

Connecticut General Assembly \_\_\_\_\_



PCSW

**Permanent Commission on the Status of Women**

*The State's leading force for women's equality*

# **Policy Agenda 2012**

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The Permanent Commission on the Status of Women (PCSW) was formed in 1973 under Sec. 46a-1 of the Connecticut General Statutes to study and improve Connecticut women's economic security, health and safety; to promote consideration of qualified women to leadership positions; and to work toward the elimination of gender discrimination. As a non-partisan arm of the General Assembly the agency monitors, critiques and recommends changes to legislation to inform public policy, and assesses programs and practices in State agencies for their effect on the state's women. The PCSW serves as a liaison between government and its diverse constituents, and convenes stakeholders, including the business, non-profit and educational communities, local governments, and the media, in order to promote awareness of women's issues.

This policy agenda is designed to address the inequities that exist for women, thereby advocating policy changes that benefit all the citizens of Connecticut.

## **TABLE OF CONTENTS**

Priority Areas • 5

RBA: Turning the Curve on Priority Areas

Legislative Action • 10

State and Municipal Agency Activities • 12

Education and Outreach • 13

Legislative Priorities • 14

## PRIORITY AREAS

There are 1,791,217 women in the state of Connecticut, which represents 51.3% of the state's population.<sup>1</sup> Of the state's female population, 80% (1,437,505) are 16 years of age or over and 15.4% (276,896) are 65 years of age or over.<sup>2</sup>

The PCSW has identified three issue areas as essential to obtaining equity for women: Eliminating Gender Discrimination; Economic & Financial Security; and Women's Health & Safety.

### Eliminating Gender Discrimination

#### RBA Results Statement

*All Connecticut Women are Free from Sex Discrimination in All Aspects of their Lives.*

Despite laws that prohibit such conduct, sexual harassment and discrimination based upon gender, race and ethnicity are prevalent in the workplace.

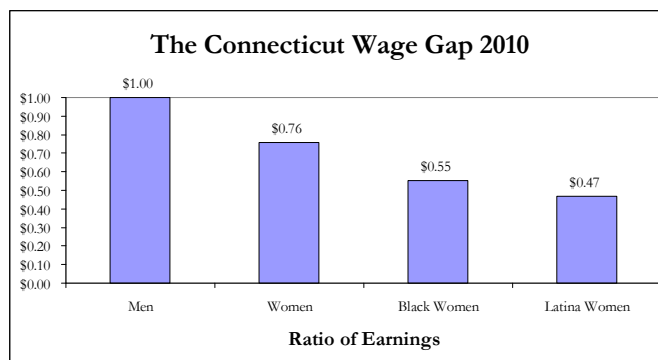
#### Sex Discrimination

On a yearly basis, the PCSW receives numerous calls and emails regarding workplace discrimination, and assists with the filing of formal complaints with CHRO. In 2011, the PCSW provided information and referral assistance to 19 women and men with pregnancy and employment discrimination complaints, and assisted 15 of them with the filing of their CHRO complaint.

In 2011, the PCSW provided sexual harassment awareness and prevention training to 145 State employees. The PCSW also trained 184 Equal Employment Opportunity Officers and Attorney General Designees on topics such as how to conduct internal investigations on workplace discrimination matters.

#### Pay Equity

In 2010, Connecticut women earned, on average, 75.8 cents for every dollar earned by men,<sup>3</sup> which is less than the national average of 77 cents.<sup>4</sup> Women of color earned significantly less, with black women earning 55.4 cents and Hispanic women earning 46.6 cents for every dollar men earned.<sup>5</sup>



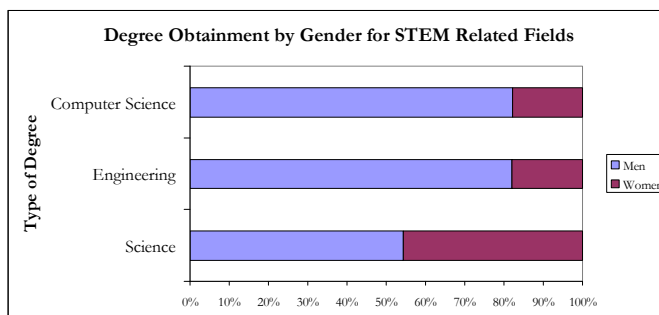
There is a pay gap for women due in part to their caregiving responsibilities over the lifecycle, since women take an average of 13 years out of the workforce for family caregiving.<sup>6</sup> Studies show that working mothers suffer a wage penalty for parenting. For women under the age of 35, the wage gap between mothers and non-mothers is larger than the gap between men and women.<sup>7</sup>

