

THE STATUS OF WOMEN IN FLORIDA BY COUNTY, 2018



About This Report

The Status of Women in Florida by County is a compilation of four publications on women's status across Florida's counties commissioned by the Florida Women's Funding Alliance, an affinity group of Florida Philanthropic Network. *The Status of Women in Florida by County* includes: Population & Diversity, which describes the demographics of women and men in the state; Poverty & Opportunity, which explores factors related to women's economic security and access to opportunity; Health & Well-Being, which analyzes data on women's physical and mental health, and lifetime experiences of violence; and Employment & Earnings, which examines women's labor force participation, earnings, and occupations. The report builds on the Institute for Women's Policy Research's long-standing report series, *The Status of Women in the States*, which has provided data on the status of women nationally and for all 50 states plus the District of Columbia since 1996. *The Status of Women in the States* publications use data from U.S. government and other sources to analyze women's status across multiple issue areas. These reports have been used to highlight women's progress and the obstacles they continue to face and to encourage policy and programmatic changes that can improve women's opportunities.

About the Institute for Women's Policy Research

The Institute for Women's Policy Research (IWPR) conducts rigorous research and disseminates its findings to address the needs of women, promote public dialogue, and strengthen families, communities, and societies. IWPR's research strives to give voice to the needs of women from diverse ethnic and racial backgrounds across the income spectrum and to ensure that their perspectives enter the public debate on ending discrimination and inequality, improving opportunity, and increasing economic security for women and families. IWPR works with policymakers, scholars, and public interest groups to design, execute, and disseminate research and to build a diverse network of individuals and organizations that conduct and use women-oriented policy research. IWPR's work is supported by foundation grants, government grants and contracts, donations from individuals, and contributions from organizations and corporations. IWPR is a 501(c)(3) tax-exempt organization that also works in affiliation with the Program on Gender Analysis in Economics at American University.

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About Florida Women’s Funding Alliance

Florida Women’s Funding Alliance (FWFA), an affinity group of Florida Philanthropic Network (FPN), envisions a Florida where women and girls thrive. The FWFA mission is to transform the lives of women and girls through members’ collective voices and resources. FWFA offers FPN members an opportunity to interact and connect with other staff and board members of foundations and other grantmaking organizations working to transform the lives of women and girls in Florida.

<https://www.fpnetwork.org/fwfa>

About Florida Philanthropic Network

Florida Philanthropic Network is a statewide association of grantmakers working to build philanthropy to build a better Florida. FPN’s members are private independent, corporate, and family foundations, community foundations, public charity grantmakers, and corporate giving programs—from Miami to Jacksonville; Naples to Pensacola—who hold more than \$6.5 billion in assets and invest more than \$430 million annually (excluding members located outside Florida) to improve the quality of life for our citizens. FPN members share a commitment to promoting philanthropy, fostering collaboration, and advancing public policy by Florida, in Florida.

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Executive Summary

Introduction

In Florida and across the country, women are making great strides in many aspects of their lives. More women are earning bachelor's degrees and women's entrepreneurship is growing rapidly. Over the past several decades, women have joined the labor force in increasing numbers, seen their earnings rise, and entered into higher-paying managerial and professional occupations. Medical advances have led to improvements in women's health, including declining mortality rates from heart disease, lung cancer, and breast cancer, and a decreasing rate of AIDS diagnoses.

Yet, too many women and girls live in poverty with limited access to education, health care, and other important supports that would allow them to achieve economic stability. In more recent years, women's wages in Florida and other states have stagnated or fallen, smaller shares of women are in the labor force, and occupational segregation persists, limiting progress toward closing the gender wage gap. Despite progress in some areas of health, the share of women with diabetes and the suicide rate among Florida women are increasing, as is the number of days per month on which women in the state report experiencing poor mental health.

Wide disparities also persist among Florida's women by geographic locations and across racial and ethnic groups, indicating that there is still need for improvement. To improve the status of women from all backgrounds and walks of life, they must have equal access to health insurance, good jobs with fair compensation in a wide range of occupations, education, business opportunities, physical and mental health services, and freedom from violence. Ensuring that women and girls can reach their educational and employment goals, remain financially stable and healthy, and fully contribute to their communities is key to Florida's future.

