threats to women’s and girls’ health, including attempts to reverse abortion rights, reduce funding for HIV/AIDS, and block access to emergency contraception and other reproductive health services.
- Develop strategies to increase voter registration so women and girls can fight for health policies favorable to their well-being. Engage the public and community partners on specific health issues related to women and girls.
- Develop public awareness campaigns to educate women and girls on how to communicate their needs and advocate for themselves with health care professionals and other providers.

We need universal health care. The more people who can request senators to support universal health care through organized individual efforts, the better we’ll be. If they’re bombarded, they can’t ignore it.

– Focus Group Participant
Despite growing awareness of the problem, violence remains a major threat to the well-being of women and girls. Violence against women and girls includes physical, sexual, emotional, or psychological actions or threats of action, and occurs predominantly within the context of the most intimate relationships with family, friends, and acquaintances.

A recent study found that, in their lifetimes, 44 percent of Washington women 18 and older experienced some form of abuse by an intimate partner. One-third (38 percent) of women in Washington report they were sexually assaulted in their lifetime, with the vast majority of these sexual assaults occurring in childhood. Women are much more likely than men to be victims of sexual assault, although men and women report similar rates of lifetime physical abuse.

In extreme, but unfortunately not uncommon, cases, physical abuse can result in death. A recent study reported that 50 percent of all women murdered in Washington in 2005 were killed by a current or former boyfriend or husband.

All women and girls deserve a life free from violence. Although lack of public understanding about the prevalence and impacts of violence against women and girls makes the problem harder to solve, community sources believe awareness is growing. They note public discussions about safety and violence are occurring more frequently among legislators, service organizations, religious communities, male allies, and most importantly, among women and girls themselves.

Still, community sources cite the need for greater awareness and services in the four-county region, especially outside King County, which has developed a rich set of coordinated services to help women and girls threatened by violence. They highlighted the need for more school-based education to help young women and girls develop skills for dealing with safety and violence in their lives. Programs should be culturally competent, and available in multiple languages to serve women and girls with limited English proficiency.

**Intimate-partner violence or domestic violence** refers to a pattern of abusive behavior in any relationship that one partner uses to gain or maintain power and control over another intimate partner. It can include physical, sexual, emotional, economic, or psychological actions, or threats of actions. It can also include behaviors that intimidate, manipulate, humiliate, isolate, frighten, terrorize, coerce, threaten, blame, hurt, injure, or wound someone.

**Sexual assault** covers any type of sexual contact or behavior occurring without the explicit consent of the recipient. Activities such as forced sexual intercourse or rape, child molestation, incest, fondling, and attempted rape all fall under the definition of sexual assault.

**Child abuse and neglect** include any act, or failure to act, on the part of a parent or caretaker that results in death, serious physical or emotional harm, sexual abuse, exploitation, or an imminent risk of serious harm.
INTIMATE-PARTNER VIOLENCE

Intimate-partner violence, also referred to as domestic violence, is the leading cause of injury to women in the U.S. Most victims fail to report these incidents, however. Reasons for not reporting violence include fear of retaliation from the perpetrator, financial dependence on the perpetrator, reluctance to prosecute an intimate partner, lack of money to obtain assistance, and/or cultural and language barriers. Consequently, the number of incidents reported to law enforcement grossly underestimates the actual prevalence of intimate partner violence.

Self-report surveys more accurately assess the prevalence of violence in women’s lives. One such study, mentioned above, found almost half of women in Washington said they had experienced some form of physical or non-physical intimate partner violence (e.g., hitting, kicking, slapping, forced intercourse, sexual threats, or controlling behavior) in their lifetime. Six percent of these women reported experiencing intimate partner violence within the last year.

In another survey of Washington women 18 and older, 6 percent said that, at some point in their lives, an intimate partner had injured them in an incident of physical violence or unwanted sex. Despite differences in methods and definitions, both surveys suggest that well over one-third of women in Washington have experienced intimate-partner violence during their lifetime. Chart 21 shows the percentages of women in the four-county region who reported being injured by an intimate partner due to physical violence or unwanted sex in their lifetime.

In Pierce County, over half of women report being injured by an intimate partner in their lifetime, followed by 39 percent in Snohomish County, 27 percent in Whatcom County, and 23 percent in King County.

The patterns of violence against women and girls often start early in life. The lifetime prevalence of intimate partner violence among girls under 18 is not available, but one in ten high school females in Washington reports that an intimate partner either limited her activities, threatened her, or made her feel unsafe in the last year. Six percent report being hit, slapped, or physically injured in the year prior to the survey.

[My ex-husband]…stuck a gun in my mouth…and…threatened that, if I ever tried to leave him and if I did divorce him… [he would] take my kids…and…eventually get rid of me.”

—Focus Group Participant

In Pierce County, over half of women report being injured by an intimate partner in their lifetime, followed by 39 percent in Snohomish County, 27 percent in Whatcom County, and 23 percent in King County.