However, the wage gap is not solely due to women’s caregiving responsibilities; even when women work in the same occupations as men for the same amount of time, they still do not earn equal pay. In fact, in 2010 women who worked full-time earned less than their male counterparts in 107 of 111 occupations for which the Bureau of Labor Statistics provides earnings data for both male and female workers. This means that the wage gap is a universal issue in the labor force, regardless of type of occupation.<sup>8</sup>

The wage gap takes a tremendous toll over time. The Wage Project estimates that over a lifetime (47 years of full-time work) the wage gap amounts to a loss in wages for a woman of \$700,000 for a high school graduate, \$1.2 million for a college graduate, and \$2 million for a professional school graduate.<sup>9</sup>

**Workforce Development**

Women attain 45.6% of science degrees, 18% of engineering degrees, and 17.9% of computer science degrees.<sup>10</sup>



Despite the increasing number of women entering STEM fields, the field is male-dominated. This disparity is significant because women and men who majored in male-dominated subjects earn more than those who majored in female-dominated or mixed-gender fields. For example, one year after graduation, the average female education major earns only 60% of the average female engineering major.<sup>11</sup> Furthermore, nontraditional jobs in the trades and technical fields often provide better health benefits, sick leave and paid vacation than female-dominated jobs.

An opportunity exists to make significant policy decisions to change the demographics of the STEM workforce. Investments in pre-college programs incorporating hands-on activities, role models, and internships would increase women’s interest in STEM careers.

**Economic & Financial Security**  
**RBA Results Statement**  
*All Connecticut Women are Economically Self-Sufficient.*

Women represent 47.6% of Connecticut’s labor force.<sup>12</sup> Of the female population ages 20 to 64, 75.6% (1,063,307) are in the labor force, of whom 66% have children under the age of 6 years old.<sup>13</sup>

According to the Family Economic Self-Sufficiency Standard (FESS), 20% of Connecticut working families do not have enough income to meet their basic costs of living.<sup>14</sup> Of the 20%, female head of households represent 29% vs. 14% of male head of households.<sup>15</sup> In Connecticut, elderly women represent 58.9% of the total elderly population,<sup>16</sup> and 11.7% of the total female population in poverty.<sup>17</sup>

Many families struggle to meet basic needs such as housing and childcare. Thirty-three percent of Connecticut's population rent rather than own,<sup>18</sup> with many spending 30% of their household incomes on rent.<sup>19</sup> Most families in Connecticut spend 30% to 40% of their income on childcare.<sup>20</sup>

Education, job training, and asset-building are key components to ensuring economic and financial self-sufficiency for women.

### **Education and Job Training**

The levels of unprepared and unskilled workers in Connecticut are rising, as are the increasing numbers of individuals and families living in poverty.<sup>21</sup>

Householders with less education are much more likely to have insufficient incomes. Nearly half (46%) of individuals with less than a high school education have incomes below the FESS. The rate drops quickly as education increases, falling to just 8% for those with a college degree or more.<sup>22</sup>

Earnings increase significantly for both men and women as educational levels increase. Women who completed high school earn an average of \$542 a week; women with an associate's degree earn an average of \$674 a week; and women with a bachelor's degree earn an average of \$891 a week.<sup>23</sup>

By 2018, it is projected that there will be 46.8 million job openings nationally—13.8 million brand-new jobs and 33 million “replacement jobs” (positions vacated by workers who have retired or permanently left their occupations). Nearly 63% of these jobs will require workers with a college education (33% will require a Bachelor's degree or better, 30% will require some college or a two-year Associate's degree).<sup>24</sup>

Investments in education and job training are recouped not only by the students, but also in social service savings. It is estimated that the Connecticut community college system saves the State \$24 million each year in social welfare costs.<sup>25</sup> Additionally, employers report increased profits and other bottom line benefits when their employees gained basic skills which enable them to work more effectively.<sup>26</sup>

### **Family-Friendly Work Policies**

Policies to support workers as they provide care for family members or take care of their own health are essential for a strong Connecticut workforce.