The report series includes four publications, plus a combined report:

["The Status of Women in Florida by County: Population & Diversity"](#) briefing paper, IWPR #R474, highlights demographic information relevant to the status of women in Florida. It explores differences between women and men on a range of variables, including age, race and ethnicity, marital status, household type, immigration status, geography, and veteran status. Data are analyzed by county (when available). These demographic data have important implications for determining investments to promote gender equality, and can be used to implement policies that address the needs of women in Florida's many communities.

[The Status of Women in Florida by County: Poverty & Opportunity](#) report, IWPR #R475, provides data and analysis of several aspects of Florida women's economic security and access to opportunity. It calculates a Composite Index based on four indicators—health insurance coverage, educational attainment, business ownership, and poverty rates—and ranks all 50 states and the District of Columbia on the composite score and component indicators. The report also examines additional data for Florida on topics such as poverty by household type, home ownership, the number of public assistance recipients, and English proficiency. Data are analyzed by counties in Florida (when available) and disaggregated by racial and ethnic groups.

[The Status of Women in Florida by County: Health & Well-Being](#) report, IWPR #R476, analyzes data on women's health, including chronic disease, physical health, sexual health, and mental

health. The report includes a Health & Well-Being Composite Index, comprised of nine indicators that provide a basis for ranking and grading each state in the nation. In addition, data on Florida women's health-related behaviors and preventive care and on the share of Florida women who are either living with a disability of their own, or caring for someone else with one or more disabilities, are examined. The report identifies changes in women's health status since the publication of IWPR's *The Status of Women in the States: 2004* and concludes with recommendations for policymakers, public health officials, advocates, and philanthropists.

[*The Status of Women in Florida by County: Employment & Earnings*](#) report, IWPR #R533, examines the status of women in Florida in terms of their employment, earnings, and occupations. The report includes an Employment & Earnings Composite Index comprised of four indicators—women's median annual earnings, the gender wage ratio, women's labor force participation rate, and the share of employed women in managerial or professional occupations—used to rank and grade each of the 50 states and the District of Columbia. The report explores trends over time in Florida and, whenever possible, analyzes data by county and differences by race and ethnicity.

Each publication aims to provide critical data that can help to build economic security and overall well-being among the state's women and girls and serve as a resource that may be used to achieve multiple goals, including educating the public on issues related to women's well-being, informing policies and programs, helping donors and foundations establish investment priorities, and inspiring community efforts to strengthen economic growth by improving women's status.

As a resource for advocates, philanthropists, policymakers, and other stakeholders, *The Status of Women in Florida by County* series provides the research and analysis necessary to make data-driven decisions about how to prioritize investments, programs, and public policies. The goals of *The Status of Women in Florida by County* report series are to: 1) analyze and disseminate information about Florida women's progress in achieving rights and opportunities; 2) identify and measure the remaining barriers to equality; and 3) provide baseline measures for monitoring women's progress.

Poverty & Opportunity Key Findings

Trends

- Since the 2004 publication of *The Status of Women in the States*, Florida's grade of D+ on the Poverty & Opportunity Composite Index has remained unchanged. The share of women earning a bachelor's degree or higher and the percent of women-owned businesses have both grown, but the share of nonelderly women who are uninsured and the proportion of women who live in poverty have also increased.

Health Insurance Coverage

- Following the implementation of the Patient Protection and Affordable Care Act (ACA), the percent of nonelderly women in Florida with health insurance increased substantially, from 73.8 in 2013 to 78.3 percent in 2014. As of 2014, however, Florida still ranked 50th in the nation for its share of nonelderly women with health insurance (78.3 percent), well below the national average of 85.4 percent.
- Florida chose not to expand Medicaid under the ACA. Of the approximately 2.9 million adults in the United States in the insurance coverage gap—those with income between Medicaid eligibility and 100 percent of the federal poverty level—20 percent, or 567,000, live in Florida (Garfield and Damico 2016).

- Health insurance coverage rates among women aged 18-64 vary widely across Florida, from a low of 60.7 percent in Glades County to a high of 86.3 percent in St. Johns County. In 10 Florida counties, fewer than 70 percent of nonelderly women have health insurance.
- Among women from the largest racial and ethnic groups, Hispanic women have the smallest share with health insurance coverage (63.0 percent), and White women have the largest (81.7 percent).

