THE STATUS OF WOMEN IN NEW HAMPSHIRE

2023
The New Hampshire Women’s Foundation is pleased to present the second edition of *The Status of Women in New Hampshire*. *The Status of Women* and *The Status of Girls* reports are released consecutively every-other year to provide consistent data and insight on the status of women and girls in the state.

This report includes 85 data indicators of New Hampshire women’s health, safety, economic security, and leadership. These indicators highlight a hardworking, resilient, and diversifying population of women. However, the data also enumerates many social, economic, and political barriers facing women, and inequities by race, ethnicity, geography, age, and parenting status. These barriers and inequities present opportunities for New Hampshire to shift investment in women for a more vibrant and prosperous future.

The data is collected from a variety of sources including the U.S. Census Bureau American Community Survey and Household Pulse Survey, the Behavior Risk Surveillance System, and individual requests from the State of New Hampshire departments and agencies. Our reporting is limited to the data collected by our sources and, while the New Hampshire Women’s Foundation recognizes and values gender-expansive identities and inclusive and self-determining race and ethnic identity, we are often not able to report more inclusive data due to data collection practices from the sources themselves. The New Hampshire Women’s Foundation will continue to support policies and expansions in data collection that provide a more inclusive understanding of the experience of women in our state.

This report also includes spotlights on organizations and programs doing work across the state to support, engage, and empower New Hampshire women. We encourage you to learn more about these wonderful organizations and join us in investing in women in the state. We are grateful to the many partners that make this work possible.

Finally, we know women have been hugely impacted by the COVID-19 pandemic in health care access, employment, wages, poverty, child care concerns, domestic violence, and mental health. The data in this report is from the most recent available date prior to publication, most of which includes data from 2020 and, wherever possible, 2021 and 2022. Consequently, this report captures the start of, but not the complete, impacts of COVID-19 on women in New Hampshire. Future editions of *The Status of Women* will track the impact of COVID-19 for years to come.

Thank you for your interest in the status of women in New Hampshire. We are proud to provide you with data-driven research about Granite State women.

With you in spirit and in action,

*Tanna*

Tanna Clews
President and CEO
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# ACKNOWLEDGMENTS

This report was researched, written, and edited by Dow Drukker, Research Fellow, and Devan Quinn, Director of Policy, New Hampshire Women’s Foundation. Kristin Smith, Ph.D., Visiting Research Associate Professor of Sociology at Dartmouth College provided invaluable data analysis and guidance throughout this project. Additional research was provided by Loreley Godfrey, Intern, New Hampshire Women’s Foundation. Kimberly Lindberg Design, of Hampton, NH, designed this report. RAM Companies of East Hampstead, NH, printed it. Mary Ellen Hettiger provided copywrite editing. The Women’s Foundation gratefully acknowledges the support of numerous individuals who provided data coordination and analysis including: Kim Fallon, Chief Forensic Investigator, NH Chief Medical Examiners Office; Michael Rogers, Administrative Assistant, NH Bureau of Alcohol and Drug Services; Mariko Geiger, STD Epidemiologist, NH DHHS Infectious Disease Surveillance Section; Amanda Grady Sexton, Director of Public Affairs, New Hampshire Coalition Against Domestic and Sexual Violence; Debra Nelson, Bureau Chief, NH Child Development and Head Start; and Robyn Malchanoff and Chertina Walker, System Administrators, Institute for Community Alliances. The Women’s Foundation would also like to thank the following people for their subject matter expertise and insight: Gail Brown, Director, NH Oral Health Coalition; Kayla Montgomery, Vice President of Public Policy, Planned Parenthood New Hampshire Action Fund; Laura Davie, Co-Director, Center on Aging and Community Living; and Erica Plante, Senior Scientific Analyst, Institute for Health Policy and Practice.
THESE ARE THE WOMEN OF NEW HAMPSHIRE

New Hampshire has 1.4 million people, half of whom are female.¹

MEDIAN AGE
WOMEN: 44
MEN: 42

MARITAL STATUS
WOMEN: 49% MARRIED
MEN: 51% MARRIED

RACE/ETHNICITY OF WOMEN
- WHITE
- HISPANIC/LATINA
- ASIAN
- MULTIRACIAL
- BLACK/AFRICAN AMERICAN
- OTHER

HIGH SCHOOL DIPLOMA OR HIGHER
WOMEN: 95%
MEN: 94%

ASSOCIATE’S DEGREE OR HIGHER
WOMEN: 52%
MEN: 48%

IN THE LABOR FORCE
WOMEN: 64%
MEN: 73%

SEXUAL ORIENTATION
- STRAIGHT WOMEN 89% MEN 91%
- BISEXUAL WOMEN 7% MEN 3%
- GAY OR LESBIAN WOMEN 2% MEN 3%
- SOMETHING ELSE WOMEN 2% MEN 2%
- NOT SURE WOMEN 1% MEN 1%