Nearly 40% of workers are not eligible under the Family Medical Leave Act (FMLA) because they work for businesses with fewer than 50 employees. In addition, the FMLA does not provide job protection for other important family responsibilities.<sup>27</sup>

Working women of the “sandwich” generation<sup>28</sup>- those with both minor children and aging parents- are especially vulnerable to needing to take time off from work to care for a family member. Women represent more than two-thirds of adults providing substantial assistance to elderly parents;<sup>29</sup> provide an annual average of \$1,521 in financial support to elderly parents, and spend 23 hours a week (1,210 hours a year), on average, providing care to elderly parents.<sup>30</sup>

**Asset-Building**

Women are less likely than men to have a financial cushion, due to inequities in pay, more frequently interrupted work patterns and longer lifespans. Female-headed households have an average net worth of \$116, 584 as compared to male-headed households with an average net worth of \$168, 694.<sup>31</sup> Households headed by persons of color have an average net worth of \$3,000 compared to \$195,771 for the white population.<sup>32</sup>

**Business Development**

While annual income decides a family’s day-to-day economy, assets and investments are the foundation for long-term security. An avenue to build assets is through entrepreneurship.

Microenterprises, which are businesses that employ five or fewer people, are dominated by women and generally start as part-time, home-based businesses.

**Women's Health & Safety**

**RBA Results Statement**

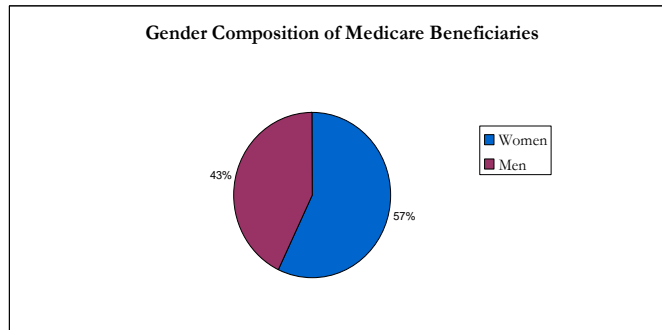
*All Connecticut Women Have Optimal Health and Wellness throughout the Lifespan.*

As of 2010, there were more than 163,000 uninsured women ages 64 and under in Connecticut.<sup>33</sup> Almost a quarter of all uninsured women in Connecticut (23.8%) are aged 19 to 29, and men in the same age bracket represent more than a third of all uninsured men in Connecticut (36.1%).<sup>34</sup>

Only one-third of low-income working mothers have employer-sponsored health insurance in their own name, while more than half of higher-income working mothers have their own employer-provided coverage.<sup>35</sup> Twenty-eight percent of low-income working mothers and five percent of higher-income working mothers lack health insurance, despite the fact that they are working.<sup>36</sup>

Medicaid, the state-federal health coverage program for the poor, provides more than 20 million low-income women with basic health and long-term care coverage.<sup>37</sup> While often not considered to be a women’s health program, women comprise 69% of adult beneficiaries nationally,<sup>38</sup> and 71% of adult beneficiaries in Connecticut.<sup>39</sup>

Medicare provides a health and financial safety net for virtually all older Americans and for many people with disabilities who are under the age of 65. Because women have longer life expectancies than men, more than half (57%) of those covered by the program are women.<sup>40</sup> By the time women are 85 and older, they account for nearly three-quarters of all beneficiaries.<sup>41</sup>





Connecticut is currently developing a healthcare model to implement the federal Affordable Care Act in 2014. It is important to maintain women’s health services in the final healthcare model.

**Gender, Racial and Ethnic Disparities in Healthcare**

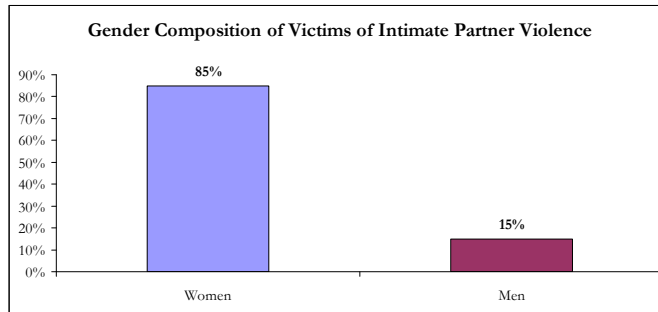
Access to health insurance does not ensure accessible and adequate health services. In Connecticut, the leading causes of death for women are major cardiovascular disease, cancer, diabetes, chronic lower respiratory diseases, and HIV/AIDS.<sup>42</sup> There is a clear racial and ethnic disparity here as African-American and Hispanic women are at greater risk for these diseases than are white women. (The extent of the problem with Asian populations is unknown due to the lack of sufficient data.)

