



**Florida Commission
on the Status
of Women**

Second Annual Report, 1993





STATE OF FLORIDA
Commission on the Status of Women

Office of the Attorney General
The Capitol
Tallahassee, Florida 32399-1050
(904) 922-0252

January 1994

Dear Floridian:

The second annual report of the Florida Commission on the Status of Women is reflective of the continued development of its mission, *"The Florida Commission on the Status of Women, through research, legislation, and communication, is dedicated to the elimination of all barriers to a woman's achievement of her fullest human potential."*

This year was very exciting and challenging as we expanded earlier initiatives of our 1992 *"Women in the Workplace"* Report. A survey of the top 300 private employers in Florida and its findings are included in this report.

The key focus of FCSW's 1993 report is *"Women and Health."* This information represents a starting point to initiate dialogue and develop solutions for addressing critical health issues facing women in Florida. Extensive efforts are required to educate women and policy-makers on the urgency of taking immediate action to improve the quality of life for women through adequate research, preventive care, and accessible and affordable health care coverage.

We must forge a conglomerate of public and private employers, profit and non-profit organizations, and individuals representing grassroots and national efforts, to become staunchly committed to eliminating these barriers that are so fundamental to a woman's basic right: **ADEQUATE HEALTH CARE.**

The Florida Commission on the Status of Women looks forward to working with interested groups who desire to advance the status of women and families in Florida.

Sincerely,

Elsie B. Crowell
Chair

SPECIAL NOTE: Please complete and return the Survey Response Form located in the back cover of this book.



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FCSW HISTORY and ACCOMPLISHMENTS

The Florida Commission on the Status of Women is established in the Office of the Attorney General, State of Florida. The Commission consists of 22 members. The Governor, Attorney General, President of the Senate and Speaker of the House of Representatives each appoint three members, and the Secretary of State, Comptroller, Insurance Commissioner, the Commissioner of Agriculture and Commissioner of Education each appoint two members for four-year terms. No member may serve more than eight consecutive years. Members represent the rural and urban interests and the ethnic and cultural diversity of Florida. The first Commission on the Status of Women in Florida was created by Executive Order by Governor Farris Bryant in 1964.

As required by Florida Statute 14.24, the Commission's mandate is to study and make recommendations to the Governor, Cabinet and Legislature on issues affecting women. Topics may include but are not limited to:

- socio-economic factors influencing the status of women
- the development of individual potential
- the encouragement of women to utilize their capabilities and assume leadership roles
- the coordination of efforts of numerous organizations interested in the welfare of women
- the identification and recognition of contributions made by women to the community, state and nation
- the implementation of recommendations to improve working conditions, financial security and legal status of both sexes

Accomplishments

- First Annual Florida Women's Hall of Fame Induction Ceremony
- 1992 First Annual Report on "Women in the Workplace"
- Conducted "Women in the Workplace" survey of top 300 employers in Florida
- Successfully lobbied for Commission funding, staff and the passage of bills important to women, including the "Gender Equity in Sports" bill
- Actively lobbied and monitored the Gender and Minority Equity in Appointments" bill

- Co-authored with the Florida Bar a brochure on Sexual Harassment
- Participated in prison hearings resulting in the "Women in Prison" report
- Participated in various Women's History Month programs, via public speaking and statewide radio, television and newspapers
- Participated in the First Annual Minority Commissions Conference and the Annual Civil Rights Conference
- Participated in Annual Workshops with local Commissions on the Status of Women
- Served on Search Committees for two university presidents: Florida State University and University of South Florida

FLORIDA WOMEN'S HALL OF FAME

The 1992 Legislature established the Florida Women's Hall of Fame by statute with the intent to "recognize and honor those women who, through their works and lives, have made significant contributions to the improvement of life for women and for all citizens of Florida." It had previously existed during the administration of then-Governor Bob Graham from 1982-1986.

1982

Mary McCleod Bethune
Helene Coleman
Elaine Gordon
Wilhelmina Harvey
Paula Mae Milton
Barbara Palmer

1984

Roxcy Bolton
Barbara Landstreet Frye
Lena Smithers Hughes
Zora Neale Hurston
Sybil Mobley
Helen Muir
Gladys P. Soler
Julia DeForest Sturdevant Tuttle

1986

Annie Ackerman
Rosemary Barkett
Gwendolyn Cherry
Dorothy Dodd
Marjory Stoneman Douglas
Elsie Jones Haire
Elizabeth McCullough Johnson
Francis Bartlett Kinne
Arva Moore Parks
Marjorie Kinnan Rawlings
Florence Barbara Seibert
Marilyn Kay Smith
Eartha Mary Magdalynne White

1992

Jacqueline Cochran
Carrie P. Meek
Ruth Bryan Owen

1993

Betty Skelton Frankman
Paulina Pedroso
Janet Reno

MEMBERS OF THE FLORIDA COMMISSION ON THE STATUS OF WOMEN

Karen Coolman Amlong, Esquire — Fort Lauderdale: an attorney specializing in marital rights and sexual harassment.

Rosemary Barkett — Tallahassee: Chief Justice of the Florida Supreme Court, Florida's first female justice. Appointed to the 11th Circuit Court of Appeals in Atlanta by President Bill Clinton.

Conchy Bretos — Tallahassee: Assistant Secretary for Aging and Adult Services in the Department of Health and Rehabilitative Services.

Barbara A. Carey, Esquire — Fort Lauderdale: an attorney practicing administrative and government law, legislation, health care litigation, medical malpractice and insurance law.

Elsie B. Crowell — Tallahassee: Chair of FCSW; Director of Consumer Services for the Department of Insurance. Served on the search committee for the Florida State University president.

Marilyn J. Dewey — Dunedin: FCSW Parliamentarian and member of the Executive Committee; owner of an advocacy consulting firm; member of civic and social organizations.

Barbara Effman, MPH — Sunrise: Secretary of FCSW; has a background in public health and business administration.

Susan Gilbert - Miami: member of the Executive Committee; Senior Vice President for Marketing for SunBank.

Kate Gooderham — Fort Myers: owner of a consulting firm specializing in environmental permitting; president of the Florida Women's Political Caucus.

Donna Hansen — Fort Myers: Chief of Police of Fort Myers; member of the Florida Criminal Justice Standards and Training Commission.

Sally Heyman — North Miami Beach: Councilwoman in North Miami Beach; owner of a consulting firm specializing in crime/loss prevention.

Mohinder "Mona" Jain, M.D., Ph.D. — Bradenton: member of the Executive Committee; Family Health/Disability Services Coordinator for Manatee County Head Start.

Navita Cummings James, Ph.D. — Tampa: Vice Chair of FCSW; Director of African-American Studies at the University of South Florida. Served on the search committee for the University of South Florida president.

Robert M. "Bob" Levy — Bay Harbor Islands: owner of a public and governmental relations firm. Active in campaign management; decorated Vietnam War veteran.

Martha "Marty" Pinkston, Ed.D. — Fort Lauderdale: Assistant to the North Campus President of Miami-Dade Community College.

Judith Byrne Riley — Fort Walton Beach: Vice President of a real estate firm, President-elect of the Economic Development Council/Okaloosa County and National Board Member of the Private Industry Council.

Marsha Griffin Rydberg, Attorney — Tampa: an attorney specializing in real estate, commercial and bankruptcy law. Holds an AV rating from Martindale-Hubbell.

Laura Ward — Fort Lauderdale: Grants Administrator for the Fort Lauderdale Museum of Art.

Doris Weatherford — Seffner: FCSW Historian; author and political consultant.

Judy K. Wilson, Ph.D. — Ocala: psychotherapist specializing in physical and sexual abuse. Director and founder of the Ocala Rape Crisis-Spouse Abuse Center.

Susan D. Wilson - Alachua: Treasurer of FCSW; first female Treasurer of Florida AFL-CIO; political consultant.

Karen Woodall — Tallahassee: legislative consultant, works with farm workers and the homeless.

Sandi Beare — Tallahassee: Executive Director of FCSW; serves as Commission legislative advocate and public relations contact.

WOMEN AND HEALTH

A Status Report

**Health Care Committee
of the
Florida Commission on the Status of Women**

Mohinder "Mona" Jain, M.D., Ph.D. – Chair

Sandi Beare

Elsie B. Crowell

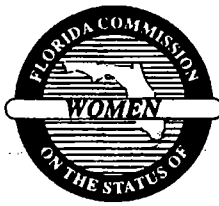
Sally Heyman

Bob Levy

Judy K. Wilson, Ph.D.

Susan Wilson

Karen Woodall



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Greetings:

I am extremely pleased to present our report on *Women and Health* for the 1993 calendar year.

During the past year, the Florida Commission on the Status of Women strengthened its efforts and has continued to intensify community awareness and involvement regarding health issues affecting women and the quality of life in our communities.

The Health Care Committee membership is diverse and deeply interested in the advancement of women's health issues. It is our desire to have a positive impact on the health status of women in our state.

This report will show that promotion, prevention, early intervention, diagnosis and treatment are important factors in women's health care. Universal, comprehensive, accessible, affordable, quality continuous care (both preventive and curative) is not only a gender issue but also a human concern.

On behalf of the members of the Florida Commission on the Status of Women Health Care Committee, I want to express our commitment to working with you in leading Florida through the final decade of this century. Remember that this is your Commission, and we are always receptive of your ideas and suggestions. We hope to make the 1994-95 report even more informative by pledging to meet the challenges of the coming years.

Sincerely,

Dr. Mona Jain

Mohinder (Mona) Jain, M.D., Ph.D.