GENDER IDENTITY
- CIS-FEMALE 51.3%
- CIS-MALE 46.5%
- TRANS-FEMALE .4%
- TRANS-MALE .4%
- NONE OF THESE 1.4%

¹ U.S. Census Bureau, American Community Survey 2021-1-Year Estimates, Tables S0101, B12002, S1501, B23001, S2412
² U.S. Census Bureau, American Community Survey 2020 5-Year Estimates, Tables B01001B-I.
³ U.S. Census Bureau, Household Pulse Survey, Phase 3.2-3.5 July 2021-June 2022.

May add to more than 100% due to rounding.
COVID-19

The COVID-19 pandemic continues to have significant implications on the public health, economic security, and safety of New Hampshire residents. There is little gender disparity in COVID-19 deaths, cases, or vaccinations. But women, particularly women of color, low-income women, and women with children, experienced profound economic disparities as a result of the COVID-19 pandemic. Child care demands and responsibilities at home during the pandemic had a disproportionately negative effect on women’s ability to stay in the workforce compared to men.

WOMEN’S UNEMPLOYMENT CLAIMS

STATE OF EMERGENCY IN EFFECT IN NEW HAMPSHIRE

HEALTH

Health and health care have profound implications for women’s ability to achieve their full economic, social, and political potential. **New Hampshire women face adversity** in mental health, substance use, and reproductive and sexual health. **Disparities are exacerbated by race and ethnicity.**

HEALTH INSURANCE COVERAGE

**New Hampshire ranks 10th in the nation** for lowest rate of uninsured women, with **only 5% uninsured** (compared to 8% nationally). Of the 78% of New Hampshire women covered under private insurance, most have employer-based insurance. While men and women have similar rates of health insurance coverage, **women of color have lower coverage rates than white women**. Health insurance coverage has increased in recent years, but securing and advancing access to health care is essential, particularly for the nearly 79,000 women in the state (46% of whom are 65 years of age or older) who report having one or more disabilities.

WOMEN UNINSURED OVER TIME

U.S. Census Bureau. American Community Survey, Table S2701 1-Year Estimates, Health Insurance Coverage Status, New Hampshire. 2010-2021

Note: Health insurance coverage data is not available for 2020.

WOMEN ENROLLED IN MEDICAID

U.S. Census Bureau. American Community Survey 2020 1-Year Estimates, Table S2707.

NH WOMEN: **12%** 64,356
NH MEN: **7%** 39,222
ORAL HEALTH

Although women receive more preventive oral health care than men, they face a unique heightened risk of problems in mouth, teeth, or gums during times of changes in hormone levels as a result of pregnancy, menopause, menstrual cycles, and birth control.12,13

See additional notes section at end of report titled “Oral Health” for further details.

MENTAL HEALTH

New Hampshire women are more likely than men to suffer from poor mental health. Sixty-six percent of Granite State women report experiencing symptoms of anxiety, and 28% report being told they have a form of depression.14,15 While there are a number of causes for poor mental health, research suggests that women’s higher prevalence of poor mental health can in part be attributed to women’s unique stressors during and post pregnancy, greater likelihood of experiencing sexual violence, care work challenges, and increased stress related to work and home responsibilities.16,17,18

ANXIETY AND DEPRESSION BY GENDER

See additional note at end of report titled “Anxiety and Depression” for more details.
**SUBSTANCE USE**

Since 2016, *substance overdose deaths have decreased 18%* in New Hampshire and treatment admissions for heroin and other opiates has decreased by 59%, while women’s treatment admission for heroin and other opiates has decreased by 33%. Nationally, New Hampshire ranks 22nd in highest overdose death rate, representing a significant decline in ranking, from third in 2016.20

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**SUBSTANCE OVERDOSE DEATHS BY GENDER**


![Opioid Related Deaths by Gender](chart)

**SUBSTANCE USE TREATMENT ADMISSIONS BY GENDER**


![Treatment Admissions by Gender](chart)

**DRUG AND SUBSTANCE USE OVERDOSE DEATHS OVER TIME BY GENDER**


![Overdose Deaths Over Time](chart)

**PRISON POPULATION INCARCERATED FOR DRUG AND ALCOHOL-RELATED OFFENSES**

New Hampshire Department of Corrections, Active Sentence by Type, 2022.

