

pulse

A Study on the Status of Women and Girls in Greater Cincinnati

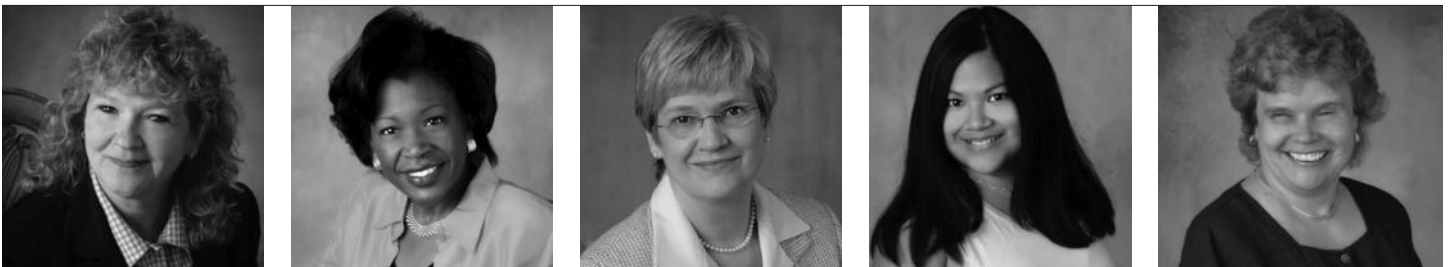
2005



of The Greater Cincinnati FOUNDATION

TABLE OF CONTENTS

3	ERRATA
4	WELCOME
5	CHAPTER 1: INTRODUCTION, OVERVIEW & KEY FINDINGS
16	CHAPTER 2: ECONOMIC SECURITY
29	CHAPTER 3: EDUCATION AND JOB TRAINING
41	CHAPTER 4: HEALTH
50	CHAPTER 5: PERSONAL SAFETY
58	CHAPTER 6: LEADERSHIP
68	CHAPTER 7: GIRLS
81	CHAPTER 8: PROMISING COMMUNITY PRACTICES
87	CHAPTER 9: AGENDA FOR THE FUTURE
90	ACKNOWLEDGEMENTS
91	SPECIAL THANKS
94	ENDNOTES



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ERRATA

The poverty rates by family type and county given in various *Cincinnati Enquirer* articles on Sunday, July 10, in the August 2005 edition of *Cincinnati Magazine*, and on page 15 of the *Pulse* summary report were incorrectly cited. The data is corrected in its entirety and appears on page 24 of this report



THE WOMENS FUND OF THE GREATER CINCINNATI FOUNDATION
200 W. FOURTH ST., CINCINNATI, OH 45202 • 513-241-2880 • www.greatercincinnatiifdn.org

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WELCOME

Our goal for *Pulse* was to present a clear picture of the status of women and girls in our region. We have enjoyed collaborating with the community of diverse, talented and dedicated partners over the last year to create this stunning portrait.

During the process, we uncovered reasons to celebrate achievements and concerns about the disparities in health care, childcare, education and job training. While our region enjoys a host of programs and services to address these issues, frequently barriers—such as transportation—prevent women from accessing the services available. But as a region, we do possess a collective desire to enable all women and girls to thrive and a will to change for the better.

Pulse is future-oriented. All the energy that has been devoted to this project by our volunteers and funders has given us a basis to collectively develop a community agenda for change. To remove barriers and enable all girls and women to achieve their potential, an investment strategy needs to be created. The investment will pay off; improving the status of women and girls will improve our regional economy.

How do we accomplish the goal of ensuring every woman and girl has the opportunity to reach her potential and be a healthy, thriving and active member of the community? We need the broad participation of leaders, investors, organizations and policymakers who forge new collaborations and partnerships. We need support for the development of measurable progress indicators. *Pulse* has a strong beat, but it is just the beginning of an ongoing conversation about the status of women and girls.

With your help, we can raise the status of women and girls and build a stronger, more vital region in the process.

Sincerely,



Vanessa Freytag
Chair, The Women's Fund Leadership Council

The Women's Fund of The Greater Cincinnati Foundation is a permanent endowment and exists to enhance the status of women and girls in our region by funding programs that affect positive change in their lives, by calling women and girls to philanthropy and by encouraging the full participation of women and girls in the community.

For more information, additional copies of this report or to add your support to The Women's Fund, please contact Karen Zerhusen Kruer at The Greater Cincinnati Foundation, 513-768-6135, or via email at zerhusenk@greatercincinnati.org.



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CHAPTER 1

introduction, overview, and key findings

1.A. INTRODUCTION

At the dawn of the last century, women could not vote and were discouraged from getting an education or accumulating wealth in their own names. Many women of the early 20th century focused their energies on their homes and families. Now, early in the 21st century, our daughters are successfully challenging their traditional roles of yesteryear. Yet, gender equality remains an elusive goal.

To reach gender parity—or equal distribution of opportunity between women and men—we must first have relevant and accurate data on the issues affecting women’s lives. This is true not only for policymakers, but also for those organizations that directly serve women and girls in the Greater Cincinnati region. Gathering information about women’s lives increases awareness of common goals, and increases the potential to share resources among community stakeholders. Better knowledge of women’s lives also ensures that programs that are most likely to effect change in the community can be developed or enhanced.

With these thoughts in mind, *The Women’s Fund of The Greater Cincinnati Foundation* com-

missioned *Pulse: A Study on the Status of Women and Girls in Greater Cincinnati*. Since early 2004, nearly 400 community leaders, researchers, and private citizens (almost all of them women) have lent their time and talent in “taking the pulse” of women’s experiences in the eight-county area comprising Greater Cincinnati (Hamilton, Butler, Warren, and Clermont counties in Ohio; Boone, Campbell and Kenton counties in Kentucky; and, Dearborn County, Indiana). Specifically, we examined women’s status in regards to such “vital signs” as educational attainment; economic security; health status; personal safety; power and leadership; and the experiences of girls.

Our study was informed by the work of the *Institute for Women’s Policy Research* in Washington, D.C., which pioneered the analysis of women’s status in each of the 50 states. In addition, we have learned from the efforts of several other women’s funds that have studied women’s status in their respective localities. While these studies may differ in their specific findings, the *Pulse* study shares with them a belief that the “prognosis” for women’s status is not pre-determined, but rather lies within the

collective will and resources of the community.

Women constitute more than one-half of the area's population and nearly half of its labor force (unless otherwise noted, all statistics in this report were taken from the 2000 *U.S. Census of the Population*). We found that women in this area are well-educated, starting businesses, leading organizations, and holding office. Yet, despite such progress, women earn less than men, and many of our children (especially among African-Americans and Hispanics) live in poverty and receive inadequate health care.

The status of women and girls reflects the overall health of our community. Yet, too often, women's voices, concerns and insights are not heard. Our goal is to present a clear picture of the lives of women and girls in Greater Cincinnati, a picture that can be used for future action. By asking women to participate in the workgroups, attend forums, and otherwise share their experiences with us, our intention was to tap women as sources of solutions to the area's problems.

Our findings are both a reason to celebrate some women's progress and a cause for concern that other women have not shared in that progress. We intend this report will connect information and financial resources to the energy and insights of women at the grassroots and regional levels to build a better region.

As such, our portrait has four objectives:

- **Educate policymakers** in the public, private, and non-profit sectors on the challenges facing women and girls in our area, and tap policymakers' power and potential for addressing those challenges
- **Inform the community** about the successes we have found, and start a dialogue about meeting the remaining needs of the area
- **Engage diverse leaders** from all sectors in a commitment to concrete action and investment in women and girls
- **Develop a long-term investment agenda** that is informed by research, strategic in its application, and monitored for progress.

We hope this report begins a wider discussion among diverse community stakeholders on what it takes to improve our community. We invite readers to



"We achieved a greater understanding of the needs of our women and girls and that will help us plan efficiently and effectively for the future. The collaboration and communication we experienced will help us become better at what we do."

—Meg Winchell, Executive Director,
Urban Learning Center



“Pulse was an opportunity to listen to what women and girls—whose voices are not usually heard—need.”

*—Lisa Factora-Borchers,
Program Coordinator, Miami
University Women's Center*

take the information in this report and apply it to their own experiences. We anticipate that a collective will to invest in women and girls of all races and ethnic groups will leverage existing talents, energies, and resources in making Cincinnati a better place to live.

1.A.1 Our Procedures: Listening to Women's Voices and Defining their Strengths and Challenges

To craft a detailed portrait with depth and vibrancy that accurately reflected the concerns of women and girls we took the following steps:

- 1. Convening.** We first assembled a Steering Committee of more than 70 women representing all sectors of Greater Cincinnati to be advocates for the study. They worked with us to identify the issues and formulate strategies for converting our findings into a set of recommendations that would have a lasting impact on our community. Many Steering Committee members served on and recruited others to sit on work groups that examined the status of women and girls in six specific domains: education and training, economic security, health, personal safety, leadership, and girls. The work groups brought together leaders from education; business; non-profit and civic organizations; government; and the philanthropic sector across the eight-county study area.
- 2. Examining.** To assist us in gathering data about women and girls, we recruited researchers with solid reputations in their chosen fields and who had experience and connections with community stakeholders. For nearly a year, these experts met with their work groups to evaluate the statistical evidence that defined our portrait of women and girls. Much of the information they gathered came from state and federal sources (e.g., census data), but occasionally they relied on data gathered locally. In addition, the researchers identified gaps in our knowledge stemming from the absence of data. Moreover, in consultation with their work groups, the researchers identified examples of “promising community practices” already underway in our region.
- 3. Listening.** Between October 2004 and February 2005, we held 18 forums for adult women and 11 forums for either teen-aged girls or parents of girls 7-12. These

forums were held in diverse settings across the eight-county study area, including the Urban League of Greater Cincinnati, Senior Services of Northern Kentucky, and the Cincinnati YWCA. Forums were held in Middletown, and in Clermont and Dearborn counties. The average age, income, and marital and housing status of forum participants closely reflect census data on these indicators, suggesting that we successfully captured a cross section of the region. In total, more than 250 adult women and nearly 30 teenage girls gathered to talk about the opportunities, challenges, and pressures they faced in their lives. Their stories give life to the aggregate statistical data we gathered and inform the recommendations we make to improve our community.

Some readers of this report will not be surprised by its findings because their everyday experiences are reflected here. For others, we anticipate that the *Pulse* findings will be presented in a new way that stimulates action in service to our community. Without knowing the problems that beset our area, we cannot design solutions to those problems.

There is no question about the wide gulf separating the experiences of whites and minorities, the middle class and the disadvantaged, suburbanites and inner city residents. There is also no question that we have the resources and the collective will to bridge that gulf. The issue before the community now is how we mobilize fiscal and human resources to create a better community for our children.

1.B. STUDY OVERVIEW

This report is about the potential for the women and girls of this region to partner with existing stakeholders to realize a brighter future for Greater Cincinnati. Deciding where we go from here requires an understanding of where

we are now. Who are the women and girls of this region? What are their successes and challenges at school and in the workplace? What roles do they play in their families and in their communities? What strategies can we develop to help them realize their goals? Answers to these questions are presented in this report.

1.B.1. Basic Demographics

According to the 2000 U.S. Census, of the 1.89 million people who live in the eight-county study area, 51.5% are female. One-half (45.5%) of the 971,000 women in the region live in Hamilton County, the region's center. Butler County, while undergoing rapid growth, is still a distant second in population, with about 18% of the region's women residing there. Dearborn County, the smallest county in the study area, has only 2.4% of the region's female population.

The region's women are quite diverse in terms of age, race, living arrangements, education, and occupation. One-quarter of the female population is comprised of girls under age 18, 61% of the population is between ages 18-64, and the remainder are age 65 and older. Broken down by race, however, the picture is slightly more complicated. The proportions of African-American and Hispanic women under age 18 are 30% and 35%, respectively, compared with 24% among whites. A younger population not only portends future demand on educational resources, but most women at these ages have not yet begun their families, suggesting that minority representation in the region will grow in the future (because minority fertility rates exceed those for whites).

Women's economic status is higher when they share household expenses with a partner. Census figures show that 76% of the area's families are headed by married couples. However, thirteen percent of all families in the eight-county study area are headed by single women who have

dependent children living with them.

The picture becomes more complex when breaking the numbers down by race or by geography. The percentage of families headed by single mothers is highest in Hamilton County (16.6%) and lowest in Warren County (7.1%). Across the eight-county region, only 9.2% of white families are headed by single mothers, and among African-American families, 41.3% are headed by single women with children. Analysts who have looked closely at the incidence of female headship contend that it has less to do with a racial or cultural preference for being single and instead is more reflective of unstable economic conditions that underlie marriage choices. In areas where employment and wages are high, families are more likely to be intact. Thus, it is instructive to note that even among African-American families, the incidence of female headship is lowest in

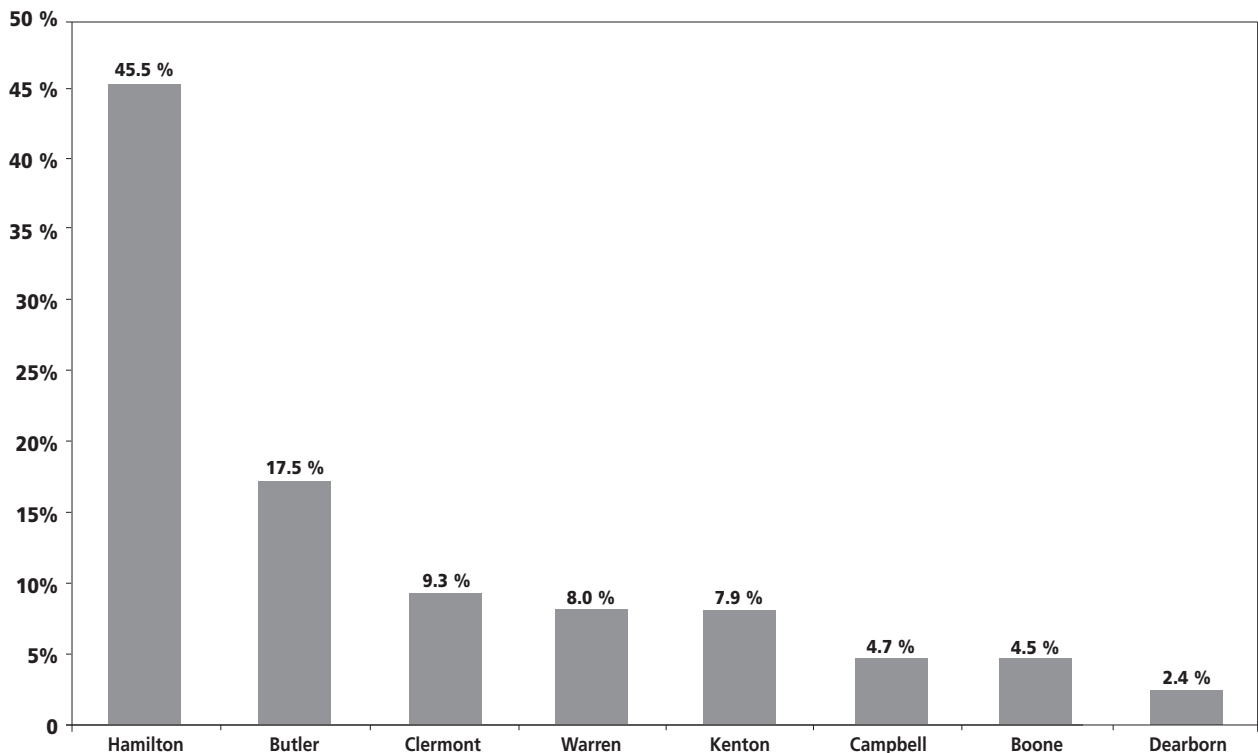
Warren County (15.8%) which is undergoing rapid economic development, and highest in Hamilton County (42.4%) where the job base has steadily declined since 2000.

1.B.2. The Racial Divide

By now, some readers may think that a single portrait of the status of women and girls obscures as much as it reveals. A description of women’s status in our region may look very different for minority women when compared with their white counterparts. We struggled with this issue in our analyses.

On one hand, race is the most fundamental cleavage in American history. No other status marker so precisely differentiates the memories and current life experiences of Americans. This is manifested in assessing the relevance of race in today’s society. In a poll commissioned by the AARP, the Gallup Organization found that a

Chart 1.1: Where do the 971,000 Women in the Region Live?





“Often we are unwilling to discuss race, but it is necessary to have dialogue in order to create efficient tools to address the obstacles that all women must overcome.”

—Brenita Brooks, Director of Development, Kidney Foundation of Greater Cincinnati

majority (56%) of whites thought that “...all or most of the goals of...the Civil Rights Movement had been achieved,” but only one-fifth of African-Americans agreed. Similarly, only 2% of whites reported being a victim of housing discrimination (denied a rental or the opportunity to buy a home), yet 21% of blacks experienced housing discrimination.

On the other hand, social scientists have clearly documented the rise of a stable and prosperous African-American middle class, manifested in better jobs, increased incomes, and rising rates of college attendance among younger minorities. Furthermore, if “white racism” is the problem, surely it is a sign of progress that the above-mentioned Gallup Poll found that two-thirds of whites would not object to a family member marrying someone of another race, and 57% of whites prefer to live in a mixed neighborhood.

Despite visible progress for the black middle class, the problems of poverty, substandard education, poor health care, segregated neighborhoods, exposure to crime, and neglect of basic community services are still affect African-Americans more than whites.

Without a common framework for defining and discussing racism, whites and blacks largely ignore the issue. Rather than acknowledging the “elephant in the room,” it is easier to ignore the looming presence of race that affects our diagnosis of Greater Cincinnati’s problems and our recommendations for improvement. The cost of our continued silence is that we make no progress in reducing the tensions between us, nor do we develop a greater understanding of our shared challenges.

In our *Pulse* forums, we gave women a chance to share their views on the region’s racial divide. One forum comment reflected the daunting challenge before us:

“There are more barriers to race and ethnicity than people are willing to discuss.”

At the same time we observed many more expressions of goodwill and a desire to work on reducing the racial disparities so visible in our area. In the words of other participants:

“The forum gave me the ability to gain a perspective not my own and grow from it.”

“We grapple with diversity. Our city’s racial divide needs to be solved one person at a time.”

“It feels like someone actually cares about what happens to us.”

...for every challenge facing women in this region, the challenge is greater for African-American women.

“I liked that my voice was heard and that the information might improve somebody else’s life.”

In addition, we examined racial and ethnic differences in our status indicators. Though we were often frustrated by the lack of data available, whenever possible, our report presents information broken down by race, ethnicity, and geographic location.

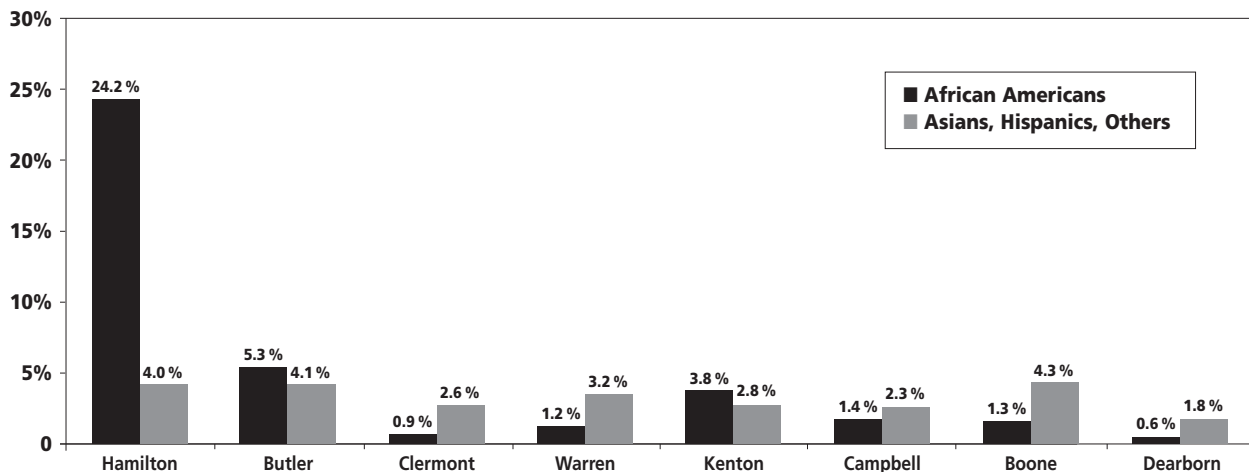
We must report that in general, for every challenge facing women in this region, the challenge is greater for African-American women. On every marker of women’s progress in the region, minority women are less likely to share in that success.

One might be tempted, then, to think that there should be two *Pulse* reports, one for majority women, and the other for minority women. But, we worry that this approach fails to appreciate that minority and majority women are united more by their experiences as women than they are divided by racial differences. Our rec-

ommendations for change, are based on the belief that the best way to assist minority women is to develop universal policy initiatives that assist all women.

While the discussion thus far has been framed in black/white terms, we are mindful that Hispanics constitute the nation’s largest minority group, and that Asians are one of its most rapidly growing. The Greater Cincinnati area reflects these national trends. While both the Asian and Hispanic communities number approximately 25,000 residents in the eight-county area, some consider these to be significant undercounts of their true presence in our area. Recent immigrants may not yet be American citizens and thus may be reluctant to respond to the census forms on which population counts are based. Both population groups diversify our local economy in their life experiences and talents, but pose literacy challenges for our community as well. Since recent

Chart 1.2: Percent of Women Who Are Minorities, by County



migrants to our area often come here in search of work, the coming retirement of the baby-boom generation will create labor shortages that immigration may partially ameliorate. To maintain the strength of the local economy, our area will need to adjust to the presence of diverse ethnic groups.

1.B.3. Six Key Indicators

Pulse: A Study on the Status of Women and Girls in Greater Cincinnati examines the lives of area women in six domains: economic security, education and training, health, personal safety, leadership, and girls.

- **Economic security:** Economic security is reflected in individuals' abilities to financially care for themselves and their family members. For women, economic self-sufficiency stretches beyond family income to access to and the cost of health care, housing and childcare, as well as services that fill the financial gaps.
- **Education and job training:** In today's economy, having the right mix of skills and training is important for securing a job and building a secure future. In our report we examine adult women's literacy and educational attainment, as well as the dearth of support services that foster women's post-secondary schooling, especially in male-dominated fields paying high wages.
- **Health:** Women's health needs differ from those of men. Besides the obvious anatomical and differences, women serve as the caregivers of society, the stresses from which contribute to their unique health challenges. In assessing women's health status, we consider access to health care, morbidity and mortality from chronic illnesses, behaviors that imperil health, and sexual and reproductive health.
- **Personal safety:** Personal safety is among the most salient issues for women of all ages. The lack of safety, wherever it occurs, restricts a woman's ability to contribute to the economic and civic life of the community. So, we examine women's safety with regard to domestic violence and intimate partner violence, sexual violence, fear of crime, and elder abuse.
- **Leadership:** By assessing women's leadership roles, we determine their potential to give back in service to our community. Failing to tap this talent pool hinders the development of gender-sensitive policies that would improve the lives of women and girls in our area. Thus, we examine women's representation in leadership positions, from elected office to corporate boardrooms.
- **Girls:** Unlike other reports of this nature, *Pulse* seriously examines the needs of dependent girls. While girls' interests may be more circumscribed, that makes them no less important. We examine girls' school performance and skill acquisition, their emotional and behavioral health, and their connections to society's institutions that would foster their future success.

Each of these sections includes detailed data on the realities of women's lives including:

- Key facts that highlight both the strengths and weaknesses of Greater Cincinnati.
- Quotes from forum participants that illuminate and add depth to the statistical portrait of women's status.
- Promising community practices that are currently underway in our region, that provide a starting point for further addressing the needs of women and girls.

1.B.4. Understanding the Portrait

In this report, we have "taken the pulse" of area women and girls in these six domains. Yet—like vital organs in the human body—each domain connects to the others in ensuring the health of the whole; the failure of any one will damage the others.