The patterns of violence against women and girls often start early in life. The lifetime prevalence of intimate partner violence among girls under 18 is not available, but one in ten high school females in Washington reports that an intimate partner either limited her activities, threatened her, or made her feel unsafe in the last year. Six percent report being hit, slapped, or physically injured in the year prior to the survey.
SEXUAL ASSAULT

As with intimate-partner violence, most sexual assaults against women and girls are underreported. Some estimates suggest as many as two-thirds of rapes and other forms of sexual assault are not reported to police. Consequently, researchers turn to self-report surveys to find out how common sexual assault is among women.

A 2001 survey of Washington women found that, in their lifetime, over one-third (38 percent) have experienced some form of sexual assault (e.g., rape, attempted rape, indecent liberties, nonconsensual sex, and child molestation). The great majority of these assaults occurred during childhood, usually perpetrated by a parent or relative.

According to more recent data, 26 percent of women in Washington State report that, at least once in their lifetime, they were threatened with or forced to have unwanted sex. The rate in Snohomish County is similar to that of the state as a whole; rates in King and Whatcom counties are slightly higher (29 percent), while Pierce County’s rate is lower (19 percent) (Chart 22).

Only 15 percent of women in Washington report sexual assault to the authorities, and only half of these reports lead to charges against the perpetrator(s). The most common reason for not reporting an assault to police was youth (being too young to know what to do), followed by shame, and uncertainty about the criminal nature of the assault.

CONSEQUENCES OF VIOLENCE AGAINST WOMEN AND GIRLS

For some women and girls, intimate-partner violence results in serious injury or death. Fifty percent of all women murdered in Washington in 2005 were killed by their current or former boyfriend or husband; over the past decade, husbands or boyfriends (current or former) have murdered over 300 Washington women.

More commonly, intimate partner violence is not fatal, but can have enduring medical and social consequences. For example, victims often are less able to work productively and more likely to lose jobs and experience social isolation. Victims of intimate-partner violence are also more likely than those without a history of such violence to engage in risky behaviors, such as smoking and recreational drug use. Women and girls who have experienced sexual assault are, over their lifetimes, six times as likely to meet the criteria for post-traumatic stress disorder and more than three times as likely to meet the criteria for major depression as those without a history of sexual assault.

Children living in households where intimate-partner violence occurs display more behavioral problems such as aggression, depression/anxiety, and hyperactivity than other children. These behavioral issues carry into adulthood—female violent criminals are more likely than nonviolent criminals to have experienced physical and sexual abuse during childhood. Violent girls also report higher rates of victimization and greater fear of sexual assault than non-violent girls. Community sources working with victims of violence suggested that feelings of isolation and lack of resources for young women and girls experiencing violence in their homes contribute to this cycle of violence.

CHART 22
PERCENT OF WOMEN (18 AND OLDER) WHO REPORT HAVING BEEN THREATENED OR FORCED TO HAVE UNWANTED SEX DURING THEIR LIFETIME FOUR-COUNTY REGION 2005

Note: Percentages for Whatcom County should be interpreted with caution due to small sample size.
Intimate-Partner Violence and Sexual Assault
Problems with physical abuse, sexual assault and rape, emotional abuse, control over economic resources, and isolation from family and friends are common among all groups of women. However, immigrant and refugee women and girls experience intimate-partner violence in ways that are unique to their foreign-born status. For example, these women report their abusers make threats based on immigration status, use minority status and lack of language competence against them, and pressure them to not seek help outside their community. One community source described why threats based on immigration status are so effective:

If a woman is undocumented or dependent on her family or a man for documentation, that’s going to be the obvious tool used by an abuser to control her….She’s afraid, she’ll get disowned by the family or shunned if she does anything against the offender, and…the offender holds the key to her future citizenship.

Immigrant and refugee women and girls experiencing domestic violence often feel shame, confusion, and isolation within their communities. Also, they are often more economically dependent on their husbands and more socially isolated than women and girls born in the U.S.

A study in King County found that several factors weaken the ability of immigrant and refugee women and girls to address violence in their lives. Survivors of violence expressed “feelings of shame and humiliation, [a] belief that abuse is ‘normal,’ [and] a commitment to keeping the family together.” They also lacked economic resources, and often were unable to speak English. Community sources echoed these findings, particularly the concerns about family. They commented that many immigrant and refugee women are reluctant to take their children and leave their abusive partners because that would mean “breaking up the family.” Furthermore, because of the stigma associated with violence in immigrant and refugee communities, some women fear they will be shunned or disowned by their family and friends if they report that they are being abused.

Human Trafficking
A form of violence unique to immigrant and refugee communities is human trafficking. In Washington, this practice gained attention in the 1990s with several high-profile cases of immigrant “mail-order brides” who had been held in servitude or murdered after arriving in the state. A recent Seattle Weekly article about a Moroccan teenager who was brought to Tacoma and held in servitude by her uncle shed light on the continued existence of this devastating threat to immigrant and refugee women in our region.

Washington’s large immigrant community, long international border, and busy ports make the state a “triple threat” for trafficking. Because of the clandestine nature of the crime, accurate statistics on the numbers and origins of people who are trafficked are difficult to obtain. Global data, however, indicate that young children and women comprise the majority of those exploited by trafficking; many of these victims arrive from highly impoverished countries.

The good news is that Washington continues to be a leader in combatting human trafficking. In 2002, it was the first state to pass anti-trafficking legislation and establish an anti-trafficking task force. And in early 2005, Washington again led other states by passing legislation aimed at improving the services available for victims of trafficking.