Healthcare for women should be gender appropriate, culturally competent, comprehensive and preventive, affordable and accessible, and confidential.

**Violence Against Women**

Domestic violence and sexual assault affect the health status of many women and the public and private lives of individuals throughout the state, no matter their racial, ethnic, cultural or socioeconomic status.

Of those victimized by an intimate partner, 85% are women and 15% are men.<sup>43</sup> Women are most vulnerable to violence when separated from their intimate partner. The second most vulnerable group is those who are divorced.<sup>44</sup> This can discourage women from leaving their abusive partner out of fear that leaving will increase their risk of victimization.



Nearly one in five Connecticut residents (19%) has experienced a sexual assault in their lifetime.<sup>45</sup> One in four (26%) Connecticut women are sexual assault survivors.<sup>46</sup> Of the victims who never told anyone about being raped, 24% remained silent because they felt ashamed.<sup>47</sup>

Sexual violence causes several long-term health problems, such as chronic pain, headaches, stomach problems, sexually transmitted diseases, unplanned pregnancies, and emotional distress.<sup>48</sup>

The Centers for Disease Control reports that the health care costs of intimate partner violence – physical assault, rape and stalking – exceed \$5.8 billion each year, nearly \$4.1 billion of which is for direct medical and mental health services.<sup>49</sup>

## TURN THE CURVE: LEGISLATIVE ACTION

The PCSW has identified a Results Based Accountability (RBA) result statement for each priority area with indicators and strategies to “turn the curve,” and has identified significant programs, agencies, and activities that contribute to the results we are striving to achieve.

The PCSW recommends that the following legislative proposals be considered to “turn the curve” for women in two of our priority areas:

### Economic & Financial Security

#### Paid Family Leave

FMLA allows an employee to take unpaid leave for childbirth, adoption, or a personal or family illness. While not a monetary benefit, it does provide job security. Creating a system of paid parental leave would greatly impact women in the state by allowing them to care for themselves and their families and maintain economic stability.

Recommendation: Authorize the Department of Labor, in conjunction with the PCSW, to conduct a study of the feasibility of establishing an employee sponsored paid family leave benefit.

#### Job Creation

Nontraditional jobs, such as STEM, construction, and green jobs present an important opportunity for women’s financial security. The average salary for women 25 years and older with some college education is \$26,869.<sup>50</sup> The majority of green jobs require more education than high school but less than a traditional four-year degree and many offer salaries above \$40,000. This means if there is an investment in the inclusion of women in this field, many women will find more financial success than if they had pursued a traditional college route.

Recommendation: Establish Community Workforce Agreements to ensure that a percentage of the newly developed technology jobs, i.e. green jobs, are reserved for women-owned contractors.

### Women’s Health & Safety

#### Healthcare Reform

Healthcare reform will provide coverage for “essential services.” Currently, Connecticut has 55 mandates to provide health services, including the following mandates that *only* address women’s health:

- Mammography and breast cancer screening;
- Direct access to obstetricians and gynecologists;
- A minimum 48-hour hospital stay after vaginal delivery and minimum 96-hour hospital stay after caesarian delivery;
- A minimum 48-hour hospital stay after mastectomy or lymph node dissection;
- Insurance coverage for prescription contraceptives;
- Medically necessary costs of diagnosing and treating infertility;
- Medically necessary breast implant removal;
- Surgical removal of breasts due to tumors, and the ability to obtain a wig if prescribed by a licensed oncologist for a patient suffering hair loss from chemotherapy, and;
- Breast reconstruction after a mastectomy.

Recommendation: Maintain women's health services under the implementation of healthcare reform.