Acquiring skills is directly related to earnings and career growth. A woman's health affects her ability to hold a job, get an education, or care for her family. Violence can disrupt a woman's work or force her to leave her home, which also affects her family and future. Girls are intimately affected by the economic and physical health of their parents, but their own behaviors and choices can disrupt their parent's lives and the communities.

For the sake of interpreting the data, we separated our research into six chapters. But, keep in mind that these issues are interwoven. Perhaps more importantly, we ask policymakers to remember the interconnected nature of women's lives in developing programs and strategies for helping them realize their potential.

This report, the beginning step to understanding the lives of women and girls in our area, serves as a baseline against which our community can be measured in the future, and it stimulates action now to create the kind of community in which we desire to live.

1.C. KEY FINDINGS

There is no simple description of the status of women and girls in our area. The statistics, voices, and collaborations that produced *Pulse* present a varied picture of how women and girls in our area are faring. On some indicators, women in Greater Cincinnati are doing better than the nation's women as whole. On others, our community lags behind. A review of the key findings reveals that while women have enjoyed much success, there are tremendous challenges ahead.

1.C.1. Regional Strengths

- As in other parts of the country, females have higher high school graduation and college attendance rates. Women and girls in Greater Cincinnati also have higher proficiency scores and are better educated than their statewide counterparts in Ohio, Kentucky, and Indiana.
- Women act as a central component of the area's economy, with rates of female labor force participation (ranging from 59% to 65%) that exceed the national rate (57%). Women's earnings are essential to their family's status. Area poverty rates (ranging from 4.9% to 10.7%) are lower than the national average (12.6%) in seven of eight counties in the study area (with Hamilton County the exception).
- High rates of female employment combined with high rates of marriage ensure that 85% of area women are covered by some type of health insurance. In addition, Greater Cincinnati has a major academic health center at the University of Cincinnati. Community health clinics serving the uninsured are distributed liberally throughout the region. On one indicator, receiving prenatal care, access to health care is exemplary (ranging from 90% to 95% across the eight counties).
- Many area women are aware of social and victim advocacy services and use these services. Women in every county have access to at least one program aimed at preventing violence against women.
- Women hold key leadership positions in education. Of the 52 school districts in the region, one-fourth are headed by a female superintendent. Forty percent of the area's principals are women. At the post-secondary level, one-fifth of college vice presidents are female, and a woman is president of the area's largest university.
- The region boasts 34,064 female-owned businesses, accounting for 29 percent of all of the privately held firms. Also, some of the area's largest foundations are headed by women, including The Greater Cincinnati Foundation, Scripps Howard Foundation, the Procter & Gamble Fund, Gannett Foundation, Fifth Third Bank Foundation, the Fine Arts Fund, and the SC Ministry Foundation. Of the

...compared to women nationally, women in the region earned far less than their male counterparts. Nationally, women employed full time for a full year earned 75.5% of men's earnings; locally, this figure ranged from 65.1% to 72.9%.

150 United Way agencies in the region, 57% are run by women, as are 68% of agencies participating in the Community Shares program.

1.C. 2 Regional Challenges

- Despite generally high levels of educational attainment, many women and girls are discouraged from entering math and science programs of study. This is unfortunate because these educational skills lead to employment in high-wage jobs, which would reduce the gender disparity in pay.

Infant mortality in Greater Cincinnati (10 deaths per 1,000 live births) exceeds state averages; infant mortality among African-American women is greater than twice that for whites in the region.

- The latest figures indicate that, compared to women nationally, women in the region earned far less than their male counterparts. Nationally, women employed full time for a full year earned 75.5% of men's earnings; locally, this figure ranged from 65.1% to 72.9%. Not only do African-American women earn less than white men, in five of the eight counties in the study area, black women earn substantially less than white women as well.
- Poor women give birth to unhealthy babies. Infant mortality in greater Cincinnati (10

deaths per 1,000 live births) exceeds state averages; infant mortality among African-American women is greater than twice that for whites in the region. A contributing factor is cigarette smoking, in which area rates exceed those for the nation, as do rates of cancers of the lung and bronchus.

- The failure to systematically collect data precludes us from knowing how many women in the area are victimized by crime. Yet, survey data show that more than one-fifth (23%) of area women were concerned for their safety when walking alone in their neighborhoods. This figure is even higher among African American women (30%).
- The number of female-owned businesses in our area may be so high because the advancement of women in business/corporate and professional arenas is, in some cases, below the national average. Forum participants described a professional climate that is fraught with conflict, blatant racism, and some remaining sexism, as well as a conservative aura that seems to blanket all social, professional, and economic issues and concerns.

1.C.3. Further Insights

In addition to these findings, our research efforts led us to some overarching insights.

- In making accurate and complete assessments of the status of women and girls, we were hampered by the absence of current and comprehensive data. If we had better data on women's status—broken down by gender, age, race, and county—we could more effectively analyze

where women’s needs are the greatest, and leverage resources more effectively.

- Women contribute significantly to the strength of the region in terms of educational attainment, earnings, and leadership, but there are serious disparities based on race and geography.
- Official data may not convey the complete story regarding women’s status. Key family supports such as affordable child-care, housing, and transportation are not available to women who need them the most. In the economic security chapter, we attempt to go beyond official data to calculate a “self-sufficiency” wage, or the wage an adult would have to earn to support a family. We found that a “self-sufficiency” wage would exceed Cincinnati’s living-wage ordinance by more than six dollars per hour. Many of the region’s fastest growing jobs offer wages well below what is required for self sufficiency.
- Women and girls from all backgrounds need greater access to resources and support in school, in the community, mentors at work, etc., if they are to improve their lives and reach their potential.
- The region lacks a comprehensive strategic agenda to identify and rectify problems faced by women and girls. A unified effort to mobilize the expertise and energy of activists, business leaders, non-profit and religious leaders, and policymakers and funding sources, is needed to effectively address the problems of our community.

Keeping these insights in mind help us interpret the findings in the following chapters, and devise strategies to improve our community.

This summary of the study results was written by Dr. David J. Maume, University of Cincinnati, Pulse Research Director; and Kathy DeLaura, Partners in Change, Pulse Project Director.



“It’s important for women to discuss issues that impact their lives. In bringing these groups together, women were able to see the commonalities and differences that existed among them.”

—Dwinelva Zackery, Director of Organizational Advancement, The Children’s Home of Cincinnati

pulse

CHAPTER 2

economic security

REGIONAL STRENGTHS

- In 2000, labor force participation by women in the region (ranging from 59% to 65%) outpaced that of the national rate of women's labor force participation (57%).
- In all but Hamilton County, women's 1999 poverty rate of 4.9% to 10.7% was lower than the national average (12.6%)

REGIONAL CHALLENGES

- Compared to women nationally, Greater Cincinnati women earned far less than their male counterparts. Nationally, full-time, full-year employed women earned 75.5% of men's earnings; locally, this figure ranged from 65.1% to 72.9%. (1999 figures.)

KEY OBSERVATIONS

- Official poverty measures neglect to account for contemporary costs like childcare and

health insurance. This means that poverty thresholds underestimate the amount of economic need in the region.

- Official unemployment measures reflect the numbers of people who are out of work but looking for work. They undercount the numbers of people who have become discouraged by protracted and unsuccessful job searches and who stop looking for work. This is an especially problematic oversight in times of constricted employment availability.
- Women in the community forums revealed that one consistent factor women identified with their feelings of economic security was a marital or cohabiting relationship.
- Across the eight-county region, African-American women experienced greater poverty rates than white, Hispanic or Asian women. Hispanic women also had relatively high poverty rates in four of the eight coun-

As a proportion of the median income for female-headed households with children, childcare costs run between 57% in Hamilton County and 41% in Warren County.

ties, including Butler, Hamilton, Kenton and Campbell counties. Poverty was especially problematic in Campbell County, where the Black female poverty rate was close to one-half, 45.4%, with 62.2% of black girls and 41.2% of elderly black women in poverty.

- Also, proportionately fewer women with disabilities were impoverished than women without disabilities (2.9% of women with disabilities were in poverty compared to 4.6% of women without disabilities). But among older women (65 and older), the disabled had a higher poverty rate, 5.9%, than the non-disabled, 2.7%.
- For the four counties in Ohio, childcare costs for a single parent with one infant and one preschooler constitute between 32% and 36% of the monthly income required to meet basic needs (housing costs run second, constituting approximately 22% of this monthly income for counties in Ohio). Although prevailing market rates vary by county, childcare costs are relatively similar across counties with a “low” of \$924/month (\$11,088/year) in Hamilton County and a high of \$1008/month (\$12,096/year) in Clermont County. As a proportion of the median income for female-headed households with children, these childcare costs run between 57% in Hamilton County and 41% in Warren County.
- According to the fall 2004 Greater Cincinnati Survey, over 90% of women, men, blacks, whites, and low- and high-income

individuals reported that finding affordable, quality child care was a barrier to women’s employment. So more than 90% of residents in the city of Cincinnati, in Hamilton County suburbs, and in the other Ohio and Northern Kentucky counties.

2.A. WOMEN’S INCOME EARNING POTENTIAL

Economic security is reflected in individuals’ abilities to financially care for themselves and their family members. One traditional component of some women’s economic security has been marriage and indeed, the community forums revealed that one consistent factor women identified with their feelings of economic security was a marital or cohabiting relationship. But the individual economic security of women in our region does not reside in dependence on others; instead, such security requires the ability to economically provide for oneself and one’s family. Thus, we consider foundational aspects of women’s economic security, including both income-earning potential, and regional costs-of-living. The reader is reminded that unless otherwise noted, all statistics quoted in this chapter are taken from the 2000 U.S. *Census of the Population*.

2.A.1. Employment Rates

Data in Table 1 shows that in 2000, the labor force participation rate of women (ages 16 or older) was high in each of the eight counties. Boone County had the highest proportion of

Table 1: Women in the Labor Force, by County and by Race

	Dearborn	Boone	Campbell	Kenton	Butler	Clermont	Hamilton	Warren
All Women	62.0%	65.2%	59.7%	62.7%	59.6%	61.8%	59.2%	62.3%
Women with Children <6	65.1%	67.0%	66.1%	65.4%	62.2%	62.2%	64.4%	63.9%
Whites	59.0%	65.8%	57.0%	61.0%	57.0%	60.0%	57.0%	60.0%
African-Americans	70.0%	61.9%	56.0%	52.0%	57.0%	59.0%	53.0%	62.0%

Table 2: Female Unemployment Rates by County and by Race

2000	Dearborn	Boone	Campbell	Kenton	Butler	Clermont	Hamilton	Warren
All Women	3.8%	3.1%	4.0%	3.7%	3.8%	3.7%	4.9%	2.8%
Whites	3.8%	2.7%	3.8%	3.4%	3.0%	3.7%	3.3%	2.8%
African-Americans	*	19.9%	16.0%	12.4%	6.0%	4.6%	10.1%	1.1%
Hispanics	*	13.1%	18.1%	5.3%	9.2%	4.5%	7.9%	4.3%
Asians	*	14.9%	*	7.8%	*	3.6%	3.1%	3.4%
1990	Dearborn	Boone	Campbell	Kenton	Butler	Clermont	Hamilton	Warren
All Women	5.7%	3.8%	4.8%	4.3%	5.0%	4.8%	5.2%	4.0%
Whites	5.5%	3.8%	4.7%	4.1%	4.7%	4.6%	3.5%	4.1%
African-Americans	16.2%	0.0%	9.4%	10.7%	10.3%	19.7%	11.9%	0.0%
Hispanics	48.6%	0.0%	3.9%	8.8%	0.0%	0.0%	5.6%	5.5%
Asians	*	6.6%	16.7%	12.9%	13.6%	22.9%	2.3%	3.4%

* small sample size
Source: U.S. Census, females aged 16 and older

women in the labor force (65.2%), while Hamilton had the lowest (59.2%). These rates are higher than the national average of 57%.¹ The labor force participation rate of women with children under 6 was higher still in each county, ranging from 67% in Boone County to 62.2% in both Clermont and Butler counties.

In some counties there was a good deal of racial and ethnic variation in women’s labor force participation (see figures for Dearborn and Boone, for instance). In others, women’s participation rates were quite similar across race and ethnicity. The variation appears random, and

may be influenced by the small populations of minorities in some counties. In further analyses not shown, participation rates were far greater among the non-disabled than among the disabled; i.e., across counties, approximately half of women with a disability were in the labor force, in contrast to approximately 75% of their non-disabled counterparts.

2.A.2. Unemployment

Women’s unemployment rates—consisting of the proportion of women (ages 16 or older) who were unemployed and looking for work—

Table 3: Unemployment in the Cincinnati Metro Area, by Gender and Age

	2000		1990	
	Men	Women	Men	Women
18-29	7.0%	7.4%	7.4%	6.8%
30-44	3.1%	3.6%	3.8%	4.0%
45-64	2.8%	2.3%	3.2%	2.7%
65 & over	2.1%	2.1%	3.6%	5.4%
Total	3.9%	4.1%	4.7%	4.6%

declined between 1990 and 2000 in each of the 8 counties in the region. Yet, in many instances, there remains a large race/ethnicity gap in women's unemployment (see Table 2). In some counties there are too few racial and/or ethnic minorities to derive stable estimates of women's unemployment by race and/or ethnicity (indicated by asterisk * in Table 2). But when racial and ethnic representation is such that these figures can be computed, we see that African-American and Hispanic women are much more likely to be unemployed and looking for work than are white women. This holds for every county except Warren, which has a quite low rate of general unemployment, and an extremely low rate of unemployment among African-American women.

Data for Greater Cincinnati show that unemployment rates were similar for women (4.1%) and men (3.9%) in 2000, and such rates declined for both women and men in the period between 1990 and 2000 (see Table 3).² Unemployment rates by sex and county reflect similar patterns: men's unemployment was slightly higher than women's in some cases but slightly lower in others, suggesting little gender difference in unemployment experiences in the region. Yet with the recent economic downturns, unemployment in the City of Cincinnati region has risen. Women's unemployment remained stable during this period; men's had risen to 5.4% by 2003.³

2.A.3. Employment Opportunities

In the 2000-2010 decade, job growth in the region (projected to be 14.3%, resulting in approximately 134,000 new jobs) is expected to outpace state-level job growth (estimated to be 11% for the state of Ohio). Job growth is projected primarily in service industries, with most growth in the areas of businesses and health services.⁴ For instance, projections for the Cincinnati metropolitan area are that jobs in healthcare support occupations will grow by 778 per year in the 2000-2010 period.⁵ Job growth is also expected in retail trade and local government. Service occupations are estimated to account for an additional 34,690 jobs between 2000 and 2010, while professional occupations should grow in number by approximately 38,770 jobs.⁶ These are all



“Pulse’s definition of economic development is to enable every woman and girl to reach her highest potential. That raises the level of every family in the region.”

—Priscilla O’Donnell, Attorney

occupational arenas in which women predominate, and they represent “opposite ends of the educational attainment and earnings spectrum.”⁷

Such growth is good news for women with skills and experiences preparing them for “higher end” occupations, but the wages for many of the occupations projected to grow are quite low. The top ten fastest growing occupations in the Cincinnati Primary Metropolitan Statistical Area (PMSA) include six computer-related occupations that offer hourly wages of \$20 and above, and four service occupations (including security guards, medical assistants, home health aides, and social and human services assistants), with average hourly wages of less than \$12. The top five occupations projected to have the most annual job openings in the Cincinnati PMSA are shown in Table 4, along with the average wage in such occupations in 2002. These jobs lack the wages and benefits that would aid women in financially supporting their families.

Data on educational attainment show that women in the region are preparing themselves for careers in business. Of the total bachelor’s degrees conferred in 2003, the top degree field for both women and men is the field of business.⁸ Thus, although the next highest bachelor’s degree areas for women and men are in traditional fields (education and health for women and engineering for men), the data show that

women in the region are preparing for professional careers in large numbers. At the associate degree level, the top degree field for women is health. Although health services occupations are not traditionally highly paid, women in these occupations fare better financially when they have educational credentials than when they do not. The number of women enrolled in these educational fields may indicate that women in the region are aware that they will need some college education to improve their financial prospects. Women in the area certainly believe that a lack of education undermines economic stability. Comments like these were common:

“[a] barrier to me feeling financially secure is my lack of education.”

“Lack of the right education that would lead to a secure job has made me feel less financially secure.”

And women with lower levels of education were more likely than others to make comments like the following:

“There aren’t any factors that I can think of that make me feel financially secure.”

“I am not really sure [what makes me feel financially secure] since I really haven’t felt that secure.”

On a positive note, employment opportuni-

Table 4: Average Wage of Five Occupations with the Most Projected Annual Job Openings

2002 Hourly Wage	
Retail Salesperson	\$10.55
Cashiers	\$7.82
Food Preparation and Services	\$7.24
Wait Staff	\$7.10
Laborers and Material Handlers	\$10.89

Table 5: Gender Gap in Median Yearly Earnings by County and Race

	Dearborn	Boone	Campbell	Kenton	Butler	Clermont	Hamilton	Warren
All Women	\$26,148	\$27,414	\$27,646	\$27,523	\$27,602	\$27,613	\$28,550	\$30,862
All Men	\$38,687	\$42,105	\$37,931	\$37,845	\$42,739	\$40,739	\$39,842	\$47,027
Ratio	67.6%	65.1%	72.9%	72.0%	65.6%	67.8%	71.7%	65.6%
White Women	\$26,331	\$27,405	\$27,816	\$27,133	\$27,433	\$27,636	\$27,636	\$30,578
White Men	\$38,663	\$42,339	\$37,985	\$38,342	\$38,342	\$40,731	\$40,731	\$47,235
Ratio	68.1%	64.7%	73.2%	71.5%	71.5%	67.9%	73.1%	64.7%
Black Women	\$14,732	\$27,600	\$17,774	\$22,411	\$26,279	\$28,750	\$25,469	\$38,917
Black Men	\$50,208	\$43,750	\$37,891	\$27,037	\$37,802	\$38,333	\$30,554	\$31,131
Ratio	29.3%	63.1%	46.9%	82.9%	69.5%	75.0%	83.4%	125.0%
Hispanic Women	\$23,125	\$25,547	\$21,875	\$25,313	\$25,764	\$20,694	\$25,650	\$41,250
Hispanic Men	\$38,000	\$17,303	\$36,818	\$27,750	\$26,065	\$40,655	\$27,243	\$43,333
Ratio	60.9%	147.6%	54.9%	91.2%	98.8%	50.9%	94.2%	95.2%
Asian Women	\$14,167	\$40,975	\$26,429	\$27,986	\$30,795	\$45,050	\$27,414	\$42,333
Asian Men	\$18,625	\$46,726	\$49,444	\$44,792	\$51,875	\$61,771	\$45,391	\$61,889
Ratio	76.1%	87.7%	53.5%	62.5%	59.4%	72.9%	60.4%	68.4%

ties in privately held women-owned firms in the region are also on the rise. The Center for Women's Business Research reported that in the years between 1997 and 2004, employment in women-owned firms in Cincinnati grew by 17.4%. The number of privately held, women-owned firms increased by 11% in this period. But it appears that we can do better. Among the top 50 metropolitan statistical areas, Cincinnati ranked 42nd in the number of privately held, women-owned firms, and 36th in employment.⁹

2.A.4. Income

Nationally, full-time, full-year employed women earned \$28,000. In all but two counties, the 1999 median annual earnings of women who worked full-time and year-round were lower than the national median annual income of such women (see Table 5). Locally, median incomes ranged from \$26,148 (in Dearborn County) to \$30,862 (in Warren County). In contrast, the median income for men employed

full-time and full-year ranged from \$37,931 (in Campbell County) to \$47,027 (in Warren County). The corresponding national annual median income for men was \$37,057. In sum, full-time, full-year employed men in our region fared better than the national average, while some of their female counterparts fared less well than the national average.

Due to this discrepancy, the ratio of women's to men's wages in the region was also greater than the corresponding national figure, which showed full-time, full-year employed women earning 75.5% of their male counterparts. In the eight-county region, this ratio ranged between 65.1% (for Boone County) to 72.9% (in Campbell County). Women in the region are aware of this discrepancy. The sex gap in wages, or "gender gouging" as one community forum respondent referred to it, came up in each forum when women were asked what they thought posed barriers to their economic security.

White and Asian women earned less than

their male counterparts in each of the eight counties. African-American women and men in Dearborn County show the smallest wage ratio, with women earning only 29% of what men earned. But in Warren County, African-American women earned 125% of African-American men's earnings. In general, the gender differences in wages among Hispanics was smaller than in other racial/ethnic groups, though it was quite large in Clermont County, with Hispanic women earning only 51% of what Hispanic men earned. It is important to note that part of this county-level gender equality is due to the fact that Hispanic men have much lower median incomes than white men in the same counties. The only county for which this was not the case is Warren, where white women had a much lower median income than Hispanic women.

While the gender gap in wages is important, one forum participant reminded us that racial disparities among women are important as well:

"On my last job I noticed I was one of the hardest working people there and being a woman and an African-American, I was the lowest-paid person there. I decided it was time to get another job."

Indeed, there is a good deal of racial and ethnic variation in women's median earnings. The median annual earnings of white women were higher than for African-American, Asian, or Hispanic women in Dearborn, Campbell and Hamilton counties, but not in the other five counties. In Warren County, white women were out-earned by African-American, Hispanic, and Asian women. Women's median annual incomes were quite similar across race and ethnicity in Boone County, while such incomes varied substantially (but not categorically) by race and ethnicity in Kenton, Butler, and Clermont counties.

The sex gap in wages is driven by individual-level factors like education and experience, and

also by the differential occupational locations occupied by men and women, in addition to discrimination against women in the workplace. The 1999 occupational distribution of men and women in the area matched very closely with the national occupational distribution of men and women. Moreover, in 2003, 56% of the college graduates in our region were women. Thus, neither greater regional occupational sex segregation nor gender-based educational differences would seem to account for the relatively large regional wage gap. The sex gap in wages calls into question issues of gender equity, but the ramifications of the gap are wider reaching than sheer equity issues. The gender gap in wages is also a factor in the economic health of families.

2.A.5. Median Family Income by Family Type

Married couple families with children had higher median incomes than did married couples without children. This trend is reversed in single-headed households, with the median incomes in single parent households (both father- and mother-households) lower than those in male and female householder (no children present) families. But women-headed households with children were the most economically precarious, with median incomes ranging from a low of \$19,314 in Campbell County to a high of \$28,300 in Warren County (data not shown). Yet even the highest median income among female householders with children is lower than the lowest of male householders with children.

2.A.6. Poverty

Poverty rates declined from 1989 to 1999 in each county in the region, but women were still more likely than men to be in poverty (see Table 6). The highest poverty rate was in Hamilton County, where 13.1% of women were in poverty compared to 10.4% of men (down from 14.8% of women and 11.6% of men in 1989). Younger

women and men had more similar poverty rates; gender differences emerge over the life course. In all but Hamilton County, poverty rates for women were lower than the national poverty rate for women (12.6%). Of particular note are Dearborn, Boone, and Warren counties, each of which had fewer than 10% women in poverty. Yet the most current regional poverty data shows that in 2003, poverty in the Cincinnati PMSA was 13.5% overall, a percentage point higher than the national average.¹⁰ Ten percent of men in the Primary Metropolitan Statistical Area had incomes below the poverty line, compared with 16% of women, a much greater gender imbalance than reflected in the 2003 national poverty rate, which had 12.4% of women in poverty compared to 8.9% of men.¹¹

Data from the 2003 American Community Survey shows that an estimated 21.1% of residents within Cincinnati's city limits lived in poverty in that year,¹² and an estimated 11.4% of residents of Hamilton County did so.¹³ The Cincinnati city rate exceeded the national rate of 12.5%, the average rate for areas in the Midwest of 10.7% and the national average for central cities of 17.5%, but the Hamilton County rate was lower than the national rate.¹⁴ There was little gender difference in the 2003

poverty rate in Hamilton County. Approximately 11.6% of men and 11.2% of women were in poverty, statistics that minimally reverse the general trend of women being more likely to be in poverty, and are counter to the gender difference shown in Table 6.¹⁵ In Cincinnati city, 22% of women were in poverty while 20% of men were.¹⁶

There are also great race and ethnic imbalances in poverty experiences. Table 6 shows that across the eight-county region, African-American women experienced poverty at a greater rate than did white women (because of unstable statistics, Hispanic and Asian women are not shown). Poverty was especially problematic in Campbell County, where the black female poverty rate was 45.4%, with 62.2% of black girls and 41.2% of elderly black women in poverty. These rates far exceeded those of other counties, although the rate of poverty among black women across almost all counties was distressingly high.