Civil Rights Violations and Harrassment
Civil rights violations also pose unique threats to the safety of immigrant and refugee women and girls. Changes to immigration policy in the wake of 9/11, such as summary deportation and detainment (particularly for Muslim men and women), have had devastating effects on immigrant communities. Federal policies, such as the Patriot Act and the Homeland Security Act, negatively affect immigrant and refugee women and girls because, when male family members are taken away, women and girls often face increased economic challenges. Furthermore, diminished availability of visas following 9/11 has hurt family reunification efforts, often forcing women to endure long periods of separation from their families. Anti-immigrant sentiments—fostered by federal policies and public perceptions—increase harassment toward immigrant and refugee women and girls and threaten their economic security, emotional health, and safety.
BARRIERS TO OVERCOMING INTIMATE-PARTNER VIOLENCE AND SEXUAL ASSAULT

Economic Hardship

While violence against women and girls occurs in all social and economic groups, data from Washington State suggest low-income women disproportionately experience all forms of intimate partner violence.¹⁶⁷ Lack of financial resources is one of the most common reasons domestic violence victims stay with or return to an abusive partner.¹⁶⁸ According to Washington’s Domestic Violence Fatality Review, “in five of the ten (50%) recently reviewed cases involving adult domestic-violence victims, the victim was not employed at the time of the fatal incident. In four of those cases, the domestic violence victim had not been employed throughout her entire relationship with the abuser, and thus did not have an independent means to support herself or her children.”¹⁶⁹

Community sources and focus group participants echoed the challenges low-income women and girls face in addressing violence in their lives. Women and girls who lack economic resources—including access to health services and affordable child care and housing—are more dependent on their abusive partners and, therefore, more vulnerable to violence. This risk extends to children, as economic stress and poverty amplify the difficulties of maintaining a safe family environment and diminish alternatives for families to safely escape abusive situations.

Stigma of Violence

Shame is one of the most commonly cited reasons for not reporting intimate-partner violence and sexual assault to authorities. According to community sources, society often blames women for the violence in their lives and stigmatizes those who remain in abusive relationships. Community sources maintained that these societal attitudes often keep women from reporting intimate-partner violence, as they fear the state Child Protective Services (CPS) will take their children away from them for “allowing” violence in their homes.

Vulnerable Populations

The consequences of violence and the need for services vary for different groups of women and girls. For example, community sources noted that elderly women experience unique vulnerabilities to violence due to physical limitations and increased risks for financial exploitation and self-neglect. Services to help women and girls escape violence often do not consider the needs of women over 50 years of age.

Differently-abled women and girls also experience violence in unique ways. Community sources stated that violence against this population of women and girls is “hidden,” especially when offenders are caregivers who neglect them, abuse them physically or sexually, and/or take advantage of them financially. Differently-abled women and girls may need to communicate about these abusive experiences in ways that are tailored to their understanding and abilities. Finally, resources for vulnerable populations are sometimes limited. Traditional services, such as domestic-violence shelters, often do not have the capacity to manage the medical issues of women and girls who are differently abled.

Intimate-partner violence occurs in same-sex relationships at about an equal rate as in heterosexual couples.¹⁷⁰ However, lesbian, gay, bisexual, and transgendered survivors face many unique challenges and barriers as they try to leave these relationships and get legal and emotional support. These include:

- Limited access to criminal and civil legal protection;
- Disenfranchisement from many parts of mainstream community life, including many faith congregations, civic groups, and “respectable” social institutions may limit LGBT survivors’ social safety net;
- Increased vulnerability because the “coming out” process is often isolating, which may decrease support from one’s family of origin and increase susceptibility to hate crimes;
- Lack of civil recognition for lesbian families and stigmatization of homosexuality make custody issues for children more challenging, which might lead someone to remain in an abusive situation;
- Lack of adequate response from institutions that are meant to help victims. “Even where law enforcement and other systems are working diligently to address systemic racism, classism and homophobia within their agencies—officers on the scene rarely have enough time, support or expertise to successfully determine who the primary aggressor is in same sex domestic or dating violence cases.”¹⁷¹

Programs that successfully address same-sex violence integrate prevention, outreach, and direct-service programs to more holistically reflect the way marginalized communities experience and resist domestic violence.¹⁷²

My two oldest boys…
are also victims of domestic violence. They have very bad tempers. They’ve learned that from their father.

~Focus Group Participant

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**CHILD ABUSE AND NEGLECT**

In Washington, reported rates of child abuse, neglect, and fatalities typically fall below national averages. Among the 50 states, Washington has the fifth-lowest rate of child maltreatment.173

Although girls have slightly higher rates of victimization than boys nationally, the rates for girls and boys are similar in Washington.174

More than 79,000 referrals of suspected child abuse or neglect were reported to the Washington State Department of Social and Health Services in 2005. Of those, more than 36,000 met the legal definition of abuse or neglect under Washington State law and were investigated by the Children’s Administration.175 In King County, the state Department of Social and Health Services investigated 25 cases of child maltreatment per 1,000 children (ages 0 to 17) in 2005, compared to 31, 33, and 50 cases per 1,000 children investigated in Pierce, Snohomish, and Whatcom counties, respectively.176

