



CONDITION OF *Women* REPORT

LIVE UNITED



United Way
of East Central Iowa

WE FIGHT FOR WOMEN

IN EAST CENTRAL IOWA

Census data shows those who are less educated, unmarried, non-white, women, and younger tend to have a higher risk of poverty. Particular events often trigger a spell of poverty. Losing a job or decreased work hours, changes in family structure, or a health emergency can throw households into poverty; these events are becoming more common.¹

As such, a greater number of Americans face economic insecurity and vulnerability. For example, the five-year risk of poverty is 5% for Americans ages 45–49, white and married, with an education beyond high school. In contrast, the five-year risk for an individual who is 25–29, nonwhite, and unmarried, with an education of high school or less is 72%.

Women account for 50% of the total population in United Way of East Central Iowa's (UWECI) five county service area in Benton, Cedar, Iowa, Jones, and Linn Counties. Many of these women face disparities in health and socioeconomic status based on gender, ethnicity, race, and other factors that create vulnerability in our communities. Income inequity and disparity in well-being for women directly correlate with issues of poverty, lower education, and poor health for children and families. It is vital we understand and can respond to these compounded issues impacting our community well-being.²

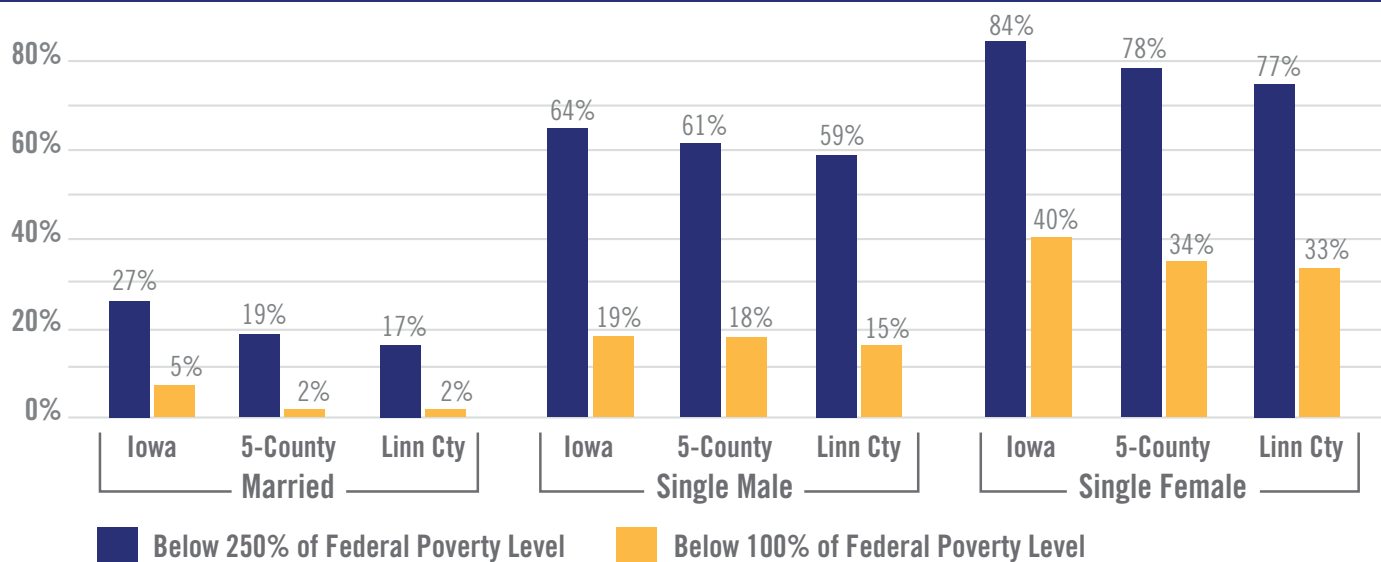
WHO IS AT RISK?

Households making less than 250% of the Federal Poverty Level (FPL) are most vulnerable to risk factors that affect family well-being. In UWECI's five-county service area, single female-headed households in this category account for one in six households with children. For a single mom with two children, this means living on an income of \$50,000 per year or less.³

As single female-headed households, these women bear the primary responsibility for raising children with fewer economic resources as married or male-headed households.