In other analyses not shown, proportionately fewer women with disabilities were impoverished than women without disabilities across the eight-county region (2.9% of women with disabilities were in poverty compared to 4.6% of women without disabilities). But among older women (65 and

Table 6: Percent of Women in Poverty by County, Age and Race

	Dearborn	Boone	Campbell	Kenton	Butler	Clermont	Hamilton	Warren
All Females	7.7%	6.5%	10.7%	10.2%	9.9%	8.3%	13.1%	4.9%
All Males	5.5%	4.7%	7.9%	7.8%	7.5%	5.8%	10.4%	3.5%
All White Females	7.5%	6.3%	10.1%	9.0%	8.8%	8.3%	7.1%	4.8%
Child (%)	8.5%	6.3%	11.6%	9.9%	7.4%	9.5%	6.9%	4.4%
Adult (%)	6.9%	5.7%	9.6%	8.5%	9.4%	7.5%	7.1%	4.7%
Elderly (%)	8.5%	10.6%	9.6%	9.7%	8.4%	10.3%	7.6%	6.4%
All Black Females	4.7%	22.3%	45.4%	31.9%	23.5%	18.0%	29.9%	14.4%
Child (%)	-----	25.3%	62.2%	38.5%	28.1%	31.9%	38.4%	16.5%
Adult (%)	8.2%	22.2%	36.0%	28.0%	20.2%	14.2%	26.4%	14.5%
Elderly (%)	-----	-----	41.2%	30.3%	30.1%	0.0%	25.7%	4.5%

older), the disabled had a higher poverty rate than the non-disabled (5.9% to 2.7%).

2.A.7. Poverty by Family Type

“I work with the Catholic inner-city schools and raise funds for tuition assistance for children from low income families. Around 80% of our students come from families with a single mother as the head of household. I see so many of these young women struggling to provide for their families. Like everyone else, they want the best for their children. However, they do not have the security of a second income from a husband or the emotional support you would get from a spouse. Many of these single moms are one paycheck away from financial disaster. Raising a family in today’s world is expensive and I have observed that it is very hard to get ahead being a single mom in a low paying job.”

The statement above illustrates what is well known among those who research women’s status, which is that poverty and single headship are strongly correlated. We found this as well in our region. Data in Table 7 show that in almost every

instance, the rate of poverty in female householder families was higher than the rate in comparable male householder families. Percentages of female householder families in poverty ranged from a low of 14.1% in Warren County to a high of 27.7% in Hamilton County. The corresponding national figure in 1999 was 27%. Percentages of female-headed households with children in poverty were just over or below the national average of 34.3%. Locally, these rates ranged from a high of 35.9% in Campbell County to a low of 19.6% in Warren County. Consistent with national trends, male householders with children were less likely than their female counterparts to be in poverty; rates ranged between a high of 16.4% in Hamilton County to a low of 3.7% in Dearborn County. Similarly, poverty rates in female-headed households with no children were also considerably lower, with a high of 8.0% in Butler and Hamilton counties and a low of 2.2% in Warren County.

A recent study by the Urban Appalachian Council investigated poverty by family type in census tracts in the city of Cincinnati. Examined this way, the relationship between poverty and female-headed households was not

Table 7: Poverty Status by Family Type, 1999

	Dearborn	Boone	Campbell	Kenton	Butler	Clermont	Hamilton	Warren
Married Couple Families								
total	2.6%	2.1%	3.1%	3.0%	2.4%	2.6%	2.6%	1.6%
with related children under 18	2.6%	2.6%	3.9%	3.6%	2.9%	3.1%	3.2%	2.0%
no related children under 18	2.6%	1.4%	2.3%	2.4%	1.9%	2.1%	2.1%	1.2%
Male Householder, no wife present								
total	3.4%	7.7%	6.4%	10.6%	7.5%	11.2%	12.2%	5.2%
with related children under 18	3.7%	11.0%	8.7%	14.4%	9.7%	14.8%	16.4%	5.8%
no related children under 18	2.5%	1.8%	3.3%	4.9%	3.7%	4.4%	6.2%	4.0%
Female Householder, no husband present								
total	21.2%	19.1%	26.0%	23.5%	22.0%	21.1%	27.7%	14.1%
with related children under 18	28.5%	24.3%	35.9%	33.8%	27.5%	28.3%	35.3%	19.6%
no related children under 18	4.2%	6.5%	5.0%	3.5%	8.0%	4.5%	8.0%	2.2%

For the eight county region, a self-sufficiency wage—computed for a family of three with one adult, one infant, and one preschooler—ranges from \$16.59 in Campbell County to \$17.71 in Clermont County. These wages are more than triple the minimum wage of \$5.15 an hour.

consistent. In fact, in some predominantly Appalachian neighborhoods, poverty co-existed with dual-headed households. This pattern reflects the historic economic hardships experienced by people of Appalachian heritage.¹⁷

The poverty threshold for the year 1999 for a family of three with one adult and two children was \$13,423. The 2004 poverty threshold for this family-type was \$15,219.¹⁸ Families with one wage-earner working full-time and earning minimum wage have an annual income of \$10,300, over a quarter short of the income needed to be above the poverty line.¹⁹ This figure indicates the failure of the minimum wage to pull families out of poverty. Moreover, critics say that poverty thresholds are unreasonably low, given contemporary trends in housing, childcare, and health care costs. This is a disheartening prospect, given the high number of female-headed households in poverty.

2.B. WOMEN’S ECONOMIC SELF-SUFFICIENCY

Some critics of the official poverty thresholds have suggested other methods of measuring the economic well-being of households; these measures take into account real costs that are ignored in the focus on poverty. One such measure was developed by Diana Pearce and, in collaboration with Wider Opportunities for Women (WOW), has been computed on a county level for many states in the U.S. The Self-Sufficiency Standard takes into account regional costs for housing, food, transportation, health care, and childcare, and also takes into account tax expenditures and credits for a variety of different household configurations. These factors are combined to produce a “self-sufficiency wage,” or the wage that full-time employed adults would have to earn to cover the regional costs of running a family.²⁰

Table 8: Monthly/Hourly Income for Basic Needs for a Mother of an Infant & Preschooler

	Monthly	Hourly
Dearborn	\$2,945	\$16.73
Boone	\$3,110	\$17.67
Campbell	\$2,919	\$16.59
Kenton	\$3,015	\$17.14
Butler	\$3,047	\$17.31
Clermont	\$3,116	\$17.70
Hamilton	\$3,016	\$17.74
Warren	\$3,102	\$17.62

* Monthly wage divided by 176 hours (8 hours x 22 days)

These wages have been computed by WOW and Pearce for the Indiana and Kentucky counties but not for the Ohio counties. Relying on their methodology, we computed a self-sufficiency wage for Hamilton, Warren, Clermont and Butler counties in Ohio. For the eight-county region, a self-sufficiency wage—computed for a family of three with one adult, one infant, and one preschooler—ranges from \$16.59 in Campbell County to \$17.71 in Clermont County (see Table 8). These wages are more than triple the minimum wage of \$5.15 an hour. They are approximately \$6 more per hour than the wage the city of Cincinnati requires paid to employees of the city and city subcontractors under Living-Wage Ordinance 363.2002 of the Cincinnati Municipal Code, Chapter 317.²¹ Such figures illustrate that low-wage jobs are inadequate to ensure families’ financial security.

The largest factor in this self-sufficiency wage is the cost of childcare. For the four counties in Ohio, childcare costs for a single parent with one infant and one preschooler constitute between 32% and 36% of the monthly income required to meet basic needs (housing costs run second, constituting approximately 22% of this monthly income for counties in Ohio). Although prevailing market rates vary by county, childcare costs are relatively similar across counties with a “low” of \$924/month (\$11,088/year) in Hamilton County and a high of \$1008/month (\$12,096/year) in Clermont County.²² As a proportion of the median income for female-headed households with children, these childcare costs run between 41% (Warren County) and 57% (in Hamilton County).

Low-income mothers may qualify for financial assistance with childcare. A family of three with an annual income below \$23,505 qualifies for consideration for financial assistance from Ohio counties.²³ Clients of centers who contract with the United Way may also receive assistance; a family of three making \$28,900 qualifies for consideration in this program. Scholarship programs and sliding fee scales are other options for low-income women with children, though these options are now rare due to recent budget cuts.²⁴



“This study is the first step in understanding where we can build on our strengths as well as highlight areas for improvement which will be of benefit to all girls and women living in Greater Cincinnati.”

*—Kathy Burklow, Clinical Psychologist
& Associate Professor of Pediatrics,
Cincinnati Childrens Hospital Medical
Center, with daughters Grace and Claire*

Childcare affordability is one barrier to women's economic security. Another important barrier is childcare availability.

The expense of childcare is another barrier to financial security for low income families.

More generally, women's labor force participation has been shown to be affected by the cost of childcare regardless of income level.²⁵ As a proportion of the median family income of married couples with children under 18, childcare costs run from 15.8% in Warren County to 18.8% in Clermont County. Even for married couples with an infant and preschooler, childcare costs as a proportion of income exceed the standard of 10% recommended by the U.S. Department of Health and Human Services. Childcare affordability is one barrier to women's economic security. Another important barrier is childcare availability.

Data from the fall of 2004 shows that the total childcare capacity for the region (including childcare centers, preschools, Head Start programs, after-school programs, childcare camps, and family childcare home) was 90,672 slots.²⁶ Table 9 shows how many regulated childcare slots there are in each county compared to the number of children under 6 who have all their parents employed (including children who live with two parents, both of whom are

employed, and children who live with only one parent who is employed). This ratio ranges from lows of .59 in Clermont County and .63 in Butler and Warren counties, to highs of .82 in Boone County, .89 in Dearborn County and .93 in Hamilton County. These numbers mean that in Clermont County there are regulated childcare slots for 59% of children whose parents are employed, while in Hamilton County availability is greater, with childcare slots for 93% of such children.

The ratio we constructed of available slots to numbers of children under 6 with all parents in the workplace does not take into account alternative sources of care, like family members. In this way the ratio may overestimate childcare need. But it also does not take into account childcare needs of older children, or the fact that as work schedules deviate more and more from the "traditional" 9 to 5, childcare options have not changed in step with the realities of parents' work schedules. In this way, the ratio may underestimate childcare need. Area residents certainly perceive that the lack of affordable, quality childcare options is a significant barrier to women's employment, suggesting that

Table 9: Childcare Demand and Childcare Availability

	Butler	Clermont	Hamilton	Warren	Boone	Campbell	Kenton	Dearborn
# preschoolers needing care*	15,507	8,999	38,182	8,801	4,979	4,352	7,666	2,230
# childcare slots**	9,742	5,279	35,481	5,563	4,070	3,167	6,887	N/A
Ratio	63%	59%	93%	63%	82%	72%	90%	N/A

* Source: U.S. Bureau of the Census, 2000, Summary File 3

** Source: 4Cs. # in centers, preschools, Head Start programs, and family childcare homes.

the existing childcare slots are not adequate to fully address this barrier. In late 2004, a full 91% of respondents in the Greater Cincinnati Survey strongly agreed (67.4%) or agreed (24%) that one of the barriers women face in being employed or becoming employed is finding affordable and high quality childcare for their children. These perceptions did not differ by

socio-demographic factors or by geographic areas. Over 90% of women, men, Blacks, Whites, and low- and high-income individuals reported that finding affordable, quality childcare was a barrier to women's employment. So did over 90% of residents in the city of Cincinnati, in Hamilton County suburbs, and in the other Ohio and Northern Kentucky counties.

Dr. Sarah Beth Estes of the University of Cincinnati was the lead researcher in this domain. The Economic Security Work Group was chaired by Annette Georgin and facilitated by Isabelle Healy. This chapter was underwritten by the SC Ministry Foundation.

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CHAPTER 3

education and job training

REGIONAL STRENGTHS

- Area females, like their peers nationally, are graduating from high school and attending post-secondary education at greater rates than males.
- The regional education levels of women exceed the respective state averages.
- Numerous institutions and facilities offer instruction and training programs to meet the needs of women for all levels of educational attainment.
- There is a diversity of community agencies and programs in the study area to assist women with educational, career and personal issues.

REGIONAL CHALLENGES

- In 2000, the educational status of Kentucky

women was ranked 50th in the nation; in 2002 this ranking improved to 49th . In 2002, Indiana ranked 46th for educational attainment of women, while, Ohio ranked 43rd.¹

- Although the educational attainment of area women is higher than the state average, these rankings may suggest reconsidering state investments and governmental priorities for education in general.
- Regional high school graduation rates show that nearly three-quarters, or 74%, of African-American women and 78% of Hispanic women graduate, compared to 88% of Asian women and 84% of white women.
- Women are not represented proportionately in math and science programs of study.

Over 31,000 women have an eighth grade diploma or less, and national figures show that this group is disproportionately composed of single mothers, whose children's literacy levels match those of the mother, significantly imperiling the child's future academic success.

KEY OBSERVATIONS

- Seventeen percent (94,600) of women in the study area did not have a high school diploma. National data indicate that 75% of female high school dropouts were living in poverty and two-thirds of them were earning less than \$12,499 per year. Moreover, people with less than a high school education will be able to fill only 14% of the jobs of the future.²
- Approximately 20% of the women in this area consider themselves to be Appalachian, a regional cultural minority. Although the number of white Appalachians over 18 with high school diplomas has steadily increased over the past 20 years, nearly one in four (24%) still do not have a high school diploma, indicating that which Appalachian females are not encouraged to get higher-level schooling.
- Over 31,000 women have an eighth grade diploma or less, and national figures show that this group is disproportionately composed of single mothers, whose children's literacy levels match those of the mother, significantly imperiling the child's future academic success.³

3.A. EDUCATIONAL ATTAINMENT

“Education is central to opportunities for women.”

Women's educational attainment speaks to their capacity for economic security and to their ability to negotiate the challenges of daily life. In 2002, Kentucky ranked 49th, Indiana ranked 46th., while Ohio ranked 43rd for educational attainment for women.⁴ Although women in the study area have higher educational achievement than the respective state educational averages, these low national rankings may show the lack of governmental and local priorities to fund education.⁵

3.A.1. Women, Families and Adult Literacy

Contemporary sources define adult literacy as being able to read and write at a level which allows the adult to be successful and also being competent at math, adept in the use of technology, and capable of solving problems and making decisions.⁶ Literacy plays a significant role in the lives of women and their families. Nationally, women with less than a high school diploma who are also heads of households are more likely to live in poverty than those with a high school diploma. Having an 8th-grade education or less is a shared characteristic among 40% of single mothers and 35% of displaced homemakers.⁷ Census data indicate that five percent of area women have an 8th-grade level or less.

Literacy is formally categorized into numeric levels from 1-5: the higher the number, the higher the level of literacy.⁸ The adult literacy rate for Levels 1 and 2 (approximately at the 7th grade or below) for the U.S. was estimated at 46.6%.⁹ Data from the Comprehensive Adult Student Assessment System provide adult literacy estimates for the eight counties in the study area (not shown are national literacy figures, but local literacy rates are more favorable than for the nation as a whole).¹⁰ Table 1 shows that Dearborn County had the least favorable rates for adults within the study area, with 44% of the population at Levels 1 and 2 followed by Clermont and Warren counties both at 41%.

Currently, adult education programs in the study area target residents ages 16 and older who are not attending school. These adults do not have high school diplomas or the equivalent and are identified as having 1) English as their first language, 2) English as a second language (ESL), or 3) limited English proficiency (LEP) with diploma. When considering the adult education target population and those LEP adults with diplomas, Kentucky has the highest rate,

Table 1: Literacy Levels by County for Adults (1990 Census)

Literacy Level	Dearborn	Boone	Campbell	Kenton	Butler	Hamilton	Clermont	Warren
Working age population (ages 16-64)	28,907	17,843	21,594	34,146	223,169	663,568	110,674	86,498
% of Working age population (ages 16-64) at Literacy levels 1 and 2	44%	35%	38%	36%	39%	45%	41%	41%

followed by Indiana then Ohio (See Table 2).¹¹

A review of data by the state shows that the rates of participation by men and women in state-administered adult education programs are comparable among the three states (see Table 3).¹² Analysis by race and/or ethnic groups shows that the number of whites attending some form of adult education is greater than that of all other groups combined. This difference is expected given the distribution of racial and ethnic groups across the three states.

3.A.2. Elementary and Secondary Educational Attainment

Census data indicate that the percentage of area women with high school degrees or equivalencies slightly exceeds the national average of 80.8 (see also Table 4). The expectation that, in the U.S., white women reach the highest rates for level of educational attainment compared to other racial and/or ethnic groups is grounded in the white experience of privilege and population majority. When reviewing local high

Table 2: Adult Education Target Population, Target Members with ESL and LEP Adults with Diplomas

State	Adult Education Target with ESL			LEP Adults with Diploma		Target Member Plus LEP with Diploma	
	Adult Education Target Population	Number	Percent	Number	As % of Adult Population	Number	As % of Adult Population
Indiana	1,021,087	113,246	11%	62,255	1.3%	1,083,342	23.1%
Kentucky	897,367	36,579	4%	29,636	.94%	927,003	29.35%
Ohio	1,817,880	162,370	8%	118,943	1.4%	1,936,823	22.04%

Table 3: FY2000 State-Administered Adult Education Program Enrollment of Participants by Gender

State or Other Area	Participants by Gender		
	Total 2000 Enrollment	Percent Male	Percent Female
Indiana	41,760	52.8%	47.2%
Kentucky	37,061	48.7%	51.3%
Ohio	81,010	50.2%	49.8%

school graduation data, this expectation is met. Asian (88%) and white women (84%) in the area were more likely to have earned high school diplomas or equivalencies compared to African-American (74%) and Hispanic women (78%). Asian women exceeded the national rate for percentage of high school graduates in all counties. White women exceeded the national high school graduation rate in only three counties in the study area, although seven of the counties showed rates that are more favorable for white women in the percentage who had completed grammar school (at least ninth grade). Nationally, only 54% of Hispanic women have graduated from high school, whereas local data show that Hispanic women exceed the national high school graduation rate in all eight counties. Black women had the lowest high school graduation or equivalency rate

in the region, with 72%, which is slightly below the U.S. rate of 73%.

Overall, Boone County in Kentucky and Warren County in Ohio had the greatest percentage of women who graduated from high school or had an equivalent diploma, whereas Campbell and Kenton counties in Kentucky had the lowest rates.

3.A.3. Post-Secondary Education

When reviewing the post-secondary experience (training and college attendance after high school) for women in the area, the expected trend of white women attaining the highest level of achievement for post-secondary education was not consistent with national data. In examining the national rates of white women age 25 and older, 31% had earned a college degree, and 53% had attended some college (data not shown). Census data show that of the

Table 4: Women With High School Degrees by Race

	Dearborn	Boone	Campbell	Kenton	Butler	Clermont	Hamilton	Warren	Total
Whites	82%	86%	81%	82%	83%	82%	85%	86%	84%
Blacks	76%	93%	59%	70%	79%	78%	71%	86%	72%
Hispanics	54%	65%	71%	57%	80%	83%	83%	82%	78%
Asians	65%	96%	83%	90%	85%	89%	87%	95%	88%

eight counties, only Hamilton and Warren had rates for white women that met or exceeded the national rates. For Asian women, all counties except Dearborn met or exceeded the national rate of college graduation. Hispanic women met or exceeded national rates of attaining a four-year degree in all counties. Among African Americans, degree attainment relative to the U.S. rate varies by county, exceeding U.S. graduation rates in four of the eight counties, but falling substantially below U.S. standards in Dearborn county.

Overall, Warren and Hamilton counties in Ohio had the largest percentage of females with college degrees, while Dearborn County in Indiana and Campbell County in Kentucky had the lowest percentage of graduates. But the data for Hispanic women are specious since many illegal immigrants are undercounted. As noted in Chapter 1, census figures put the Hispanic population in the study area at just over 25,000, but agencies who work with Hispanics estimate that it may be twice that high.¹³

3.A.4. Analysis of Data on Educational Attainment

Any review of these data should use a lens that recognizes the difficulty of interpretation given the small number of some population groups living in a number of the counties. Given this caveat, the following analysis is offered.

It is generally expected that white women will have higher rates of educational attain-

ment than minority women. Regional data are not consistent with this assumption and the following information may explain this variation. Approximately 20% of the women in this area consider themselves to be Appalachian, a regional cultural minority. Although the number of white Appalachians over 18 with high school diplomas has steadily increased over the past 20 years, nearly one in four (24%) still do not have a high school diploma. The effect of the white Appalachian's educational experience may explain the lower overall academic attainment for white women in the region. Another consideration is the resistance of undocumented workers to provide census data. Many of these undocumented workers are classified by the government as Hispanic. The Hispanic women's rates of educational achievement may be much lower than estimated due to an inaccurate census count.

Additionally, consideration must be given to the transient nature of society and the development of suburbia when interpreting these statistics and identifying resulting implications. It would be easy to make the argument that the areas with the highest rate of educational attainment reflect the presence of successful schools in those areas that have provided the educational wherewithal to achieve the degrees, however this explanation may not hold after further research. What can be said is that these areas are attracting and/or retaining women who are high educational achievers.

Table 5: Women's College Degree Attainment by County and Race, 2000

	U.S.	Dearborn	Boone	Campbell	Kenton	Butler	Clermont	Hamilton	Warren
Whites	31.1%	21.3%	25.6%	23.7%	26.7%	27.2%	24.7%	35.8%	33.1%
Blacks	31.5%	3%	28.8%	15.2%	12.7%	23.3%	36%	19.3%	39.6%
Hispanics	15.4%	18.2%	25.1%	27.6%	10%	30.4%	31.1%	43.6%	42.4%
Asians	47.3%	17.2%	65.6%	60.2%	44.4%	58.5%	54.2%	65%	69.4%



“We have found that local women’s needs are tremendous. We see lots of learning disabilities and very limited resources. Pulse will give us more information so that we can find ways to fill those gaps.”

*—Bonnie Hood-Smith, Director of
Community Education,
Urban Appalachian Council*

The neighborhood choices of women with higher levels of educational achievement may be attributed to neighborhood preference and or employment opportunities. It is predictable that women with higher levels of educational attainment will prefer to reside in areas that will offer their children quality schools or that they will be willing to transport their children to quality schools in other areas.

3.B. LIMITATIONS AND BARRIERS TO EDUCATION

3.B.1. One Woman’s Story

“Brenda” was attending college and working part-time. After a rather rancorous divorce, she received custody of her children. Her ex-husband was required to provide child-support and when he became delinquent in his payments, she turned to the court system to enforce the child support payment schedule. Since he often missed his court dates, this required multiple court appearances that usually conflicted with her school schedule. At the third court appearance, extremely frustrated, Brenda expressed her disappointment in the effectiveness of the court. She was charged with contempt of court, required to spend a few hours in jail and pay a \$100 fine.

3.B.2. Women’s Perceptions of Academic Skills

Studies have shown that a lack of academic and social confidence has a negative effect on students’ academic goal setting, retention, and graduation rates. There is consistent and enduring evidence that confidence in one’s academic abilities has a significant impact on academic performance. Additionally, the expectations and experiences of families and communities have more influence on female education and career decision than women’s innate abilities.