As with intimate-partner violence and sexual assault, reports to authorities of child abuse and neglect probably grossly underestimate the actual amount of child maltreatment. Looking at self-report data, nearly one in five adolescents in Washington say they have been physically abused at some point in their lives by an adult.177 Among Washington adults, men and women report similar rates of physical abuse in childhood (12 and 10 percent, respectively), but women are more than twice as likely as men to report sexual abuse in childhood (20 and 8 percent, respectively) (Chart 23).178

**SCHOOL VIOLENCE: BULLYING AND GENDER-BASED HARASSMENT**

Bullying at school has become a high-profile issue over the past few years. Recent reports suggest victims of bullying suffer psychologically, academically, physically, and socially.179 A study conducted in King County found students who have been bullied are more likely than non-bullied students to report feeling unsafe at school, feeling sad or hopeless, and carrying a weapon to school for self-protection.180

A significant proportion of middle school and high school students in Washington report being bullied “a lot or every day” in one or more of the following ways: name-calling or insults, telling rumors or lies, shoving or pushing, and/or threatening with physical harm. Nearly half of all students, regardless of grade, report being bullied occasionally.181

Female students report being bullied at approximately the same rate as males, though they are more likely than male students to be bullied on the basis of gender characteristics.182 Almost 50 percent of female students in King County report gender-specific bullying, compared to only 20 percent of male students.183

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**CHART 23**

**ADULTS REPORTING A HISTORY OF PHYSICAL AND SEXUAL ABUSE AS A CHILD BY SEX**

**WASHINGTON STATE 2004**

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
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<tr>
<td>Physical</td>
<td>12%</td>
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<tr>
<td>Sexual</td>
<td>8%</td>
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MOVING FORWARD

Community sources reported improvements in awareness and discussion about safety and violence for women and girls. To build on this momentum and the strength of existing efforts, they highlighted the following as ways that the criminal justice system, employers, service providers, advocates, and policymakers might address the complex needs of women and girls who experience—or fear they will experience—violence in their lives.

Program and Service Improvements

- **Expand programs and services to address safety and violence issues** for women and girls. In all counties except King, the absence of coordinated programs and peer support impedes local efforts to sustain support against violence.
- **Increase pro-bono legal services to low-income women** trying to escape violence in their lives. Necessary legal services include help with child custody, property rights, and issues specific to immigrant and refugee women and girls.
- **Educate law-enforcement personnel and workers in the judicial system** to enhance their awareness and understanding of the complex service needs of women and girls who are victims of violence. Train these workers to facilitate coordinated services when possible.
- **Improve integration of the service system** by offering comprehensive and concurrent support services such as mental health counseling, peer-support groups, drug and alcohol treatment, health care, and other critical social and health services. Also, offer safety-and-violence training throughout the social service system.
- **Develop age-appropriate, culturally competent, and linguistically diverse** education and violence-prevention materials to meet the needs of Washington’s increasingly diverse population of women and girls.
- **Train service providers on how to respond to violence in same-sex relationships.**
- **Enhance transitional services** such as housing, job training, and child care arrangements to help women and girls work out safe and stable ways to leave violent and abusive relationships.
- **Offer school education and prevention programs for young women and girls** to improve their understanding of violence, empower them to address violent or abusive situations, and promote healthy behaviors in relationships.

Public Policy Considerations

- **Expand and sustain funding for the Violence Against Women Act**, which provides critical funding for violence-prevention programs for victims of domestic violence.
- **Advance policies that legally protect women from same-sex violence.**
- **Preserve and strengthen victims’ rights and strengthen the role of advocates** in helping women and girls navigate the law-enforcement and judicial systems.
- **Support passage of the Elder Justice Act**, which would fund research and services to address elder abuse, neglect, and exploitation.
- **Mandate that institutions and employers have “open-door policies”** for women and girls to report abuse, harassment, or violent behavior.

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*a lot of times, a mother will be blamed for allowing violence to happen to her….It’s going to make a victim of domestic violence think twice about [accessing services].*

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**Strategies for Social Change**

- **Develop public-awareness campaigns** to reduce the stigma of violence and enhance public understanding of the complexities confronting women and girls who try to escape violent or abusive situations.
- **Engage men in discussions of violence against women and girls.** Involving men—and community partners such as businesses, schools, and faith-based organizations—can broaden understanding and deepen public commitment to dealing with these problems.
- **Create awareness that domestic violence is a deeper manifestation of power and dominance in our culture, not just a result of sexism.** All forms of oppression—racism, classism, homophobia, discrimination against physically and developmentally disabled individuals—marginalize women and girls and make them vulnerable to violence. To effectively curb the prevalence of violence against women and girls, oppression in all forms must be addressed.
LEADERSHIP AND GIVING

Leadership, to me, can be at any level and any form...if we encouraged women and girls to be [stronger] in their convictions, more confident,
I just believe the world would be a better place.