![Prison Population](chart)
Access to reproductive and sexual health care includes essential services such as maternal health care and treatment for sexually transmitted infections (STIs). While New Hampshire has a lower maternal mortality rate than the national rate, women of color in New Hampshire have disproportionately higher rates of receiving inadequate or no prenatal care. Additionally, New Hampshire women have higher rates of chlamydia than men. Between 2000 and 2018, nine labor and delivery units in hospitals closed in rural regions of New Hampshire. This increased the median drive time to the next-closest labor and delivery unit from 18 to 39 minutes.

See additional notes (“Maternal Mortality” section) at end of report for further details.

### CHLAMYDIA RATES BY GENDER
New Hampshire Department of Health and Human Services, Infectious Disease Surveillance Section, 2016-2020.

<table>
<thead>
<tr>
<th>Gender</th>
<th>Rate</th>
<th>Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women</td>
<td>57%</td>
<td>1,467</td>
</tr>
<tr>
<td>Men</td>
<td>43%</td>
<td>1,109</td>
</tr>
</tbody>
</table>

### PRENATAL CARE BY RACE AND ETHNICITY
March of Dimes Foundation, PeriStats, 2018-2020

**RECEIVED LATE/NO PRENATAL CARE**

- Black/African American: 7%
- Hispanic/Latina: 4%
- Asian: 4%
- White: 3%

- National: 6%
- Total NH: 4%

Late/No prenatal care is defined as pregnancy-related care received in the 3rd trimester (7-9 months) or when no pregnancy-related care is received.

**RECEIVED INADEQUATE PRENATAL CARE**

- Black/African American: 18%
- Hispanic/Latina: 12%
- Asian: 10%
- White: 9%

- National: 15%
- Total NH: 9%

Inadequate prenatal care is measured using the Adequacy of Prenatal Care Utilization Index and is defined as individuals who receive prenatal care either late in their pregnancy or received less than 50% of the expected pregnancy-related care visits.

### IMPACT OF RURAL LABOR AND DELIVERY CLOSURES
McMorrow, Stacey; Benatar, Sarah; and Fisher, Timothy J. "Following Labor and Delivery Unit Closures in Rural New Hampshire, Driving Time to the Nearest Unit Doubled." 2021. Urban Institute.

- Labor and Delivery Units: 26 in 2000, 17 in 2018
- Minutes to Closest Labor and Delivery Unit: 18 in 2000, 39 in 2018
**ABORTION ACCESS**

The “Live Free or Die” State has a long, bipartisan history of supporting abortion access. However, in June 2021, New Hampshire passed the first abortion ban in modern history, banning abortions after 24 weeks. In June 2022, the U.S. Supreme Court, in *Dobbs v. Jackson Women’s Health Organization*, eliminated the federal right to abortion, leaving abortion rights up to the states. While abortion remains legal in the Granite State as of this printing, **New Hampshire is the only state in New England that has not protected the right to abortion in state law**.24,25

**ABORTION LAWS IN NEW ENGLAND**

Guttmacher Institute and the Center for Reproductive Rights, 2022.

<table>
<thead>
<tr>
<th>ABORTION LAWS</th>
<th>CT</th>
<th>ME</th>
<th>MA</th>
<th>NH</th>
<th>RI</th>
<th>VT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abortion Ban at 24 Weeks</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Abortion Ban at Viability</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Parental Involvement Required</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>State Law Protects Right to Abortion</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Constitutional Amendment to Protect Right to Abortion</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Medicaid Coverage for All or Most Medically Necessary Abortions</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Private Health Insurance Plans Must Cover Abortion</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Buffer Zone / Patient Safety Zone</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Protects Against Extradition</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

[Diagram showing states' abortion laws]
Over the last few years, four out of five New Hampshire Executive Councilors voted to withhold Title X funding for family planning and reproductive and sexual health care including birth control, cancer screenings, gender-affirming care and STI testing. The Council’s decision to withhold funds disproportionately impacted low-income Granite Staters. After their decision, the Women’s Foundation provided emergency grants to the three clinics impacted: Equality Health Center of Concord, the Joan G. Lovering Health Center in Greenland, and Planned Parenthood of Northern New England.