Higher Education

- More than one in four Florida women aged 25 and older has a bachelor's degree or higher (26.7 percent), compared with 28.1 percent of Florida men with the same level of education. Women's lower educational attainment than men's in Florida differs from the pattern nationally; in the United States overall, women aged 25 and older are slightly more likely than their male counterparts to hold at least a bachelor's degree (30.2 percent compared with 29.9 percent).
- The share of Florida women with a bachelor's degree or higher ranges from a high of 44.3 percent in Leon County to a low of 10.0 percent in Levy County.
- Among Florida women aged 25 and older, Asian/Pacific Islander women are the most likely to hold a bachelor's degree or higher (43.3 percent), followed by women who identify as multiracial or of another race (30.8 percent), White women (28.6 percent), Hispanic women (22.6 percent), and Black women (19.0 percent). Native American women are the least likely to hold a bachelor's degree at 16.8 percent.

Women's Business Ownership

- Florida is among the states with the largest number of women-owned businesses (807,817) and the greatest growth in women-owned businesses; between 2002 and 2012, the growth rate for women-owned businesses in the state was 84.7 percent, the fourth highest in the country and well above the national average of 52.2 percent. In 2012, women owned 38.5 percent of Florida businesses, earning the state a ranking of fifth in the nation. The share of Florida businesses owned by women is highest in Hendry (43.2 percent) and Gilchrist and Osceola Counties (each 42.0 percent), and lowest in Holmes (24.6 percent), Gulf (28.3 percent), and Charlotte Counties (29.4 percent).
- In the United States overall, the entrepreneurship of women of color has increased substantially in recent years. Between 1997 and 2014, the share of women-owned firms nationwide that were owned by women of color nearly doubled, from 17 percent to 32 percent. While White women's share of women-owned businesses in Florida is smaller than White men's share of men-owned businesses (74.0 and 84.4 percent, respectively), the reverse is true for Black women. Black women, who account for about 16 percent of Florida's women, own 18.4 percent of women-owned businesses; their share is twice as large as the share of men-owned businesses owned by Black men (9.0 percent). Asian women own 4.1 percent of women-owned businesses, and Native American women own 0.7 percent.
- Despite growth in the number of businesses owned by women, the share of the private sector workforce employed by women-owned businesses and the revenues of women-owned businesses have remained relatively stagnant since 2002.

Poverty

- Poverty, and especially poverty among women and women of color, continues to be a persistent problem. In Florida, 15.4 percent of women aged 18 and older live in poverty, placing the state

among the bottom third in the country. Poverty among women is lowest in Sumter County (10.2 percent); at the opposite end of the spectrum, more than one in four women live in poverty in five Florida counties: Gilchrist (25.4 percent), DeSoto (25.8 percent), Hamilton (26.3 percent), Alachua (26.4 percent), and Hardee (29.0 percent).

- Poverty rates in Florida vary considerably among adults from the largest racial and ethnic groups. Black women have the highest poverty rate at 25.2 percent, followed by Native American (21.4 percent) and Hispanic (21.2 percent) women, and women of another race or multiple races (17.8 percent women). Asian/Pacific Islander and White women have much lower poverty rates at 12.6 and 11.9 percent, respectively.
- In Florida, more than two in five households that are headed by single women with children live in poverty (41.5 percent), which is slightly below the national average of 43.2 percent for single mother households. Florida single men with children have the second-highest poverty rate among all household types (26.9 percent), exceeding the U.S. average of 23.3 percent. Married couples with and without children have lower poverty rates than households headed by single men and women; married couples without children in Florida have the lowest poverty rate among all household types at 5.1 percent. In households headed by married couples or single women, the poverty rate is nearly twice as high if children under 18 are present.
- If working women in Florida aged 18 and older were paid the same as comparable men—men who are of the same age, have the same level of education, work the same number of hours, and have the same urban/rural status—the poverty rate among all working women would fall by 57.3 percent, from 8.2 percent to 3.5 percent. Florida’s working single mothers would see an even more dramatic reduction in poverty if they earned the same as comparable men; the poverty rate among working single mothers in Florida would drop from more than one in five single mothers in poverty (23.1 percent) to fewer than one in 10 (9.5 percent).

Public Assistance and Social Security

- Over 3.6 million people in Florida, or 19.5 percent of the population, receive Supplemental Nutrition Assistance Program (SNAP, or food stamps), compared with 14.5 percent of the U.S. population. In Florida, over 48,000 families with children receive Temporary Assistance for Needy Families (TANF) cash assistance. The state has about 83,000 individual TANF recipients; of those about 70,000 (or 83 percent) are children and 14,000 (or 17 percent) are adults. In the United States overall, 72 percent of TANF recipients are children and 28 percent are adults.
- Over three million Floridians aged 65 and older receive Social Security, with older women comprising 55 percent of recipients. The average monthly Social Security benefit in Florida is \$1,161 for older women and \$1,490 for older men, amounts that are similar to the U.S. average benefit amounts of \$1,155 for women and \$1,502 for men. The average monthly benefit for older Florida women varies across counties, ranging from a low of \$984 in Holmes County to a high of \$1,269 in Palm Beach County.