WOMEN AND HEALTH

Florida Commission on the Status of Women

Status Report

This report does not attempt to cover all of the issues and concerns regarding women's health. However, it does attempt to highlight some of the major concerns in this area. The Commission found that many women are not receiving the type of preventive care they need to maintain good health or to detect early signs of illness. Many are engaging in behaviors that are risks for future illness.

Part of the problem is lack of knowledge of how to maintain good health, part is lack of insurance or inadequate insurance, and part of the problem is lack of communication with their doctors and others in the medical field. The rise in lung cancer in women, especially in white women, and the rise in AIDS, especially in minority women, are diseases that are largely preventable. Adolescent females as well as males are engaging in risk behaviors to a greater extent than adults. The consequences of this will be an enormous future impact on illness and health care costs.

Domestic violence and other violence against women are just beginning to be recognized as major health concerns. Much education is needed for those in the judicial and medical systems to be prepared to handle these cases.

One of the biggest problems with the medical treatment of women is that women have not been included in the medical research. It has become apparent that women may have different symptoms for certain diseases, and they may react differently to medications than do men. In addition, it appears that women have not had equal access to medical interventions.

The following are recommendations to help further the process of improving women's health.

Health Care Recommendations

1. Conduct research in Florida to determine the extent of gender differences in medical interventions

Studies have shown that differences exist between the sexes in the provision of major medical interventions and researchers have been unable to determine the reasons for these differences. Further studies need to be conducted to analyze the use of medical services and outcomes of medical interventions by sex, in order to determine the appropriate criteria for use of preventative diagnostic and therapeutic services.

2. Develop a systematic method for collecting and reporting women's health data

Many types of health data in Florida are not categorized by sex and race/ethnic data groups. Baseline data needs to be collected through surveys or other means for data which is not now available. Subsequently, a systematic method of reporting women's health data to a central location needs to be constructed for analysis and for tracking changes in women's health results over time.

3. Develop and conduct a public educational campaign to inform women of preventative measures to protect themselves against diseases and future frailty

Women need to become more informed about risk factors, either behavioral, environmental, or social which are associated with disease and injury. They also need to be informed about preventative measures to detect abnormalities at an early age.

4. Develop promotional materials for distribution to employers emphasizing the importance and cost savings in providing health coverage for women

Employers must recognize that addressing women's health care needs is critical to ensure a healthier, more productive workforce. Providing coverage for prenatal care, bringing mammogram testing to the workplace, and other prevention programs have been tried and found by some companies to help lower the company's long-term health care costs.

5. Establish required courses in Florida's medical schools which address a holistic approach to women's health care

Studies have shown that women often have some symptoms for diseases that are different from men, and that women do not have the same access to medical interventions. In addition, those in the medical field often have not been taught how to recognize symptoms of domestic violence and how to handle such cases. Such curriculum also needs to be added at other health institutions both at undergraduate and graduate levels.

6. Train all participants working with and in the judicial system in domestic violence

Surveys in Florida have found that participants in the judicial system, including judges, attorneys, and law enforcement officials receive little training in domestic violence. Training needs to be established at law schools and on a continuing-education basis for practicing professionals.

7. Provide access to long-term care for Florida's elderly population

The State of Florida has a higher proportion of people over age 65 than the U.S. population as a whole, with a greater proportion of women than men. It is necessary to provide affordable long-term care including nursing homes and home health care since many women outlive their spouses, and cannot afford such care.

8. Establish parental education to assist families in becoming more influential and responsible for their children's welfare

Family conflict, ineffective management practices, and parental attitudes toward their children's smoking and drinking have been found to have an effect on adolescent health risk behaviors. A parental education program could be established through the schools' business partnership programs to help parents achieve more responsibility for their children's welfare.

9. Create and staff a Women's Health Bureau in the State of Florida

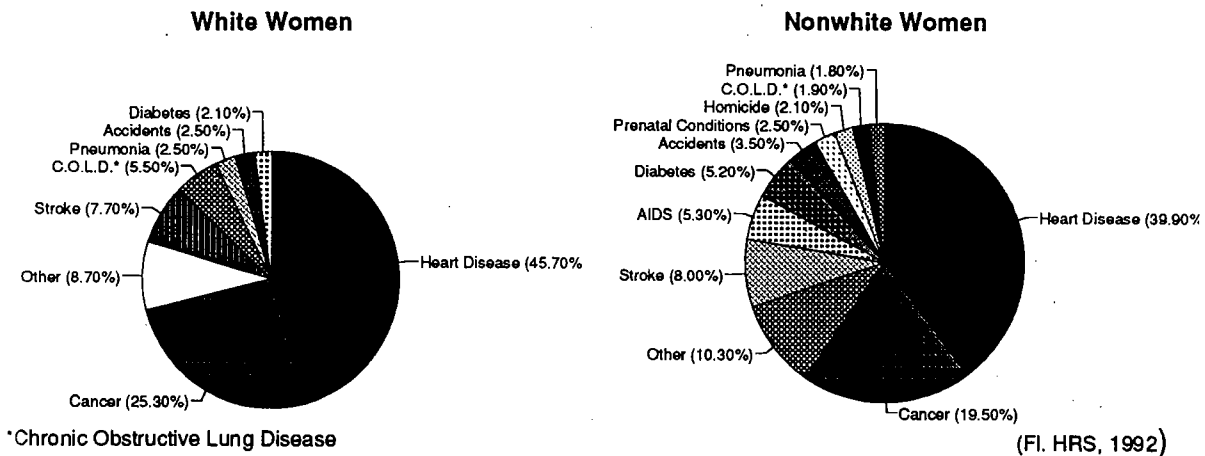
In view of the various health issues that are unique to women, a total and single focus addressing these needs would reflect Florida's commitment to eliminating the many barriers facing women in obtaining adequate health care coverage. This Bureau would provide a direct link with the Women's Bureau on a national level to combat diseases and seek solutions not just for Floridians, but for all American women.

CONCERNS REGARDING HEART DISEASE — NO. 1 KILLER OF WOMEN

Coronary heart disease is the leading cause of death for all Americans as well as Floridians. It is commonly considered a men's disease probably because men die of heart disease earlier than do women. Heart disease more often strikes men in the middle years, but it does not effect many women until after menopause (Jacob's Institute, 1993).

- Florida women had a higher percentage of deaths due to heart disease than did men in 1992 (45% for women compared to 40% for men) (Fl. HRS, 1992).
- Women are twice as likely as men to die of a heart attack within the first few weeks in the U.S. This may be partly due to the fact that a heart attack isn't as readily recognized in women, and as a result, they do not receive the same diagnostic services as do men. Also, heart disease effects women at a later age (Women's Health Issues, 1993).
- Greater percentages of both white and nonwhite Florida women died of heart disease than did women in the U.S. as a whole. While white women had a higher percentage of deaths due to heart disease than nonwhite women, the death rates per 100,000 for heart disease for nonwhite women is 24% higher than for white women. (American Heart Assoc., 1992; Fl. HRS, 1992).

Major Causes of Death for Florida Women 1992



- Women who have heart attacks have a greater risk than men of having a second heart attack. In addition, women are less likely than men to survive heart surgery. (Fairfax Hospital, 1992).

Percent of Deaths by Heart Disease

White Women	Florida 45.7%	U.S. 35.6%
Nonwhite Women	Florida 39.2%	U.S. 31.6%
		(Fl. HRS, 1992)

Risk Factors:

- For women smoking is the most significant risk factor for heart attacks. Smokers have two to four times the risk as nonsmokers. In addition, women smokers who use oral contraceptives are up to 39 times more likely to have a heart attack (American Heart Assoc., 1992)
- High blood pressure increases the risk of heart attack, stroke, and congestive heart failure. Men have greater risk of high blood pressure until age 55 when the risk is approximately equal between men and women. Women age 65 and older are more likely than men to develop high blood pressure (American Heart Assoc., 1992).
- High blood pressure is more prevalent among non-whites than among whites. Twenty-five percent (25%) of white females aged 17 to 74, and 39% of nonwhite females have high blood pressure (33% for white males; 38% for nonwhite males) (American Heart Assoc., 1992).
- People who are more than 30% over their ideal body weight are more likely than those with less weight to develop heart disease and stroke even if they have no other risk factors. Nearly seven out of ten women report being overweight (Lewis Harris, 1993).
- Lack of exercise can predispose women to heart disease especially when accompanied with other risk factors. According to a nationwide survey in 1992, one out of three women never engage in vigorous exercise (Lewis Harris, 1993).
- 38% of US. women exercised or played sports regularly compared to 44% of men in 1990. White women were more likely to engage in regular exercise than nonwhite women; 39% and 28% respectively. More years of education was associated with regular exercise (CDC, 1993)
- Gender differences in exercise appear to exist before adulthood. In a 1991 sample of Florida high school students, fewer females participated in strenuous exercise than did males. Fifty-four percent (54%) of females and 78% of the males reported that they had participated in vigorous exercise for three or more days during the previous week (Fl. Dept. of Ed., 1992).
- The percentage of both females and males who exercised dropped from 9th to 12th grade in the Florida sample. For example, 66% of the 9th grade females compared to 39% of the 12th females participated in strenuous exercise (Fl. Dept. of Ed., 1992).

Related Problems

- Women have not been included in the medical studies evaluating the risk factors for cardiovascular problems and research on the effect of aspirin on heart disease. This makes it more difficult to diagnose and treat women (Women's Health Issues, 1993).
- There appear to be gender differences related to symptoms of heart problems and heart attacks and this may hamper diagnosis. For example, the cardiac stress test, involving exercise on a treadmill to assess heart function, is not as sensitive or specific for heart disease in women as it is in men. A specific type of chest pain, angina pectoris, is more often associated with heart attacks in males than females. As a result angina in females may often be discounted (WHO).
- Several studies have shown that among adults already diagnosed with heart disease women are treated differently from men. After an abnormal stress test 40% of males were referred for further tests compared to 4% of females. Among adults who had experienced a heart attack or other heart problems, women were up to 28% less likely than men to get an arteriogram, the most definitive measure of heart-vessel health (Tall. Dem., 1994; WHO).
- In another study of men and women with heart disease men were twice as likely as women to get revascularization, a treatment to reopen the arteries. Two years later 5% of the women and 2% of the men had suffered a heart attack (Tall. Dem., 1994).