The Cost of Living in Iowa by the Iowa Policy Project (IPP) reports how much working families must earn to meet basic needs. It underscores the importance of public support programs in addressing the additional burdens on single female-headed households. This report shows single parents must earn well above the median wage in Iowa, and married couples with children must earn more than \$12 per hour — well above the current minimum wage at the state level of \$7.25 per hour (\$290 per 40-hour work week or \$15,080 per year). Finding jobs with adequate wages for single parents, especially for women, is extremely challenging.⁴

Household Poverty Rates by Type (households with dependents under 18)



SOCIOECONOMIC DISPARITIES & EDUCATIONAL ATTAINMENT

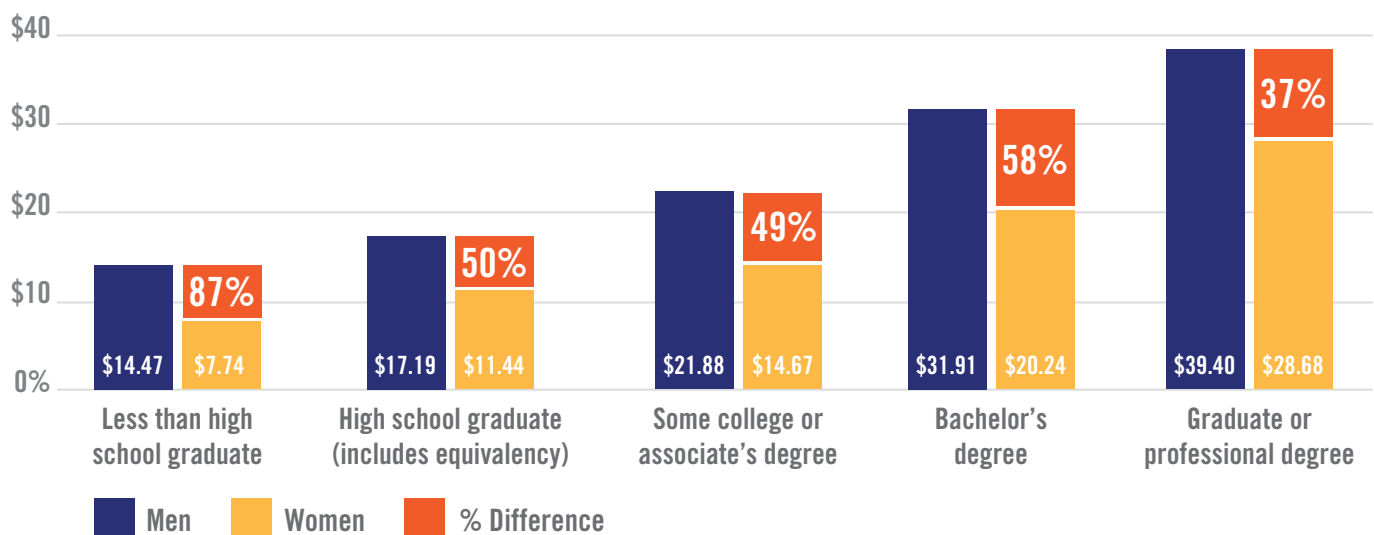
Although women in the workforce have increased their level of educational attainment, their level of pay is still dramatically less than men at each level of education. In Linn County, the most populated in East Central Iowa, women with any education above a high school degree still receive wages at a decreased rate compared to men with less education or similar degrees. Furthermore, women who hold advanced degrees receive wages less than men with lower educational attainment.

On average, women workers with a college degree receive \$11.67 less per hour than their male counterparts. Using annualized wages, the gender pay gap for the average woman with a college degree costs her \$24,276 every year. This makes it difficult for single female-headed households to pay bills and care for their families.

Educational Attainment & Average Earnings by Gender of Population Age 25+⁵

| | Total | Males | % of Males | Females | % of Females |
|---|----------|----------|------------|----------|--------------|
| Population 25 years+ with earnings | \$40,320 | \$48,113 | - | \$32,232 | - |
| Less than high school graduate | \$24,048 | \$30,088 | 6% | \$16,098 | 5% |
| High school graduate (includes equivalency) | \$29,697 | \$35,750 | 32% | \$23,787 | 26% |
| Some college or associate's degree | \$36,839 | \$45,514 | 33% | \$30,513 | 39% |
| Bachelor's degree | \$51,887 | \$66,371 | 20% | \$42,095 | 21% |
| Graduate or professional degree | \$67,595 | \$81,954 | 9% | \$59,651 | 9% |

Linn County: Hourly Pay Based on Education Level



Households Receiving Supplemental Nutrition Assistance Program (SNAP) Benefits by Household Type