The CIRP (California Institute of Research Programs) survey shows that there are substantial gender differences in how area male and female students view their academic competencies. Consistent with national data, female university freshmen in the study area rate themselves as academically less competent than their male cohorts. Results on the CIRP Freshman Survey, collected from four area universities, show that females rate their academic

skills as inferior to males. The inconsistency in male/female ratings is perplexing when one takes into consideration that females and males in the area enter college with comparable high school grade point averages and college entrance scores on the SAT and ACT.

The CIRP Freshman Survey, an instrument that has been administered on college campuses for 38 years, generates normative data on the characteristics of students attending American colleges and universities.¹⁴ When asked on this survey if their academic skills were above average, females were much less likely to rate their mathematic, public speaking, computer, and general academic skills as above average when compared to males. The only academic area where females and males had a similar rating was writing skills. When asked to rate their overall intellectual self-confidence, only 40% of females rated themselves as above average compared to 62% of the male survey participants.

The CIRP survey data also show that area female students feel less socially competent and are more likely to “feel overwhelmed by all they have to do.” Female students rated their emotional health, self-understanding, popularity, and risk-taking far below males. About 12% of the females reported that they were frequently depressed compared to 7% of the males. Female students were twice as likely to feel frequently “overwhelmed by all they had to do” and less than one half of female respondents rated their social confidence as above average compared to two-thirds of the male survey participants. This lack of social self-confidence and risk-taking behavior has an effect in the classroom. Studies show that when compared to males, females are less likely to participate and ask questions in the classroom setting. In general, men tend to respond to questions more confidently, aggressively, and quickly, regardless of the quality of their responses. Women, due to their lower levels of academic and social self-

confidence, tend to wait longer to respond to a question in class, choosing their words carefully, reflecting on the question, and constructing an answer before they speak.

These feelings of academic inadequacy resonated in the *Pulse* Community Forums. Women talked about a lack of emotional support to pursue education and low academic expectations set by family members. Comments like these were typical:

“I was expected to cook, clean and raise babies after I graduated from high school”

“There is less value placed on the woman’s career. We are ‘expected’ to take off for the childcare, etc. We still make less than a man regardless of education level”

“I put myself last, most of my studying was done from 11 p.m. to 2 a.m. or I just stayed up all night”

Often, family members do not encourage women to finish high school, nor to pursue post-secondary education. In addition, women (predominately women who identified themselves as Appalachian or African-American) indicated that their families often discouraged them from pursuing higher education. These participants explained that their families were apprehensive, thinking that if they attended college, they might intellectually and culturally drift away from the family.

3.B.3. Lack of Educational Support Programs

Forum participants talked about being pigeonholed by school systems. Few were encouraged by teachers or school administrators to pursue higher-level mathematics programs. A number of females indicated that, because of low family income and/or minority status, they felt that they had been counseled to pursue a less rigorous curriculum as opposed to a college preparation program.

Women also spoke about the lack of career guidance in high school. They reported that the major focus of school counselors was course scheduling, and they received little guidance or assistance with exploration of post-secondary or career opportunities. This notion of a lack of appropriate career guidance is borne out in a recent review of the 2002 ACT results of Kentucky seniors (1800 students who attended public high schools in five northern Kentucky counties).¹⁵ Only 35% of the students who reported teacher education as a career goal and 45% of the students who intended to study a health care field had the requisite ACT composite scores to be accepted into these college programs. One may speculate that these students were neither informed, nor were they confident enough to do independent investigation about the entrance criteria for specific college majors. Since ACT scores are strongly correlated to high school course curricula, it is probable that had these students been more informed about college and career requirements, they may have elected to take more rigorous coursework in high school. It is possible that an early intervention career guidance program could have substantially changed a female's career of choice.

A review of degrees awarded from 22 area colleges and technical schools during the 2002 academic year shows that there was a significant gender gap in regard to students' major areas of study. While 59% of all degrees were awarded to women, the majority of these degrees were in traditionally defined female fields. Forty-two percent of 10,377 degrees earned by women in the region were in education or health professions. Women earned 79% of all the education and 84% of the clinical health degrees. Conversely, women earned only 18% of engineering bachelor's degrees, 16% of engineering technical degrees, and 37% of computer/information technology degrees (See Table 6).^{16,17} Females continued to lag behind their male counterparts in science, math and business areas of study. Even though 59% of all degrees were earned by females, the following chart shows that males continue to outpace females in academic programs that lead to careers commanding higher



"Pulse is a balance of quantitative information for studying trends and qualitative information for understanding how people are impacted by their environment."

—Sue Weinstein, M.D., Executive Director,
Discover Health! Adventures in Learning

salaries. Table 6 displays the number and percentage of academic degrees (by program) awarded in the study area and beginning salary information compiled by the National Association of Colleges. The average starting salary reported for nurses was \$38,500, and \$33,100 in other health professions,¹⁸ jobs in which women are likely to be employed.

Additionally CIRP Freshman Survey results showed that females, when compared to males, are more concerned about their ability to pay for college expenses. Consistent with national data, 71% of females had “some” or “major” concerns about their ability to finance college; while only 59% of males had similar concerns. Community forum participants indicated that when family financial resources were limited for education pursuits, those funds were typically committed to male family members. The CIRP survey results also showed that there are increasing numbers of women who feel that they need to work to pay for college expenses. A record high 52% (up from 35% in 1989) of 2003 female freshmen indicated that “there was

a very good chance they need to get a job to pay for college expenses” compared to 38% of male respondents.

The average annual amount of loan debt accrued by students who attend colleges or universities in Kentucky is \$3,018; in Ohio, \$3,060; and in Indiana, \$3,231. A review of the 22 area schools showed a range of the average annual loan amount to be \$2,526 to \$6,450 with approximately 58% of all students borrowing funds through the Federal Financial Aid Programs.¹⁹

A study conducted at a local university showed that females were disproportionately more likely to borrow money for college than males. Sixty-five percent of loan recipients were female.²⁰ This gender disparity in loan activity influenced the proportion of students in majors that accrue debt. Students within traditionally defined female fields were more likely to borrow money. More than half of the students enrolled in education, social work, and nursing programs had Federal loans, compared to 25% of the majors in information sys-

Table 6: Academic Degrees by Discipline and Gender of Graduates

Discipline	# of Females Receiving Degrees	% of Degrees Earned by Females	Average Starting Salary
All Degrees	10,377	59%	N/A
Architecture	67	39%	\$35,000
Physical Science	114	39%	\$38,000
Management/Marketing	1,194	44%	\$35,300
Business Administration	1,411	45%	\$38,000
Mathematics	70	49%	\$44,600
Engineering	157	18%	\$45,800
Computer/Information Technology	252	37%	\$45,000
Education	2,108	79%	\$30,500
Clinical Health Programs	2,065	84%	*

* Nursing \$38,500; other health professions \$33,100

The students who accrued the highest-level college debt were those with the lowest earning potential after graduation

tems/computer science, electrical, and manufacturing engineering. The students who accrued the highest-level college debt were those with the lowest earning potential after graduation. There are, however, special programs available to education and nursing majors in which graduates of these programs can have loans forgiven if they are employed in areas with critical shortages of nurses or teachers.

3.B.4. Scarcity of Acceptable Child Care/Other Factors

Access to affordable, reliable and safe childcare is a necessity for many women who wish to continue their education. Childcare for infants and children—both well and sick children—needs to be available during work, school and study hours. A continuing issue discussed in the community forums was the availability of quality, accessible and affordable childcare. Numerous women believed that they needed to defer continuing their education until their children reached school age.

Forum participants also identified the need and the expense of health insurance, especially for single mothers. Given that few part-time jobs provide affordable health insurance, many could not consider any option other than a full-time job. Even full-time employers do not always offer health insurance, and those that do may not contribute sufficiently to the plan for the women to be able to afford the premiums. For example, in the 2004 academic year, Kentucky state employee health insurance premiums increased significantly. Women employed as part-time school bus drivers who opted for health insurance received no pay at the end of the pay period. Instead, these women

wrote out a check to the school district to cover the total cost for the employee health insurance premium.²¹

A schedule comprised of full-time employment and full-time school is not possible for many women for a number of reasons. First, low-income jobs do not provide enough funds for adequate childcare, school supplies and typical living expenses. Second, dependable mass transit is not available in many suburban and rural locales in the study area. Third, there may not be enough support to provide a secure and stable home life necessary for families with children while the mother is working and attending school.

3.C. SERVICE AND SUPPORT

The forum participants identified and discussed the supportive agencies and services that allowed them to further their education. These resources allowed them to select educational options that best met their needs and the needs of their families. A continued theme across all forums was the support of important people in their lives. This support was provided by a number of sources, such as: partner/spouse, family, friends, mentors, coworkers, teachers and school counselors. It also came in the form of encouragement, assistance in the home, financial assistance, academic and career guidance and childcare, especially for single mothers.

Forum participants also recognized the importance of institutional support. Employer assistance was identified as especially important. Because of flexible work hours and tuition reimbursement, some women are able to continue their educational efforts. Strategies that were assistive included employer-sponsored



“So much of the progress women haven’t made isn’t visible. When we can’t see it we can’t fix it. Pulse brings all those challenges into light and supports its recommendations with hard data.”

—Mary Stagaman, Assistant Vice President, Community Relations and Marketing, University of Cincinnati

training; community and federal financial aid; job-readiness training programs; co-op programs; employee assistance programs; community services; non-traditional, alternative education; temporary employment agencies; unemployment agency training; classes to assist with dressing for success and resume building; on-site childcare; and networking to learn about available programs.

The availability of regional community colleges and vocational training was identified as helpful. These institutions were viewed as accessible, less expensive, and more accommodating in the transferability of credits. Besides these general services and supports that could be offered to women who seek to increase their human capital, we note in particular the items below, which many women mentioned to us in various settings:

- **Childcare.** In a telephone survey of a number of local colleges and universities, we found that only one third of these institutions offered childcare to students. The majority of these provided childcare only on a regularly scheduled basis as opposed to a drop-in basis.
- **Career Development and Guidance Services.** Community colleges and universities provide services designed to help students learn about traditional and newly developed career paths. Once a student identifies the career of choice—one that matches her interests, natural strengths and resources—advisers can help select a program of study. At a time close to graduation, students receive assistance in developing resumes and interview skills. Information on potential employers is available to students through these centers.
- **Employer Support for Educational Reimbursement.** Employer education reimbursements can play a significant role in continuing education for women. The researchers conducted a telephone survey of the 10 largest local employers and found that the majority of companies provide educational benefits to employees. Most of the employers offered tuition reimbursement after successful course completion (one employer required a grade of “A” to be eligible

for reimbursement and only one employer provided funding for developmental coursework). Some of these practices, while intended to help women, actually may create additional barriers to women wishing to further

their education. Many women do not have the financial resources to cover tuition and supplies up front, and the additional risk of not achieving the required grade may rule out this benefit.

Stephanie Baker, MRC, and Dr. Ann M. Dollins, Northern Kentucky University, were lead researchers in this domain. The Education and Job Training Work Group was chaired by Beth Smith and facilitated by Helen Habbert.

pulse

CHAPTER 4

health

REGIONAL STRENGTHS

- Greater Cincinnati is a major metropolitan center that has a major teaching and research medical institution, and multiple health care systems.
- Community health clinics that serve both the insured and uninsured are distributed liberally throughout the region.
- Breast cancer rates for women in our region are stable and falling, and are below national averages in some counties.

REGIONAL CHALLENGES

- Heart disease is the leading cause of death for women over the age of 35 in the Greater Cincinnati area, with rates for African-American women being significantly higher than national rates.
- One-half of the women in the region report heights and weights that classify them as mildly to moderately obese.
- Rates of cancers of the lung and bronchus are increasing in women in the region. Cigarette smoking as a health risk behavior has increased among women in our region, and greatly exceeds that of smoking rates among women in the United States.

- Hamilton County has the highest incidence of chlamydia (a leading indicator of a rise in HIV/AIDS) in the region, with a rate greater than two times the national rates for women.
- Mental health concerns are prevalent among women in the region, affecting almost one-third of the women in the region.
- Although the rates of HIV/AIDS continue to be higher in men than women, in Hamilton County, rates of HIV/AIDS in African-American women are about three times higher than the rates in Caucasian women.
- Lack of data was a barrier in identifying regional health priorities and solutions for Greater Cincinnati women. While many more health indicators should be considered, information regarding prevalence and trends in women by county, for multiple factors such as health care coverage, culturally competent health care screenings, stress and environmental factors was unavailable. The lack of data available on women's mental health was particularly notable.

KEY OBSERVATIONS

- Breast cancer rates in our region, although slightly higher than national rates, are falling.
- African-American women are at greater risk for

heart disease, diabetes, death from breast cancer, and pregnancies ending in infant mortality.

- While the Greater Cincinnati Community Health Status Survey (2002) shows that greater than 85% of area women have some type of health care coverage, women at the community forums indicated that health care

is limited and/or controlled by a lack of comprehensive coverage.

- Cultural sensitivity, especially linguistic competency, as well as perceived negative perceptions of ethnically diverse and lesbian or bisexual clients by health care providers are issues of concern for our region’s women.
- Infant mortality rates, particularly among African-American women in Hamilton County, greatly exceed national rates.

Table 1: Percentage of Population Under Age 65 Without Health Insurance Coverage 2002

By Gender	
Men	18.2%
Women	15.6%
Indiana	14.8%
Kentucky	15.5%
Ohio	13.5%

By Race	
White	15.3%
Black African-American	19.3%
Asian	17.2%
More than one race	19.2%
Hispanic Latino	33.8%

Poverty Level All Ages	
100% poverty level	31.4%
100-150% poverty level	32.8%
150-200% poverty level	25.6%
200% poverty level	10.9%

Urban vs. Rural	
Inside MSA* (urban)	16.1%
Outside MSA* (rural)	18.9%

* MSA-Metropolitan Statistical Area

4.A. INTRODUCTION

Women have health risk factors and health needs that differ from those of men. These differences not only relate to anatomical and reproductive function differences, but are complex and multifaceted. Women serve as the caregivers of society, often having responsibility for the care of children, the sick, disabled, and the elderly. Women also function in multiple roles within their homes, workplaces, and communities. These factors contribute to unique health challenges. Women of ethnic minorities in the United States face additional health challenges related to poverty, discrimination, ethnic/cultural differences, and the resulting decreased access to affordable quality health care.

In our analyses, we focused on the following indicators of women’s health in the Greater Cincinnati region: access to health care; incidence and prevalence of and mortality from chronic illness and disease; health risk behavior patterns; and sexual and reproductive health. We did consider other health indicators, but discarded them due to lack of data to clearly define the situation in regards to the health of women in the region.

4.B. ACCESS TO HEALTH CARE

Access issues that prevent women from receiving adequate health care can take many forms. In this report, we will discuss access in terms of insurance coverage, general health care, and comprehensive reproductive health care.



“Before we can make progress in addressing the status of women’s health in Cincinnati, we need to start with knowing where we are.”

*—Claudia Harsh, MD,
Alliance Institute
for Integrative Medicine*

4.B.1. Health Insurance Coverage

“It is very important to have insurance, without that, we can’t get the proper treatment we need.”

“My mother held 3 jobs to make sure we had adequate health care.”

Over 85% of women in our region are covered by some type of health insurance, according to the 2002 Greater Cincinnati Community Health Status Survey.¹ The number of women who have comprehensive health care coverage, however, is unknown. We recognize that amounts and types of coverage vary by gender, location, employment, socioeconomic status and race. National figures may shed some light on these issues, and are displayed in Table 1 (based on data from the Centers for Disease Control).² Lack of any health care insurance coverage is most prevalent among those just above poverty level. Sources of insurance include group pre-paid plans provided by employment of self or spouse, or government plans such as Medicare, Medicaid or the Veteran’s Administration. According to the Health Foundation of Greater Cincinnati, low income and uninsured people seek care at community health centers, health departments, and hospital outpatient clinics.³

Lack of adequate health insurance remains the major financial barrier to receiving adequate health care for women. However, the issues surrounding insurance extend beyond the “haves and have-nots” of coverage. Women speaking in the *Pulse* community forums communicated that women who have coverage may have catastrophic policies with large deductibles that limit their ability to seek health care services. Uninsured women may have incomes that prohibit them from meeting the qualifications for Medicaid, yet do not have coverage provided by their employers. For other women, not being able to afford co-payments for office visits and medications make health care costs prohibitive.

4.B.2. Access to General Health Care

Access to general health care refers to women’s ability to obtain routine health screenings and care for illness management. According to the Greater Cincinnati Community Health Status Survey (see end note ¹), 86% of the women queried had visited a health care professional for a routine checkup within the past year with only .4% of women stating that they had never had a routine health examination.

Only 59% of women had had their blood cholesterol checked within the last year and 14% had never had their blood cholesterol checked. The optimal interval for cholesterol screening is uncertain. According to the U.S. Preventive Services Task Force, reasonable intervals include every five years, and shorter intervals are recommended for people who have lipid levels close to those warranting therapy, and longer intervals for low-risk individuals who have had low or repeatedly normal levels.⁴

Seventy percent of women queried in the Greater Cincinnati Community Health Status Survey (see end note ¹) had received a Pap smear in the past year. In Ohio, 88% received cervical cancer screenings, 80% in Kentucky, and 83% in Indiana in 2003; the national average was 68%.⁵ Of women 50 years of age and above, 71% had reported having a mammogram within the past year.⁶ Ninety-five percent of the women queried had their blood pressure measured in the past year. According to the Health Plan and Employer Data and Information Set (HEDIS) Benchmark Report, of those women covered by insurance providers in Ohio, Indiana, and Kentucky, an average of 75% had mammograms in Ohio, 76% in Kentucky, and 75% in Indiana, in 2003;⁷ the national average was 66%.⁸ The Southeastern Indiana Cancer Network in Dearborn County provides cancer education and screening for women and has provided over 900 free mammograms since 2001.⁹

Overall, these data show that general health care screenings are relatively available and accessible to women in the region.

4.B.3. Access to Comprehensive Reproductive Health Care

Women's reproductive health care includes routine screenings for abnormalities of the reproductive system including cancers, provision of appropriate contraception including emergency contraception, screenings for sexually transmissible infections, prenatal care, and abortion services.

The Institute for Women's Policy Research produced a composite picture of women's reproductive rights in the United States. This report placed both Ohio and Indiana in the bottom third of all states and Kentucky in the middle third. This evaluation was based on health care providers, public funding, contraceptive coverage, mandatory sex education in schools, the attitudes and strategies of government, legislative bodies in providing health care resources for women, infertility treatment, waiting periods for abortions, and second parent adoption (adoption by one member of a same sex couple).¹⁰

Public policies and restrictions regarding the administration of contraceptive services for women may limit their choices in decisions about their health. As of 2004, neither Indiana nor Kentucky mandated hospital emergency departments to offer or provide sexual assault survivors with emergency contraception. Ohio, however, is required to give information about emergency contraception and to provide it upon request, or if it is not available, to give information on how to obtain it. If the physician does not provide this service, the woman must be referred to another health care provider. There is, however, no enforcement mechanism for this mandate.¹¹

4.B.4. Access to Health Clinics

In the Greater Cincinnati area, 50 community health clinics provide women's health care throughout the region with varying levels of service.¹²

- A strength of Ohio, Kentucky, and Indiana is high access to prenatal care, according to the United Health Foundation. The reported percentages of women who receive prenatal care during the first trimester of pregnancy in the region are exemplary, ranging from 89.6% in Kenton County, Kentucky to 94.7% in Warren County, Ohio.¹³

- Mobile mammography services provide services to women in 24 locations, with financial assistance provided for uninsured and underinsured women who meet eligibility requirements.¹⁴
- Abortions in Ohio, Kentucky, and Indiana, are significantly lower than the national rate of 21.3/1000 women of reproductive age, with rates of 16.5/1000, 5.3/1000, and 9.4/1000 respectively, according to the Guttmacher Institute.¹⁵ The rates of abortions have declined in all three states since 1996. It is not clear whether this rate reduction is related to women’s choices to carry to full term, or to improvement in sexual education and available contraception, or to a decrease in available providers.

4.B.5. Barriers to Health Care Access

In our community forums, women throughout Greater Cincinnati identified language barriers, negative perceptions by health care providers, and lack of knowledge of cultural differences, as being problematic for women who differed in race or ethnicity from providers. For example:

“The medical establishment is geared towards servicing the needs of white women, not black women or Latinas. For examples, there is a lot of attention paid to breast cancer, which is more prominent in white women, and not cervical cancer, which is more prominent in black women.”

Women who do not feel “culturally safe” in the health care setting are less apt to seek care and to follow prescribed regimens. Achieving cultural competency is a complex task for health care providers. Language barriers between health care providers and their non-English speaking clients are of growing concern. According to the 2000 Census, there were over 55,000 households in Ohio that were identified as linguistically isolated. Linguistic isolation is defined by the census bureau as a household in which all members ages

14 and above have some difficulty with English.¹⁶

Women who live with physical disabilities face distinct challenges when attempting to access routine health care. The lack of adjustable mammography equipment and motorized examination tables for routine pelvic exams make it less likely for women who have a disability to receive these needed health screenings.¹⁷

Lesbian women may also face special challenges when accessing health care. The Institute for Medicine convened a committee on lesbian health research priorities in 1997 to assess the strength of the science base regarding the health problems of lesbians. The committee did not find that lesbians are at higher risk for any particular health problem because of lesbian orientation. They noted however that risk may be different because of differential access to services. According to one advocate for lesbian health in Cincinnati, lesbian women often do not have their lifestyles addressed appropriately by health providers leading them to feel less accepted in the health care setting.¹⁸

4.C. ILLNESS AND CHRONIC DISEASE

4.C.1. Cardiovascular disease

In our region, cardiovascular disease is the leading cause of death in women over 35 years of age.¹⁹ The Centers for Disease Control and Prevention report that between the years of 1996 and 2000 the average rates of heart disease deaths in women over 35 years of age in our region were greater than 400 per 100,000 women. Rates in African-American women exceeded 500 deaths per 100,000 women. Rates of heart disease in women nationally were reported at 438/100,000 for the same time period.²⁰ Cardiovascular disease is the leading killer of women in the U.S., accounting for 54% of women’s deaths in 2001.²¹ Women who have myocardial infarctions (heart attacks) are more likely to die within the first year

following their heart attacks than are men. Factors that increase the risks for heart disease are diabetes, smoking, and obesity, as well as age and genetic factors.

4.C.2. Cancer

The National Cancer Institute reports that rates of deaths from cancer of the lung and bronchus in women in our area are rising and above U.S. rates in all counties except for Clermont, where rates are stable (53.6/100,000), but still above U.S. rates (41/100,000). Lung cancer death rates in the Greater Cincinnati region are some of the highest in the country (at 55.9/100,000 in Hamilton County, OH).²² The Healthy People 2010 objective for this area is 44.9/100,000 deaths. These data should be viewed in relationship to the increased rates of cigarette smoking in women. (See the "Health Risk Behaviors" section).