CANCER KILLS WHITE AND NONWHITE WOMEN IN DIFFERENT FORMS

Cancer is the second leading cause of death for women in the U.S. and in Florida. Despite the fact that most types of cancer can be treated and cured if detected in early stages, the overall death rate from cancer has been rising, primarily due to the rise in the rate of lung cancer deaths (Jacob's Institute, 1992).

- ❑ Cancer is the second leading cause of death for both white and nonwhite women in Florida. White women have a high percentage of deaths from cancer (25.3%), in Florida in 1992, than did nonwhite women (19.5%) (Fl. HRS, 1992).
- ❑ Since 1987 more women in the U.S. have died of lung cancer than breast cancer. Previously, for over 40 years, breast cancer was the major cause of cancer deaths in U.S. women.
- ❑ Men continue to have a higher rate of lung cancer deaths than do women, but the rate for men is decreasing. The lung cancer death rate for U.S. women increased 440% in the 30 years from 1957-59 to 1987-89 and it continues to rise (American Cancer Society, 1993).
- ❑ White women in Florida more often die of cancer associated with respiratory functions than other types of cancer. Twenty-seven percent (27%) of cancer deaths for white women in 1992 were lung cancer compared to 16% for breast cancer (Fl. HRS, 1992).
- ❑ The types of cancer mortality were somewhat different for nonwhite women in Florida. The highest percents of cancer deaths in nonwhite women were cancer of the digestive organs, genital organs, and breast (Fl. HRS, 1992).

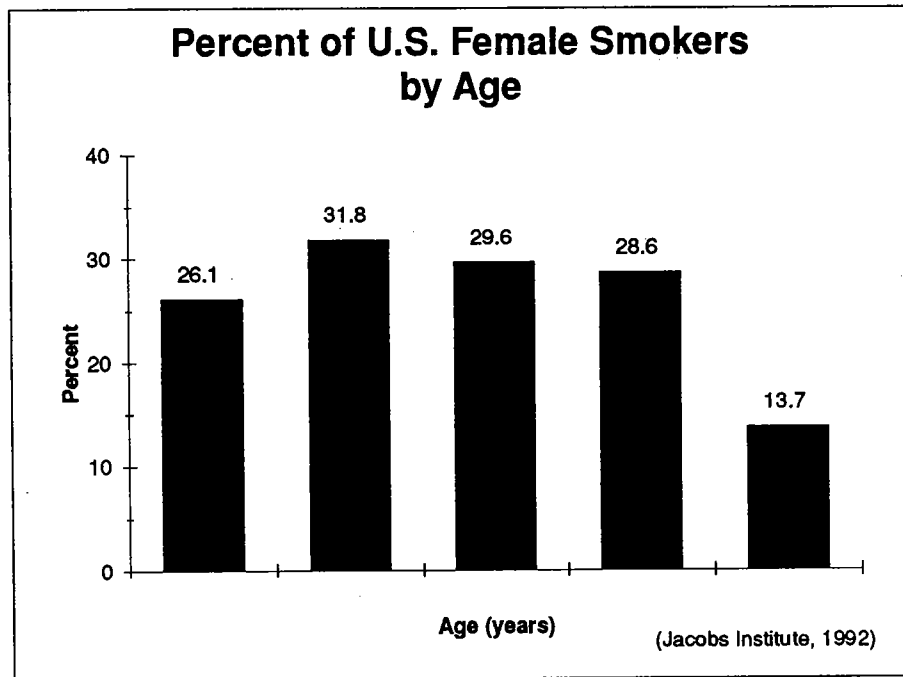
Percent of Total Cancer Fatalities for Florida Women

White Women		Nonwhite Women	
Respiratory	27.0%	Digestive Organs	27.1%
Digestive Organs	22.8%	Genital Organs	17.2%
Breast	16.4%	Breast	17.1%
Unspecified	10.3%	Respiratory	15.2%

Smoking as a Risk Factor

- ❑ Smoking has not only been shown to be associated with respiratory cancers, but it is also a risk factor for heart disease, stroke, and congestive pulmonary lung disease. Along with cancer these are the top four killers of white women in Florida and throughout the U.S. (CDC, 1994).

- The reason for women's lag in lung cancer deaths compared to men's deaths is that women did not begin smoking in large numbers until the 1940s (Jacob's Institute, 1992).
- Approximately one in four U.S. women age 18-24 smoke, and almost one in three in the age group 25-64 smoke (Jacob's Institute, 1992).



- While the percent of adult smokers has decreased, the decline for women has been less dramatic. There has been no decline in smoking rates for U.S. teens as a group. However, the prevalence of smoking among black teenagers has declined (CDC, 1994).
- Female adolescent smoking has increased to match that of males. Some studies in the U.S. and other countries show more female adolescents smoking than males (Jacob's Institute, 1992).
- A sample of Florida high school students, surveyed in 1991 indicated that 29% of the females and 25% of the males reported they had smoked regularly (Fl. Department of Ed., 1992).

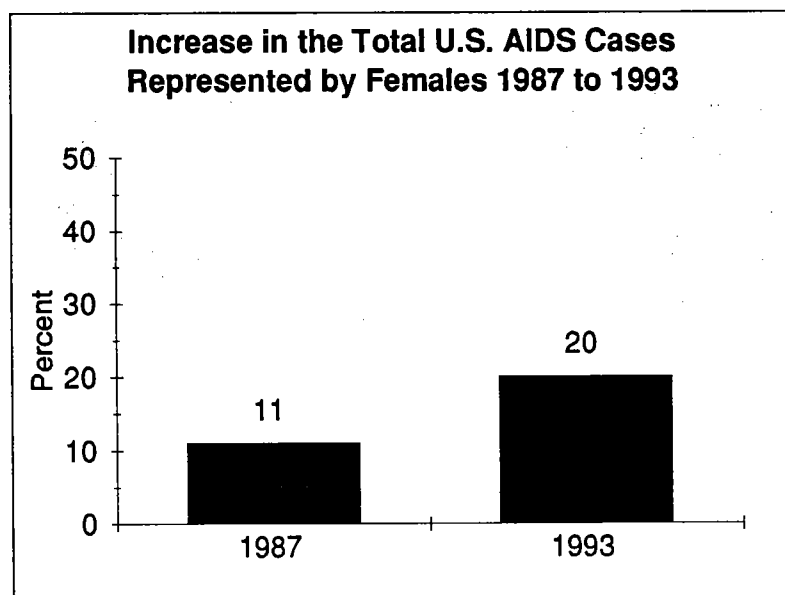
Breast Cancer

- More women in the U.S. have breast cancer than have lung cancer. However, a high percentage of women die of lung cancer (Jacob's Institute, 1992).
- Approximately one of every nine women will develop breast cancer in her lifetime. (Jacob's Institute, 1992).
- The risk of breast cancer increases with age particularly after age 40. Breast cancer occurs more frequently among white women over age 45 than in black women in this age group (Jacob's Institute, 1992).
- Breast cancer is found more often among women with a family history of breast cancer, women who never had children or had their first born after age 30, and women in the upper socioeconomic groups. (Jacob's Institute, 1992).

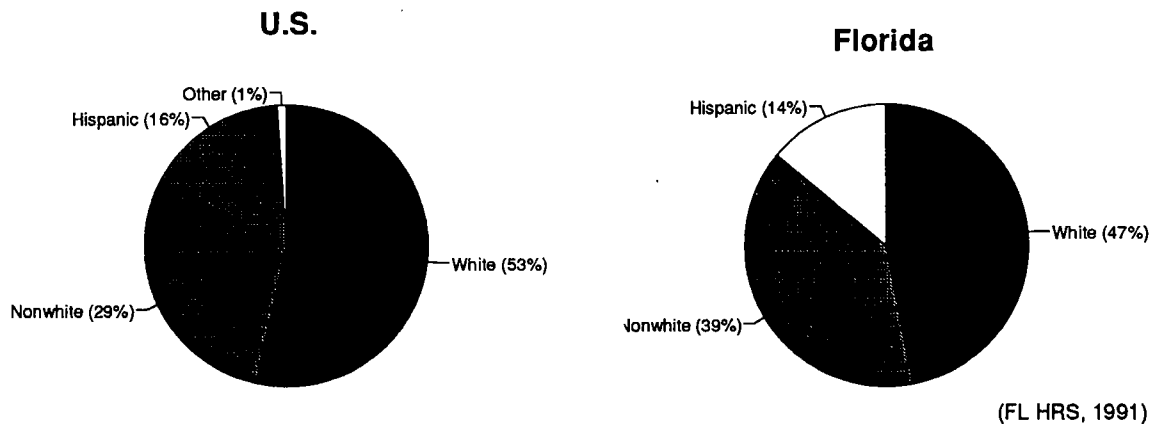
AIDS — MAJOR KILLER OF FLORIDA NONWHITE WOMEN AGE 15 TO 44

The AIDS epidemic began in the U.S. as a white male homosexual problem and, as a result, many people have been slow to realize that AIDS is a potential problem for everyone. Now AIDS has spread to women and minority populations. In addition, the spread of HIV infections through the risk-taking sexual encounters of teenagers has the high likelihood of an explosive increase in AIDS cases when these teenagers reach their twenties.