Home Ownership

- In 2014, about two-thirds of Florida households (64.1 percent) owned their homes, a share that was slightly higher than in the United States as a whole, where about 63.1 percent of households own their homes. More than seven in 10 White households (72.7 percent) own their home, compared with fewer than half (48.3 percent) of households of color.

English Proficiency

- As one of the states attracting large immigrant populations, Florida has a high concentration of individuals with limited English proficiency. Between 1990 and 2013, the share of Florida’s

population with limited proficiency grew from 7.9 percent to 11.5 percent; in 2013, Florida accounted for 8.5 percent of the nation's limited English proficient population. The counties with the largest population of those who have limited English proficiency are Miami-Dade (34.5 percent), Hendry (24.0 percent), and Hardee (21.9 percent).

Health & Well-Being Key Findings

Trends

Since the 2004 publication of *The Status of Women in the States*, Florida women's health has improved in some areas and worsened in others.

- Florida earns a grade of C- on the Health & Well-Being Composite Index, an improvement over the D+ the state received in the 2004 *Status of Women in the States* report.
- Since the publication of the 2004 report, Florida women's heart disease mortality rate declined by 41.1 percent, lung cancer mortality rate declined by 19.9 percent, and breast cancer mortality rate declined by 19.8 percent. In that timeframe, the rate of AIDS diagnosis among women and girls aged 13 and older dropped by 63.8 percent.
- Similar to national trends, the percentage of Florida women who have been told they have diabetes has grown, as has the rate of reported cases of chlamydia.
- Between 2000 and 2015, the average number of days per month that women in Florida reported their activities were limited due to poor mental or physical health increased, as did the average number of days that they reported poor mental health. The suicide mortality rate among Florida rate has also risen.

Chronic Disease

- Among women in the United States, heart disease is the leading cause of mortality, at a rate of 133.2 per 100,000 women of all ages. The heart disease mortality rate for women in Florida is 115.6 per 100,000, earning the state a ranking of 13th in the nation. Across Florida, heart disease mortality ranges from a low of 68.8 per 100,000 women in Collier County to a high of 236.7 per 100,000 women in Holmes County.
- Lung cancer is the most lethal cancer for women in Florida. The state ranks 19th among the 50 states and the District of Columbia, with a lung cancer mortality rate of 33.9 per 100,000 women of all ages. The mortality rate among women in Wakulla County, the county with the highest rate, is more than triple the rate in Miami-Dade County, which has the lowest rate (67.6 and 18.5 per 100,000 women, respectively).
- The breast cancer mortality rate for Florida women, 19.4 per 100,000 women of all ages, is lower than the national breast cancer mortality rate of 20.6 per 100,000. Florida ranks 15th out of 51 for women's breast cancer mortality rate. Among the 45 counties with reliable data, the breast cancer mortality rate is lowest in Collier County (12.5 per 100,000) and highest in Okeechobee (28.0 per 100,000).
- In Florida, 10.9 percent of women aged 18 and older have been told they have diabetes, which is in the bottom third in the nation (a ranking of 39th).
- Florida ranks 48th out of 51 for its high rate of AIDS diagnoses (7.6 per 100,000 women and girls aged 13 and older). The rate of women's AIDS diagnoses in Florida is more than twice the national rate of 3.2 per 100,000.

- There are wide disparities in Florida women’s mortality rates by race and ethnicity. The heart disease mortality rate among Black women in Florida is 143.2 per 100,000, well above the rate of 115.6 per 100,000 for women overall. Among the largest racial and ethnic groups, White women in Florida have the highest lung cancer mortality rate (40.7 per 100,000), which is almost three times higher than the rate of the racial and ethnic group with the lowest rate (Hispanic women, 14.5 per 100,000). Like heart disease mortality, breast cancer mortality is highest for Black women in Florida (25.7 per 100,000).
- The prevalence of diabetes and rate of AIDS diagnosis also vary by race and ethnicity. Black women in Florida have the highest rates of diabetes (15.4 percent) and are nearly two and a half times as likely to have ever been told they have diabetes as Asian/Pacific Islander women, who have the lowest rate (6.4 percent). The disparities in the rate of AIDS diagnoses by race and ethnicity are particularly striking; the rate of diagnoses for Black women in Florida is 33.2 per 100,000 women and adolescents, more than four times greater than the rate for Florida women overall (7.6 per 100,000).