(Households with dependents under 18)

| | State of Iowa | | UWECI Five-County Area | | Linn County | |
|--------------------------|---------------|---------|------------------------|---------|-------------|---------|
| | Number | Percent | Number | Percent | Number | Percent |
| Married households | 26,344 | 18% | 1,924 | 15% | 1,368 | 13% |
| Single father households | 9,047 | 6% | 1,003 | 8% | 812 | 8% |
| Single mother households | 39,531 | 27% | 3,579 | 27% | 2,871 | 28% |

These disparities in well-being show value and need for comprehensive two-generation strategies that offer high-quality childcare; preschool and kindergarten through third grade education for children; effective job training for parents that leads directly to well-paid work; and additional public services — such as health, nutrition, food, and housing — which enable low-income families to overcome barriers to success.⁶

Poor socioeconomic status impacts basic needs, housing, and health stability. The intergenerational effects of living in poverty create more barriers to well-being for both children and adults, especially as it relates to education.

Children from economically disadvantaged families can fall nearly two years behind in language development. This may be because children from low-income families hear one-third the amount of words children of high-income families do. This is equivalent to a word gap of 30 million words by the time the two groups of children reach age four. Inequity in word exposure impacts early elementary success in reading development.⁷ Such disparity, without intervention, can follow children throughout their schooling, where 44 of 50 students who were poor readers at the end of first grade remain poor readers at the end of fourth grade. This demonstrates we must implement literacy interventions as early as possible.

Single women with children are more likely to experience food insecurity. The prevalence of food insecurity varies considerably among household types. Rates of food insecurity are higher than the national average (12.7%) for the following groups:

- All households with children (16.6%)
- Households with children younger than age six (16.9%)
- Households with children headed by a single woman (30.3%)
- Households with children headed by a single man (22.4%)
- Women living alone (14.7%)
- Men living alone (14%)
- Black, non-Hispanic households (21.5%)
- Hispanic households (19.1%)
- Low-income households with incomes below 185% of the poverty threshold (32.8%; federal poverty line was \$24,036 in 2015 for a family of four)⁸





THE CONDITION OF *Women*

is a strong prediction
of the future
of their children

HEALTH DISPARITIES

Gender is also a powerful social determinant of mental health and well-being.⁹ Our understanding of how this impacts our communities is vital to addressing issues connected to health and socioeconomic disparities for women.

Mental health has a significant impact on well-being and can impact individuals with serious mental illness and decrease their lifespan by 25 years less than the U.S. average. Depression is the leading cause of disability worldwide for both men and women; however, women and girls are twice as likely to experience it.¹⁰

In 2015, UWECE's 2-1-1 surveyed individual callers and programs participants at Eastern Iowa Health Center, Community Health Free Clinic, and the Area Substance Abuse Council—Heart of Iowa. Of those surveyed, 35% of women responded they were not getting care for an identified medical need. Additionally, 72% of respondents stated they, or someone in their household, had unaddressed mental health needs.¹¹

For Linn County residents, 29% reported experiencing one or more days of poor mental health. Compared to men, women are more likely to experience many of the most common mental health disorders including depression, anxiety, post-traumatic stress disorder, insomnia, and eating disorders. Among female respondents, mothers have an increased risk for experiencing poor mental health, with 47% experiencing 11 or more days per month.¹²

According to the Centers for Disease Control Quality of Life Survey, as women's income decreases, so does their mental health. Low-income mothers are twice as likely to experience some form of depression in their lifetime. Depression affects mothers functioning in society and leads to higher rates of adverse experiences (e.g., divorce, unemployment, poverty, etc.).¹³ In 2010, 19% of women in Linn County experienced inadequate social and emotional support.

This is especially true for Black and Hispanic women experiencing greater adversity. A mother's poor mental health negatively impacts cognitive and social-emotional development, behavior, school readiness, and overall health of a child. Those at highest risk for frequent mental distress are Black or Non-Hispanic persons at 16.9%, persons aged 55–64 years at 9.1% and women at 8% (versus 7.1% for the state of Iowa and 12.6% nationally in 2010).¹⁴

Nationally, **ONE IN EVERY EIGHT CHILDREN** lives with a mother who has not graduated from high school.