- Florida has the second highest rate of AIDS cases among the states after New York. The rate of AIDS cases doubled in Florida from 1992 to 1993. (CDC 1993)
- In Florida AIDS was the major cause of death for nonwhite women age 15 to 44 in 1992. For white women in this age group AIDS is the sixth highest cause of death (Fl. HRS, 1992).
- Overall men by far outnumber women in AIDS cases in the U.S. (men, 39,093 cases and women, 5,730 cases in 1990). However, women have outnumbered men in the heterosexual contact transmission category in the U.S. since the epidemic was recognized in 1981. As of March 1992, a total of 5,100 men and 7,781 women with AIDS had acquired their infection through heterosexual intercourse (JAMA, 1992).
- Women are accounting for an increasing proportion of the AIDS cases in Florida. In 1987 females accounted for 11% of the total AIDS cases, while in 1993 they accounted for 20% of the cases (Fl. HRS, 1994).



- ❑ Compared to the U.S. average, Florida has a higher percentage of women represented in the total AIDS cases. In a 1991 comparison, women in Florida represented 15% of the total AIDS cases, compared to 11% nationally (Fl. HRS, 1991).
- ❑ While the most frequent method of acquiring the HIV virus for women is through injection drug use (HRS monthly Feb. 94), the proportion of cases through heterosexual contact is increasing each year in the US (from 30% in 1988 to 37% in 1991) (Fl. HRS, 1994).
- ❑ Florida has more than twice the proportion of AIDS cases transmitted heterosexually for both males and females than the national average, 16% compared to 6% respectively. The number of reported AIDS cases associated with heterosexual transmission of HIV has been steadily increasing. These cases occur more frequently in women than in men (Jacob's Institute, 1992).
- ❑ Women are more susceptible to HIV infection during heterosexual intercourse than are men for two reasons; (1) many more men than women are infected with HIV and (2) HIV appears to be more easily transmitted from men to women (JAMA, 1992).
- ❑ Minority women in particular are experiencing a high rate of new cases of AIDS from injection drug use and heterosexual contact in the U.S. In Florida there is a higher percentage of nonwhite cases (39%) compared to the U.S. as a whole (29%) in 1991 (Fl. HRS, 1991; Fl. HRS, 1994b).



Regarding Adolescents

- 20% of the AIDS cases in Florida are adults age 20 - 29. (HRS Monthly Feb. 94) Since it takes approximately 8 to 10 years after a person who has contracted HIV to develop symptoms of AIDS, those individuals probably contracted the virus while they were teenagers (Fl. HRS, 1994b).
- Teenagers may be infected with HIV in higher rates than previously thought. A study of 1.1 million adolescents who sought enlistment into the military from October 1985 to March 1989 found approximately one in every 3,000 applicants tested positive for HIV. The rate for nonwhite recruits was 1.06 per 1,000, for Hispanic it was .31 per 1,000 for white teenagers the rate was .18 per 1,000 (Spolar, 1990).
- The gender gap was narrower in the study of military recruits than AIDS statistics now show. Among adults with AIDS, men have vastly outnumbered women by a ratio of 9.3 to 1. Among teenagers with AIDS, males outnumber females 4 to 1. In the study of recruits, the ratio of HIV-infected adolescent males and females was 1.09 to 1 (Spolar, 1990).
- Men typically initiate sexual encounters and women often are unable to demand that partners use condoms. Adolescent females, in particular, may not have the skills to either refuse a sexual encounter or to negotiate the use of condoms (Ricks, 1992).
- Florida has the second highest rate of pediatric AIDS cases. These cases include children under the age of 13, most of whom acquired HIV infection at birth from their mothers (Ricks, 1992).

Related Issues

- Women have different symptoms of AIDS than do men and sometimes doctors do not immediately suspect a diagnosis of AIDS. Women develop cervical cancer, pelvic inflammatory disease, yeast infections and other disorders of the reproductive tract. Men develop rare cancers such as Kaposi's sarcoma, that generally never affect women, but are among the most glaring symptoms doctors suspect as signs of AIDS (Ricks, 1992).
- Women had not been included in initial studies of AIDS. Nor were women part of early experiments testing the effectiveness of new medications. As a result, not as much is known about the effectiveness of drugs for women with AIDS (Ricks, 1992).

DOMESTIC VIOLENCE — A SERIOUS HEALTH PROBLEM IN FLORIDA

“Domestic violence” refers to the pattern of controlling behavior by one person who has a personal, intimate, or familial relationship with another person. The AMA has recognized domestic violence as a major health problem in the U.S.

- 95% of victims of domestic violence are women. Domestic violence has reached epidemic proportions in the U.S. Every 15 seconds a woman is battered. It is estimated that one in four women will be abused by her husband or boyfriend at some time in her life. Six million (6,000,000) women are battered each year; over 4,000 women die annually at the hands of an abuser (Governor's Task Force, 1994).
- Domestic violence is the major cause of injury to women, more frequent than auto accidents, rapes, and muggings combined (Governor's Task Force, 1994).
- 30% of all female homicide victims were killed by husbands or boyfriends (Governor's Task Force, 1994).
- 22% to 35% of women who visit emergency rooms are there for symptoms related to ongoing abuse (Governor's Task Force, 1994).
- 25% of workplace problems such as absenteeism, low productivity, turnover, and excessive use of medical benefits are due to family violence (Governor's Task Force, 1994).
- Battering may start or intensify during pregnancy. Seventeen percent (17%) of adult pregnant women are battered. As many as 21% of pregnant teenagers may be battered (Governor's Task Force, 1994).
- Women in the lower socioeconomic income levels are more likely to be physically abused by their spouse or partner, but domestic violence affects women in all income categories (Jacob's Institute, 1992).
- Florida Department of Law Enforcement (FDLE) statistics indicate that in the first six months of 1993 there were 47,607 victims of domestic violence reported by law enforcement agencies in Florida (Governor's Task Force, 1994).

Effect on Children

- The great majority of children witness the violence inflicted by their fathers upon their mothers. Seventy percent (70%) of children from violent homes witness their fathers battering their mothers. Reports of battered mothers indicates 87% of their children witness the abuse (Governor's Task Force, 1994).

- ❑ Children often become direct victims of domestic violence. From 50% to 70% of husbands who batter their wives also batter their children (Governor's Task Force, 1994).
- ❑ It is clear that children who live in dangerous homes suffer consequences in emotional and cognitive functioning. Both witnessing domestic violence and being a direct victim of such violence have produced negative impacts on children (Governor's Task Force, 1994).
- ❑ Preschoolers who were exposed to violence showed signs of terror as evidenced by hiding, yelling, irritable behavior, shaking, and stuttering (Governor's Task Force, 1994).
- ❑ Studies of children over six years old, often of children in shelters for abused women, showed these children to have behavior and school problems, aggressive behavior, depression, somatic complaints, and fears about their mothers' safety (Governor's Task Force, 1994).
- ❑ Children who are abused and neglected have a higher likelihood of delinquent or criminal behavior later in life (Governor's Task Force, 1994).
- ❑ About one out of three high school students are, or have been, in an abusive dating relationship, and have only four out of ten of these relationships end when violence and abuse begins (Governor's Task Force, 1994).

Handling of Cases

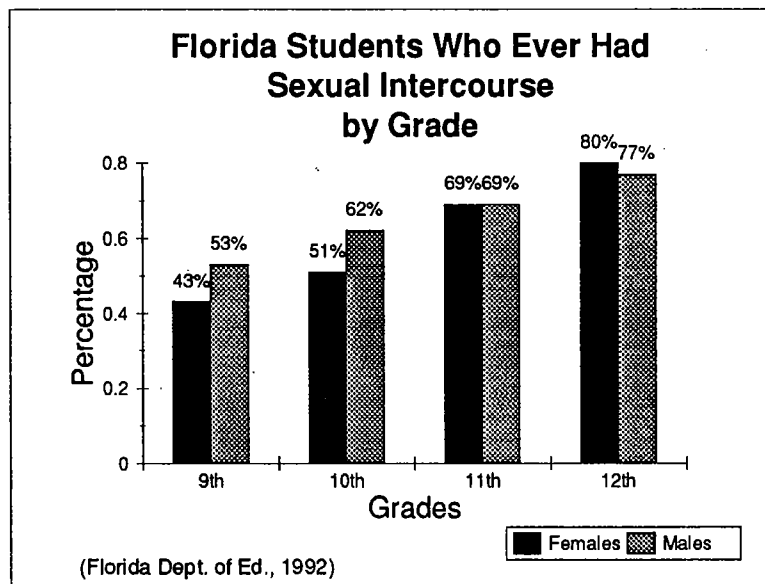
- ❑ The Governor's Task Force on Domestic Violence generally found Florida Laws to be adequate regarding this subject. However, there has not been adequate compliance with the laws, particularly those related to training in domestic violence for state attorneys offices and other areas of the justice system (Governor's Task Force, 1994).
- ❑ Often the attitude of those within the justice system, as well as outside the system, is that domestic violence is not a "real" or serious crime (Governor's Task Force, 1994).
- ❑ As few as one out of 25 battered women are recognized as domestic violence cases by emergency department staff even when protocol designed for that purpose was in place (Governor's Task Force, 1994).
- ❑ Approximately one third of battered women will speak to a physician or nurse about their battering if a direct inquiry is made. However, often health care professionals are reluctant to ask about battering. A Florida survey indicated that only 17% of physicians and 6% of nurses routinely ask clients about domestic violence (Governor's Task Force, 1994).

- Many health practitioners have not had course work related to domestic violence. A survey of Florida health care providers (physicians, nurses, social workers, mental health counselors, and others) revealed that only one third of the respondents had received formal education about domestic violence. Half (54%) indicated that they had received continuing education on the subject since licensure. Physicians and nurses had the lowest rates of 16% and 18% respectively (Governor's Task Force, 1994).