In June 2022, after the U.S. Supreme Court overturned the federal right to abortion, the Women’s Foundation, and other partners in the Abortion Access Coalition, responded with An Agenda for the Future of Abortion Access (NHAbortionAccess.org) and rallied with communities across the state. We continue to work with New Hampshire abortion providers and other partners at the State House and across the state to support the right — and access — to abortion.

The New Hampshire Women’s Foundation supported Lovering Health Center, Equality Health Center, and Planned Parenthood of Northern New England with immediate grant funding.
SAFETY

Women experience domestic and sexual violence at a significantly higher rate than men, and in New Hampshire, women represented 92% of domestic violence survivors served by domestic and sexual violence crisis centers throughout the state.\textsuperscript{26,27,28} National research found an increase in domestic violence incidents in the wake of the COVID-19 pandemic, and New Hampshire domestic and sexual violence crisis shelters saw an increase in demand.\textsuperscript{29} From 2018/2019 to 2020/2021 hotline calls increased by 15%. Throughout 2020 and 2021, New Hampshire domestic and sexual violence crisis centers served 13,107 individuals, including 8,615 adult domestic violence survivors and 2,957 adult sexual violence survivors (the rest were children).\textsuperscript{30}

\begin{figure}
\begin{tabular}{ll}
\textbf{DOMESTIC VIOLENCE SURVIVORS SERVED BY CRISIS CENTERS BY GENDER} & \textbf{HOTLINE CALLS RECEIVED BY CRISIS CENTERS PRE- AND MID- COVID-19 PANDEMIC} \\
\textbf{MEN:} 8\% & \textbf{2018–2019:} 71,984 \\
\textbf{610} & \textbf{2020–2021:} 82,782 \\
\textbf{WOMEN:} 92\% & \textbf{15% Increase} \\
\textbf{7,493} & \\
\end{tabular}
\end{figure}

\begin{figure}
\begin{tabular}{ll}
\textbf{INDIVIDUALS PROVIDED SHELTER BY DOMESTIC AND SEXUAL VIOLENCE CRISIS CENTERS} & \textbf{AVERAGE NUMBER OF NIGHTS STAYED PER PERSON} \\
\textbf{2020:} 41,525 & \textbf{2020:} 76 \\
\textbf{2021:} 48,169 & \textbf{2021:} 105 \\
\textbf{16% Increase} & \textbf{38% Increase} \\
\end{tabular}
\end{figure}

All data points used in the Safety section of this report are from the New Hampshire Coalition Against Domestic and Sexual Violence (NHCADSV) and only include information collected by domestic and sexual violence crisis shelters in the NHCADSV’s network. NHCADSV is comprised of 12 independent community-based programs. Consequently, the data presented does not provide a full and complete representation of experiences of domestic and sexual violence in New Hampshire, because not all survivors of domestic or sexual violence seek services.
Since 1971, WISE has provided crisis advocacy and support for people and communities impacted by domestic violence, sexual violence, and stalking in the Upper Valley. Over its 50 years, WISE has evolved from a grassroots organization acting as a support system for women to the multi-faceted organization of today with interconnected programs: Advocacy, Community Education and Youth Violence Prevention, Forensic Interviewing and Training, and Civil and Immigration Legal Services. WISE leads the Upper Valley to end gender-based violence through survivor-centered advocacy, prevention, education and mobilization for social change.

WISE has expanded their services to meet the needs of the community during the pandemic through web chat and texting capabilities and created a YouTube video series offering guidance such as how to be a supportive friend, power and control dynamics within relationships, and what to expect when calling WISE for support.

“It is so great to have a place I feel safe being myself and feeling my feelings. It’s huge to feel understood and accepted.” – Survivor

“WISE ties together the entire spectrum of gender-based violence, how it intersects with other forms of violence, and how ingrained it is in our society while still maintaining a sense of hope that there are specific actions we can take to work toward a better society.” – WISE Supporting Survivors participant

The New Hampshire Women’s Foundation supported WISE with a Community Grant.
ECONOMIC SECURITY

Economic security means the ability to provide for basic needs, such as shelter, health care, and food. Women’s economic security has ripple effects for families, communities, and the economy. New Hampshire currently has the lowest poverty rate in the country at just 7%, however, women, particularly women of color, women living in more rural counties, older women, and mothers, continue to face significant economic disparities compared to men.

POVERTY

Slightly more women experience poverty than men, however, the rate of poverty has decreased since 2017 from 9% to 8% for women and 6% to 5% for men. Disparities persist among women of color, including Black and Latina women who are twice as likely as white women to live in poverty.