### **Sexual Assault Policies on College Campuses**

At least 1 in 4 college women will be the victim of a sexual assault during her academic career. In Connecticut, one in four women (26%) and one in five college female residents (19%) are sexual assault survivors.

Recommendation: Require higher education institutions to adopt and disclose a policy on sexual assault and intimate partner violence.

### **Toxic Chemicals**

In many cases women, especially pregnant women, are disproportionately affected by the current lack of regulation of toxic chemical use.

In 2011 a study was released that shows the typical pregnant woman has dozens of potentially toxic or even cancer-causing chemicals in her body — including ingredients found in flame retardants and rocket fuel.<sup>51</sup> These chemicals include certain pesticides, flame retardants, PFCs used in non-stick cookware, phthalates (in many fragrances and plastics), pollution from car exhaust, perchlorate (in rocket fuel) and PCBs (toxic industrial chemicals banned in 1979 that persist in the environment).

These types of toxic chemicals were found in 99-100% of pregnant women tested. Many of these chemicals are known to easily pass through the placenta and have been linked to poor health outcomes, placing the fetus at risk for birth defects or chronic illness later in life.<sup>52</sup>

Recommendation: Develop a state model where chemicals of concern are prioritized and a sustainable system for phasing them out of certain product categories once safer alternatives are identified, is established.

### **Biennial Report on the Health Status of Women**

During the last century, factors such as improvements in medical technology, environmental controls, personal lifestyle changes, and legislation have increased a woman's life expectancy dramatically. Because the reproductive years now constitute less than half of a woman's life expectancy, the definition of women's health has broadened beyond reproductive health to consider social issues, chronic conditions, infectious diseases, and injury and violence that affect women throughout their lives. It is essential to begin to track the conditions that are unique to or more prevalent in females, and provide a comprehensive report to policy makers and state residents.

Recommendation: Provide data analysis and education about the health status of women by funding and preparing a biennial report to provide information including breast and ovarian cancer, domestic violence, sexual assault, and the link between smoking, weight loss and obesity, HIV/AIDS, depression, adolescent health, emergency contraception, and access to services by women with disabilities.

## **TURN THE CURVE: STATE AND MUNICIPAL AGENCY ACTIVITIES**

To fulfill its mandate to advise the General Assembly and governor on policies, programs and services that will foster progress for women, and act as a liaison between women and government agencies, the PCSW will conduct the following activities.

### **Eliminating Gender Discrimination**

- Continue the Connecticut Government appointments Project (ConnGAP) which seeks to achieve political parity for women by working with the Executive Branch to ensure that qualified women are appointed to high-level, paid positions in State agencies and offices.
- Continue as a member participant on the Commission on Human Rights and Opportunities regulations review working group.
- Continue existing relationship with the Department of Corrections to monitor sexual harassment complaints.
- Continue to monitor and make recommendations to address the issues regarding the promotion of women in the State Police force.
- Provide workplace discrimination investigation trainings to Equal Employment Officers and Attorney General Designees.
- Provide sexual harassment awareness and prevention trainings to State employees.
- Assist callers in filing employment discrimination complaints with the Commission on Human Rights and Opportunities.

### **Economic & Financial Security**

- Spearhead the Basic Economic Security Table (BEST) Project which seeks to create a new measure of income and economic security for Connecticut residents.
- Child Day Care Council: the PCSW is a statutory member. The purpose of this council is to make recommendations to the Departments of Public Health and Social Services on the planning and development of child day care services.
- Commission for Child Support Guidelines: the PCSW is a statutory member. The purpose of this commission is to review child support guidelines every four years.
- Continue as a member participant of the Family Child Care Work Group, established via Governor Malloy's Executive Order #9.
- Collaborate with education paraprofessionals to ensure they receive the same benefits as other city employees.

### **Women's Health & Safety**

- Commission on Health Equity: the PCSW is a statutory member. The purpose of this commission is to eliminate disparities in health status based on race, ethnicity, and linguistic ability and to improve the quality of health for all of the state's residents.
- Commission on the Standardization of the Collection of Evidence in Sexual Assault Investigation: the PCSW is a statutory member. The purpose of this commission is to design a sexual assault evidence collection kit and provide it to healthcare facilities.
- Crime Lab Working Group: the PCSW participates in this workgroup. The purpose of this working group is to develop a short- and long-term strategy to bolster the State crime lab's ability to address the backlog in processing sexual assault evidence collection kits.
- Interagency and Partnership Advisory Panel on Lupus: the PCSW is a statutory member. The purpose of this panel is to analyze and conduct a needs assessment on the current state of education on lupus.