Mental Health

- The average number of days in the past month that Florida women report that their mental health was not good, 4.5 days, is slightly higher than the average number of days for women in the United States overall (4.2 days).
- Native American women in Florida experience the most days per month of poor mental health (an average of 7.7), followed by women who identify with another race or multiple races (6.6 days). Black, White, and Hispanic women report an average of 4.3, 4.4, and 4.8 days of poor mental health per month, respectively, while Asian/Pacific Islander women report the fewest days, 1.3.

Limitations on Activities

- Women in Florida report that their activities were limited by their physical or mental health for an average of 5.3 days in the preceding month, which exceeds the U.S. average of 4.8 days.
- Among Florida women, those who identify with another race or as multiracial reported the highest number of days per month of limited activities due to poor health (7.7), followed by Native American women (6.8 days).

Women with a Disability or Living with a Person with a Disability

- Nearly one in ten Florida women (9.8 percent) has a disability, which can include cognitive, ambulatory, sight, hearing, or self-care or independent living difficulties. Among the largest racial and ethnic groups, Native American women in the state are most likely to be living with a disability (24.1 percent), and Asian/Pacific Islander women are the least likely (4.4 percent).
- More women in Florida between the ages of 16 and 64 are living with a person with one or more disabilities than in the United States as a whole (15.3 percent compared with 14.9 percent, respectively). More than one in five Florida women aged 65 and older (21.7 percent) resides with a person with a disability.

Health Behaviors and Preventive Care

- Nearly half of women in Florida (49.9 percent) report that they exercise at least 150 minutes per week, yet only about one in five women (21.6 percent) say that they eat five or more servings of fruits and vegetables daily.

- Fewer than one in six women in Florida (14.8 percent) report that they smoke every day or some days and about one in ten (10.5 percent) report binge drinking in the past month (having four or more drinks at least once).
- About three-quarters (75.6 percent) of Florida women report having had a pap test in the past three years and about four in five women aged 50 and older (79.9 percent) report having had a mammogram in the past two years. Among women in Florida, nearly seven out of ten (67.8 percent) report having been screened for cholesterol in the past five years. Fewer than half of adult women in the state (43.3 percent) report having been tested for HIV in their lifetime.

Violence Against Women

- About one in four Florida women (24.2 percent) experienced unwanted sexual contact in their lifetime, and 17.2 percent were raped. Intimate partner violence is also widespread; 46.0 percent of women in Florida experienced psychological aggression from an intimate partner during their lifetime, 34.1 percent experienced physical violence, and 13.2 percent experienced sexual violence.

Employment & Earnings Key Findings

Trends

- Florida's grade of D+ for women's employment and earnings is worse than the C- the state earned when *The Status of Women in the States* was published in 2004. Florida women's median annual earnings have fallen, yet, due to an even sharper decline in men's earnings, the wage gap has narrowed. Although more women are employed in managerial and professional occupations, which generally have higher wages and employment benefits, a smaller share of women are in the labor force.

Earnings and the Gender Wage Gap

- In Florida and all states, women working full-time, year-round earn less than men. Median annual earnings for women in Florida are \$35,000, placing the state at 38th in the nation, compared with \$40,000 for men. The gender wage ratio in Florida is 87.5 percent, a gap of 12.5 percent.
- If the median annual earnings of women and men in Florida who are employed full-time, year-round change at the rate they have between 1959 and 2015, the gender wage gap in Florida will not close until 2038.
- If working women in Florida were paid the same as comparable men—men who are the same age, have the same level of education, work the same number of hours, and have the same urban/rural status—women's average earnings would increase by \$6,300, equivalent to a raise of over 16 percent. Added up across all working women in the state, the increase would amount to \$28 billion, which equals 3.0 percent of Florida's gross domestic product in 2016.
- While higher levels of education lead to higher earnings, education does not eliminate the gender wage gap. Florida women who earn a high school diploma or the equivalent have the same median earnings for full-time, year-round work as men who do not complete high school, and women who attend some college or earn an associate's degree have the same earnings as men who graduate from high school. Comparing women and men with the same level of education, the gender wage gap is largest for those with a bachelor's or advanced degree; women with this level of education earn 71.4 cents for every dollar earned by a man with similar educational attainment.