Breast cancer death rates are stable and falling in the Greater Cincinnati region. Caucasian women are more likely than African-American women to develop breast cancer; however, African-American women are more likely to die of the disease. Death rates from breast cancer in African-American women in Hamilton County are reported at 34.7/100,000 whereas in Caucasian women rates are 30.9/100,000. This difference is most likely related to stage of diagnosis and access to screening and treatment. The National Cancer Institute reported a national rate of breast cancer deaths of 27/100,000 women in 2001.²³ Overall cancer deaths in the region were at 183.1/100,000 women. Overall cancer rates are rising in Butler County, falling in Hamilton County, and were stable in the remaining counties in the region. The national Healthy People 2010 goal for all cancer deaths in women is 159.5/100,000.²⁴

4.C.3. Respiratory Illness and Disease

It appears that women are experiencing illnesses involving their respiratory system at rates

higher than men, including pneumonia, bronchitis, emphysema, asthma, and chronic airway obstruction according to data provided by the Greater Cincinnati Health Council. Data compiled from discharge data for all hospitals in our region, by age show that among young adults (ages 18-35), the number of women with respiratory illnesses requiring hospitalization exceeded men by 22%. The gender ratio dips to 17% among mature adults (36-65), but jumps dramatically among older adults, such that older women (65+) are hospitalized for respiratory illnesses at a rate that exceeds men's by 42%. As a category, respiratory diseases represented the greatest number of hospitalizations for women of all the illnesses and chronic diseases included in this report.²⁵

The American Lung Association reports that dust and soot in the air have been linked to an increase in lung disease. Reports released by the Ohio Public Interest Research Group in September, 2004, rated the Cincinnati-Middletown area, Ohio, Indiana, and Kentucky as having the 11th highest levels of year round soot out of 47 cities studied in the United States.²⁶

4.C.4. Diabetes Mellitus

Women with diabetes are 7.6 times as likely to suffer peripheral vascular disease as women without diabetes. The risk for cardiovascular disease is the most common complication attributable to diabetes. The Greater Cincinnati Community Health Status Survey (2002) reported that 7% of women indicated they had been told by a health care provider that they had diabetes.²⁷ This self-reported data compares favorably to national rates. About 9% of all women in the U.S. over the age of 20 have diabetes. Rates of deaths due to diabetes in women in Indiana in 2001 were 25.2/100,000, 25.1/100,000 in Kentucky and 28.9/100,000 in Ohio, only slightly greater than the national rate of 23 deaths/100,000.²⁸ According to

Anthem Blue Cross and Blue Shield, prevalence of diabetes in women covered by Anthem Blue Cross Blue Shield insurance in the eight-county region ranged from 2% in Dearborn County to 4.4% in Hamilton County. These data represent only those women who are insured by Anthem Blue Cross and Blue Shield.²⁹ Nationally, in 2001, Diabetes Mellitus Type II was the 5th leading cause of death among women. The prevalence of diabetes is about 2-4 times higher among African-American, Hispanic/Latino, American Indian, and Asian/Pacific Islander women than among Caucasian women.³⁰

4.C.5. Obesity and Overweight

Overweight and obesity are identified as major risk factors for illness and death, while significantly impairing quality of life. Overweight is defined as body mass index (BMI) of >25, and obesity as >30. The Greater Cincinnati Community Health Status Survey utilized self-reported heights and weights to calculate body mass index in its respondents. Of the women queried, 50% were identified as obese, in categories from mild to very severely obese.³¹ These responses were consistent with national trends. The Centers for Disease Control and Prevention reported that in 2002, 46.9% of women aged 18 and older were overweight, whereas, 21.4% were obese. African-American women and Hispanic women were more likely to be overweight and obese.³²

Obese parents tend to have obese children, although the girls' study research team was unable to locate reliable data on rates of childhood obesity broken down by gender, race, and county. However, they did locate one published study, conducted with black and white adolescents living in suburban greater Cincinnati, and found that the rate of overweight boys and girls exceeded national rates (except among white female teens).³³

4.D. HEALTH RISK BEHAVIORS

4.D.1. Smoking

Cigarette smoking and tobacco use are significant health risks for numerous diseases, especially cardiovascular disease and respiratory disease. In our region, the results from two surveys indicated that women in the Greater Cincinnati area are smoking at higher levels than national averages. According to the Greater Cincinnati Community Health Status Survey, 30.6% of women responded that they were current smokers.³⁴ The 2003 Behavioral Risk Factor Surveillance System (BRFSS) survey reported prevalence rates of current women smokers of 24% in Ohio, 28% in Kentucky, and 24% in Indiana.³⁵ These percentages are significantly higher than the 19.4% of women current smokers in the U.S. reported by the CDC.³⁶ To achieve the Healthy People 2010 objective, these percentages would have to drop to fewer than 12% of adults.

4.D.2. Physical Activity

Women were asked in the Community Health Status Survey about their routine of physical activity. Physical activity was identified as "exercise or work which lasts at least 20 minutes without stopping and makes you breathe heavier, and your heart beat faster." Forty percent of women reported exercising at least 3-5 times per week. Sixty-two percent of women reported that they have been trying to increase their amount of physical activity that they engage in during an average week.³⁷

4.E. SEXUAL AND REPRODUCTIVE HEALTH

4.E.1. Chlamydia

Untreated sexually transmissible infections in women may lead to infertility, more serious gynecological conditions, and undesirable pregnancy outcomes. Chlamydia is one of the most prevalent sexually transmissible diseases in our region.

Lung cancer mortality rates are especially troubling in that they are among the highest in the country and trends are rising. Smoking rates among women in our region are higher than national rates of women smoking.

In our region in 2003, Hamilton County had the greatest incidence of chlamydia with a rate of 815.1/100,000 women. Warren County had the lowest rate at 119.1/100,000 women.³⁸ Northern Kentucky counties reported a range of between 132-201/100,000 cases of chlamydia in 2002.³⁹ Incidence of chlamydia in women nationally was reported at 304.3/100,000.⁴⁰

4.E.2. HIV/AIDS

The incidence of new cases of HIV/AIDS in African-American and Hispanic women is a cause for alarm. As of December 2000, women were only 17% of the HIV/AIDS cases reported in Hamilton County and 18% of cases reported in Indiana. African-American women represented 70% and 49.5% of the cases respectively. Nationally, African-American and Hispanic women represent about 25% of all U.S. women, but they represented about 75% of AIDS cases in women through 2000.⁴¹ In Kentucky, the Northern Kentucky Development District accounted for 8% of the state's AIDS cases. However, these data were not delineated by gender.⁴²

4.F. SUMMARY AND DISCUSSION

The findings of this report show that women in the Greater Cincinnati area face health issues that require aggressive interventions from the community to significantly change health outcomes such as these:

- Cardiovascular disease is the leading killer of women in our region, followed by cancers of the lung and bronchus.
- Being overweight and obese, major risk factors

for many chronic and acute illnesses, are creating serious health concerns for about half of the women in the Greater Cincinnati area.

- Lung cancer mortality rates are especially troubling in that they are among the highest in the country and trends are rising. Smoking rates among women in our region are higher than national rates of women smoking.
- Respiratory illness and disease appear to be a leading cause of hospitalization for women in our region. The high incidence of smoking and high air particle counts is probably a contributing factor.
- The incidence of chlamydia in Hamilton County is two times greater than the national incidence for this disease.
- Breast cancer rates in our region, although slightly higher than national rates, are falling. African-American women are at greater risk for heart disease, diabetes, death from breast cancer, pregnancies ending in infant mortality in Hamilton County. HIV/AIDS rates are about three times higher in African-American women than the rates in Caucasian women.
- A significant number of women in the region around the poverty level find themselves without any health care insurance coverage, and/or dependent on their spouse's health care insurance and/or without comprehensive coverage, affecting their ability to care for themselves.
- Cultural sensitivity, especially linguistic competency, as well as perceived negative perceptions of ethnically diverse and lesbian

Infant mortality rates, particularly among African-American women in Hamilton County, greatly exceeded national rates.

or bisexual clients by health care providers are issues of concern for women in the region.

- Policies that restrict access to emergency contraception are limiting to women's reproductive choices.
- Infant mortality rates, particularly among African-American women in Hamilton County, greatly exceed national rates.
- Rates of the sexually transmissible infection, chlamydia, exceed national rates.

4.G. OTHER AREAS OF CONCERN

The researchers recognized that there were areas of concern for which exploration revealed little or insufficient data.

- Data regarding the environment and its effect on women specifically was not available. Women's exposures to toxic chemicals in their home and work environments warrant further study, as well as the impact of food offerings in neighborhoods and workplaces affecting diet and nutrition, opportunity for physical activity, and safety of housing.
- Data regarding health care concerns for women with disabilities was not found.
- Gender specific information on mental health, stress and its impact on the health status of women in our region was not found.
- Gender specific information on dental health, an aspect of health care known to be crucial to overall health, was not available.

Dr. Donna Zell Shambley-Ebron of the University of Cincinnati was lead researcher in this domain. The Health Work Group was chaired by Elizabeth Schar and facilitated by Patricia Z. Timm.

pulse

CHAPTER 5

personal safety

REGIONAL STRENGTHS

- Many women are aware of social and victim advocacy services and use these services.
- Women in every county have access to at least one program aimed at preventing violence against women.
- A recent local study was undertaken to document the prevalence and incidence of different types of elder abuse, including psychological/ emotional, control, physical, and sexual abuse, and threats against women age 55 years and older.

REGIONAL CHALLENGES

- The FBI's Uniform Crime Report (UCR) rape rate per 100,000 female population (18 plus) for Butler, Clermont, Hamilton, Kenton and Boone counties are higher than their respective state's UCR rape rate.
- A large number of women do not report their victimization to law enforcement or seek services and victims still experience barriers to services for a variety of reasons.
- There is no comprehensive system or coordinated system to collect accurate and reliable data on violence against women.

- Few, if any, rigorous violence prevention or victim advocacy program evaluations have been completed in the region
- Domestic violence occurs in and impacts on the workplace but many Cincinnati-area businesses are not aware of related issues and do not provide education and assistance to those affected.
- A sizable percentage of residents in the eight counties, notably those living in the city of Cincinnati, perceived that women were unsafe in their homes and walking alone in their neighborhoods. Thirty percent of African-Americans perceived women as unsafe compared to a smaller percentage of whites.

KEY OBSERVATIONS

- The amount of violence against women in our communities is underestimated.
- Anecdotal understanding of the causes of violence against women in our communities, the nature of violence, and the perpetrators of the violence exist but little scientific research exists on the topic.
- There have been few systematic attempts to measure the effects of violence on women's

physical, mental, and economic well-being, or estimate the unmet needs of women who experience abuse in Greater Cincinnati.

- There are few, if any, rigorous evaluations of “what works” in our communities to reduce the incidence of violence against women and to provide effective social services, criminal justice response, medical care, mental health services, and advocacy.
- Service provider data indicate that domestic violence is a reality in our communities that affects women of all ages, including domestic violence that spills over into the workplace.
- Eleven of the 13 death cases reviewed by the Hamilton County Domestic Violence Fatality Review Board from 1994-96 involved women victims. From 1997-99, domestic violence took 17 more lives.
- The “official” rape rates in Hamilton, Butler, Clermont, and Boone counties were higher than the national average from 1992-2002.
- Twenty percent of Greater Cincinnati residents perceived women to be unsafe while walking in their respective neighborhoods.
- Forty-eight percent of older women experienced at least one type of abuse since becoming 55 years of age.
- Women at nearly every forum said the YWCA Battered Women’s Shelter, Rape Crisis and Abuse Center (formerly Women Helping Women), Women’s Crisis Center, and YWCA House of Peace are community supports. Cultural issues, language, and socio-economic status were cited most often as barriers to women seeking help.

5.A. INTRODUCTION

Personal safety—being safe from crime and fear of victimization—is among the most salient issues for women of all ages. A recent national-level study commissioned by the Center for the Advancement of Women reported that domestic violence and sexual assault have moved to the forefront of women’s concerns, surpassing abortion rights.¹ Women’s concern for their personal safety is also evident in their level of fear of crime. Research consistently has shown that women are more likely than men to worry that they will personally experience sexual assault or murder.² It is



“Pulse makes it clear that women’s struggle for equality is not over. I am hoping the Pulse study will stir discussion of our next steps and new challenges.”

*—Marilyn Maag, Attorney
& Partner, Strauss & Troy*

not unusual for women to take special measures to protect themselves from crime that occurs outside of the home, such as walking in the middle of the street to avoid being cornered, carrying a weapon, and staying away from neighborhoods that are perceived as being dangerous.³ With these descriptions as a backdrop, the safety section examines the personal safety of women in the Greater Cincinnati area. Four safety topics are examined: domestic violence and intimate partner violence; sexual violence; fear of crime; and elder abuse.

5.B. DOMESTIC VIOLENCE/ INTIMATE PARTNER VIOLENCE

Domestic violence (DV) —completed, attempted, or threat of physical, psychological, financial, social, and/or sexual abuse against a family member or household member—is a reality for many women in our local communities. Within DV (which includes parents and siblings), perpetrators of intimate partner violence (IPV) include current or former spouses, unmarried spouses, and girlfriends/boyfriends. Included in IPV are heterosexual and same-sex couples.

5.B.1. Estimates of Domestic/ Intimate Partner Violence

Women reported being victims in 85% of the 790,000 intimate partner victimizations reported by the National Crime Victimization Survey (NCVS) in 1999.⁴ Results from the 2002 National Crime Victimization Survey reported that women experienced an estimated 494,570 rape, sexual assault,⁵ robbery, aggravated assault and simple assault victimizations at the hands of an intimate partner. An estimated 1,200 women and 400 men are killed by their intimate partner each year.⁶

Regrettably, national survey data on women's victimization is more accurate than local data from official sources. Local courts and police departments inconsistently define intimate partner violence (e.g., some jurisdictions count

instances of violence between siblings while others do not), and keep sporadic counts of DV/IPV. Given this situation, we are unable to provide definitive evidence on the magnitude of DV/IPV in the region. Nevertheless, in its deliberations, the personal safety work group is confident in asserting that because of its size, the number of cases of DV/IPV is highest in Hamilton County, but after taking population size into account, the *rate* of victimization against women is equally high and worrisome in all counties in the study area. Even so, when allocating resources to address the problem, one may want to examine the actual frequency of DV/IPV rather than the rate of occurrence relative to county size. With this in mind, we consider a few statistics below that highlight the problem of DV/IPV in our area:

- In 2004, the number of domestic violence and felonious assault cases requiring a response from the police totaled 4,495 in Hamilton County,⁷ followed by Butler County with 3,375 cases.
- Eleven of the 13 death cases reviewed by the Hamilton County Domestic Violence Fatality Review Board from 1994-1996 involved women victims and all involved IPV. During the next three years, 1997-1999, domestic violence took 17 more lives.

5.B.2. Domestic Violence in the Workplace

Research has shown that DV spills over into the workplace, but little is known about the extent and nature of DV in the workplace outside of the media's coverage of high profile cases. There are also few studies of employers' needs to address workplace DV or their responses to it. As one forum participant put it:

"Employers don't understand the role they can play in keeping women safe."

One local study of businesses done in 2004 by the YWCA of Greater Cincinnati shows that of

the 210 business personnel that responded:

- Forty-seven percent reported knowing nothing/very little about the occurrence of domestic violence in the workplace
- Sixty-eight percent reported that there are no resources or program(s) in their company that address DV in the workplace
- Thirty percent reported having personally dealt with DV situations at their place of employment. Close to half (48%) reported providing counseling support to the individuals. Twenty-seven percent contacted the police, security, or the boss, and 24% got personally involved (e.g., gave time off to the victim or changed a phone number).

In this survey, a large percentage of business personnel requested information about workplace DV and were interested in training programs. Among the requests for information were: domestic violence resources and contact lists; warning signs of DV and how to handle an abusive situation; DV safety planning for employees; and provision of hands-on training and on-going technical support and consultation.

5.C. SEXUAL VIOLENCE

Rape, or forced penetration without consent, affects many more females than males. For example, the National Violence Against Women Survey (NVAWS) reported that nearly 18% of surveyed women said they were raped in their lifetimes compared to 3% of men. Estimates from the 2003 National Crime Victimization Survey report a similar pattern in the rape/sexual assault rates per 1,000 persons age 12 and older. The female rate was 1.5 per 1,000 compared to the male rate of 0.2 per 1,000.

One source of comparable rape estimates across all eight counties is the FBI's Uniform Crime Report (UCR). Figures 1a and 1b present the annual rape rates per 100,000 female population 18 years and older for the United States

and each of the eight counties for nine years, 1992 to 2002. The UCR reflects only those rapes known to and recorded by law enforcement. Ohio's reported rate of rape is similarly to the rate for the United States from 1992 to 2002. Of notable interest:

- Over time Hamilton and Butler counties have the highest reported rape rates followed by Clermont and Warren counties.
- From 1992 to 2002, Kentucky's UCR reported rape rate was lower than the rape rate for the United States. During this eleven-year time period, Boone County's rape rate was higher than Kentucky's rate for every year with the exception 2002.
- From 1994 to 2002, Indiana's reported rape rate was below the nation's rate. Dearborn County's rape rate was far below both the nation's and Indiana's rate.

5.D. FEAR OF CRIME

Fear of crime affects far more people in the United States than crime itself (Warr, 2000). Numerous studies have reported that women are more fearful of being violently victimized than men, with women's fears overshadowed by the fear of being raped (Fisher and Sloan, 2000). At the local level, the Greater Cincinnati Survey (GCS) shows that out of over 1500 residents surveyed (also see Figure 2):

- 5.1% perceive women to be not very safe or not safe at all (unsafe) in their respective homes.
- Almost 10% of the residents from the city of Cincinnati perceived women to be unsafe in their homes.
- 20.8% of respondents perceived women to be not very safe or not safe at all walking alone in their respective neighborhood compared to being unsafe in their home (5%). The largest percentage of GCS respondents who perceived women to be unsafe walking alone in

Table 1a: FBI UCR Rape Rate per 100,000 Female Population 18+

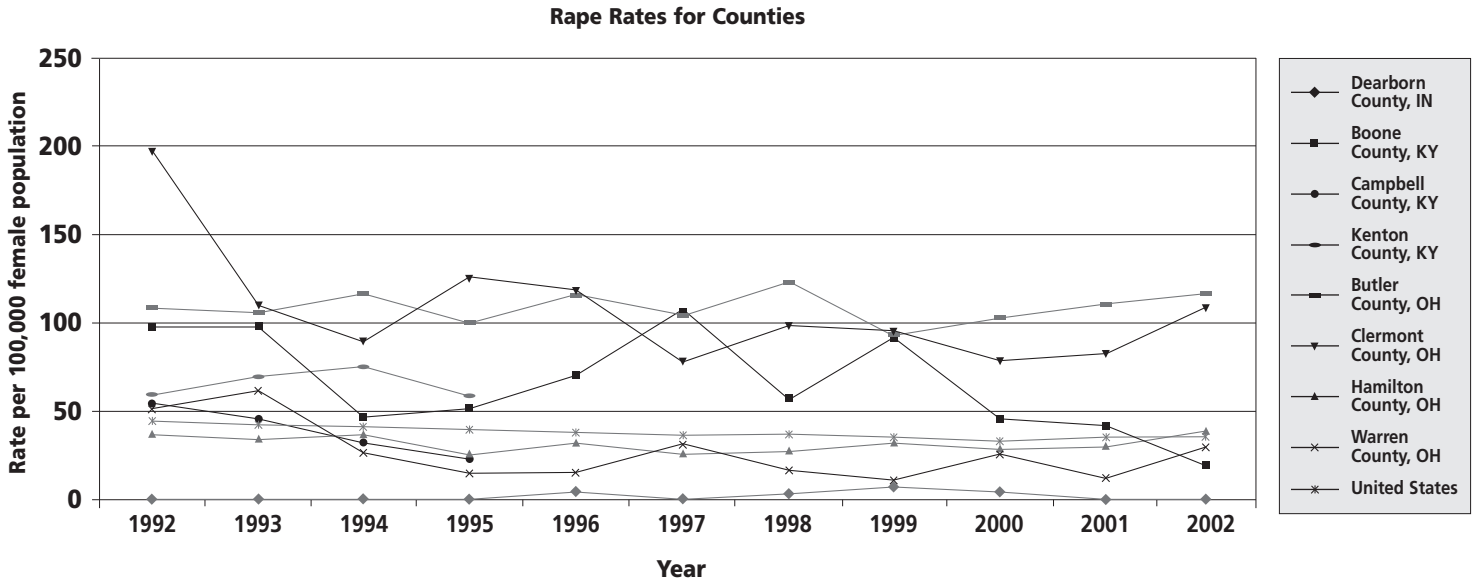
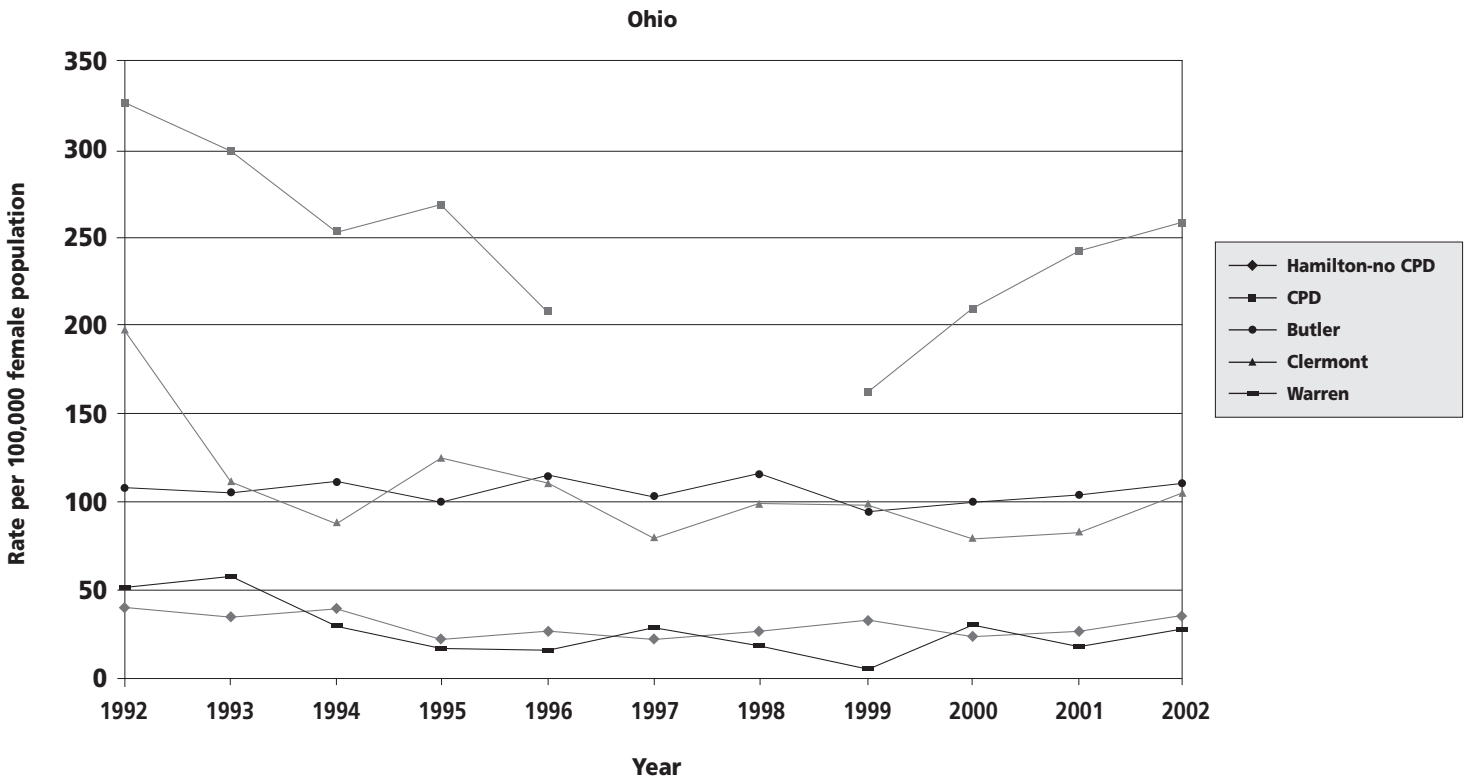


Table 1b: FBI UCR Rape Rate per 100,000 Female Population 18+



their community resided in the city of Cincinnati.

- 5.7% of females perceived women as not very safe or not safe at all in their homes compared to 4.1% of the men.
- 23.2% of the females perceived women as not very safe or not safe at all walking alone in their neighborhoods compared to 16.9% of the men.
- Over twice as many African-Americans (9.9%), perceived women as not very safe or not safe at all in their homes compared to whites (4.1%).
- A larger proportion of African-Americans, 29.9%, perceived women as not very safe or not safe at all walking alone in their neighborhoods compared to 18.1% of whites.