WOMEN’S POVERTY BY RACE/ETHNICITY

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>2012-2016</th>
<th>2016-2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>BLACK/AFRICAN AMERICAN</td>
<td>16%</td>
<td>18%</td>
</tr>
<tr>
<td>MULTIRACIAL OR OTHER</td>
<td>22%</td>
<td>11%</td>
</tr>
<tr>
<td>LATINA/ HISPANIC</td>
<td>16%</td>
<td>14%</td>
</tr>
<tr>
<td>ASIAN OR PACIFIC ISLANDER</td>
<td>9%</td>
<td>9%</td>
</tr>
<tr>
<td>WHITE</td>
<td>8%</td>
<td>7%</td>
</tr>
</tbody>
</table>

WOMEN’S POVERTY BY COUNTY

<table>
<thead>
<tr>
<th>County</th>
<th>2012-2016</th>
<th>2016-2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>GRAFTON</td>
<td>12%</td>
<td>10%</td>
</tr>
<tr>
<td>MERRIMACK</td>
<td>9%</td>
<td>7%</td>
</tr>
<tr>
<td>SULLIVAN</td>
<td>9%</td>
<td>11%</td>
</tr>
<tr>
<td>CHESHIRE</td>
<td>12%</td>
<td>9%</td>
</tr>
<tr>
<td>HILLSBOROUGH</td>
<td>9%</td>
<td>8%</td>
</tr>
<tr>
<td>COÖS</td>
<td>13%</td>
<td>11%</td>
</tr>
<tr>
<td>CARROLL</td>
<td>11%</td>
<td>9%</td>
</tr>
<tr>
<td>BELKNAP</td>
<td>9%</td>
<td>8%</td>
</tr>
<tr>
<td>STRAFFORD</td>
<td>12%</td>
<td>10%</td>
</tr>
<tr>
<td>ROCKINGHAM</td>
<td>6%</td>
<td>5%</td>
</tr>
</tbody>
</table>
Women face high rates of poverty when they are in the peak of their childbearing years, while men’s poverty rates are significantly lower at the same ages. It is not until women are between the ages of 55-74 that their poverty rate is closer to that of men’s. Once women reach the age of 65, the gap in poverty between men and women reappears.

**POVERTY RATES BY AGE AND GENDER**

U.S. Census Bureau, American Community Survey 2021 1-Year Estimates, Table B17001 & B01001.

**ANNUAL INCOME OF OLDER ADULTS BY GENDER**

U.S. Census Bureau, American Community Survey, 5-Year Public Use Microdata Sample, 2016-2020.

**UNHOUSED AND HOMELESS INDIVIDUALS BY GENDER FOR THOSE WITH AND WITHOUT CHILDREN**


See Additional Notes section titled “Unhoused Population” for further details.

Street Outreach Services: Projects or organizations in New Hampshire that serve clients actively in the homeless community, for example in a homeless encampment.

**SEEKING EMERGENCY HOUSING SERVICES**

**RECEIVING STREET OUTREACH SERVICES**
THE GENDER WAGE GAP
Earnings from paid work are a crucial driver of women’s economic security. In New Hampshire (as in all 50 states), women earn less than men do. New Hampshire women who work full-time, year-round, earn 76 cents for every one dollar men earn. Nationally, the gender wage gap ranges from 68 cents to 93 cents for every one dollar men earn. Women experience additional disparities in wages based on race/ethnicity, age, and motherhood status, also known as “motherhood wage penalty”.

THE GENDER WAGE GAP IN NEW HAMPSHIRE
US Census Bureau, ACS, Table S2412, New Hampshire, 2021 1-Year Estimates

NEW HAMPSHIRE WOMEN EARN 76¢ FOR EVERY $1 MEN EARN
Median Earnings: Women $52,095 and Men $68,891

NEW HAMPSHIRE GENDER WAGE GAP 2011 - 2021
US Census Bureau, ACS, Table S2412, New Hampshire, 2015-2021 1-Year Estimates
2020 wage gap data not available.

WOMEN’S WAGE GAP TO WHITE MEN BY RACE/ETHNICITY
U.S. Census Bureau, American Community Survey, 5-Year Public Use Microdata Sample, 2016-2020.