- In Florida there are more women who need shelters than there are domestic violence centers available. Over 8,264 victims and their dependents were sheltered by domestic violence centers in Florida in 1992-92. (This figure does not represent all of the unmarried clients served.) Another 2,418 women were turned away due to lack of space (Governor's Task Force, 1994).

ADOLESCENT RISK BEHAVIORS CAUSE INJURY, ILLNESS, AND DEATH

- Adolescent health risk behaviors are defined as those behaviors which are believed to cause the most injury, illness, and death in adolescents. Some social psychologists argue that risk-taking behaviors are normal and even important in the transitional period in the development of adolescents. However, it is important to determine which of these behaviors are necessary for adolescent development and which behaviors may be personally and socially destructive (Bock, 1993).
- Adolescents in the U.S. are engaging in health risk behaviors such as drinking alcohol, smoking cigarettes, using other drugs, engaging in early sexual intercourse, driving after drinking, carrying weapons, and attempting suicide at alarming rates (Fl. Dept. of Ed., 1992).
- Adolescents engage in risk behaviors at a higher rate than other age groups. Statistics for drunk driving, premarital sex without contraception, illegal drug use, and crime show that adolescents as a group are far over- represented (Arnett, 1989)
- A survey of Florida high school students in 1991 showed that while males were more likely to engage in risk behavior at early ages, by the time students were in 10th or 11th grade, the females in this sample were engaging in many risk behaviors at the same rate as males. In the 10th grade 58% of the females reported they had drunk alcohol in the last 30 days compared to 52% for males. In the 11th grade, 69% of both females and males reported they had sexual intercourse (Fl. Dept. of Ed., 1992).

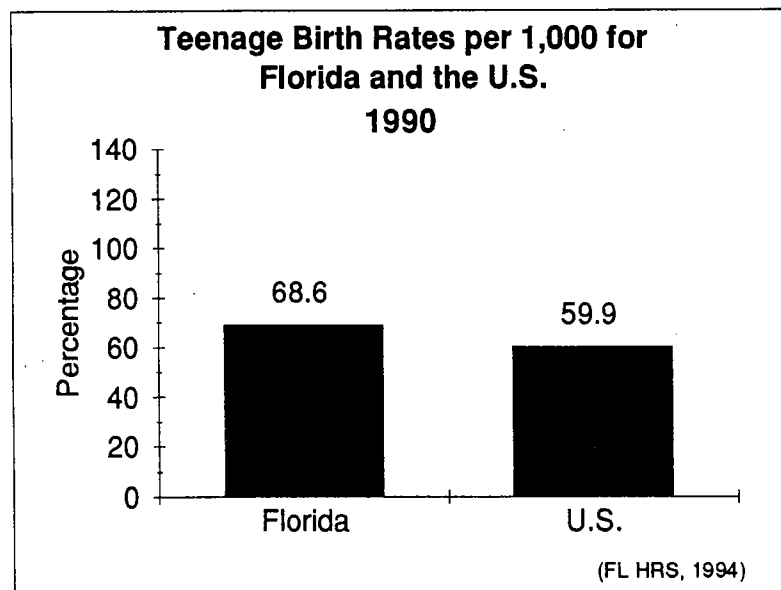


- In the Florida sample, more females than males engaged in some risk behaviors. Thirty-six percent (36%) of the females indicated they had seriously considered suicide compared to 22% of males. Thirteen percent (13%) reported that they had attempted suicide compared to 7% for males (Fl. Dept. of Ed., 1992).

- Fewer Florida high school females reported that a condom was used the last time they had sexual intercourse, compared to males. Forty percent (40%) of the sexually active females and 53% of the males indicated a condom was used. This leaves over half (60%) of the sexually active females with no protection from sexually transmitted diseases (STDs) including HIV infection (Fl. Dept. of Ed., 1992).
- As high school females progressed from 9th to 12th grade, they were less likely to have their partners use a condom and more likely to use birth control pills. Forty-nine percent (49%) of the 9th grade females reported their partner used a condom and 35% of 12th grade females did so. Thirty-six percent (36%) of 12th grade females were on the pill. Birth control pills help protect them from pregnancy, but do not protect them from HIV infection and other STDs (Fl. Dept. of Ed., 1992).
- In the Florida survey, 36% of the twelfth grade males, and 19% of the twelfth grade females reported they had driven a car after drinking during the past 30 days (Fl. Dept. of Ed., 1992).

Consequences of Risk Behaviors

- In Florida the top three causes of death for the age group between 15 and 24 years old are accidents (accounting for 35.1% of deaths), homicide (20.8%), and suicide (11.1%) (Fl. HRS, 1992).
- In 1990 Florida's rate per 1,000 of live births for females age 15-19 was 15% higher than that for the U.S. as a whole. The rate for Florida was 68.6 compared to 59.9 for the U.S. Nonwhite teenagers have a higher rate of live births than do white females age 15-19; 133.6 and 50.8 respectively (Fl. HRS, 1992).



SPECIAL HEALTH CONCERNS FOR OLDER WOMEN

Eighteen percent (18%) of Florida's 1992 population was over age 65. Over half (57%) of those people were women. Until recently there had been virtually no medical research on older women. The National Institutes of Health will address this issue by beginning a study of more than 160,000 women aged 50 to 79. The major causes of death and disability in American women in this age category will be studied: 1) heart disease, 2) cancer, 3) osteoporosis, and 4) depression. In addition, Alzheimer's disease is a major cause of disability in older women.

Heart Disease

- Estrogen seems to protect women against heart disease during the child bearing years, but once women complete menopause, the risk of heart disease increases dramatically. One in three women age 65 and older has some form of cardiovascular disease. The incidence is one in nine for women age 45 to 64 (AARP, 1990).
- Several risk factors for heart disease are increased in older women. Three out of four women age 65 and over are overweight, and almost half never exercise. After age 55 women's cholesterol level rise higher than men's cholesterol level. Over half of women age 55 and older have elevated cholesterol levels (Jacob's Institute, 1992).
- More than half of all women over 55 years of age have high blood pressure. More than two-thirds of women over age 65 are affected (American Heart Assoc., 1992).

Cancer

- More than half of all cancer patients are over age 65. While the most common types of cancer among women are cancer of the lungs, breast, and digestive organs, older women have a higher incidence of cancer of the uterus and ovaries (U.S. Department of Health and Human Services, 1992).
- Women will reduce their risk of cancer by not smoking, eating a diet low in fat and high in fiber, drinking alcohol only in moderation, avoiding sunlight and excessive x-rays. Regular checkups and testing are important for early symptoms and prompt treatment (U.S. Department of Health and Human Services, 1992).

Osteoporosis

- ❑ One in four women over age 60 and nearly all women over age 75 suffer from osteoporosis. It is the thinning of the bones and is a major cause of fractures in the spine, hip, wrist and other bones (U.S. Department of Health and Human Services, 1992).
- ❑ Women who are at the greatest risk for osteoporosis are white and Asian women, with fair skin or small bone structure, those who had early menopause, and those with a family history of osteoporosis (U.S. Department of Health and Human Services, 1992).

Alzheimer's Disease

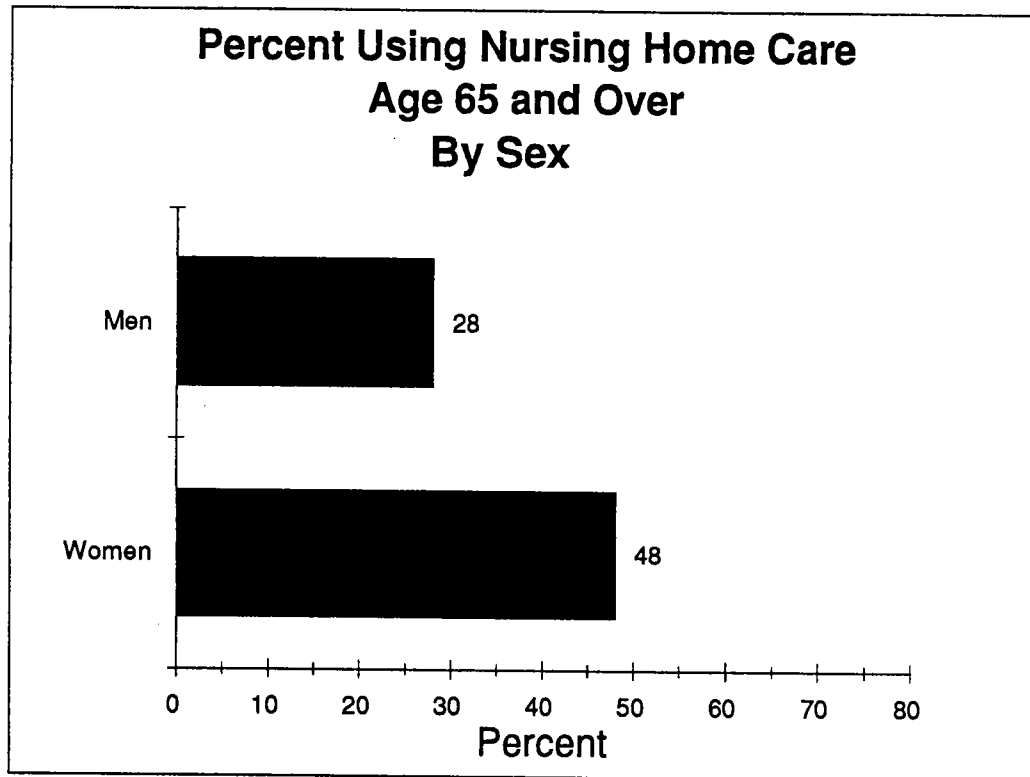
- ❑ Alzheimer's disease is much more prevalent in women than in men because women live longer. This disease accounts for 50% to 60% of irreversible cases of mental impairment (U.S. Department of Health and Human Services, 1992).
- ❑ There is no cure for this disease, however a thorough profile of the woman's medical history, and psychological and neurological tests will detect changes in the brain or mental impairment that can be corrected (U.S. Department of Health and Human Services, 1992).