5.E. ABUSE AGAINST OLDER WOMEN

Very little data exists on the rate of elder abuse experienced nationally. The actual number of elders abused in our counties from official APS or police statistics is difficult to determine. The Women's Health and Relationship Survey (WHRS) offers insights into the abuse of older women in our local communities. It is important to note that the perpetrators of abuse against older women are not always intimate partners, and are more likely to be children or other caregivers.

- 48% of the women had experienced at least one type of abuse since the age of 55.
- 45.2% experienced psychological/emotional abuse; 12.3% were threatened.
- 5.7% experienced elder mistreatment (withholding of medication or medical care, or insisting on going into doctor's exam room with respondent).
- 4.4% experienced controlling behaviors (routinely checked on in way that made respondent afraid, not letting respondent go to work or social activities, talk with, or see friends).
- 4.2% experienced physical abuse; 3.2% were sexually abused.

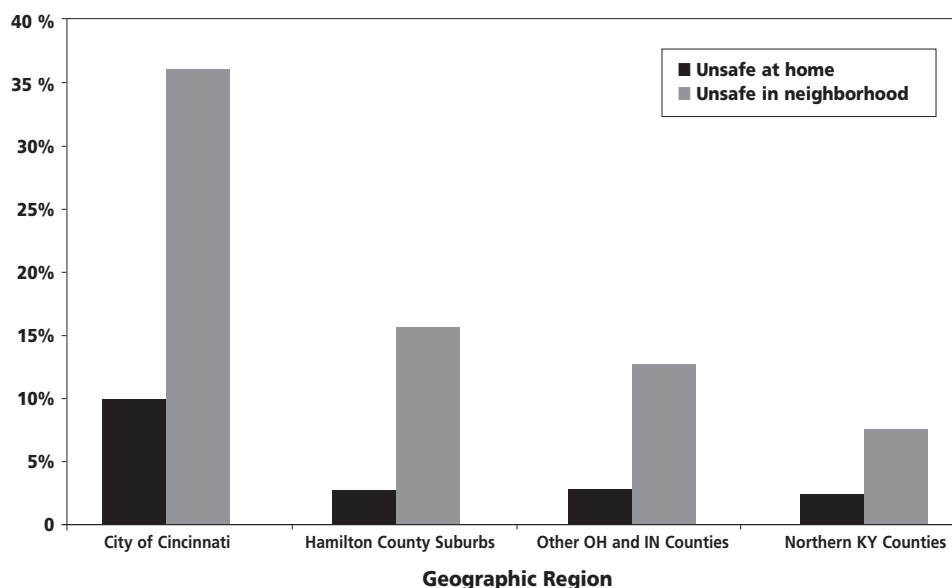
5.F. HELP-SEEKING AND ASSISTANCE

There are several means by which abused women can seek help in addressing abuse situations. Nationally, between 1992 and 2000, approximately 30% of



"The process of engaging almost 500 women from throughout the region provided Pulse with not only the data but, I believe, the collective will to take action, to create change."

—Barb Rinto, Director,
UC Women's Center

Table 2: Perceptions of Safety in Greater Cincinnati Area

rape/sexual assault victims contacted police,¹¹ while approximately 50% of intimate partner violence victims did so.¹² Victims can also seek help from battered women's shelters, hotlines, and family. Locally, victims engage in a wide variety of help-seeking behaviors:

- **Calling law enforcement.** There were approximately 78 calls for violence per week, or 11 calls per day across the four Ohio counties in 2003.¹³
- **Seeking social support.** In a study of 59 abused women from the Cincinnati area, 70% of non help-seeking women and 72% of help-seeking women chose to tell another family member or friend.¹⁴
- **Contacting service providers.** The YWCA/ Women Helping Women Protect Hotline¹⁵ received 18,923 calls in 2001, an increase 4% from 1999 (Community Assessment Report). The Women's Crisis Center of Northern Kentucky Hospital Advocacy program served

16.76 individuals per 10,000 females in 2002 (n = 218).

- **Contacting medical personnel:** From January 2004 to August 2004, 202 people were treated for domestic violence and 169 people who were sexually assaulted were treated in University Hospital's emergency room in Hamilton County.¹⁶

There is a consensus among researchers and practitioners because national-level, as well as smaller-scale studies, consistently have found that non-reporting of criminal victimizations is common, especially for violent crimes committed against women. To illustrate, the 2003 National Crime Victimization Survey results reported that 62% of all rapes/sexual assaults¹⁷ and 50% of violent acts by intimate partners¹⁸ were not reported to the police. Among the most frequently given reasons for not seeking support or assistance across all the local counties during the Pulse community forums were fear of retaliation from the batterer; victims' embarrassment, guilt, and shame; a distrust of law enforcement;

an inability to get needed services; and finances. In regards to financial constraints, the comment below was typical:

“Finances are the key. If they [abused women] feel able to be secure, they can stay on their own, if not they go back to him [the abuser]. Some women are unable to keep abuser out of their life.”

Adding to financial problems that prevented women from moving to safer situations, women were critical of the criminal justice for failing to protect them from abusers. Many complained about the “red tape” in a system that takes months/years to get results, often because juries were reluctant to convict male abusers, and judges who fail to grasp the seriousness of the abusive situation. Finally, women complained of

a haphazard collection of social service and legal agencies, who were well-intentioned, but who failed to share information with other agencies about the abusive situations. This prevented women from getting all of the services they needed to escape their abusers. This brings the problem full circle, as low-income women fail to get the resources they need to escape abusive situations and instead return to dangerous neighborhoods. Two comments from the community forums illustrate these points:

“There aren’t enough positive support systems that help children and parents [women] in abusive situations.”

“Because of our jobs and trying to support our families, we live in cheap places and they are not safe.”

Dr. Bonnie S. Fisher of the University of Cincinnati was the lead researcher in this domain. The Personal Safety Work Group was chaired by Jean Sepate and facilitated by Margie Wells Davis.

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CHAPTER 6

leadership

REGIONAL STRENGTHS

- There are women in key leadership positions in all of the areas examined in this report, including education, government and politics, business/corporate/professional, and non-profit/philanthropy.
- Cincinnati's postmaster, city manager and superintendent of schools are all African-American women.
- The president of the University of Cincinnati—the region's largest employer—is a woman.
- There are 34,064 women-owned businesses and they account for 29 percent of all of the privately held firms.
- Women are in leadership roles at many of the largest philanthropic foundations in the area, including The Greater Cincinnati Foundation, Scripps Howard Foundation, the Procter & Gamble Fund, SC Ministry Foundation, Fifth Third Bank Foundation and the Gannett Foundation.

REGIONAL CHALLENGES

- Relatively few women (in relationship to men) hold elected or appointed key govern-

mental positions.

- There are few women in corporate leadership pipelines; 67% of the top publicly held companies have either no women or one woman currently serving in the kinds of leadership positions that lead to becoming chief executives.
- Nationally and in our region, men rather than women serve as the chief executives in large charitable organizations. Only one of the United Way organizations with revenues greater than \$10 million, is led by a woman; in organizations with revenues greater than \$5 million, 14% are run by women.

KEY OBSERVATIONS

- Women control significant amounts of wealth and resources and occupy positions of leadership that make them well placed to change the future of philanthropy in the area.
- A large number of excellent programs for and about women and women in leadership are already in existence.
- Women leaders who participated in two special forums shared the positive experience of having role model, mentor, or other caring adult as a vital element to their success. They

said they were also supported by their connections to friends and family, and network of other women leaders.

6.A. INTRODUCTION

Women in leadership: no longer an oxymoron but far from a “done deal.”

Without question, there are many women in the United States and in the world who have reached further and achieved more than any other group of women in history. Today, women in the United States represent more than half of the country's population. They earn 52% of the bachelor's degrees awarded, 57% of all master's degrees, and, 51% of all doctoral degrees.¹ Of those women who work outside the home, approximately 32% are in professional and managerial occupations. Women control 83% of household spending and make up 1.6 million of the top wealth holders in the country, with a combined net worth of almost \$2.2 trillion. By 2002, there were approximately 6.2 million majority-owned, privately held, women-owned firms in the country which accounted for 28 percent of all privately held firms in the U.S. Those firms employed 9.2 million people.² Following the 2004 election, 14 women serve in the U.S. Senate and a record 10 women are governors of their states.³

And yet, much remains to be accomplished. Achievements and positions of leadership for women are not equally distributed across the country and parity with men, no matter the field, no matter the region of the country, remains the goal. In this report, we have examined the status of women in comparison with men in the Greater Cincinnati region in regard to positions of leadership in the areas of education, government and politics, corporate/business/professional, and non-profit/philanthropy. We have noted some of the most successful and promising practices in our region and we have recommended future steps that we believe will achieve our goal—parity.

6.B. LEADERSHIP IN EDUCATION

The Greater Cincinnati region is fortunate to have 30 state-supported and private institutions of higher education able to support the full range of educational training and degree goals and objectives of its citizens. Among the 30 institutions are those that are dedicated to providing



“It is important to have solid data that confirms what we have already suspected—that we need to continue to work on the empowerment of women in our community.”

—Charlene Ventura, President & CEO, YWCA of Greater Cincinnati

education and training in a specific professional area such as the Southwestern College of Business, the Cincinnati College of Mortuary Science and the College of Art Advertising; others that provide the full range of baccalaureate through graduate degree programs such as Miami University, Xavier University, and Northern Kentucky University; and one large (over 30,000 students) research intensive university, the University of Cincinnati.

Women have made significant advances serving in major positions of leadership in the region's 30 institutions of higher education. While the number of men leading higher education institutions continues to be greater than the number of women, change is clearly on the way. For example, the 2004 Higher Education Directory reports that of the 47 people who hold the title and have the responsibilities of "president" or "academic vice president," 10 or 21% are women and three of the 10 are presidents or heads of the institution.⁴ Moreover, the president of the largest university in the region is a woman.

One of the reasons the future for women's

leadership in higher education institutions looks so promising is an initiative that provides key leadership experience coupled with structured learning in higher education administration to academic and administrative women across the region. The initiative grew out of a program started at the University of Cincinnati in 2000. In 2004, the UC program was expanded to create the Higher Education Collaborative for Women's Leadership Development. There are six participating institutions: the University of Cincinnati, Cincinnati State Technical and Community College, Xavier University, Northern Kentucky University, the College of Mt. St. Joseph and Miami University. Women on each of these campuses now have the opportunity to go through a formal leadership development program.⁵

Not only have women in the region begun attaining the most powerful leadership positions in our colleges and universities, they have also clearly started to advance in our school districts. Of the 52 school districts in the eight counties of our region, 13—or 26%—are headed

"As community leaders, we need to be in the forefront of change, finding bold solutions to the community challenges so clearly identified in Pulse. Working together, we can make women healthier, better educated and financially independent, while elevating more women into leadership roles. The future of our region depends on us."

—Nancy Zimpher, President, University of Cincinnati



PHOTOGRAPH BY LISA VENTRE

by a woman. Moreover, in the school districts in many of our largest counties, an ever increasing number of women are serving in positions that are typically considered to be “pipelines” for becoming a district superintendent (assistant superintendent, central office administrator and building principal) while simultaneously holding a Superintendent Certificate License or an Assistant Superintendent Certificate License that is also necessary for advancement. For example, in Butler County 55 women are in these pipeline positions (compared to 61 men) and 45% of them hold the Certificate License. In Hamilton County, the numbers are even more favorable. Women hold slightly more pipeline positions than do men (133 women and 124 men) and 52% of the women have the Superintendent or Assistant Superintendent Certificate License. In all, it certainly appears that women educators in our region have prepared themselves or are in the process of preparing themselves to assume the most powerful positions of leadership in a school district, superintendent.

Women are also beginning to close the gender gap in terms of leadership as elementary, middle school and high school principals in the region's public school districts. Although there are still more men serving as principals than there are women, by the 2004-05 academic year 40% of the building principals in seven of our counties were women. Moreover, in the Catholic schools in our region, more women than men serve as a building principal. In fact, the larger the student population, the more likely you are to find a woman serving as principal. For example, in Butler, Warren, Hamilton and Clermont counties, in schools with more than 500 students, nine women and six men are principals. In schools with 250-500 students, 14 women are principals as compared to 10 men.⁶

Interestingly enough, women are also beginning to be selected and elected to state boards of education. In the three states discussed in this

report, the State Superintendent of Education in Ohio and in Indiana are women and in Kentucky there are six women and six men who serve on the State Board of Education. Thus, within the region's school districts and on its college and university campuses, women who hold major positions of leadership are beginning to be well represented.

6.C. GOVERNMENT AND POLITICS

The importance of women's participation and leadership in all levels of government and politics cannot be overstated. Political participation is the principle way in which women can influence the policies that affect their lives and the lives of their families and communities. When women actively campaign and vote, seek public office for themselves and other women, and are genuinely part of the political landscape, research and experience indicate that the public policy agenda and the way the political/governing system works changes. Interestingly enough, there are high levels of agreement among women and men legislators that the presence of women has made a difference in the extent to which legislatures give attention to and legislate on matters pertaining to women and to spending priorities. In fact, research by the Center of American Women in Politics at Rutgers University in 2003 as well as earlier studies of state legislatures, the United States Congress, city councils, and state executive and municipal offices indicate that women who enter public/elective office bring new ideas, new priorities and a new way of thinking about the role(s) of government in the lives of its citizens. For example, studies of state legislatures show that women state legislators are somewhat more liberal and feminist than their male colleagues and are more likely to be in positions (on committees) to act on issues of health, welfare and human services than are their male counterparts. In surveys of people serving on city councils, women were found to

...less than 35% of the women eligible to vote in Ohio, Indiana, and Kentucky actually did vote in the elections of 1998 and 2000.

be more egalitarian than men in attitudes toward male and female roles, more likely to call themselves “liberal” and more likely to support city planning measures.⁷

Overall, then, women who are in public/elective office can make a very real difference in the lives of citizens in their community, city, state and nation. While in recent years there have been some positive steps in our region, the Greater Cincinnati metropolitan area is not uniformly well represented in terms of the number of women officeholders as compared to the number of men who hold public office. In the United States Congress, for example, only five of the 33 House of Representatives members from Ohio, Indiana and Kentucky are women (three are white and two are African-American) and there are no women representing our region in the Senate. In the state legislatures, however, while there are still far fewer female than male legislators, women have begun to make their presence known (although as a region it continues to fall short of the national percentage of 22.5%). In Ohio, 19% of the legislators are women (19 are white and nine are African-American); in Indiana 18% (22 are white and five are African-American); and 11% of Kentucky's state legislators are women (all are white). While there are no women serving as governor in the region, Ohio and Indiana each has a woman serving as lieutenant governor. In addition, in Ohio a woman is the State Auditor, in Indiana a woman serves as Auditor General, and in Kentucky, in 2003, a woman was elected Auditor of Public Accounts. Of the women in state executive offices, in Indiana and Kentucky all are white.⁸ In Ohio, one is white and one is African-American. In the cities and villages

that compose our region, 25% of the county commissioners are women (although it remains true that the commissioners in the area's largest counties are men) but only 11% of the mayors are women⁹—a percentage that places us on the lower end of the spectrum when compared with cities and villages in metropolitan areas such as Indianapolis where 18% of the mayors are women or Louisville where 17% of the mayors are women. Perhaps most alarming, however, is the finding from the 2004 report *On the Status of Women in the States* which indicates not only low office-holding percentages in our region (the study's Composite Index on the number of women holding elected office gives Ohio and Kentucky a grade of D- and Indiana a grade of C-) but the fact that less than 35% of the women eligible to vote in Ohio, Indiana, and Kentucky actually did vote in the elections of 1998 and 2000.¹⁰

Clearly, the political power and leadership of women in the cities and counties that compose the Greater Cincinnati region has not yet reached its potential. Women have significant ground to cover if their political views, philosophies and action orientations on issues important to them and important to society are to be represented in government and politics. All women must be educated about the need to vote and the power their votes can have if they use them. In cooperation with organizations in the Greater Cincinnati region such as the League of Women Voters, the Cincinnati Women's Political Caucus, the American Association of University Women, Black Career Women, and the YWCA, forums to encourage dialogue about the ways in which women's political participation is so frequently related to perception of

gender roles must be held and women of all ages and races must be encouraged to attend. Ongoing workshops and training sessions for women on political activism must be offered and, in cooperation with the region's colleges and universities, intensive candidate coaching and strategy courses must be conducted to encourage and educate women to seek elective political office.

6.D. CORPORATE/BUSINESS/ PROFESSIONAL LEADERSHIP

In the 1960s and the early 1970s, the United States Congress enacted four pieces of legislation that were designed to counter longstanding barriers to success for women in education and in employment: the Equal Pay Act; Title VII of the Civil Rights Act; Title IX of the Higher Education Act; and the Equal Credit Opportunity Act. At the beginning of the decade (1960) in which this legislation took place, women who worked full-time and were employed year-round earned 60.7 cents for every dollar paid to men who worked full-time and year-round. Now, as an editorial published in *The Cincinnati Enquirer* (September 21, 2004) noted, women have annual earnings of \$1.2 trillion, 68 million of them are in the labor force and they make up 47% of all workers. The editorial also pointed out that women who work full-time and year-round have increased their ratio of earnings as compared to men who work full-time and year-round to 76 cents for every dollar paid to men—which is a one-cent decrease from 2003. In fact, it is calculated that the wage gap between women and men will not disappear until the year 2039.

There are, of course, pockets of improvement. Women have made gains in education (52% of college graduates are women, they earn 57% of all master's degrees and 51% of all doctoral degrees awarded in the United States),¹¹ they have the economic power to make 83% of all consumer purchases, and almost a third of all

businesses in the country are owned by women. Moreover, nationally, 33% of all women workers are in professional and managerial occupations (although the percent of women in these fields is much larger in some states than it is in others), and as a survey by Catalyst Research Group and published in *The Wall Street Journal* indicates, the majority of female senior executives in the country's 1000 biggest companies have the same aspiration as their male counterparts—they want to become their employer's chief executive.¹² But, even with ambition, problems persist. Women are not moving rapidly through managerial positions in the nation's largest corporations. For example, only seven Fortune 500 companies have a female chief executive and in 2002, women accounted for just 15.7% of corporate officer positions and 5.2% of top earners at Fortune 500 companies. In addition, the Catalyst survey found that the vast majority of women who have top jobs hold staff rather than line positions (staff roles seldom lead to becoming chief executive) with only 9.9% having line responsibilities.¹³

In the region comprising this study, the advancement of women in business/corporate and professional arenas is, in some cases, even below national averages. For example, in the 2004 report on *The Status of Women in the States*, Ohio ranks 25th of the 50 states in terms of the earnings ratio between women and men and 26th in terms of the number of women employed in managerial or professional occupations. The Study ranks Indiana and Kentucky even lower—Indiana ranks 34th in the earnings ratio and 45th in employment in management and professional occupations while Kentucky is 37th in the earnings ratio and 25th in the employment categories. In addition, in Ohio and Kentucky, African-American women earn less than white men and white women and in all three states hold fewer jobs in the management and professional categories.¹⁴ A survey taken in Cincinnati in 2004 on executive compensation

by *The Cincinnati Enquirer* found that of the 72 executives (with salaries exceeding a million dollars) studied, all are white and 70 are male.¹⁵

When we examined specific categories of women's leadership in the business, corporate and professional arenas of our region, we found pockets of hope for the future. For example, in 2002, according to the Center for Women's Business Research, there were 34,064 women-owned businesses in the Greater Cincinnati area and they accounted for 29% of all of the privately held firms. Cincinnati ranks 41st among the top metropolitan areas in the number, employment and sales of women-owned firms.¹⁶ In addition, in spite of difficult economic times, a study by the National Women's Business Council reported that women-owned businesses in Ohio have had the same survival rates as their counterparts across the country. The study also noted that 75% of women-owned companies that were open in Ohio in 1997 were still operating in 2000.¹⁷

There are also, however, significant areas of disparity in the business and professional occupations in the region. For example, in the top 22 accounting firms, only two women serve as managing partners. In the top 20 law firms, there are 638 partners but only 75 of them are women. In the medical facilities of the eight counties studied, there are a total of 239 people in leadership positions (leadership positions are defined as hospital trustees and hospital executive staff) and just 63 of them are women. However, if the title "Vice President for Nursing" is added, there are 350 leadership positions and 119 of them are held by women.

In the region's churches, there is one woman serving as a bishop, but there are no district supervisors, and there are no women serving as senior pastors for churches of 250 people or more.¹⁸

Finally, among the 45 publicly held corporations with the largest revenues in the Greater

Cincinnati area, there are 400 people who serve on boards of directors. But of the 400, just 37 or 9% of corporate directors. Perhaps most alarming is the apparent lack of women in the corporate leadership pipeline. Sixty-seven percent of the top publicly held companies in the Cincinnati area have either no women or just one woman currently serving in the kinds of leadership positions that lead to becoming chief executives.¹⁹

When women in our region talk about the lack of advancement for women in management and professional arenas, as they did in two leadership forums that were held as part of the *Pulse* study, they described a professional climate that is fraught with conflict, blatant racism, and some remaining sexism, as well as a conservative aura that seems to blanket all social/professional/economic issues and concerns. As one woman expressed it,

"We have to work together to create and maintain a sense of dynamism—a city and a region that are on the move for women and for everyone."

Fortunately, there are a number of current initiatives and organizations that have the potential to help women and minorities work in positions of major leadership in the business, corporate and professional arenas in our region. There are, for example, a variety of organizations specializing in leadership training for women, there are special annual events that emphasize training and networking for women such as the Junior League's Women's Leadership Summit or the YWCA's Career Women of Achievement program. There are over 40 internal corporate groups and 30 independent organizations and associations that provide some degree of training, networking and mentoring for women. The challenge is to help women find and use these resources.

6.E. LEADERSHIP IN THE NON-PROFIT SECTOR/PHILANTHROPY

When the United Way of Greater Cincinnati kicked off its annual campaign last fall, a September 3, 2004, *Cincinnati Enquirer* editorial noted that “Cincinnati always has been a charitable city. Despite its size, it runs one of the largest United Way campaigns in the country.” Given the fact that community philanthropy in the Greater Cincinnati area consistently meets its fundraising goals and is the primary work of two major organizations (United Way and Community Shares) who together provide funding for more than 350 programs, it is difficult to disagree with the *Enquirer* editorial.

Not only is community philanthropy alive and well in our region, it is one of the arenas of leadership in which women are well represented. Nationally, a study of 808 foundations and giving programs conducted by the Council on Foundations in 2003, found that women hold 52.4% of all chief executive positions and 71.8% of program officer positions. In Greater Cincinnati, some of the largest foundations are

headed by women including The Greater Cincinnati Foundation, Scripps Howard Foundation, Procter & Gamble Fund, the Fine Arts Fund, Gannett Foundation, and SC Ministry Foundation. Women lead some of the area's largest arts organizations (those with budgets of 1.5 million or more) with three serving as executive directors, one artistic director and two deputy directors. In addition, the president of the Fine Arts Fund is a woman and so is the organization's board chair. Of 150 United Way agencies in the region, 57% are run by women. In the Community Shares agencies, 19 of the 28 (or 68%) are headed by a woman and 71% of board chairs or presidents are women.²¹

However, what is true nationally is also true in our region. Those organizations with the largest revenues are more likely to have men as their executive director or chief executive. As the results of the 2004 survey conducted by GuideStar (a non-profit organization that makes charities' financial information available to the public) indicated, fewer than 25% of the executives at charities with budgets of \$10 million or

“Generally, service providers know there are issues or problems, but it's difficult to make a case with anecdotal data. We now have the hard, cold facts so that we as a community can address those issues that are affecting women in a systematic way.”