– Community Source

W ashington State has a long history of female leadership, and currently ranks first in the nation for women’s political participation. In the Puget Sound region over 125,000 privately held, majority-women-owned businesses contribute billions of dollars in sales each year to the local economy. Over one-third of women in the state volunteer their time, and women in philanthropy are a major driving force for change in the region. When women take on leadership roles in politics, business, their communities, and philanthropy, they support causes and policies that help women and girls.184

Despite these impressive gains, women remain underrepresented among leaders in the political and business arenas, especially in public companies. When seeking conventionally male-dominated leadership positions, women still face discrimination and traditional expectations about women’s roles. Community sources highlighted the need to build women’s and girls’ self-confidence, noting that while men “assume they are leadership material,” women and girls are more likely to doubt their ability to lead. These challenges are compounded for women and girls of color, with low incomes, or of immigrant or refugee status, all of whom are least likely to be represented in politics and business. These women and girls do make substantial contributions to their communities and families, however, often through informal leadership roles that attract less public recognition.

Women in leadership positions tend to support female-friendly policies. This reality highlights the need for female leaders in all settings. Women business leaders and philanthropists in the four-county region said that key factors in their choice to pursue leadership and philanthropy included their education, their awareness of societal issues, their extensive social relationships, and the support of family and peers. They strongly believe in the importance of mentoring young women and girls to “find their voice” to become tomorrow’s leaders. The need for mentoring is especially acute for women and girls who, in addition to experiencing sexism, also confront racism, classism, and homophobia. Further, to overcome traditional stereotypes of women and girls, community sources highlighted the importance of engaging men and boys in discussion and including them as partners when creating leadership opportunities.

POLITICAL INFLUENCE

In female political participation, Washington is first in the nation.185 Our current governor, Christine Gregoire, is one of just nine female governors nationwide. Washington has three female elected officials in the U.S. legislature: Senators Patty Murray and Maria Cantwell, and Cathy McMorris, House Representative for Washington’s 5th Congressional District. Women comprise one-third of the state legislature (41 percent of the Senate and 29 percent of the House), the eighth-highest percentage in the nation.186 Women also hold four of the nine positions on the Washington State Supreme Court.187

Across the U.S., women in political office overwhelmingly believe they have a special responsibility to represent women’s issues in the legislative process.188 Actions supporting this belief have led to substantial gains for women and girls. Compared to their male counterparts, women from both parties are more likely to work on legislation intended to benefit women. Nationwide, both male and female legislators agree that increased participation of women in state politics has helped them address issues specific to women and girls and has resulted in passage of more legislation to address their needs.189

BUSINESS LEADERSHIP

Both nationally and in Washington, women business owners are increasingly part of the economic landscape, with lucrative results. As of 2006, nearly one-third of all privately held firms in the state were at least majority-owned by women.190 Women-owned firms in the Puget Sound191 are responsible for much of this activity; among the top 50 metropolitan areas in the nation, the region ranks 15th in the number of privately held, majority-women-owned firms.192 Nearly 127,000 women-owned firms generated $23 billion in sales in 2006.193
Gains made by women business owners in the private sector have not spread to the executive ranks of Washington’s largest public companies. Despite their “reaching the apex of Washington’s political landscape,” women are still underrepresented in executive offices and boardrooms. Washington’s 73 top companies—those with at least $100 million in market capitalization—can count only five women as CEOs and two as board chairs. Further, Washington women hold only 18 and 14 percent of executive and board positions, respectively. Fifteen of the 73 companies had no top-level female executives, 21 lacked a woman on the board, and seven had no women at either level.

As in politics, female leaders in business “can be a force for demographic change” and influence hiring and promotional decisions concerning women. Having more female leaders in the workplace can facilitate more collegial environments for women, increase opportunities for female leadership, and implement policies that help women succeed. The current shortage of women in business-leadership positions may translate into employer policies that fail to recognize what women need to succeed and become leaders (e.g., child care, family leave). Without representation at the highest levels of public companies, policies are unlikely to change to accommodate these needs.

What drives me towards philanthropic giving is to make the world a better place then when I entered it…it doesn’t matter to me whether it’s political or social or environmental…as long as I’m trying to make a difference in a positive direction.

~ Focus Group Participant

VOLUNTEERING

Over the last several decades, the percentage of people in the U.S. who volunteer their time and engage in civic activities has declined substantially. Americans also belong to fewer social and community organizations and attend fewer public meetings. “As a result, Americans have many fewer ‘ties that bind,’ hence, they lack the crucial ‘social capital’ that contributes to building safe and healthy communities.” Efforts to build social capital through volunteering and civic participation can directly and positively affect a broad range of issues and challenges facing women and girls in the four-county region.

Despite the overall decline in civic participation, most women and girls still volunteer in some capacity. Nationally, 65 percent of women and 57 percent of girls in high school participate in the civic arena, compared to 59 percent of men and 47 percent of high school boys. While men and women are equally likely to volunteer in neighborhood, youth development, and art/cultural groups, women are more likely than men to participate in tutoring, educational activities, and civic activities for the elderly and poor. Men and women with higher incomes and more education are more likely to volunteer, as are those who work for and/or belong to a religious organization. Similarly, the children of highly educated parents are more likely to volunteer than children whose parents have less schooling. And, when they grow up, those who volunteered as children are twice as likely as those who didn’t to become adult volunteers.