These children experience large disparities compared to children whose mothers have a bachelor's degree:

| | Less than high school diploma | Bachelor's degree |
|--|-------------------------------|-------------------|
| Federal poverty rate | 53% | 4% |
| Income below twice the federal poverty threshold | 84% | 13% |
| Median family income | \$25,000 | \$106,500 |
| Reading proficiently in 8 th grade | 16% | 49% |
| Proficient in math in 8 th grade | 16% | 52% |

HEALTH DISPARITIES, CONTINUED

Medicaid Births in Our Community

In 2015 for Iowa, Medicaid reimbursed births for labor and delivery costs of low-income women was nearly 39% for those with a household income below 375% of the federal poverty level. Medicaid births are an indicator of low income and potential vulnerability for families:

- Of all births to women of color, **Medicaid reimbursed 2/3**
- **Women with high school education or less represented 56%** of all Medicaid reimbursed deliveries, compared to 18% for non-Medicaid reimbursed deliveries
- **Women age 24 and younger represented 41%** of Medicaid reimbursed deliveries

Other trends that impact health outcomes for women and their children include¹⁵:



Much higher percentage smoked cigarettes while pregnant



Higher percentage gave birth to a low birth weight infant



Lower percentage initiated prenatal care during first trimester

**Per data shared by Eastern Iowa Health Center, which serves Medicaid eligible mothers in our community:
JUNE 2016–APRIL 2017**

- 693 Medicaid reimbursed births
 - 223 Medicaid births in Southwest neighborhood, zip code 52404
 - Nearly double the 115 Medicaid births in the Northeast zip code 52402.

Medicaid Births by County and Year

| | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 |
|----------------------|-----------|-----------|-----------|-----------|------------|------------|
| Benton County | 33% (99) | 31% (83) | 30% (76) | 30% (87) | 30% (94) | 26% (79) |
| Cedar County | 34% (62) | 30% (56) | 29% (52) | 28% (50) | 30% (56) | 29% (59) |
| Iowa County | 26% (47) | 35% (62) | 30% (59) | 24% (46) | 29% (57) | 23% (44) |
| Jones County | 37% (85) | 33% (62) | 34% (72) | 32% (72) | 39% (85) | 35% (76) |
| Linn County | 35% (975) | 34% (919) | 34% (937) | 33% (897) | 37% (1027) | 36% (1028) |

OUR RESPONSE

Resources and systems of services can be complex and overwhelming, especially for women dealing with financial, health, and basic needs barriers. To fill needs in building women's resiliency, it is important to meet needs now and build connections through supportive navigation and care coordination which provides holistic assessment of needs and connections to services and resources.

Women's Leadership Initiative

WE FILL GAPS IN CARE

In FY16, WLI distributed \$236,825 to its partners. Some of the services funded by WLI resulted in the following outcomes:

- 7,545 prescriptions
- 954 women received screenings and care coordination
- 340 women received medical co-pay assistance
- 489 women received dental services
- 209 bus passes to healthcare appointments
- 166 women received care coordination services to transition from treatment program

Starting in 2015, after a careful study of the condition of women, Women's Leadership Initiative prioritized funding in support of women through navigation and care coordination with two community partners Area Substance Abuse Council (ASAC)—Heart of Iowa and Eastern Iowa Health Center (EIHC).

ASAC—Heart of Iowa

For mothers and children impacted by substance misuse, a navigator assessed their needs to successfully transition into the community through a program at ASAC—Heart of Iowa. This included ensuring access transportation to follow through with medical and mental health appointments for themselves and their children, exploring housing and financial resources, and signing up for health insurance and financial benefits.

In 2015, in the ASAC—Heart of Iowa program:

- 98% of mothers self-reported a mental health problem
- Many were low-income; less than 14% reported any income

Eastern Iowa Health Center (EIHC)

EIHC is a Federally Qualified Health Center (FQHC) serving Linn County and surrounding areas to provide a medical home to the community, regardless of their ability to pay. It provides a variety of healthcare services to its patients, more than half of whom are women. Services include preventive health screenings, well woman exams, chronic disease management, immunizations, urgent care, and in-office procedures (i.e., pregnancy ultrasounds and gynecologic procedures). Eastern Iowa Health Center also offers women in-office screenings for additional needs and barriers impacting overall health.

In 2015, EIHC served 7,764 patients:

- 69% had Medicaid coverage
- 98% were low-income
- 27% identified as a racial/ethnic minority

In FY16, EIHC served 4,354 women:

- 28% saw a medical social worker
- 77% received additional screenings
- On average, women received nine in-office interventions, referrals, and/or education.
 - Of the referrals, 35% addressed basic needs (i.e., food, housing, finances, and transportation)
 - 37% of women had emotional and mental health needs influencing their well-being

WLI PILOT PROGRAMS' RESULTS

Thanks to the record number of dollars raised, WLI expanded programming to offer funding to two pilot programs at Area Substance Abuse Council and Eastern Iowa Health Center.