Depression

- ❑ Depression is also more common among older women than in men. Women are particularly vulnerable to life changes such as loss of spouse (women live longer) poverty, and chronic illness that tend to lead to depression (U.S. Department of Health and Human Resources, 1992).
- ❑ It is most critical to seek professional help for older people since their symptoms are most likely to be diagnosed or dismissed as a natural part of aging. Studies show that 60% to 80% of depressed older persons can be successfully treated outside of a hospital with psychotherapy or in combination with drugs (U.S. Department of Health and Human Resources, 1992).

Long Term Care Services

- Women are the primary users of nursing home care partly because of their longer life expectancy. Forty-five percent (45%) of women age 65 and older use nursing home care at least once before death, while only 28% of men use these facilities (Jacob's Institute, 1992).



- Women also more often use home health care services. Thirty-five percent (35%) of functionally dependent women live alone, compared to 14% of men. Functionally dependent men and women require assistance in daily activities, such as bathing, eating, and other essential tasks (Jacob's Institute, 1992).
- Neither nursing home care nor home health care are adequately covered by Medicare or Medicaid. Forty-five percent (45%) of nursing home care in 1990 was paid by individuals and their families, however, nursing home care is above the median income of older women (Jacob's Institute, 1992).

LACK OF KNOWLEDGE AND PROPER CARE HINDER WOMEN'S HEALTH

Women face major barriers to adequate health care. Because they are more likely than men to be poor, working part-time or not at all, women are more dependent on public programs such as Medicaid. Poor, less educated and minority women are most likely to be uninsured, and are the least likely to receive medical care when needed.

Lack of Preventive Care

- Many women are at risk for conditions which could be detected by routine preventive services. A national survey in 1993 showed that during the past 12 months, more than one-third of the women did not have a clinical breast exam, a Pap smear, a pelvic exam, or a complete physical exam. Forty-four percent (44%) of women over age 50 did not receive a mammogram (Lewis Harris, 1993).
- 25% of US women do not receive prenatal care during the critical first trimester. Of those with insurance, 18% do not receive proper care (Women's Health Issues, 1993).
- 46% of the people with high blood pressure in the US do not know they have it. Twenty-one percent (21%) are aware of their condition but are not on medication. Another 22% are on inadequate medication (American Heart Assoc., 1992).
- Only 55% of women 18 years of age and older reported ever having had their blood cholesterol checked. Higher levels of education and income were associated with a higher likelihood that women had their cholesterol checked (CDC, 1993).

Lack of Knowledge and Communication with Physician

- 90% of women use birth control, however, 56.5% of the pregnancies are from this group. Misinformation about birth control has been found to be the greatest obstacle to effective contraceptive use (Women's Health Issues, 1993).
- Most of the common causes of low birth weight are well known and preventable, such as, cigarette smoking, drinking alcohol, eating poorly during pregnancy, and lack of prenatal care. However, many women are not aware of this (Women's Health Issues, 1993).
- A national survey found that although three out of four women were familiar with osteoporosis, they did not know the risk factors for the disease, and they did not know the seriousness of it (Jacob's Institute, 1992).

- It appears that women are not receiving adequate information or counseling from their physician. Many women do not know what they should be doing to protect or enhance their own health. In addition many women have not made the connection between risk behavior and disease (Lewis Harris, 1993).
- A possible reason for this lack of knowledge is that women report greater communication problems with their physicians than men, and are more likely to change physicians because of their dissatisfaction. Forty-one percent (41%) of women changed their physicians because they were dissatisfied, compared to 27% of men (Lewis Harris, 1993).
- In a national survey one out of four women reported that she had been "talked down to" by a physician. Nearly one in five women had been told that a reported medical condition was "all in your head" (Lewis Harris, 1993).
- Black and Hispanic women reported less satisfaction with their physicians than did white women, but they were less likely to change physicians. Women who were members of health maintenance organizations (HMOs) were less likely to rate their primary physician as excellent (Lewis Harris, 1993).

FLORIDA HEALTH CARE INITIATIVES

The State of Florida has recognized the critical need for health care reform, and is striving to set an example for other states in health care and insurance reform

Florida has enacted several initiatives to improve access to health insurance, prevent adverse health consequences, and control providers. Listed below are some of these initiatives:

1992 Florida Health Care Reform Act

Reorganized state health agencies; created the Employee Health Care Access Act to assist small employers and to ensure that all Floridians have health insurance by 1995. This act mandates numerous changes regarding insurance coverage and health care networks. It will foster community-based programs that work toward wellness from an integrated approach.

Florida Health Access Corporation

Designed to help very small businesses (four or fewer employees) get basic health coverage for their employees through pooled purchasing agreements.

Healthy Kids Act

A program initiated by the Departments of Education and Insurance to insure and manage health care for county school children who are not covered by other insurance and are not eligible for governmental health programs. This program is open to students from kindergarten through high school in selected counties.

MoMobile

This program is operated by the University of Florida and supported by a coalition of public and private organizations. It is designed to bring prenatal care to pregnant women in rural North Florida areas.

Healthy Start

Designed to enhance the Medicaid program that screens pregnant women and newborns and help mothers with special needs receive the health care and social services they need.

Florida Prevention of Access by Children to Tobacco Products

Under a law enacted by the Legislature, tobacco merchants are required to buy a \$50 license and may be assessed a \$500 fine for selling products without a license. Retailers may be fined \$500 for selling tobacco to minors. Tobacco vending machines

must be monitored for compliance and are subject to the same penalties as retailers. Ten percent of these fees must be used for research and training to reduce and prevent smoking by children.

Health Insurance Benefits/Mammograms

Clarifies that mammogram benefits must be paid with or without a physician's prescription when the mammogram is performed within the specified schedule. This applies to regulated insurers.

Health Insurance Benefits/Mastectomies

While insurers were already required to offer coverage for post-mastectomy benefits, the law was not specific. It now specifies that this additional coverage will be coverage for prosthesis AND reconstructive surgery to assure the appropriate post-mastectomy treatment is not determined by which treatment was covered by the insurance policy.

Health Care and Insurance Reform Act of 1993

Creates numerous health care reform initiatives and outlines role for the Agency for Health Care Administration. Creates MedAccess program; administration of framework for managed competition; Rural Health Network program, transfer of Medicaid, and many others. Makes changes to the 1992 Health Care Reform Act.

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COMMITTEE REPORTS

FCSW COMMITTEES 1994

1. Annual Report Committee

Navita Cummings James, Chair
Barbara Effman, Chair: Resources
Susan Gilbert, Chair: Employment
Mona Jain, Chair: Health Care
Bob Levy, Chair: Legislation
Judy Byrne Riley, Chair: By Laws, Policies & Procedures
Marsha Griffin Rydberg, Chair: Education
Judy K. Wilson, Chair: Justice/Human Rights
Susan D. Wilson, Chair: Finance/Budget
Doris Weatherford, Chair: Women's Hall of Fame/Women's History
Elsie B. Crowell
Sandi Beare

2. By Laws, Policies & Procedures Committee

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Marilyn Dewey
Barbara Effman
Susan Wilson

3. Education Committee

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Mona Jain
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11. Women's Hall of Fame/Women's History Committee

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12. Executive Committee

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Barbara Effman, Secretary
Susan D. Wilson, Treasurer
Marsha Griffin Rydberg, At-Large
Karen Woodall, At-Large
Marilyn J. Dewey, Parliamentarian

Education Committee
Martha "Marty" Pinkston, Ed.D., Chair

Gender bias in education has been a topic of discussion for many years, but only during the past several years have any attempts been made to actually call attention to this dilemma. These issues range from curriculum bias at all levels (kindergarten through high school), to salary inequities of male and female faculties at the post-secondary institutions. There is legislation pending in the U.S. Congress that will provide funds to train teachers in gender equity and create an Office of Gender Equity. Although this is a step in the right direction, there is doubt as to whether or not the major issues of gender bias in education will be addressed by such an effort.

The Education Committee of the Florida Commission on the Status of Women will look at several factors that impact females in the education arena. One area to be addressed is the level of participation of females in athletics and the ensuing disparity in scholarship awards and other financial assistance. Traditionally, when school budgets are decreased and adjustments have to be made to accommodate these decreases, the area of girls' sports seems to be on the priority list of programs that can be eliminated. This, of course, results in an unequal distribution of funds.

Another issue to be considered is the enrollment trend of older women who are returning to school, and whether or not there are adequate institutional support programs to facilitate their success in the classroom. Studies have shown that the over-30 years of age students comprise a significant percent of the state's post-secondary enrollments. Financial assistance, child care services, advisement services, counseling (academic and personal), campus activities that attract older students, peer group sessions - these are all subjects of interest for older students.

A problem facing younger students is the fact that teen-age pregnancy has reached epidemic proportions. Females as young as 13 years of age are becoming mothers. What is the responsibility of the educational system to these young mothers? Do we have an obligation to get them back in school and on the path to self-sufficiency? Do the schools provide special learning centers where these students can enroll prior to delivery and is the environment conducive to learning? Are these students taught parenting skills? There are several support services that should be available to help ensure that these young women do not become drop-out statistics.

There is no room for gender bias in our schools. Hopefully, by calling attention to the issues, Florida will be able to reduce, if not eliminate some of those that do exist.