*—Donna Jones Stanley, President and CEO,
Urban League of Greater Cincinnati*



more were women but 54% of the executives of organizations with budgets of \$500,000 or less were women.²² In the Greater Cincinnati region, only one of the United Way organizations with revenues greater than \$10 million is led by a woman. In organizations with revenues greater than \$5 million, 14% are run by women; in organizations with revenues less than \$5 million, 64% are run by women; in organizations with revenues greater than \$1 million, 49% are run by women; and for organization with revenues less than \$1 million, 67% are headed by a woman.²³

In other words, nationally and in our region, charitable organizations with the highest revenues are more likely to be headed by a man rather than a woman. Moreover, charities pay their women executives less than they pay men. The 2004 GuideStar survey found (for the fourth year in a row) that female charity executives earn far less than their male counterparts in similar jobs. For example, the median salary for a male chief executive officer at a charity with a budget greater than \$50 million is nearly 54% more than the salary of women who head organizations of similar size. In fact, in most charitable organizations of all sizes, women hold top positions in areas such as fundraising, education, marketing, business ventures and technology make considerably less than men.²⁴

6.F. GIVING BACK

Women are not only represented in executive leadership positions in the foundations and giving programs in the Greater Cincinnati region, but like women in other parts of the country, they also have begun developing networks of women who strengthen the community through the investment of their own time and financial resources. Historically women have not played a significant financial role in the nonprofit sector, but much has begun to change in recent years as women have accumulated more wealth. As of

2002, women make up 1.6 million of the top wealth holders in the United States with a combined net worth of almost \$2.2 trillion. Women have realized that their visible presence and philanthropic leadership can be necessary in preventing a gender bias among funding agencies for programs for women and girls.

In the last decade numerous “women’s funds” have been established across the country to create opportunities for donors to support the specific issues affecting women and girls. In Cincinnati, The Women’s Fund of The Greater Cincinnati Foundation was started in 1995 by Leadership Cincinnati Class XVIII. The class saw how much women’s organizations were accomplishing with so few resources and that they were doing some of the most important work, but were often the last to receive funding. Their research indicated the need to develop a permanent endowment specifically focused on financially bolstering existing and new programs to assist women and girls.

Today, the Leadership Council of The Women’s Fund guides its fund raising and grant making activities. The Women’s Fund of The Greater Cincinnati Foundation is a permanent endowment and exists to enhance the status of women and girls in our region by funding programs that effect positive change in their lives; by calling women and girls to philanthropy; and by encouraging the full participation of women and girls in the community. The Women’s Fund’s guiding principles are systemic change, collaboration and multigenerational philanthropy. Since its inception, a total of \$108,000 in grants has been awarded for innovative, collaborative and replicable programs, including initial funding for *Pulse*.

In 2000, the Women’s Leadership Initiative was created as part of the Greater Cincinnati United Way’s Alexis de Tocqueville Society. In addition to making personal financial commitments, the women work to set the standard for

philanthropy in the community. Members have the option of directing their contributions to specific areas created by United Way: keeping people healthy; helping children thrive; building vibrant neighborhoods and communities; and maximizing people's self-sufficiency. Impact 100, a women's "giving circle" was formed in 2002 by 123 women who each donated at least

\$1,000. By 2004, the organization had grown to 211 members and was beginning to receive private donations from family foundations as well as in-kind or cash donations for specific events sponsored by the organization. In short, women in the Greater Cincinnati region are increasingly involved in what may be the next major frontier for women to conquer, philanthropy.

Dr. Judith S. Trent of the University of Cincinnati was the lead researcher in this domain. The Leadership Work Group was chaired by Amy Hanson and facilitated by Suzanne Sterens.

pulse

CHAPTER 7

girls

REGIONAL STRENGTHS

- Girls exhibit *relative* strengths in education and academics.
 - Girls outscore boys for proficiency in reading, math and science (data for public schools only).
 - Girls in public schools have higher high school graduation rates than boys.
 - Girls who take the SAT score at levels commensurate with or slightly higher than the national average.
- Most girls in our region report feeling connected to family.
 - Of those interviewed, most teen girls – except those living in the city of Cincinnati - report feeling safe in school.
- Of parents of girls 7-12 interviewed, most report that their daughters feel happy within their neighborhoods and communities.

REGIONAL CHALLENGES

- There is no comprehensive, prioritized regional plan in place to promote successful developmental outcomes for girls.
- Overall, girls living in the city of Cincinnati

are worse off than those in the rest of Hamilton County and in other counties in the region.

- Tremendous disparity exists between African-American and Caucasian girls for a number of indicators. Primarily, African-American girls are overrepresented among teen mothers and underrepresented among high school graduates.
- Discrepancy exists in whether girls feel connected to school and neighborhood/community, depending on their age and geographic region and on the type of relationship measured.
 - Only 40% of teen girls interviewed in the city of Cincinnati feel safe in school.
 - Fewer teens (56%) living in Clermont County are happy in school compared to teens (77%) in the entire region.
 - Fewer teens (56%) living in Kentucky counties feel close to their school compared to teens (77%) in the entire region.
 - Teens lack a feeling of being connected to the neighborhood or community in all counties, but are most disengaged in the city of Cincinnati and in Clermont County.

- Slightly less than half of teen girls interviewed report feeling happy in their neighborhood or community.
- Girls in the city of Cincinnati are less likely to report that people are treated fairly and less likely to report feeling safe in their neighborhood or community than girls in other counties.

KEY OBSERVATIONS

- There is an alarming lack of information about the health and wellness of girls living in our region, particularly those ages 6-12.
- While programs that foster health and wellness among girls by having beneficial characteristics such as experiential learning opportunities and strong program leaders/mentors exist in the region, there is no available information that these provide sufficient age-appropriate supports and opportunities.
- Future direction for community action must reflect the targeted goal of promoting health and wellness among girls and teens. This action should be region-wide, will require a common language and vision, and must be guided by evidence-based practices and regular assessment.

7.A. INTRODUCTION

The problem of missing and inadequate data that runs throughout this report was more severe when analyzing girls' status. Lacking legal status as adults, they often cannot consent to reveal information about themselves, even to official government agencies. Thus, our attempts to collect secondary data were challenged by the substantial absence of statistics that describe the status of girls, particularly for several of the identified health and wellness indicators. The sections below present a demographic overview of girls in our region followed by a presentation of data from secondary sources describing how girls fare within important areas regarded as necessary conditions for successful development as they mature into adulthood.

7.A.1. Demographic Overview

Census data indicate that there are 243,075 girls ages 17 and under living in our eight-county region. Forty-



"To have a future full of successful women, we need to start with young girls, to help mentor them and to help them grow."

—Dorine Seaquist, Senior Vice President, Patient Services, Cincinnati Children's Hospital Medical Center

Girls: Health and Wellness Indicators

Information available on

- Pregnancy, birth and sexually transmitted diseases
- Depression
- Substance use
- Juvenile delinquency
- Death by accident, homicide and suicide
- School enrollment
- Academic proficiency scores
- Graduation rates
- College readiness
- Extracurricular activities
- Connectedness to family, school and community

Information not available on

- Economic security
- Infant mortality
- Low birth weight
- Lead exposure
- Health insurance
- Child abuse and neglect
- Obesity
- Physical activity
- School drop-out rates
- Health

four percent of all girls in the study area live in Hamilton County, 17% live in Butler County, and only 3% of girls live in Dearborn County. African-American girls are largely concentrated in Hamilton County and the remaining seven counties have rather small numbers of racial and ethnic minority girls. Yet, we did find one data source showing that 10.26% of girls in the eight-county region were either first or second generation Appalachian.¹

7.B. HEALTH AND WELLNESS IN ADOLESCENCE

Healthy well-being during a girl's formative years is essential to helping her reach her maximum potential. Positive health and wellness starts prenatally and continues throughout adolescence and into adulthood. A girl's health is reflective of overall community well-being and the safety of her home and community environment. Our search for indicators pertaining to girls' health in infancy and early childhood was frustrated by the lack of data. For example, in examining the incidence of low birth weight, rates of infant mortality, exposure to environmental contaminants (e.g., lead), and suffering from abuse and neglect, we often found data available only for the entire state of Ohio. Sometimes, we could find some data for Hamilton County (e.g., lead exposure or child abuse), but girls and boys were aggregated together, as were blacks and whites. Reluctantly, we decided to remain silent on these issues because of the lack of reliable data, and instead focus on those indicators for which we could make an informed analysis of girls' status in the region.

7.B.1. Death Rates

For the past several years, the national child death rate for children ages 1-14 has fallen steadily, largely due to advances in medical care and declines in deaths from motor vehicle accidents. In Hamilton County between 1998 and 2002, females had lower death rates than males in all age groups. Poisoning in children was the most prevalent cause of hospitalization in the 10-14 age group.² In Hamilton County between 1997 and 2000, females sustained

Table 1: Teen Birth Rates in the U.S. and by County, Girls 15-17, 2001

	Teen Birth Rate	Number of Births
United States	25.2%	N/A
Hamilton	28.7%	518
Butler	18.7%	134
Clermont	18.0%	74
Warren	11.4%	39
Boone	12.6%	25
Campbell	22.1%	41
Kenton	23.3%	71
Dearborn	17.2%	19

higher rates of nonfatal poisoning hospitalizations (82 per 100,000) than males (60 per 100,000). The highest number of self-inflicted poisonings was in the 10 to 19 age group, with females far outweighing the males (111 females vs. 46 males).³

7.B.2. Pregnancy, Births and Sexually Transmitted Disease

Teen pregnancy and births pose a public health concern given that childbearing in the teen years places youth and adolescents at further

economic risk and their infants at increased risk for serious health consequences, including low birth weight. Table 1 shows the teen birth rates for the eight-county region in 2001. Teen birth rates fell below the national rates, with the exception of Hamilton County which exceeded national rates.⁴

The U.S. leads industrialized nations in rates of many sexually transmitted diseases (STDs). Women are more likely than men to experience health complications from STD acquisition, including infertility and ectopic pregnancy.

Table 2: Number of STDs per 100,000 Males and Females Ages 18-19 for Hamilton, Butler, Clermont and Warren Counties, 2003

	Chlamydia Females	Chlamydia Males	Gonorrhea Females	Gonorrhea Males	Syphilis Females	Syphilis Males
Hamilton	2,965	514	1,417	584	0	0
Butler	1,342	181	353	170	0	0
Clermont	746	36	60	14	0	0
Warren	385	23	98	0	N/A	N/A

Table 2 shows the 2003 rates of STD infection (expressed as the number of cases per 100,000 teens ages 18-19) in four Ohio counties. Data were not available for the other counties in our region.⁵ It should be noted that in the nation as a whole, African-Americans have higher rates of STDs than whites, which explains the larger number of cases in Hamilton County (where most African-American girls live). The gender difference in rates of infection may reflect boys' greater reluctance to go to the doctor.

7.B.3. Depression

Positive emotional and behavioral health is essential for maintaining personal well-being, establishing fulfilling interpersonal relationships with family and supportive others, and making contributions to society. Within our region, 36.1% of caregivers reported that their daughters expressed feeling unhappy, sad or depressed at times versus 30.9% of caregivers of sons.eg Similarly in Butler, Clermont, and Warren counties, 39-42% of teenage girls self-reported feeling sad or depressed "several times" to "all of the time" versus 24-27% for teenage boys in these counties.⁷

7.B.4. Substance Abuse

We were able to locate information on alcohol and marijuana use in eight-county study area (with the exception of Dearborn county). The data pertain to 2002 and reflect using substances at least once in the month prior to the survey. We found that 21% of tenth-grade girls and 32% of senior girls consumed beer, which matched the rate of consumption of liquor.⁸ By comparison, 18% of tenth-grade girls and 22% of senior girls drank at least one wine cooler in the prior month. These results compare favorably to nation rates of consumption, which show that 35% of tenth graders and 49% of high school seniors consumed alcohol (including beer, wine coolers, and liquor at least once or more during the past 30 days).⁹

Adolescents are less likely to smoke marijuana or use tobacco in the prior month than they are to drink alcohol. For example, in the survey of area adolescents mentioned above, only 14% and 18% of tenth- and twelfth-grade girls, respectively, had used marijuana in the month prior to the survey, rates which were slightly below the national rate of consumption. Rates of tobacco use were slightly higher, but still under national norms of consumption.¹⁰

7.B.5. Juvenile Delinquency

Within Hamilton county, data exists for girls between ages 5-18 charged with delinquent offenses (e.g., homicide, assault, prostitution, burglary, sexual offenses, theft) and unruly offenses (e.g., running away, incorrigible behavior, curfew violations and truxancy). Data from the Hamilton County Juvenile Court Annual Report in 2000 and 2003 (see Table 3) reveal that girls are less likely than boys to be charged with delinquent offenses, with rates remaining generally consistent between 2000 and 2003. Girls were, however, more likely than boys to be charged with unruliness. These rates, as well, have remained generally consistent between 2000 and 2003, with the exception of white females who exhibited a slight increase in unruly offenses in 2003.¹¹ Data were unavailable characterizing juvenile offenses in the Kentucky counties and Dearborn County in Indiana.

Nationally, there has been a steady rise in crime among females since the 1980s. According to a 2000 study of incarcerated young women and men, 75-95% of girls ages 14-18 were victims of abuse. This finding suggests that young women may enter into prison under very different circumstances than young men. The majority of crimes young women commit are simple assault and illegal substance abuse, with entry into prostitution at an average age of 14.¹²

Table 3: Gender and Racial Breakdown for Juveniles (5-18 years) Charged With Delinquent and Unruly Offenses in Hamilton County in 2000 and 2003

Gender and Race	Delinquent Offenses in 2000 (n=6,589)	Delinquent Offenses in 2003 (n=6,545)	Unruly Offenses in 2000 (n=1,015)	Unruly Offenses in 2003 (n=566)
Males				
White	1,759 (27%)	1,576 (24%)	157 (16%)	80 (14%)
African American	2,668 (41%)	2,657 (40%)	236 (23%)	124 (22%)
Females				
White	686 (10%)	760 (12%)	222 (22%)	145 (26%)
African American	1,289 (20%)	1,311 (20%)	337 (33%)	190 (34%)

7.C. EDUCATION AND ACADEMIC ACHIEVEMENT

Understanding a girl's status with regard to education and academic achievement is important, because these factors are closely related to later productivity, economic self-sufficiency, and making positive contributions to society. Therefore, we consider the educational achievement of girls below.

Approximately 276,200 girls are enrolled in the public school system in our region, accounting for an estimated 48% of the total public school enrollment by gender.¹³ Percent enrollment by gender was not available for private schools, although total student enrollment in private schools within our region is estimated to be an additional 69,247 students.¹⁴ Of the total students enrolled in the public schools in the Ohio counties, approximately 74% are white, 21% are African-American, 2% are Asian, 2% are multiracial, 1% are Hispanic, and less than 1% are American Indian. In the Kentucky counties in our region, approximately 95% of the total students enrolled in the public schools are white, with African-American, Asian, Hispanic, and American Indian each representing 1% or less of the student population. Similarly, in Dearborn County, Indiana, 97.9%

of the total students enrolled in the public schools are white, with African-American, Asian, Hispanic, and American Indian each representing less than 1% of the student population.

7.C.1. Proficiency Scores

In our region, the average proficiency scores in the 2003-2004 academic year (for reading, math and science) were provided by the respective state boards of education. Table 4 shows proficiency scores for the 4th and 10th grades that show, in general, that girls score higher than boys. However, girls (and boys) in the Cincinnati Public Schools scored much lower than the students in the other targeted counties of interest (although they significantly closed the gap between the 4th and 10th grades), with the exception of math and science proficiency rates in the 10th grade. We do not show proficiency scores for Kentucky students because they are not broken out by gender, but approximately two-thirds to three-fourths of students are proficient (depending on the subject area), and the same is true for Dearborn County. It should be noted that proficiency scores for students attending private and parochial schools were not available.

7.C.2. Graduation

In our region, the total graduation rate of 86.3% for girls in 2002-2003 for the Ohio counties exceeded the national average. Girls in the Ohio counties also outpaced boys in terms of graduation rates. Disparities existed, however, with regard to the city of Cincinnati versus the other counties in our region in that the graduation rate for girls in the city of Cincinnati is 66.6%, which is below the national average (data not shown).

7.C.3. College Bound

SAT and ACT scores of college-bound seniors provide some indication of college readiness as well as the percentage of those who are interested in continuing their formal education beyond high school. In our region, approximately 4,505 females and 4,118 males took the SAT. The average total, verbal and math scores regionally and nationally are detailed in Table 5, and suggest that the girls in our region who sit for the SAT score at levels commensurate with or slightly higher than the national average of

females who take the SAT.¹⁵

Nevertheless, girls score lower than boys on the SAT. Data for the ACT were only available on a statewide basis, not for our eight-county region specifically, and were not separated by gender. Therefore, ACT scores are not presented in this report despite a large number of students who take the ACT in our region.

7.C.4. Extracurricular Programming

In addition to formal education efforts through the classroom setting, other opportunities to participate in extracurricular programming, including sports, clubs, and other organizations, provide youth with experiences that help them to develop positive outside interests and acquire basic life skills. More than half (56.9%) of girls in our region (with the exception of Dearborn County which did not have data available) participate in school-based clubs or sports which is similar to the rate (51%) of participation by boys.¹⁶ By contrast, girls’ participation rate in community-based organizations (28.6%) was much lower than school-based participation.

Table 4: Percent of Public School Students Who Were Proficient in Reading, Math, and Science, by Gender, 2003-2004 (girls shown in bold type)

	Reading 4th Grade 2003-04 % proficient or above for girls and boys	Math 4th Grade 2003-04 % proficient or above for girls and boys	Science 4th Grade 2003-04 % proficient or above for girls and boys	Reading 10th Grade 2003-04 % proficient or above for girls and boys	Math 10th Grade 2003-04 % proficient or above for girls and boys	Science 10th Grade 2003-04 % proficient or above for girls and boys
City of Cincinnati	53 /44	42 /39	32 /33	54 /43	74 /80	81 /88
Hamilton County	76 /81	74 /74	74 /75	98 /100	88 /91	91 /94
Butler County	79 /74	69 /68	68 /70	98 /96	71 /92	90 /93
Clermont County	86 /80	79 /81	84 /83	97 /94	84 /91	87 /93
Warren County	86 /83	85 /84	84 /86	98 /98	92 /94	95 /95

7.D. CONNECTEDNESS TO FAMILY, SCHOOL AND COMMUNITY

Establishing healthy connections with adults and peers in the family and community are critical to forming positive and dependable social networks, which, in turn, contribute to healthy developmental outcomes for youth.¹⁷ Findings from secondary data sources reveal that youth in our region are at risk for feeling disconnected to their family, school and community. In 2000-2001 academic year, the Kentucky Assets Survey, developed by the Search Institute,¹⁸ was administered to 12,042 of Kentucky's youth in grades 7, 9, and 11, including students in Boone and Campbell counties. This survey, which assesses 40 developmental assets believed to be essential to successful development in youth, was a component of the Kentucky Child Now organization a non-profit initiative designed to promote the development of youth in Kentucky.¹⁹ Although data were not separated

by gender or county, the results suggest that Kentucky youth, including those in Boone and Campbell counties, exhibit a sense of disconnection to their families and community. For example, only 29% of youth were willing to seek their parents' advice or thought their school provided a caring, encouraging environment. Even fewer youths (27%) thought that adults in their community valued youth.

Likewise, in the Ohio region, 21,915 public school students (in grades 5-12) in Butler, Clermont, and Warren counties (as well as Clinton County), participated in the Ohio School Based Mental Health Survey in 2002 to assess the needs of children's mental health services in this area.²⁰ The survey found that older students were less likely than 5th graders to feel socially connected, and students who had poor grades in school and/or whose financial situations were average or below were most at risk for social disconnection. In addition, Clermont

Table 5: Average SAT Total, Verbal, and Math Scores in 2003 for Males and Females Nationally, Regionally, and County-Specific

	Total Score		Verbal Score		Math Score	
	Male	Female	Male	Female	Male	Female
National Average	1049	1006	512	503	537	503
Regional Average	1107	1058	545	532	562	526
Hamilton County	1109	1061	547	534	534	527
Butler County	1096	1039	535	518	561	521
Clermont County	1114	1056	543	531	571	525
Warren County	1103	1067	538	533	565	5334
Boone County	1120	1081	544	561	576	520
Campbell County	1142	1100	560	540	582	560
Kenton County	1129	1091	564	554	565	537
Dearborn County	1007	988	507	489	500	499

County youth were less likely than youth from other counties surveyed to indicate that they would seek help from school counselors or those in the community to cope with mental health or behavioral challenges.

7.D.1. Primary Data Collection Assessing Perceptions of Connectedness Among Girls

Given the importance of connectedness to youth as well as the previous research findings in our region, nine community forums were conducted with teen girls ages 16-18 (n=31) and mothers of 7-12 year old girls (n=39) to obtain primary data on information regarding perceptions of connectedness in family, school, and community. These forums were held throughout the region (with the exception of Dearborn County): African-Americans constituted one-quarter of participants. Forum participants were first asked to fill out a survey to assess perceptions of connectedness for girls within family, school and community/neighborhood (e.g., “I feel close to other family members”; “The teachers at my school treat me fairly”; “I feel safe in my neighborhood/community”).²¹ After filling out the survey, participants shared their perceptions with other forum participants.

Data from the survey questions revealed that most girls (between 81-97%, depending on the item) and teens feel close to their families. Forum comments revealed that familial bonds between girls and their parents were strengthened after establishing open and positive communication and overall trust in the family. For example:

“If I ever get into trouble, I know I can talk to my parents about things like alcohol and parties.”
—a teenaged girl

In addition, girls preferred parents who acted like adults themselves and not like friends. On the other hand, girls’ relationships with their parents were threatened when there was a lack

of communication among family members, parents showed favoritism with siblings, parents were selfish, or failed to show an interest in their child’s activities.

Similar to the perceptions of family connectedness for girls and teens in our region, most girls and teens reported feeling connected to their schools. Some discrepancy existed, however, with regard to perceptions of school connectedness depending on age, region, and aspect of school connectedness measured. For example, in the forum group comprised of African-American teens from the city of Cincinnati, only 40% of participants reported feeling safe in school (data not shown), whereas in the forum group comprised of African-American, Caucasian and Asian teens from Hamilton/ Warren/Butler and Boone/Campbell/Kenton counties, 100% of participants reported feeling safe in school. Additional responses suggested that teens in Clermont County feel less happy in school in comparison to teens in other counties. Finally, teens in Boone/Campbell/ Kenton counties appear to feel less close to their school in comparison to teens in other counties, although relatively small sample sizes preclude us from determining the significance of this finding.

Yet, forum comments were telling in indicating the factors that girls looked for in a positive school environment. Girls felt more connected to their schools when their teachers were involved with them, when there was a range of sports and clubs in which to participate, and when they had close friends at school. On this first point, one teen girl noted:

“Accessibility of the administration helps the student feel more part of the school. If the principal isn’t approachable, you would feel hesitant to go to them. Teachers and administrators play a big role.”

Several themes emerged specific to teens and girls living within the city of Cincinnati, revealing that those experiencing stressful life events

and the lack of transportation suffered impaired connections to their schools. Several quotes illustrate these points:

"The best schools are not in our neighborhoods. The magnet school system makes it difficult for us to get kids into good schools. Public schools need better programs so we don't have to send our kids so far."

"Lack of transportation makes it difficult for kids to be involved in programs. There are good activities, but I can't work out transportation."

"...I was moving back and forth [from different homes]. I can't sit at school and focus on school work if I know I may have no place to live after school."

Finally, we considered the strength of girls' connections to their neighborhoods. We found that only 35-40% of teenage girls reported that they felt close to and a part of their neighborhood and community, and that less than half of girls and teens in our region perceived people in the community as being treated fairly (data not shown). Forum group participants in suburban Cincinnati cited competition among other girls with regard to material goods (e.g., clothing, hair) as barriers to positive school connections. For example, one teen stated,

"[It's] hard to keep up with the Joneses. People will make fun of you if you don't have the new shoes or can't get your hair done. Sometimes people get caught up in material things."