Eastern Iowa Health Center Navigation & Care Coordination

- 54% reported improved social connectedness
- 73% reported improved functioning at school, work, and/or home

Area Substance Abuse Council – Heart of Iowa

- 72% reported improved functioning at school, work, or home (exceeding 60% goal)
- 64% completed treatment and met goals (exceeding 52% goal)

United Way of East Central Iowa

We can break the cycle of poverty for the next generation by addressing the needs of women now.

Successful interventions need to address both children and families so they can thrive together and break cycles of generational poverty. The Aspen Institute calls these successful programs two-generation programs. Successful two-generation programs address four components in a family's life: education, economic supports, social capital, and health and well-being.¹⁶

The result will be resilient, healthy women contributing to healthy families and communities.



UNITED WAY OF EAST CENTRAL IOWA
**WOMEN'S
LEADERSHIP
INITIATIVE**
women helping women

How you can help

You can support women's health projects in our community by **designating a gift of \$500 or more** to the Women's Leadership Initiative when you give to United Way of East Central Iowa either individually or through your company campaign. Together we can make change for women and their families in our community.

Citations

- ¹ *Confronting Poverty, Poverty and Risk Calculator* Mark Rank and Tom Hirschl
- ² Adler, N. E. (2006). Overview of health disparities. In G. E. Thompson, F. Mitchell, & M. Williams (Eds.), *Examining the Health Disparities Research Plan of the National Institutes of Health: Unfinished business* (pp. 129–88). Washington, DC: National Academy Press
- ³ All values are calculated from the American Community Survey 2015 5-yr estimates using table B19131. Poverty rates are calculated assuming an average of 2 dependents per household.
- ⁴ Iowa Policy Project- 2016 Edition, www.iowapolicyproject.org, ratio of the women's to men's median annual earnings for full time workers as of 2014. http://www.aaup.org/files/2015/02/Fig-2_fall-2015-update.jpg
- ⁵ U.S. Census Bureau; American Community Survey, 2015 American Community Survey 5-Year Estimates, TableS1501: Educational Attainment & TableC15002: Sex by Educational Attainment for the population 25 yrs. and over; (March 2017)
- ⁹ World Health Organization 2008, *The Global Burden of Disease 2004 update*. http://www.who.int/healthinfo/global_burden_disease/GBD_report_2004update_full.pdf Accessed 16.6.2012
- ¹⁰ Parks J , Svendsen D , Singer P , Foti ME: *Morbidity and Mortality in People with Serious Mental Illness*. Alexandria, Va, National Association of State Mental Health Program Directors, 2006.
- ¹¹ Women's Leadership Initiative – 2-1-1 and WLI Partner survey, Fall 2015
- ¹² Together! Healthy Linn Community Health Improvement Plan 2016-2018 (www.linncounty.org/DocumentCenter/View/3999)
- ¹³ Centers for Disease Control Survey Life Survey Behavioral Risk Factor Surveillance System Health-Related Quality of Life Survey
- ¹⁴ K. Ertel, J. Rich-Edwards, K. Koenen, "Maternal Depression in the United States: Nationally Representative Rates and Risks,," *Journal of Women's Health*, 2011. 20(11), 1609–1617.
- ⁶ *Mother's Education and Children's Outcomes: How Dual-Generation Programs Offer Increased Opportunities for America's Children* July 9, 2014. Donald J. Hernandez, Hunter College and the Graduate Center, City University of New York; Jeffrey S. Napierala, University at Albany
- ⁷ Anne Fernald, Virginia A. Marchman and Adriana Weisleder, "SES differences in language processing skill and vocabulary are evident at 18 months." *Developmental Science* 16:2 (2013), pp 234-248
- ⁸ United States Department of Agriculture- Economic Research Service, 2015 (<https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/key-statistics-graphics.aspx>)
- ¹⁵ The Iowa Department of Public Health- the Maternal and Child Health Epidemiology Program, Field Support Branch, Division of Reproductive Health, National Center for Chronic Disease Prevention and Public Health Promotion, Centers for Disease Control and Prevention, 2015 (https://idph.iowa.gov/Portals/1/userfiles/68/Medicaid/2014%20-%20Medicaid%20vs_%20non-Medicaid%20reimbursed%20deliveries.pdf)
- ¹⁶ Ascend at the Aspen Institute "Two-Generation Playbook," 2014 (http://b.3cdn.net/ascend/2e4b529fe1d72f5d5a_p3m6b1956.pdf)