- Florida women's earnings vary by race and ethnicity, ranging from a high of \$40,505 for White women who work full-time, year-round to a low of \$29,878 for Hispanic women. Hispanic women in the state earn just 59 percent of White men's earnings.
- Across Florida, women's median annual earnings range widely by county, from a low of about \$25,000 annually in Glades and Hardee, to a high of \$42,455 in St. Johns County. In ten counties, women earn 90 percent or more of what men earn; in two counties, Santa Rosa and St. Johns, women earn less than 70 percent of men's earnings.

Women's Labor Force Participation

- Florida has one of the smallest shares of women in the labor force in the country, 53.7 percent, earning the state a ranking of 48th. Among Florida women, those who identify as multiracial or of another race are most likely to be in the labor force, followed by Black women. Native American and White women have the lowest labor force participation rates.
- Black women in Florida are more likely to be in the labor force than Black men. For all other racial and ethnic groups, men are more likely to be in the labor force than women of the same race or ethnicity.
- There is large variation in women's labor force participation rates across Florida, ranging from a low of 24.6 percent in Sumter County to a high of 62.9 percent in Orange County.

Employment and Earnings by Occupation and Industry

- Employed women in Florida are more likely than employed men to work in managerial or professional occupations (38.8 percent of women compared with 30.1 percent of men). Although Asian/Pacific Islander, White, and Native American women in Florida have lower labor force participation rates than women from other racial or ethnic groups, they are more likely to be employed in managerial or professional occupations.

Policy Recommendations

Across the state of Florida, women face challenges that require the attention of policymakers, advocates, employers, and funders. While in many ways women in Florida are making progress, not all women are equally benefiting from the state's improvements. The experiences of women across the state vary widely from one county to the next, and women of color often face persistent inequities. Policies and programs have the potential to ensure all women have access to employment, fair wages, education, affordable and high-quality mental and physical health care, and the ability to live free of violence. Working together, there can be a better future for Florida's women, men, and children.

Reducing Poverty and Expanding Opportunities for Women

- Florida has one of the lowest shares of women aged 18 to 64 with health insurance and is home to 20 percent of the nearly 3 million Americans who fall into the insurance gap because their income falls between Medicaid eligibility and the federal poverty level (Garfield and Damico 2016). Because health insurance coverage improves health outcomes and reduces out-of-pocket expenses, Florida can improve the health status of its low-income women by expanding public health programs, including Medicaid.
- To address disparities in educational attainment, Florida can facilitate access to higher education by providing supports for those who face financial and other barriers to completing a degree. Philanthropists and state and local government should make educational opportunities for Hispanic, Black, and Native American women in Florida a particular focus of investment in scholarship and grant programs.
- To capitalize on the recent growth in women's business ownership, and substantial increase in businesses owned by women of color, Florida can ensure that state and local government contracts are accessible to women-owned and minority-women-owned businesses. Women's entrepreneurship can also be encouraged through public and private sector investments in loan and entrepreneurship programs, and through technical assistance to women entrepreneurs to help them to identify sound business and financing opportunities to start or grow their business.
- Compared with businesses owned by men, businesses owned by women are far more likely to have no start-up or expansion capital and, among those that do, most use their own personal or family savings. Addressing the lack of access to financing options could mitigate some of the risk of business ownership and encourage women, especially low-income women and women of color, to pursue business ownership as a path to financial stability.
- Florida could reduce women's poverty by strengthening the basic safety net for those who earn very low wages or who cannot work. Efforts should be made to ensure that those who need Supplemental Nutrition Assistance (SNAP) or Temporary Assistance for Needy Families (TANF) have knowledge of and access to the programs. In addition, benefit levels should be increased.