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Wage Gap to White Men</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHITE WOMEN</td>
<td>80¢</td>
</tr>
<tr>
<td>MULTIRACIAL WOMEN OR OTHER</td>
<td>76¢</td>
</tr>
<tr>
<td>ASIAN WOMEN</td>
<td>75¢</td>
</tr>
<tr>
<td>BLACK/AFRICAN AMERICAN WOMEN</td>
<td>63¢</td>
</tr>
<tr>
<td>HISPANIC/LATINA WOMEN</td>
<td>63¢</td>
</tr>
</tbody>
</table>
THE GENDER WAGE GAP IN NEW HAMPSHIRE

Median Earnings: Women $52,095 and Men $68,891

NEW HAMPSHIRE GENDER WAGE GAP 2011 - 2021

WOMEN’S WAGE GAP TO WHITE MEN BY RACE/ETHNICITY


Children in Household* means an individual’s own children in household.

THE GENDER WAGE GAP BY COUNTY

U.S. Census Bureau, American Community Survey 2020 5-Year Estimates, Table S2412.

84¢
COÖS

91¢
GRAFTON

75¢
CARROLL

84¢
MERRIMACK

79¢
BELKnap

91¢
SULLIVAN

83¢
STRAFFORD

78¢
HILLSBOROUGH

83¢
CHESHIRE

74¢
ROCKINGHAM

THE GENDER WAGE GAP BY PARENTHOOD STATUS

U.S. Census Bureau, American Community Survey; 5-Year Public Use Microdata Sample, 2016-2020. Accessed using IPUMS-USA; Version 12.0

[Children in Household* means an individual’s own children in household.]

THE GENDER WAGE GAP BY EDUCATION LEVEL

U.S. Census Bureau, American Community Survey, 5-Year Public Use Microdata Sample, 2016-2020.

- NOT COMPLETED HS
- HS DIPLOMA
- SOME COLLEGE
- ASSOCIATE’S DEGREE
- BACHELOR’S DEGREE
- GRADUATE OR PROFESSIONAL DEGREE

75¢

75¢

76¢

80¢

71¢

67¢

WITH CHILDREN IN HOUSEHOLD

67¢

85¢

WITHOUT CHILDREN IN HOUSEHOLD

ECONOMIC SECURITY
**ECONOMIC SECURITY**

**CHILD CARE**

Women provide a disproportionate share of child care duties and this has significant negative implications on women’s economic security and well-being.\(^36\) These disparities have increased since the start of the COVID-19 pandemic, as child care, schools, and summer camps have faced significant disruptions and mothers have a greater share of the increased care work responsibility.\(^37,38\) Since 2019, **42 New Hampshire child care centers have closed, eliminating 1,459 child care slots.**\(^39\)** Furthermore, the yearly median cost of child care centers in New Hampshire for an infant is **$13,250**, a cost that would consume 55% of a single mother’s annual income.\(^40\)** Child care accessibility and affordability does not exclusively affect parents; grandparents, particularly grandmothers, are also affected by lack of child care access and will often change work hours to accommodate child care responsibilities.\(^41,42\)** From 2020–2021, older women saw a sizable decrease in their labor force participation, while men in the same age cohort had little change.\(^43\)**

**CHILD CARE AFFORDABILITY**


Median income listed below is for single mother/married couple with child under the age of 5 years old.

<table>
<thead>
<tr>
<th></th>
<th>WOMEN</th>
<th>MEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median income of single mothers</td>
<td>55%</td>
<td>11%</td>
</tr>
<tr>
<td>Median income of married couples</td>
<td>52%</td>
<td>10%</td>
</tr>
</tbody>
</table>

**GRANDPARENTS RESPONSIBLE FOR THEIR GRANDCHILD, BY GENDER**

U.S. Census Bureau, American Community Survey 2021 1-Year Estimates, Table B10056.

**CHILD CARE IMPLICATIONS FOR HOUSEHOLDS DURING COVID-19 PANDEMIC**

U.S. Census Bureau, Household Pulse Survey, Weeks 40 - 42, Education Table 1.
Family homelessness was on the rise in Belknap County prior to 2020, a trend that continued throughout the pandemic. The experience of homelessness can be trauma-inducing, especially for children. Belknap House provides Belknap County families a safe shelter, and empowers families to become self-sufficient and independent by providing opportunities of education and resources. Many parents who stay at Belknap House have also encountered trauma as children, known as Adverse Childhood Experiences (ACEs). Through their participation in “Understanding Behavior” and “ACEs Awareness” classes, parents learn how their behaviors may be influenced by circumstances they encountered as children, as they begin to access resources and make changes for their family’s future.