**Employment Committee
Susan Gilbert, Chair**

1993 Women in the Workplace Survey Results

The first annual *Women in the Workplace* survey was conducted in November and December of 1993. The purpose of the survey was twofold: first, to provide information about the general state of workplaces for women in Florida and second, to assess the most "women-friendly" companies in Florida. What follows are some of the findings about companies who responded to our survey and a listing of the "women-friendly" companies for 1993-94.

Selected Survey Findings

- Women are under-represented at the upper levels of Florida companies
 - women represented % of senior managers in 35% of the responding companies
 - 41% of the companies had one or fewer women on their corporate board

- Programs that could help facilitate the movement of women into middle and upper management levels within companies are seldom in place
 - 20% of the companies reported they had a formal succession planning process
 - most of these indicated that they did not calculate numeric data associated with this process (i.e. the % promotable and % promotable that were women)
 - 20% reported they had mentor programs which target women
 - 20% reported they had leadership development programs for women

- Work/family balance programs are helping women to juggle their work and family responsibilities; however, women with children generally see their careers stalled
 - 29% of the companies reported they had on-site childcare; 14% had off-site childcare
 - 61% of the companies reported an employee can take an extended leave (more than the 12 weeks mandated by law)
 - 66% of these companies indicated that an employee *will not* be guaranteed their former position or an equivalent position upon a return from an extended maternity or family leave
 - 8% reported they provided work-at-home options; 12% indicated job sharing

Women-Friendly Companies 1993-94

- Miami Herald Publishing Company
- University of Central Florida
- Baptist Hospital of Miami
- Miami Children's Hospital
- Teco Energy, Inc.
- Valencia Community College
- Knight Ridder, Inc.
- ORHS Sandlake Hospital
- Harcourt Brace & Co.
- West Boca Medical Center

Most Improved Company: Publix Supermarkets, Inc.

Honorable Mention: American Bankers Insurance Co.
St. Petersburg Times

Justice/Human Rights Committee
Judy K. Wilson, Ph.D., Chair

The terms *civil rights* and *human rights* mean different things to different people. A precise definition for these two terms depends mainly on to whom one is speaking. The definition to be considered in this report will be those rights which afford equality to that 52% of Florida's population that is female.

The *Florida Commission on the Status of Women* is dedicated to elimination of all barriers to a woman's achievement of her fullest human potential. Many of these barriers fall within the broad meaning of civil and human rights.

Economic opportunities for women in Florida are greatly affected by the lack of affordable, accessible, and adequate day care for children. Our social customs still dictate that women be the primary caretakers of our children. It is remarkable that the United States is the only industrialized country in the world that does not provide day care for its working population.

Women continue to be discriminated against in our institutions of higher learning. They are still receiving pre-college counseling to seek traditional women's careers such as nurses, teachers, secretaries, etc. As a result, women still only earn 69% as much as men doing comparable jobs. Appointments to high positions in our colleges continue to show a pattern of discrimination against women. There is only a single female president in Florida's University System. Our school curriculum, both primary and secondary, needs to be all-inclusive and consider both genders and all cultures/races. Non-violence needs to be taught within the educational curriculum at every age. Conflict resolution needs to be a mandatory part of daily curriculum.

Our political system, while showing some slight improvement, still treats women as novelties. Women still make up only 10% of the U.S. Congress and 20% of the state legislatures. During the last election year, women state legislative candidates fared poorly even though a majority of Florida citizens are female.

Despite legislation to prevent it, sexual harassment of women on the job continues to be a problem. While the media may sensationalize allegations of sexual harassment by a U.S. Senator, little reduction of the problem can be seen in the ordinary workplace. Resistance to enforcement of sexual harassment laws is the norm.

The criminal justice system continues to discriminate against women by giving them longer sentences than men for the same crimes. One highlight in the criminal justice system in Florida was the recognition of the *Battered Women's Syndrome* by the Florida Supreme Court. On the downside, the problem of spouse abuse continues to plague every community. Battered women who do not have the social standing of their male counterparts and who are not as verbally eloquent as their manipulative abusers are too often the ones arrested when they finally strike back. The system continues to look the other way when women complain of domestic abuse.

The recently passed *Hate Crimes Act* failed to include gender prejudice. The definition of hate crimes should include rape and domestic abuse since both of these crimes have a root cause of hatred of women. There was a 4% increase in rape in Florida and estimated 30% of female patients seen in the hospital emergency rooms are battered women. The leading cause of injury to women in the United States is spouse abuse. Further legal protection is needed in Florida for victims of rape and of spouse abuse. Convicted rapists in Florida are often out of prison after serving only a few months to a few years. Studies have shown that many of these offenders immediately begin seeking other female victims to assault.

Legislation on the subjects of family leave, education reform, spouse abuse, child care and rape are still extremely difficult to pass. In some instances, it has taken 15 to 20 years after a bill is first introduced before a law is enacted.

Enactment and full enforcement of all laws prohibiting discrimination against women in employment, insurance, education, housing, the criminal justice system and credit, as well as the consideration and appointment of more women to positions of power and influence are all absolute necessities if the majority of Florida population is to achieve true equality.

Public Relations Committee
Marilyn J. Dewey, Chair

MISSION STATEMENT: The Florida Commission on the Status of Women has a carefully prepared, meaningful, and challenging Mission Statement. By incorporating the language of the enabling legislation described in Florida Statute 14.24, research, legislation and communication, the mission statement covers our commitment to eliminate all barriers to a woman's achievement of her fullest human potential. This Mission Statement reflects our focus on the status of females in our society, but only within the greater context of females in relation to males, and all humanity in relation to the whole environment.

LOGO, designed by Lida Maxwell: The Commission utilized the Great Seal of Florida until a talented and sensitive woman, Lida Maxwell, at the suggestion of our Commission Chair, created the logo as seen on the cover of this report and used throughout all of our printed materials. This logo suits the Florida Commission on the Status of Women particularly well, for it reflects the all-inclusive nature of our efforts. Our adopted seal, or logo, depicts a Florida that is targeted for the inclusion and betterment of all women.

LOCAL COMMISSIONS ON THE STATUS OF WOMEN: FCSW has compiled suggestions and directives for the formation of regional or local Commissions on the Status of Women. This resource information is available at the Commission's office by request.

OUR ISSUES: The Commission takes a bold look at issues confronting women that establish the current status of women. Because many of the issues are provocative, controversial, and commonly misunderstood, the challenge before the Commission is how best to publish these issues - how best to reach all citizens of Florida with the urgent need to eliminate all barriers to a woman's achievement of her fullest human potential. Our brochure reflects the first step in reaching the public.

Resources Committee
Barbara Effman, MPH, Chair

The Resources Committee is dedicated to utilizing the Human Resources of Women from the State of Florida. To accomplish this goal, a *TALENT BANK/APPOINTMENTS POOL* was set up to process resumes of qualified persons available for various state, national and local appointments. Resumes are made available to the President, Governor and other appointing officials as the need arises. Recommendations are only made after careful consideration and discussion by the Resources Committee.

In 1993, 26 resumes were forwarded to appointing bodies from FCSW' Talent Bank. Included in these resumes were seven letters of strong endorsement concerning appointments of persons well-known to the Commission. To date, the following persons recommended by FCSW have been appointed:

Karen Coolman Amlong for FCSW Appointment
Rosemary Barkett for Justice/11th District Court of Appeals in Atlanta
Carmel Casale for CHPA Appointment
Elsie B. Crowell for Florida State University Search Committee
Kate Gooderham for FCSW Appointment
Navita Cummings James for University of South Florida Search Committee
Ellen Leesfield for Judge
Robert M. "Bob" Levy for FCSW Appointment
Barbara Pariente for Judge
Janet Reno for U.S. Attorney General
U.S. Attorney General Janet Reno for Sara Lee Frontrunner Award

As directed by the full Commission, the Resources Committee requested the Florida Board of Regents to appoint women to the search committees of the University of South Florida (USF) and Florida State University (FSU). The Commission strongly encouraged the Search Committees to consider women for the two positions of University President. In other action, our Commission also strongly recommended the Honorable Betty Castor for the position of President of the University of South Florida. Additionally, we made recommendations for the Florida Annual Civil Rights Awards, several of whom were honored.

A second project is the development of a *Women's Directory*. This comprehensive directory will include organizations dedicated to the interests of women, by county, for the State of Florida. The services of a university intern were utilized for the coordination and implementation of this major undertaking. Printing and distribution are planned for some time in 1994.

The Resources Committee assisted with the development of a brochure informing the public as to who we are and what our accomplishments are.

In an effort to communicate with local Commissions on the Status of Women and other women's organizations throughout the state, we will present the FCSW Annual Report, the Women's Directory, provide speakers when requested, and inform the public about our other activities and projects. It is hoped that all citizens of Florida will benefit from this coordinated effort.

Whenever possible, our Committee will act as a resource to local Commissions on the Status of Women, other women's organizations, and governing bodies in seeking appointments of women to more equitably represent the concerns of all Floridians.

Women's History/Women's Hall of Fame Committee
Doris Weatherford, Historian/Chair

In 1993 as in 1992, Governor Lawton Chiles issued a formal proclamation of Women's History Month. This annual event has become increasingly significant since 1986, when Congress passed a law designating March for that purpose. A resolution passed by the Florida House this year noted that "Florida has honored the ongoing contributions of women by increasing the number of women serving in Congress from one to five in a single election season..."

Women's History Month was celebrated in universities, libraries, and in the media. The *St Petersburg Times* ran a series on women who have been historically neglected, while the *Tampa Tribune* featured several articles. In Miami, the rape crisis center was renamed for Dade County pioneer feminist and FCSW member (1991-93) Roxcy Bolton.