Improving Women's Health, Access to Health Care Services, and Safety

- Increased investment in health care services would allow more women to access health care and to receive screening and testing to promote early detection of illness or disease.
- An important component of improving Florida women's health is addressing disparities in health outcomes among women from different racial/ethnic and socioeconomic groups. Intervention and investment to tackle the most lethal diseases for women in Florida—heart disease, lung cancer, and breast cancer—can be designed with cultural sensitivity and targeted to the most-affected racial and ethnic groups and to counties where the need is greatest.
- Several policies could better support the many women in Florida who are living with a person who has one or more disabilities: passing paid family medical leave and paid sick days laws to allow working caregivers to better balance work and family responsibilities; addressing the high cost and lack of availability of long-term services and supports; and ensuring that Medicaid adequately supports low-income people and allows them to receive services in their preferred setting. Given the shortage of health care workers and the high costs of care, registered nurses should be allowed to delegate an expanded list of tasks to trained direct care workers, allowing nurses to focus on tasks they are uniquely qualified to perform, and nurse practitioners should be allowed to practice to the fullest extent of their education and training (Commission on Long-Term Care 2013).
- Florida is one of 26 states that does not mandate sex education and one of 16 states that does not mandate HIV education in schools (Guttmacher Institute 2017). Given the high number of chlamydia cases and AIDS diagnoses among women, the lack of sex education is a missed opportunity to provide information on the causes, risks, and prevention of chlamydia, HIV/AIDS, and other sexually transmitted infections.
- To ensure an adequate supply of mental health providers and high-quality care, especially for Florida's most vulnerable women and girls, Medicaid reimbursement for behavioral health services should be increased to comparable rates for Medicare or private insurance (Committee on Health Care 2006; Dormond and Afayee 2016). Florida's Agency for Health Care Administration recommended raising the Medicaid reimbursement rates for behavioral health services in a December 2016 report to the Florida Legislature (Agency for Health Care Administration 2016).
- To reduce infant mortality, Florida should ensure that all pregnant women have adequate access to prenatal and infant care.
- Improving Florida's data collection on women's experiences with violence and abuse at the county level would help researchers and policymakers develop a more complete understanding of the challenges women face and solutions to address them. As a first step toward improved data, Florida Department of Law Enforcement (FDLE) could gather detailed data on victims and perpetrators of domestic violence, including gender, through the Federal Bureau of Investigation's (FBI) Uniform Crime Report (UCR). Data on human trafficking arrests in Florida, which is not collected in a standard or systematic way across the United States, could also be collected by FDLE and submitted to the FBI for further analysis.
- To facilitate gathering reliable data, local agencies should also receive improved training to identify and appropriately support victims of violence and human trafficking. Agencies must increase their awareness of gender dynamics in violent crimes. Ultimately, it is important to invest in data collection and studies to produce consistent and reliable county-level estimates on key indicators related to women's safety, and information disaggregated by race and ethnicity.

Supporting Employment and Increasing Earnings for Women

- Florida lawmakers can take steps to narrow the gender wage gap, especially the very large gap experienced by some women of color, and reduce poverty:
 - Proactively enforce existing legislation regarding fair labor standards and strengthen protections against retaliation for those who discuss their pay to determine whether they are being underpaid relative to comparable employees.
 - Pass legislation that bars employers from requiring potential employees to submit previous salary history, which can perpetuate wage inequality.
 - Require employers to increase transparency about gender and racial/ethnic disparities in their hiring, compensation, and promotion practices.
- The minimum wage in Florida in 2016 is \$8.05 per hour, yet the Basic Economic Security Tables (BEST) Index—a measure of the wage an individual must earn to meet basic needs plus minimal savings—is \$14.52 an hour for a single adult in Florida with work benefits, and \$22.56 an hour for an adult with work benefits and a preschool child (Wider Opportunities for Women 2014). Raising the minimum wage would increase women’s earnings and reduce poverty. An increased minimum wage would be especially beneficial to women of color, who are disproportionately represented among low-wage workers. In addition, to set a reasonable wage floor, Florida should consider tying its minimum wage to cost-of-living increases.
- To tackle occupational segregation by gender and get more women into higher-paying jobs, educators and counsellors should ensure that career advice for women and girls explicitly addresses the earnings and growth potential of different fields of study and occupations. Employers and stakeholders in workforce development should increase active outreach and support for women pursuing careers in technical and nontraditional fields.
- Like the vast majority of states, Florida has not passed paid leave legislation. Work-life supports such as paid sick days and paid family leave are benefits few low-wage workers receive, but they are vitally important to help women—who are more likely than men to have unpaid caregiving responsibilities—remain in the workforce. Since over half of Florida families with children under 18 have a breadwinner mother (who is either a sole earner or earns 40 percent or more of the household income), policies that help women stay in their jobs and advance have the potential to increase earnings and reduce poverty for women and their families (Anderson et al. 2016).