Families and schools can play pivotal roles in increasing civic participation among youth. Community sources noted that family involvement in community service, as well as family expectations about contributing to the broader community, motivated them to become leaders in their own communities. Schools also create important volunteer opportunities. Schools that integrate community service into their curricula through service-learning programs increase rates of volunteer activity among both boys and girls.
FEMALE IMMIGRANT ENTREPRENEURS

The common misperception about immigrants is that they drain our system when really its just the opposite...in fact, they bring in the new work ethic.

– Community Source

Since the late 1800s, immigrant women have been more likely than women born in the U.S. to own their own businesses, and today they are one of the fastest growing groups of business owners in nation. In 2000, 8.3 percent of employed immigrant women owned their own business compared to 6.2 percent of U.S.-born women.

In the U.S., female immigrant business owners are more than 500,000 strong, with the majority in service-related industries such as child day-care centers, restaurants/food service, beauty salons, and real estate. Across the country, over 1,000 immigrant women serve as CEOs of non-profit organizations. This level of participation is not surprising, as many immigrant and refugee women were activists in their home countries and are “ready to step into leadership positions as soon as they become familiar with U.S. institutions and systems.”

Female immigrants often start their own businesses after becoming discouraged by experiences in the mainstream labor market, where cultural and language difficulties can pose significant barriers to achieving leadership status.

Limited English proficiency limits leadership opportunities for immigrant and refugee women and girls. Affordable English-as-a-Second-Language programs, if widely available, could help many immigrant and refugee women move into positions as leaders. Another way of nurturing the development of immigrant and refugee leaders is to make sure their communities are represented among elected and appointed officials. These officials serve as role models, demonstrating how community members can become recognized leaders.
CHARITABLE GIVING

Women have become a substantial force in the U.S. economy. Over a third of the wealthiest Americans are women, with a combined net worth of several trillion dollars. Women-owned businesses in the U.S. earn trillions of dollars each year, and these companies are growing one-and-a-half to two times faster than companies in general. Because women live longer than men, they will eventually control much of the $41 trillion that is expected to pass from generation to generation over the next 50 years.

Women’s increased economic power translates into increased philanthropy. Women comprise a significant proportion of charitable donors in the U.S.; in 2004, three of the nation’s top five philanthropic contributors were women. Single women are more likely to make a philanthropic gift than single men, and married women exert substantial influence on the size and pattern of their family’s charitable contributions.

The pattern of women’s philanthropic giving differs from that of men. When making a gift, women take more time and consideration than men, and are more likely to give to health, education, or human-services charities, especially those serving children. Their philanthropic decisions are often based on personal commitment to social causes. Once they make a gift, they continue to provide financial support for organizations’ long-term goals.

Women philanthropists in the four-county region indicated that sometimes they get involved in philanthropy because they feel important issues might not otherwise be addressed:

There is a real hostility towards the traditional issues that affect women and girls. We’re not really investing in poverty issues in this country. It’s an easier sell to save [the environment], which I definitely spend energy and resources on. That’s a far more sexy topic than helping poor families, which are predominantly women and children.

A lot of what drew me to [philanthropic involvement] is that [the organization was] funding areas of need that a lot of people didn’t really want to talk about, hear about, didn’t really want to know about.

They also reported that social relationships strongly influence their participation in philanthropy. Community sources and focus group participants said events like giving circles and house parties are great ways to get involved. Women motivate each other to give and connect each other to worthy organizations.

Families also play a pivotal role in getting women involved in charitable giving. Parents pass philanthropic values on to their children, increasing the likelihood children will continue the family tradition. A focus group participant reflected on the importance of family in her decision to give back to her community, and on some simple ways of giving:

Both of my parents were very adamant that you treat others the way you want to be treated, and you go out of your way to be respectful and give back to the community.... When you’re a kid, it can be as simple as picking up trash, or raking the leaves, or learning not to litter....It can be a thousand different things.

CHARITABLE GIVING AMONG IMMIGRANTS AND REFUGEES

Charitable giving among immigrant and refugee women is often informal, and may not be picked up by conventional methods of tracking donations. This is partially due to the fact that immigrants are more likely to engage in “private transfer networks”—transfers of money and goods to individuals living outside the household—than through formal charitable giving venues.

Latin American immigrants "allocate anywhere from 15 percent to 30 percent of their income to relatives who don’t even live in the same household. The majority of them transfer money to loved ones abroad in the form of remittances at least eight times a year," averaging about $2,500 per immigrant. In the U.S., millions of immigrants live “in ‘urban poverty’...in order for their family members to get out of poverty in Latin America.” Last year, Latin Americans in the U.S. sent approximately “$50 billion to loved ones, an amount well above combined foreign aid and direct private investment.”
BARRIERS TO LEADERSHIP

One barrier to women’s and girls’ leadership is the belief that leadership only comes in certain forms. However, leadership comes in many forms; some more recognized than others. In community settings, for example, women and girls often lead in ways that are both less formal and less visible than leadership positions in politics and business. Informal leadership roles are frequently tied to community cultural or spiritual beliefs that may not be recognized by mainstream society. Community sources stressed the importance of acknowledging the cultural context of leadership, as well as creating opportunities for different styles of leadership in mainstream settings.