It is striking, though, that teens in the city of Cincinnati cited safety concerns as a reason for disconnection from their neighborhoods. None of the teens who lived within the city of Cincinnati, reported feeling safe in their community, yet all of the teenage girls in suburban Hamilton, Warren, and Butler counties reported feeling safe in their community. One Cincinnati teen expressed her frustration below:

"I don't really like my community. I live down here [city of Cincinnati], and this is not a good community. I live by a bar, and some people come in my hallway to sell drugs. We asked them not to, so they ripped off our door." —Teenage Girl from the City of Cincinnati



"To have a healthy and effective community, it has to grow on the shoulders of women and girls."

*—Vanessa Freytag, Co-Publisher,
Women's Business Cincinnati; Chair,
The Women's Fund Leadership Council*



“Pulse gives us the baseline data which is a starting point so we can collectively work to improve the lives of women and girls. Improving their lives will help improve our regional economy.”

*—Kathy DeLaura, Managing Director,
Partners in Change, LLC*

When we asked about the barriers to girls feeling connected to their neighborhood and community, teens cited a lack of time to participate in community service activities, parent work obligations, apathy, safety issues, and language and geographic barriers (in rural areas). For example:

“We just live in our neighborhood. There is no connectivity.”

“[With regard to] our physical neighborhood, I don’t feel connected...but if you think about our Girls Scout troop, our library, our [church] choir as our community, then I feel a lot closer to that.”

“Flyers come home from school, but they are in English and we cannot read them, so we throw them out.”

“Rural areas do not have easy access to other girls and community happenings and neighbors.”

One way in which girls and teens develop connections with schools and communities is through program participation. One primary purpose of the community forums was to identify beneficial characteristics of helpful programs, rather than to conduct a comprehensive review of such programs within our region. Girls cited the following factors in defining a program that would benefit them: it would be conducted within the school day (rather than after school); would include a variety of activities; would have the presence of strong leaders; and, would be available to all girls without age restrictions or inclusion based on skill.

7.E. GROWING STRONG GIRLS

Our community needs to determine and implement strategies to improve the supports and opportunities necessary for girls in our region to achieve their full potential. Although providing and expanding direct services may be one recommended strategy to improve the well-being of girls in our region, the primary aim of *all* strategies must be to work towards bolstering the systems in our community (i.e. schools, community-based organizations, and programs that serve girls). To achieve this aim, three phases of initiatives are defined below. Additional initiatives to grow strong girls are outlined in Chapter 9.

Strategic Planning Phase

First, community systems need to be developed to serve girls and work toward modifying new and existing systems to establish collaboration and coordination of strategies consistent with the community's vision for girls.

Building community systems and modifying existing ones can be challenging because success depends on bringing together individuals from different backgrounds with different perspectives. This type of collaboration requires sharing resources, sharing power, and sharing authority. Moreover, *sustained* effort is required which takes time, motivation, and resources.

A reformation effort should involve establishing a “think tank” that focuses on creating policies for promoting the health and well-being of girls as well as support community strategies. The “think tank” should be comprised of a diverse group of individuals from for-profit and non-profit organizations as well as adults and youth who reside in the community and can lead the community through this shared vision for girls.

Second, efforts should focus on establishing a common language and vision toward improving the status of girls in our community.

Expansion of services and programs alone is insufficient for improving the health and well-being of girls in our community. Stakeholders, including board members, funders, program recipients, staff, volunteers and the community-at-large, must have a common language and community framework to build consensus and prioritize action.

Third, existing supports and opportunities for girls in our region need to be mapped. Research shows that supports and opportunities provided through family, school, neighborhood, and youth organizations lead to healthy, long-term developmental outcomes for youth.²⁰ *Pulse* was designed to assess health and wellness indicators of girls in our region, rather than the *mecha-*

nisms through which girls achieve health and wellness. Therefore, mapping the *availability* of supports and opportunities for girls in our region is essential to understanding whether girls have what they need to achieve positive health and well-being.

To achieve this goal, a needs assessment of supports and opportunities available to girls in our community through existing programs and services should be conducted. The results of this assessment will indicate areas that need to be strengthened to improve developmental and long-term outcomes in girls. Moreover, youth summits involving girls from our region should be conducted to corroborate findings resulting from the needs assessment and provide additional insight regarding beneficial supports and opportunities for girls.

Fourth, the current status of the procedures for funding decisions and policymaking needs to be mapped. An assessment of how local government, private, and non-profit sectors make decisions about funding should be conducted. The results of this assessment will update program stakeholders and youth advocates on the mechanisms by which funding is allocated and prioritized and how policies are formed.

Prioritization Phase

First, program efforts should be directed toward the girls in our region who exhibit the greatest disparity in health and wellness (i.e., African-American girls and girls who reside within the city of Cincinnati).

Funding should be prioritized toward programs that follow an evidence-based youth framework; programs that focus on prevention of obesity, pregnancy, STD acquisition and promotion of physical activity and connectedness in school and community; and programs that incorporate multiple, meaningful relationships with adults and peers, promote community volunteerism, and offer a variety of challenging and

engaging activities that enhance skill-building.

Second, our community needs to look to other communities similar to our eight-county region that have been successful with strategic planning and implementation of a common vision and systems that have led to positive outcomes for youth.

Funding should be prioritized toward proposals that consider and incorporate strategies and programs that have been successful in communities similar to our region.

Implementation Phase

First, require that data bases and outcomes measurement systems include data separated by gender.

Such delineation of data will allow programs and services to understand better whether differential needs exist based on gender and whether a program impacts participants differently according to their gender. Request for proposals and future funding opportunities should require that applicants identify the manner by which they will examine gender differences in their outcomes measurement approach.

Second, for academic data, information for

all schools, including private and parochial, should be made available to the community.

Third, encourage community-based collaborative partnerships between community organizations and academic institutions.

The most effective programs emerge from community-based, collaborative partnerships.²² For example, community organizations offer knowledge regarding the concerns of local citizens, whereas academic institutions contribute scientific theory and research to program content, structure and implementation. Such blending of systems ultimately results in increased program integrity and fidelity. Therefore, advocacy and funding initiatives should give special consideration to proposals that seek funding for program development and clinical effectiveness and that are based within the context of collaborative community/academic partnerships.

Fourth, encourage program directors and researchers to design measurement systems such that they are capable of measuring longitudinal outcomes, multiple variables, and cross-cultural effectiveness.

Dr. Kathleen A. Burklow and Dr. Lisa C. Mills of the Cincinnati Children's Hospital Medical Center were the lead researchers in this domain. The Girls Work Group was chaired by Judy Harmony and facilitated by Amy Katz.

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CHAPTER 8

promising community practices

In this section, we highlight several promising community programs and initiatives that strengthen and sustain women's status in the region. These were identified by work group members and are only a small sample of the programs that address the critical issues identified in *Pulse*. Future work should include a community mapping process which will capture the many and varied efforts underway in our region.

Comprehensive Financial Literacy

SmartMoney Community Services

Headquartered in Over-the-Rhine, SmartMoney Community Services is a not-for-profit financial services organization working collaboratively with Cincinnati Central Credit Union since 1988. This 15-year partnership has resulted in a three component Comprehensive Financial Literacy package, which supplements ongoing financial counseling services with concentrated workshops. Topics include micro-enterprise business training, Individual Development Account matched savings incentive programs, micro-lending, low interest self-sufficiency loans, free tax preparation and affordable credit union services.

The Center for Employment Training Brighton Center

The Center for Employment Training is one of many programs run by Brighton Center whose mission is self-sufficiency, provides a range of services which continue until the participant has a job that includes health insurance. Each participant receives the services he/she needs which might include basic skills (math, reading, GED), problem-solving, conflict management, appropriate dress for the workplace, job search skills, interviewing, childcare and more. Follow-up with the trainee and the employer is provided for one year after initial employment. The program has an advisory board that includes industries the participants will be working in. The program is open to anyone who needs the services in seven counties in Northern Kentucky and Hamilton, County in Ohio.

Job Readiness, Retention and Advancement.

Lifetime Membership

Cincinnati Works

Cincinnati Works was recently designated as a Best Practice Organization by the American

Institute for Full Employment. It is a privately funded poverty-to-self-sufficiency organization whose mission is to help people in poverty find and keep full-time employment and to advance to economic self-sufficiency. Cincinnati Works serves people from any geographic location. Approximately 70% of clients are women. Services include access to 45 core employers, drug screens, background checks, a chaplain, a behavioral counselor, transportation assistance, childcare resources, intensive job searches, and retention and advancement services. Average wage among clients is \$8.87 with health benefits available. After the completion of one year of employment, participants receive help to create a plan to pursue promotional, educational and skill-training opportunities.

Employment Connections

The Women's Connection

The Employment Connections program at the Women's Connection supports women who are seeking employment. It targets women who have significant barriers to employment, including criminal records; learning problems; family and mental health issues; lack of childcare; lack of transportation; lack of basic education; lack of job skills and experience; and poor work histories. Social workers assist participants in finding resources to deal with these barriers to employment. Employment Connections offers one-on-one job coaching, employment workshops, telephone consultations and referral services. By the end of 2004, the program's second year, it was exceeding goals for job coaching, job training, and job placement.

Adult Basic Education

Urban Appalachian Council

The mission of the council is to empower individuals within Cincinnati's Appalachian communities to strengthen families and develop community resources. Programs include community-based education programs; after-school programs; summer activities; and employment readiness programs.



"When you think about planning for the future, it's very helpful to know something about the current status. The Pulse project is such a comprehensive look at our community of women, it was very important that the study included women with disabilities so that we truly do have a more complete picture."

*—Dr. Peg Gutsell, Co-Director,
The Inclusion Network*

Approximately three-quarters of the clients of UAC are women. In 2004, over half of the women enrolled in the job readiness programs received GEDs and were placed in jobs.

The Gardens at Greenup

Welcome House of Northern Kentucky

This program integrates affordable housing with on-site support services, giving families the opportunity to work toward and achieve self-sufficiency. Realizing that such aspirations take time to achieve because of the fundamental changes required, the program allows families up to six years to achieve their goals, and during this time provides housing, career planning, and improvement of credit histories, life skills training and educational opportunities. Sixty percent of families served have been homeless and most are headed by single women.

Postsecondary Education and Job Training

Urban Learning Center

In three locations in Northern Kentucky, this center provides services that eliminate barriers

to postsecondary education for underserved populations. The program offers developmental and college courses to help students strengthen and learn academic skills. The program provides childcare, transportation, books and career guidance. Eighty-two percent of the students are female. Services are provided through partnerships with Northern Kentucky University, Gateway Community and Technical College, Thomas More College, Covington, Newport and Dayton public schools, the Scripps Howard Foundation, Forward Quest, and the Center for Great Neighborhoods of Covington.

Project SEARCH

Cincinnati Children's Hospital

Medical Center

Project SEARCH is a collaborative effort of Cincinnati Children's Hospital Medical Center, Great Oaks Institute of Technology and Career Development, and the Hamilton County Board of Mental Retardation and Developmental Disabilities. The program coordinates five programs: adult employment, high school transition, health care training, a vocational education clinic, and program replication and dis-



"We are in a situation now where we see progress, but we can't understand why we aren't seeing more. This study helps bring clarity; focusing us on the key areas we can leverage for the biggest impact and most efficient use of funds."

—Reba St.Clair, Finance Manager, Procter & Gamble

semination. Over 150 individuals with disabilities have been employed through Project SEARCH in the Greater Cincinnati area. Average salary for those in the adult employment program is more than \$8 an hour. In August 2004, Cincinnati Children's received the Employer of the Year Award from the Ohio Governor's Council on People with Disabilities.

AHORA (Alliance of Hispanics of the Ohio River Valley)

University of Cincinnati,
Health Promotion Program

AHORA is a virtual network of 80 plus individuals and organizational representatives committed to assisting the areas community agencies in advancing the well being of the Hispanic/Latino community. AHORA has existed since 1999 keeping the lines of communication open among a diverse and geographically diffuse group of professionals, community members and organizational leaders.

Health from the Heart

Northern Kentucky University

A collaborative, multidisciplinary effort to improve the health of underserved women in Northern Kentucky including NKU Department of Nursing and Health Professions, Transitions, Inc., Women's Crisis Center and Welcome House. Nurses operate mini-clinics in partner organizations, taking health care directly to women in a residential substance abuse center for women, in a battered women's shelter, and a shelter for homeless women. Pilot program data indicates an increase in self-initiated visits by clients and a decrease in emergency room visits and delays in seeking health care from primary care providers. Student nurses work along side NKU faculty and community nurses to fulfill course requirements and gain valuable experience.

Responsible Choices

Planned Parenthood

This outreach program educates women about reproductive health care and pregnancy prevention. The target population includes uninsured and underinsured women in job training programs, colleges and trade schools, adult and juvenile detention facilities, and women participating in substance abuse programs. This program has been in place for one year, reaching about 750 women in the Greater Cincinnati area.

Anthem's Healthy Women

Anthem Blue Cross and Blue Shield

This program educates women benefits managers for employers in the Tri-state region about heart health and the particular risks experienced by women. The program focuses on educating the individual managers about their own health status through screenings for cholesterol, hypertension, diabetes, smoking and depression. Managers are also educated about the value of physical exercise and good eating habits. As decision makers in their companies, the expectation is that these women will take their knowledge about heart disease back to their companies and begin worksite wellness programs. Surveyed after the event, an estimated 50% of attendees reported that they had either begun or intended to develop a wellness program for the employees in their companies.

Promotores de Salud

North Central Kentucky Area Health
Education Center

The "Promotores" program provides culturally competent health information and guidance in Hispanic and African-American communities by training women through a 13-week course on general health topics. Graduates of the program serve as volunteers and interpreters at health clinics, provide referrals and transportation to friends, and counsel women at health fairs, con-

ferences, and forums. About 120 women have been trained to date.

“Cincinnati WALKS”

Nutrition Council of Greater Cincinnati

Cincinnati WALKS is a lifestyle fitness program that encourages participants to increase their daily physical activity by walking five miles each day. This program is similar to others throughout the United States that have been shown to be effective in reducing health risks among participants. Each participant uses a pedometer to measure and record the number of steps taken daily, with the goal of reaching 10,000 steps per day. Over 10,000 participants have been enrolled since October, 2000.

The Hamilton County Family Violence Prevention Project (FVPP)

YWCA of Greater Cincinnati

The Hamilton County Family Violence Prevention Program was formed with input from over 40 private and public collaborative partners and created a comprehensive data inventory that included domestic violence/intimate partner abuse and elder abuse. The analyses served as the foundation for recommendations to develop local preventive strategies and address the quality of data on family violence.

The Rising Star Program

YWCA of Greater Cincinnati

The Rising Star program was created by the members of the YWCA Academy of Career Women of Achievement. The Academy, currently 202-strong, consists of professional women who were nominated by an individual or business and selected by an independent panel of judges for the Career Women of Achievement award. The honorees exemplify outstanding career success, dynamic leadership qualities and the unique ability to serve as role models. Now

in its 26th year, the Career Women of Achievement luncheon was created to increase community awareness and appreciation of the diverse contributions of women in the work force and in the community. Each year eight women are highlighted at the luncheon, which attracts nearly 2000 guests. One of the goals of the YWCA Academy of Career Women of Achievement is to “lift as we climb”—to support younger women in pursuit of excellence in their careers. In 2002, the Academy introduced the Rising Star program as a vehicle to recognize and support younger career women who will become our city's future leaders. By giving the Rising Stars the opportunity to interact and network with career women of diverse backgrounds, this program provides these younger leaders with the opportunity to address topics that will enhance their ability to further their career success.

The Feminist Leadership Academy of Cincinnati

Women Writing for (a) Change

The Feminist Leadership Academy of Cincinnati graduated its first class of leaders in May 2004. The Academy is not modeled on a project or approach used elsewhere, but instead grew out of the leadership lessons and skills implicit in the writing program and organizational structure of Women Writing for (a) Change, a social entrepreneurship supporting the voices of women and girls since 1991. The FLA gathers women committed to making their businesses, church communities, faculties, activist (and other organizations) healthier, more peaceful, and life encouraging. Participants learn and practice skills, which translate to their professional lives, such as learning to facilitate work teams which use process as a way of fostering productivity; learning multiple ways of lifting up the spiritual, cre-

ative, and emotional resources of a group; learning to integrate conflict as a creative resource; learning to cultivate self-knowledge, authenticity, integrity and wisdom as sources of leadership.

Leadership Development Conference
American Red Cross Cincinnati Chapter

For 20 years, the Red Cross has held a four-day Leadership Development Conference for 8th-12th graders. Students apply for participation

by completing a questionnaire, which includes writing mini essays. About 30 high school and college age counselors contribute 200 hours on a volunteer basis to develop and implement the curriculum for each year's program. The cost is \$150 per student and scholarships are available. Enrollment has grown from about 30 students in the early years of the program to more than 100 students today. Two-thirds of the participants are girls.

pulse

CHAPTER 9

agenda for the future

The Women's Fund will be a leader in giving voice to the needs of women and girls in our community. We will focus our funding on social and systemic change that improves the lives of women and girls across our region. We will build on the progress we have already made in identifying the root causes of impediments to women's achievement. We will work to increase the representation of women leaders in all areas of our community.

The Women's Fund will be a convener, bringing donors together to fund projects and programs that bring positive change to women and girls. The Women's Fund will be a catalyst, calling women and girls to philanthropy and supporting all donors who focus their philanthropy on the needs of women and girls. We will encourage the support of programs that deliver tangible outcomes in our agenda for the advancement of women and girls.

The Women's Fund will be a resource for those who seek to know the status of women and girls in our region, today and in the future. We will monitor the community's progress on our agenda through ongoing research and rigorous assessment.

Pulse: A Study on the Status of Women and Girls in Greater Cincinnati has provided The Women's Fund with a focus for its ongoing fundraising and grant-making. The fund will support programs and projects that deliver measurable results in improving the status of women and girls in Greater Cincinnati, especially in the four areas that follow. **The fund's priorities appear in bold type.**

1. CLOSE THE GAP

Reduce the disparities faced by women of color, women in poverty and women heading households alone, by providing access to culturally sensitive health care services, education and job training pro-

grams, and safe living environments. Increase the availability of high-quality, affordable childcare and low-cost, reliable transportation.

***Pulse* Community Work Group Recommendations**

- Increase community awareness of systemic barriers and social issues that limit the progress of women (e.g., gender stereotypes, cultural messages, traditional educational and employment "tracks" and parenting responsibilities).
- Identify specific strategies, such as English as a Second Language and literacy initiatives, to close gaps in progress between different groups of women (e.g.,

racial/ethnic populations, urban/rural background).

- Develop routine cross-training between service providers to encourage reporting behaviors in victims and to improve the responses victims receive upon reporting violent crimes.
- Improve the health of women in this region by developing policies and programs that reduce heart disease, respiratory disease and obesity, and improve sexual health. Promote the practice of primary prevention behaviors, increase access to health care resources and expand the cultural competency of programs and services offered. Address the environmental factors that adversely affect women's health.
- Commission a regional task force with health care providers, environmental specialists, representatives from lung and heart advocacy organizations, media partners, employer groups, municipal and county government representatives, real estate developers, insurance companies, public health education experts, county health specialists and data collection experts to develop the collaborative approach needed to address these health issues. Build on the work that has already begun.
- Develop a strategic plan with new community indicators to define and measure educational and employment progress for women.
- Inventory and coordinate efforts to strengthen educational and employment opportunities for women, especially by encouraging effective partnerships among schools, employers, community agencies and individuals.
- Train women for jobs that are growing in our region. In particular, track the growth of high-end occupations (like the expansion of occupations in the computer sector) and prepare women to fill these new job openings.
- Increase availability of well-paying jobs by making it a priority to bring such jobs to the region. In addition, increase the number of jobs available to women that pay a living wage.
- Make high-quality childcare more available and affordable.
- Support the development of affordable, effective re-

gional transportation systems.

- Encourage financial literacy.
- Ask leading organizations in the community, employers, educators, health care providers, retailers, the athletic industry, and faith-based institutions to test innovative ways to provide health care services to the underserved.
- Encourage incentive programs for health care providers who thoroughly screen, diagnose, treat, and monitor all women's risks for heart and lung disease, obesity and sexual health.
- Reduce the number of female smokers through support of legislation banning smoking in all public buildings, encouragement of employer-funded tobacco-use cessation programs and support of uninterrupted funding of the Tobacco Quit Line.
- Encourage better nutrition programs by asking food producers, vendors and retailers to provide nutritional information and healthy food choices.
- Support physical fitness through creation of opportunities for physical activity in public venues, such as safe pedestrian sidewalks, bicycle lanes and trails.
- Motivate employers and organizations such as schools and churches to provide access to and support of physical activity programs year-round.

2. GROW STRONG GIRLS

Increase opportunities for girls to connect with their families, peers, school and community, and support an overall vision which will improve the lives of girls, especially those most at risk.

Pulse Community Work Group Recommendations

- Map the existing supports and opportunities for girls in our region.
- Review policies and procedures used in making funding decisions on programs supporting girls.
- Establish a common language and vision for improving the status of girls in the community.
- Develop a collaborative and coordinated community system that will support the achievement of our vi-

sion for girls.

- Build on best practices from other regions that have yielded positive outcomes for youth.
- Focus efforts on girls with the greatest disparity in health and wellness, i.e. African-American girls in the City of Cincinnati.
- Require that outcomes measurement systems and databases allow data to be separated by gender.
- Encourage the disclosure of academic performance data for all schools in our region, including private and parochial.
- Encourage community-based partnerships between community organizations and academic institutions.
- Support program directors and researchers in designing measurement systems capable of tracking longitudinal outcomes, multiple variables and cross-cultural effectiveness.

3. PROMOTE WOMEN LEADERS

Lead collaborations that increase leadership development, networking and mentoring for women of all ages with the understanding that women in leadership roles can influence and leverage their positions to stimulate community improvement.

Pulse Community Work Group Recommendations

- Increase the representation of women in leadership positions to a level proportionate to market availability and ensure that they have commensurate power and influence as measured by the amount of revenue and/or budgets that they control.
- Create a sustainable and supported system for developing and advancing new female leaders into top leadership positions. Establish a goal for this system, communicate it and track progress.
- Support and strengthen existing programs and businesses that are led by women or support women.
- Charter a “Women’s Leadership Collaborative” to develop, implement and monitor specific action steps to meet these goals.

- Create and staff a “One Stop Shop” of information and resources for women with the goal of building awareness and providing access to existing resources in Greater Cincinnati.
- Expand the existing “Leadership Cincinnati” program or the YWCA’s Rising Star Program by adding curriculum and/or clinics specifically targeted to develop leadership skills for women.
- Create a set of criteria that funders, non-profits and community organizations can use to evaluate the effectiveness of their programs that focus on issues impacting women.
- Support the development of a program for girls and their mothers that provides early and frequent opportunities for exposure to leadership training and exposure to math, science, education and business fields.
- Establish formal programs to enhance the self-esteem of girls and women (e.g. mentoring, career pathways, child rearing choices and support groups).

4. IMPROVE DATA QUALITY

Support opportunities to improve the collection of gender-specific data in the areas underscored as deficient by *Pulse*.

Pulse Community Work Group Recommendations

- Encourage more collaboration between researchers and service providers to initiate research and transform results into practice.
- Collect data and trends in women by county for multiple factors such as health care coverage, culturally competent health care screenings and stress and environmental factors.
- Collect data on health and wellness indicators for girls ages 6-12 (e.g. child abuse, obesity, economic security and low birthweight).
- Develop a comprehensive annual survey of a representative sample of women in our region to assess physical, sexual and mental victimization rates; fear of crime; economic, financial and health impact of violence; and service needs.

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ENDNOTES

CHAPTER 2: ECONOMIC SECURITY

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