“I can actually breathe better and let my guard down because I know we are all safe and sleeping in a warm, comfortable house. And it really helps me to concentrate on what I need to do to keep a job and find us a place to live.” — Mom of three young children

“Budgeting! Who knew? I now understand how to manage and pay bills!” — Single mom

The New Hampshire Women’s Foundation supported Belknap House with a Community Grant.

Photo courtesy of Belknap House
Leadership in government and business is a key measure of New Hampshire women’s access to power and resources, which can be harnessed to improve all women’s health, safety, and economic security. Women represent 35% of New Hampshire state legislators and 43% of elected city officials. Women represent 23% of top leadership at some of the largest employers in New Hampshire.

**STATE LEGISLATIVE REPRESENTATION**

New Hampshire has not yet achieved gender parity in political leadership and falls behind other surrounding New England states in women’s representation.

**PERCENT OF LEGISLATORS WHO ARE WOMEN (NEW ENGLAND STATES)**

PERCENT OF WOMEN IN NEW HAMPSHIRE STATE LEGISLATURE OVER TIME


Note: State Legislature combines House of Representatives and Senate.

WOMEN IN THE JUDICIARY

Representative government includes equitable gender and racial representation in the judicial branch. However, only 38% of all New Hampshire state court judges are women, with smaller ratios of women judges in Superior Courts and the Supreme Court. There is currently only one person of color serving as a judge at any level of the New Hampshire state judicial system and that person is also the only woman of color.58,49,50

See Additional Notes section titled “Women in the Judiciary” for further details on methodology.

WOMEN IN THE NEW HAMPSHIRE JUDICIARY BY COURT


GENDER AND RACIAL DIVERSITY OF NEW HAMPSHIRE JUDGES

MUNICIPAL REPRESENTATION

There is a significant gender gap in elected representation for women at the local level. Only 31% of city councilors or alderpeople and 22% of town select board members in New Hampshire are women. Notably, 41% percent of towns have zero women on their select board. Regardless of party, when women serve, they are more likely to support policies that support women and girls in their community. Women in elected office are more likely to seek bipartisanship and compromise than their male counterparts. From government to business to community, a diversity of perspectives leads to more robust discussion and includes more perspectives that lead to better outcomes.

See Additional Notes section titled “Women’s Representation in Municipalities” for further details on methodology.

WOMEN IN CITY GOVERNMENT


57% SCHOOL BOARD
31% CITY COUNCIL
15% MAYORS

WOMEN IN TOWN GOVERNMENT


51% SCHOOL BOARD
22% SELECT BOARD
**WOMEN IN THE WORKPLACE**

Women continue to face significant challenges in the workplace and are underrepresented in positions of leadership in the largest businesses, nonprofits, and government employers in the state. Nationally, **women are more likely than men to experience gender-based discrimination** by their employer, and the majority of sex-based discrimination complaints are filed by women.\(^{51,52}\)

In New Hampshire, from 2010-2018, 38% of all employer discrimination charges filed were on the basis of pregnancy, gender, and sex-based harassment.\(^{53}\) **New Hampshire is the only state in New England without a broadbased paid family, medical, or sick leave policy.**\(^{54,55}\) Women represent only **23% and 26% of top leadership positions** in New Hampshire employers with 1,000+ and 250+ employees, respectively. Women are less likely to thrive economically when their workplaces discriminate against employees, lack leadership diversity, or do not have family-friendly policies.\(^{56}\)

**EMPLOYERS WITH A WOMAN TOP EXECUTIVE**

New Hampshire’s Economic and Labor Market Information Data Systems, data collected through company websites, phone calls, and emails, August - October 2022.

- **23% of New Hampshire employers with 250+ employees have a woman CEO**
- **26% of New Hampshire employers with 1,000+ employees have a woman CEO**

**WORKPLACE DISCRIMINATION CHARGES FILED**


- 62% OTHER DISCRIMINATION TYPES
- 21% GENDER DISCRIMINATION
- 8% SEX-BASED HARASSMENT
- 8% PREGNANCY DISCRIMINATION

**NEW ENGLAND PAID FAMILY, MEDICAL, AND SICK LEAVE POLICIES**


- States with paid family, medical, and sick leave policies
- States with paid sick leave policies only
- States with earned paid time off policies
- (in place of other type of leave policies)
- States with no paid family, medical, or sick leave policies
  (New Hampshire will offer access to an opt-in marketplace for family medical leave insurance in 2023)
The *Women Run!* program is the Granite State’s only nonpartisan program empowering and training women to run for office. When the New Hampshire Women’s Foundation launched the program in 2017, we had a bold goal: to change the political landscape in New Hampshire. Five years later, we have seen enormous success as women across the state find a safe entry point to explore and learn how to run for office.