Sexism and gender stereotypes remain significant obstacles to women and girls assuming leadership roles in the four-county region. Community sources said men are assumed to be competent, but women must prove their competence and intelligence. Furthermore, prescribed norms for “appropriate” female behavior interfere with their recognition as leaders. As one woman put it, “if you’re too feminine, you’re not credible, and, if you’re under-feminine, you’re not a real woman.”

A community source noted that women and girls also have trouble recognizing their own leadership potential:

One of the biggest challenges is getting [women and girls] to recognize themselves as potential leaders. Boys and men are much more likely to presume or assume that they are leadership material with or without the experience. Women and girls are much more likely to doubt that, with or without the experience.

Improving leadership opportunities is particularly critical for women and girls of color, including immigrants and refugees and those with low incomes. With adequate representation in leadership positions, they would be able to draw attention and support to the unique needs of their communities. Community sources highlighted the importance of breaking down institutionalized racism and oppression while carrying on the struggle against sexism, particularly in business and politics:

Institutional oppression is a major barrier. There isn’t a lot… about gender justice [that includes] breaking down racism for women of color.

It is challenging for people to realize that indigenous people have a different world view than the mainstream.… We take a different approach to leadership. We approach our decisions differently based on our values. Leadership is about holding intact that what makes us Indian.

~Community Source
MOVING FORWARD

In this section we have highlighted the tremendous importance of supporting women and girls in leadership and philanthropic activities. When women and girls are involved in leadership roles, issues important for their well-being gain attention and support in politics, business, and communities. Similarly, when women engage in philanthropy, they support programs and services critical to the overall well-being of women and girls.

Increasing leadership and philanthropic activity is particularly important for women and girls who have traditionally been marginalized from mainstream leadership positions, including low-income women and girls, those of color, immigrants, refugees, lesbians, bisexual women, and transgendered people.

Community sources recommended the following ideas for policymakers, educators, program directors, and businesses to consider in their attempts to increase access to leadership positions and promote philanthropic activities among women and girls.

Program and Service Improvements
- **Expand individual leadership programs** that build women’s and girls’ skills and self-esteem. One community source suggested developing “transformation leadership courses” focusing on self-awareness and identifying passions early as first steps in building leadership skills.
- **Develop leadership programs with a community focus.** These programs would bring women and girls together with their communities and introduce them to opportunities to take the lead in making local changes.
- **Begin mentoring girls when they are young.** The earlier girls understand the importance of giving back to their communities and become involved in volunteer activities, the more likely they are to engage in such activities as adults. Programs that bring women and girls together to build self-esteem may be especially effective in increasing girls’ leadership.
- **Provide a forum for policymakers** to solicit input from and engage racial and ethnic communities to build cross-cultural communication and gain insight into their specific needs.
- **Incorporate diversity within leadership and mentoring programs** to increase opportunities for women and girls traditionally marginalized from leadership roles, including women and girls of color, lesbians, bisexual women, transgendered people, and immigrants and refugees.
- **Develop “Philanthropy 101” courses** to teach girls, young women, and their families about financial literacy, networking, and social capital.

We all need to be leaders…in our schools, in our lives, in our states. If we all try, we can make a difference.

– Community Source

Public Policy Considerations
- **Increase access to higher education.** Female community leaders and philanthropists said their educational experiences were crucial in providing them with the knowledge and awareness that motivated them to get involved in leadership roles.
- **Increase voter education and registration** among immigrant and refugee populations.

Strategies for Social Change
- **Enlist female philanthropic leaders to teach young women and girls** about the power of philanthropy and the difference it has made in their lives.
- **Engage male allies and community partners** in discussions about the importance of investing in issues facing women and girls.
- **Expand civic and political opportunities** for leadership by women and girls. While programs for leadership development are common in business, support for leadership development on the civic and political fronts is lacking.
In many ways, the well-being of women and girls across King, Pierce, Snohomish, and Whatcom counties today is better than it was several decades ago. Women continue to enjoy greater opportunities in the workplace than ever before and they contribute significantly to the economic strength of the region. Educationally, women and girls are excelling: in the four-county region, more women are enrolled in college and have earned degrees than in previous generations. Washington women have better overall health than females in other states. Women not only comprise a substantial proportion of the region’s political, business, and civic leaders, they also make significant philanthropic contributions to their communities.

A vast network of programs, initiatives, and collaboration among community organizations, service providers, and volunteers supports these accomplishments. This network provides critical assistance and services to women and girls in each county.

But better is not good enough. Not when nearly 180,000 women and girls in the four-county region are living in poverty; not when access to education is limited for low-income women, women and girls of color, immigrants, and refugees; not when girls are falling short in academic fields critical to higher-paying jobs; not when women of color disproportionately experience the burden of disease and illness in our society; and not when a significant proportion of women report a history of intimate-partner abuse and sexual assault.

Significantly more work is needed to create the conditions that will allow all women and girls in the region to thrive. Ultimately, this goal will only be achieved through comprehensive, coordinated, and collaborative efforts of government, community organizations, policymakers, funding organizations, and the general public. Furthermore, we must address the needs of women and girls within a holistic framework, recognizing that the challenges they face do not develop in “silos,” but result from the complex interplay of numerous factors across many areas critical to their well-being, including, but not limited to, those examined in this report.