- Trafficking in Persons Council: the PCSW is a statutory member and convenes and staffs the council. The purpose of this council is to identify criteria for providing services to trafficking victims, and develop recommendations to strengthen State and local efforts to prevent trafficking, and protect and assist victims of trafficking.
- Continue as a member participant of the Health Information Technology Exchange committee on Connecticut Special Populations.
- Monitor and make recommendations regarding the University of Connecticut's policy on the response to and reporting of sexual assault on campus.
- Collaborate with education paraprofessionals to secure health insurance and family and medical leave benefits.
- Continue to monitor and promote dialogue among hospital administration, policy makers and advocates regarding several proposed hospital mergers.

### **TURN THE CURVE: EDUCATION AND OUTREACH**

To fulfill its mandate to raise awareness of critical issues for women of the state, and act as a liaison between women and government agencies, PCSW will conduct the following activities.

#### **Eliminating Gender Discrimination**

- Participate in Vision2020, a national project focused on advancing gender equality by energizing the dialogue about women and leadership.
- Provide leadership and expertise on the following boards or coalitions: Connecticut National Organization for Women, Connecticut Women's Hall of Fame, the Girl Scouts of Connecticut, and the Political Parity Leadership Team.

#### **Economic & Financial Security**

- Support efforts to highlight women-owned businesses in conjunction with the Bridgeport Chamber of Commerce and Middlesex Chamber of Commerce.
- Provide leadership and expertise on the following boards or coalitions: National Mothers & Caregivers Economic Rights Advisory Committee, Norwalk Community College Family Economic Security Program Advisory Council, Coalition for a Working Connecticut, Family Economic Self-Sufficiency National Policy Group, and Welfare Working Group.

#### **Women's Health & Safety**

Provide leadership and expertise on the following boards or coalitions: Universal Healthcare Foundation of Connecticut, Coalition for a Safe & Healthy CT, Coalition for Choice, Medicaid Managed Care Council, and Medicaid Strategy Group.

## LEGISLATIVE PRIORITIES

The Permanent Commission on the Status of Women (PCSW) provides information, research and analysis to elected officials and the public regarding issues affecting the status of women across their lifespan— from young adults to elders.

### Eliminating Gender Discrimination

**Gender Discrimination**— Support measures to eliminate discrimination based on gender in the creation, interpretation, and implementation of law and policy.

**Tax Regulation** – Monitor tax proposals and work to ensure that no such proposal will disproportionately and adversely impact women.

### Economic & Financial Security

**Basic Needs** – Support efforts to ensure access to subsidized housing, healthcare, childcare, unemployment compensation, and financial assistance programs.

**Family-Friendly Policies** – Support workplace and other policies and programs that help women and their families attain/sustain economic self-sufficiency.

**Education and Training** - Support proposals to increase adult-education and occupational-skills training programs for low-skill, low-wage, and incumbent workers.

**Asset-Building** – Support efforts to encourage women’s financial literacy and expand their access to asset-building strategies.

**Small Business** – Support efforts to define the unique needs and provide capacity-building resources to encourage growth of small businesses and microenterprises.

**Housing** – Support a coordinated approach to preventing homelessness and providing services for women who are homeless. Support programs and policies that will increase the number of affordable housing units and homeownership opportunities available to women.

### Women’s Health & Safety

**Violence Against Women** – Support measures to increase funding for services and shelter staff in domestic violence programs.

**Reproductive Health**—Support efforts to ensure women’s right to access and receive comprehensive reproductive health education and services.

**Universal Health Care** – Support efforts to increase healthcare access for all state residents.

**Gender, Racial and Ethnic Disparities in Health Care** – Support efforts to address the need for healthcare services and effective data collection on gender, racial, and ethnic health issues in the state in order to develop appropriate interventions.

**Cancer Detection and Treatment** – Support efforts to increase funding for and expand access to early breast, cervical, ovarian, and lung cancer detection services and treatment.

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<sup>2</sup>U.S. Census Bureau, American Fact Finder. *Connecticut Selected Economic Characteristics: 2005-2007*.

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