Regardless of party, when women serve, they are more likely to support policies that support women and girls in their community, and are more likely to seek bipartisanship and compromise than their male counterparts. However, women often do not see themselves as potential candidates for office, even though, when they do run, they are just as likely as men to win. Women need encouragement to run — which is why the *Women Run!* program is effective. It builds and fosters a community of women supporting and encouraging each other to learn, run and lead. This community includes panelists and speakers who’ve run themselves, sharing such words of advice as:

“You don't need to change who you are to run, or to serve. You are already enough! Your perspectives matter now more than ever.” – Dover City Councilor Lindsey Williams

“As women, we need to develop relationships with each other to be successful.” – NH State Representative Claire Rouillard

*Women Run!* is a program of the New Hampshire Women’s Foundation.

Photo courtesy of Aaron Shrum
ABOUT US

MISSION
The New Hampshire Women’s Foundation invests in opportunity and equality for women and girls in the Granite State through research, education, advocacy, grantmaking, and philanthropy. Our vision is economic, social, and political gender equality.

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ADDITIONAL NOTES

Gender Identity: In this report, we use data from the U.S. Census Bureau’s Household Pulse Survey to generate gender identity estimates for New Hampshire residents. The cisgender identity language used in this report includes the U.S. Census Bureau’s definition of individuals who are assigned male at birth and currently identify as male, or are assigned female at birth and currently identify as female. The transgender identity language used in this report includes either individuals who are assigned male at birth, but identify as female at the time of survey, assigned female at birth, but identify as male at the time of survey, or who are assigned female or male at birth and currently identify as transgender.

Anxiety and Depression: Anxiety is considered answers of “Several days”, “More than half the days”, or “Nearly every day” to the prompt “Frequency of feeling nervous, anxious, or on edge in the last two weeks.” Depression is considered the percent of respondents who answered affirmatively to “have been told they have a form of depression.”

Oral Health: The oral health data used in this report is from the Institute for Health Policy and Practice and the University of New Hampshire and only accounts for dental visit health insurance claims made by individuals with commercial health insurance.

Maternal Mortality: Data on maternal mortality is from the New Hampshire Maternal Mortality Review Panel and data disaggregated by race/ethnicity of the mother is not publicly available due to data suppression strategies taken to ensure confidentiality of the individual as a result of small case counts.

Unhoused Population: Definitions for unhoused populations are as follows: Street Outreach Projects: Projects or organizations in New Hampshire that serve clients actively in the homeless community, for example in a homeless encampment. Emergency Shelter Projects: Projects or organizations in New Hampshire that serve clients that are physically staying in a bed at their shelter. An individual may be enrolled in a street outreach project or an emergency shelter project at the same time, so there may be overlap in those reports. Although individuals are not double counted within the emergency shelter or street outreach projects. For example, if an individual is being served by multiple emergency shelters at a time, they will only be counted once in the system. Same goes for street outreach projects.

Women In Top Leadership: This data was determined by identifying all New Hampshire Employers with 250 or more employees through the Department of Employment Security’s “Granite Stats” site and then identifying women in the organization as determined by the gender of the top New Hampshire executive in the organization. The data was collected between August and October, 2022.

Workplace Discrimination: The data used for workplace discrimination is from the New Hampshire Commission for Human Rights and the “Other Discrimination Types” includes employment discrimination on the basis of sexual orientation, transgender disability, age, color, race, national origin, religion, marital status, familiar status, harassment, and retaliation.

Women in the Judiciary: Data on New Hampshire judges is recent as of February 18, 2022 and was compiled and cross referenced from various sources, as there is no complete list of appointed New Hampshire judges by race, ethnicity, and gender for each year dating back to 1997. Race, ethnicity, and gender was found using The American Bench and in the case where it was not listed, efforts were made by the researchers to determine this information using publicly available sources.

Women’s Representation In Municipalities: Data was collected through original research obtained from elected official listings published by each of the 221 municipalities and 13 cities in New Hampshire and accessing other public resources to local elected officials that identify them by gender/sex. In all instances verification of our conclusions was sought from each Town Clerk. Town data is current as of August 2020 and city data is current as of May 2022.