Most schools also took note of Women's History Month. As a result, our daughters and sons are learning about the achievements of women in such previously neglected areas as science and math; they are discovering African-American, Hispanic and Native American women whose contributions to the national culture were historically overlooked.

At the FCSW meeting in May, information was shared on the Colorado Suffrage Centennial. That state's women began voting in 1893 — one hundred years ago — long before most American women got the vote in 1920. The Colorado Committee for Women's History issued an impressive booklet filled with photos to mark the occasion. This model serves as an inspiration for Florida.

The first FCSW newsletter was devoted almost entirely to women's history. The centerpiece featured native and Spanish women of the earliest European exploration in 1541, and traced women's roles to the female homesteaders of 1842. Other articles included a front-page report on the 1992 Florida Women's Hall of Fame inductees and suggestions for developing women's history in local communities, along with a helpful list of national resources.

Also in 1993, members and staff of FCSW met with representatives from the Florida State Archives/R.A. Gray Building, which houses archival records and a state museum in Tallahassee. Susan MacDonald and Gerard Clark encouraged us to make Florida women aware of their state archives, which contains the records of many Florida women. This meeting established an FCSW liaison that is leading to the acquisition of the records of Florida feminists. If you or your organization have historical papers that you believe would be of value to future historians, please contact these archivists at (904) 487-2073.

This Committee also met with officials of building management for the Capitol to plan the physical construction of the permanent Florida Women's Hall of Fame. Photos

and biographical information will be placed on the wall outside of the Florida Department of Education in the Capitol Building.

Nomination forms for the 1993 Florida Women's Hall of Fame were sent to women's organizations, the FCSW mailing list, legislators, and other interested parties. As required by legislation, the Commission reviewed the nominations received, selected ten for recommendation to the Governor for his selection of the three inductees. The ten women recommended to the Governor were:

1. **Blanche Armwood of Tampa**, who was the first black woman to serve as a superintendent of public schools. After passing the state teacher's exam at age 12, she went on to become a national pioneer in the new field of home economics. Armwood served on the campaign committee of President Harding in the first election after women received the vote, and thus was one of the first black women to be visible in national politics.

2. **Mary Lou Baker of St. Petersburg**, who was the second woman elected to the Florida Legislature. She sponsored bills assuring the property rights of married women. The most important of her bills made it lawful for women to serve on juries.

3. **Nikki Beare of Havana**, a founding member of the Florida National Organization for Women who worked successfully to remove gender bias in the *Miami Herald's* classified ads, and was influential in changing airline policies that insisted flight attendants be single women. She is a founding member of the National and Florida Women's Political Caucuses and of HERSTORY of Florida. She founded Florida's first feminist credit union and publishes *Women's Almanac*.

4. **Betty Castor of Tallahassee**, who was the first woman Senate President Pro Tempore and the first woman elected to the Florida Cabinet. As Commissioner of Education, she has aggressively furthered education equity programs, especially for pregnant teenagers and for girls' sports. As a Hillsborough County Commission in the early 1970's she led the admission of women to the area's private clubs, and as a state senator, she sponsored the surcharge on marriage licenses that funds spouse abuse centers.

5. **Carita Corse of Jacksonville**, who was the state director of the Federal Writer's Project in the 1930's. A 1913 Vassar graduate, she used this unusual opportunity for a woman during the Great Depression to preserve Florida's minority history, with the result that Florida has many more records of former slaves than most states. Later an author of other works on Florida, Corse also served as the state director of Planned Parenthood during World War II.

6. **Helen Gordon Davis of Tampa**, who was the prime sponsor of countless bills to improve the status of women during her legislative career between 1974 and 1992. Among her many credits are the establishment of Displaced Homemaker Centers throughout the state; the enactment of law on sexual harassment; the creation and

private funding of a pay equity study of government employees; the licensing of midwives; and even the mandate of equal toilet facilities in building codes.

7. **Louise Rogers Johnson of Bradenton**, who was one of the first black women in public office. A civil rights leader and educator for almost forty years, she was appointed to the Manatee Board of Education in 1976 and was reelected during the next decade, retiring as the Chair in 1986. A graduate of Bethune-Cookman and FAMU, she was honored by the United Negro College Fund and the NAACP.

8. **Paulina Pedroso**, an Afro-Cuban, was born and died in Cuba, but lived in Tampa between 1880 and 1910. A leader in the Cuban Revolution against Spain, she used her Tampa headquarters to raise funds and organize resistance to the colonial government. A skilled cigarmaker, Pedroso was a founder of *La Sociedad Libres Pensadore Marti-Maceo*, a mutual aid society for black Cubans. Jose Marti, who was Cuba's equivalent of George Washington, lived with Pedroso and her husband when Marti was in the U.S.

9. **Janet Reno of Miami**, who was nominated by more individuals and organizations than any other women, was named the first female U.S. Attorney General in 1993. She was appointed the first female state attorney of Dade County in 1978 and subsequently reelected. A 1963 graduate of Harvard Law School, she has led judicial reform in spouse abuse, child support, and other areas of law affecting women.

10. **Betty Skelton (Frankman) of Winter Haven**, a race car driver and aviator who has established more records in those fields than any other person. She was the first woman to be inducted into the NASCAR International Automotive Hall of Fame, and her airplane is on display at the Smithsonian's Air and Space Museum. Among other achievements, Skelton held the World Light Plane Altitude Record in 1949 and 1951 and is the four-time winner of the World Land Speed Record for Women (top speed of 315.72 mph in 1965). She was featured in *Look* magazine in 1960 when she underwent NASA's experiments prior to human experience in space.

These nominees were ratified by the full Commission in September and went to the Governor for his decision. In November, Governor Chiles announced his selections for the 1993 Florida Women's Hall of Fame: Paulina Pedroso, Janet Reno and Betty Skelton Frankman. The Commission offers our congratulations to these women and their nominators.

ACKNOWLEDGEMENTS

The Florida Commission on the Status of Women thanks the following people for their efforts:

Sandy Allen, Florida Association of Women Lawyers
Nikki Beare, American Association of University Women
Jean Bryant, Ph.D., Florida State University/Women's Studies
Scherley Busch, photographer
Charlene Carres, Florida Women's Political Caucus
Anne Gannon, National Organization for Women
Eileen Hawblitzen, MPH, consultant
Ruth Hockman, M.S., R.N., consultant
Anila Jain, M.D., consultant
Deborah Johnson, Ph.D., consultant
Lynn Leight, consultant
Tina McWaters, FCSW
Lee Modica, City of Tallahassee
Marguerite Rappaport, consultant
Hugo Rodriguez/Intern — FSU Communications Department
Heidi Schumacher/Intern — FSU Women's Studies Department
Barbara Zdravecky, R.N., consultant

Bob Butterworth, Attorney General
Pete Antonacci, Deputy Attorney General
Senators Mario Diaz-Balart, Jim Boczar, Patty Grogan and Daryl Jones.
Representatives Elaine Gordon, Carol Hansen, Willy Logan, Anne Mackenzie,
Ron Saunders, Debbie Wasserman-Schultz and Alex Villalobos.
Pat Gleason, FCSW General Counsel

Thanks to Linda Dodson, Art Director, Department of Legal Affairs

Special mention to Lida Maxwell for the layout and design of FCSW's logo, report cover and brochure.

Also recognized are the retired members of FCSW:

Roxcy Bolton of Miami, Yvonne Burkholz of Miami, Jennifer Knapp Crock of Ormond Beach, Susan Glickman of Indian Rocks Beach (first Chair), Ed Healey of West Palm Beach, D. Anne Terrell of Ponte Vedra Beach.

Special thanks to Clare Bock, Ph.D., Florida State University, for her assistance in researching, preparing and writing this report.

1981-1982, 1983-1984, 1985-1986

Florida Commission on the Status of Women Survey Response Form

The Florida Commission on the Status of Women represents all women residing in the State of Florida, and is very interested in your opinions regarding issues facing women in this state. Your response to this survey will help us to identify key areas of concern and to determine future priorities for the Commission.

Instructions:

Please indicate the five most critical issues to you that are facing women in Florida today. For the most critical, place a "1" in the box to the right of the item. For the next most critical, place a "2", and so on. We have left blanks for you to use to write in additional critical issues that are important to you.

- | | |
|---|--|
| <input type="checkbox"/> Health Care | <input type="checkbox"/> Domestic Violence |
| <input type="checkbox"/> Education | <input type="checkbox"/> Housing |
| <input type="checkbox"/> Quality of Jobs | <input type="checkbox"/> Child Care |
| <input type="checkbox"/> Age Discrimination | _____ |
| <input type="checkbox"/> Pay Equity | _____ |
| <input type="checkbox"/> Sexual Harassment | _____ |

How did you become aware of the Commission? _____

Do you have a local county or city Commission on the Status of Women? Yes No

Would you be interested in starting one in your county/city? _____

How long have you been a resident of the State of Florida? _____

Are you a member of a woman's organization? If so, please list with address: _____

Demographic Information:

Please circle/fill in the following demographic information. It will help us be able to serve you better.

Sex: MaleFemale

Race: Hispanic White Native American African American Asian

Education: High School Some College College Degree Some Graduate/Grad. Degree

Age: 16-24 25-34 35-44 45-54 55-64 65+

County in which you live: _____

City in which you live: _____

If you would like additional information about the Florida Commission on the Status of Women and/or would like to provide your expertise to the Commission, please list your name and address below:

Thank you for taking the time to respond to our survey. Your views are very important to us.

Detach this sheet from report. Fold in thirds and staple. Please ensure that the Commission's address appears in the mailing area on the outside.

For more information, call:

Sandi Beare, Executive Director
Florida Commission on the Status of Women
(904) 487-1250
FAX (904) 921-4131

Stamp

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