If you don’t like the way the world is, you change it.
You have an obligation to change it. You just do it one step at a time.

– Marian Wright Edelman

CONCLUSION

WHAT YOU CAN DO...

For ideas about what you might do to help the region’s women and girls move forward, turn to the back pages of each chapter in this report to see a set of recommendations for action. Taken together, these recommendations add up to grand staircase of potential “next steps.” Summarizing across chapters, they include:

- **Support programs, initiatives, and collaborations** that acknowledge and support the complexity of women and girls’ lives, including supportive services such as education and job training, child care, housing, and transportation that are culturally and linguistically competent; assistance for women and girls in navigating the employment, health- and human-service systems; prevention and education programs that increase understanding of areas critical to well-being; and leadership programs aimed at increasing women’s and girls’ community involvement.

- **Support public policy efforts** that facilitate family-friendly policies such as access to quality child care; address access to health services; reform welfare to increase the chances of long-term economic stability for low-income women and their families; reform immigration policies to support immigrants and refugees, including those who are undocumented; and address social justice issues for lesbians, bisexual women, and transgendered individuals.

- **Develop social-change strategies that:** change public perceptions about poverty, domestic violence and sexual assault, and immigrants and refugees; frame “women’s issues” as social-justice issues and engage community partners, including male allies; increase voter registration, education and civic participation; and address sexism, racism, classism, anti-immigrant sentiment, and homophobia.
Funding organizations can play a critical role in supporting the vast network of programs, collaborations, and initiatives in the four-county region. Community sources across the four-county region made several recommendations to funding organizations that would improve services and programs to help women and girls. These recommendations include:

- **Offer multi-year grants (3 to 5 years)** to assure sustained funding that would allow community organizations to securely embed themselves in communities, develop long-term creative strategies for change, and reduce time spent on grant writing so staff can focus on providing critical services.

- **Create operating grants** that support the core organizational infrastructure (e.g., support staff, computing, and technological needs) required to run a sustainable, effective organization or program.

- **Simplify the grant-application process**, particularly for small community organizations that lack the staff to prepare large, detailed proposals.

- **Continue to support successful existing programs**. Community sources noted that focusing on new and innovative ideas sometimes takes away from the critical support needed for organizations and programs that are already working. Support for innovation should not come at the expense of tried and true strategies.

- **Fund new initiatives based on community-defined priorities**. Sometimes this means thinking “out of the box” by supporting pilot projects that may not appeal to traditional funders. Often these projects spring from grassroots initiatives, and involve building community/organizational capacity and/or melding direct-service and advocacy components.

- **Focus on long-term results**, recognizing that change is slow. Realistically, working to effect change for women and girls is “a lifetime partnership.”

- **Work in partnership with grantees** to identify emerging community needs. Funders should make site visits to the organizations they fund and work on developing flexible, collaborative, and trustworthy relationships with grantees.

- **Assist grantees by helping them build relationships with other funders** to fill unmet needs.

- **Support advocacy efforts**. Organizations need support at the “political table” to encourage policymakers to invest in programs, services, and policies that help women and girls.

- **Fund research projects** that will enable service organizations to back up their proposals with data.

Finally, women and girls across the four-county region can take the information from this report as a starting point for discussions with their families and communities. What changes would they like to see? What opportunities do they think are most crucial for helping all women and girls to thrive?

From this starting point, we can all dig deeper to enhance our understanding of the complex issues facing women and girls in our communities. We can learn more about existing state and local efforts to support the well-being of women and girls. We can brainstorm about new and innovative strategies to effect change. Last but certainly not least, we can engage the men and boys in our lives to create a shared understanding: the well-being of their mothers, sisters, wives, and daughters is inextricably tied to their own well-being. The sooner we start acting on that knowledge, the better off we’ll all be.

Women see what’s possible and apply it to their lives… they are willing to change.

— Community Source
The higher poverty rate may be explained by the relatively high proportion of young women age 18 to 24 enrolled in college in Whatcom compared to the other counties. Students typically have low earnings if any at all and receive support from other sources that are often unaccounted for in income estimates (e.g. grants, scholarships, parents). Therefore, students “living in poverty” probably have very different experiences than women who work full-time and support a family without additional resources. 


Sources and Endnotes


14 Full-time is defined as 35 hours/week or greater. 


16 American Communities Survey (2005). Table R1902. 


19 Ibid. 


21 Poverty is measured in this section using 100% of the federal poverty thresholds established by the U.S. Census Bureau. 

22 The higher poverty rate may be explained by the relatively high proportion of young women age 18 to 24 enrolled in college in Whatcom compared to the other counties. Students typically have low earnings if any at all and receive support from other sources that are often unaccounted for in income estimates (e.g. grants, scholarships, parents). Therefore, students “living in poverty” probably have very different experiences than women who work full-time and support a family without additional resources. 


25 In Our Own Words: Experienced’s Imeasures in the Northwest. Northwest Federation of Community Organizations. 


28 Ibid. 


32 Ibid. Dropouts are typically defined as students who leave school (excluding transfers) before they graduate from high school with a regular diploma. 


47 Child Care in Pierce County. Washington State Resource and Referral Network. 

COMMUNITY SOURCES
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Young people...have important ideas about how to make changes.

~ Community Source