

WOMEN'S WELL-BEING:

RANKING AMERICA'S TOP 25 METRO AREAS



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Introduction: Why Women?

In which U.S. cities are women living the longest,* earning the most money,** and boasting the highest levels of educational attainment?*** Lots of studies compare American cities—where is the rent cheapest, the commutes shortest, the crime lowest, the weather balmiest? *Women's Well-Being: Ranking America's Top 25 Metro Areas* explores where women are doing best, ranking the twenty-five most populous U.S. metropolitan areas by their score on the American Human Development Index.

Why study only women's well-being?

First, too often women are viewed as a monolithic category, or as a special-interest group—despite making up half the population. Many studies explore differences between women and men in terms of earnings, educational attainment, occupational category, and more. In addition, social scientists have long studied the differences between groups of men in terms of employment and income. Less common is research on differences between groups of women.

Second, the top twenty-five metropolitan areas offer their residents a rich and diverse menu of choices and opportunities; how well different groups of people are able to access these opportunities to fulfill their potential and live freely chosen lives of value is a critically important question.

Third, women living in the top twenty-five metro areas account for a surprisingly large share of the overall U.S. population—one in every five Americans. Their well-being and access to opportunity is thus critical not just to them and their families but also to the prospects of our country as a whole.

The study finds that women living in most major metro areas are doing better than the typical American woman. However, not all urban and suburban women have the same choices and opportunities: the study shows how basic indicators in health, education, and income intersect with other important factors, among them race, ethnicity, age, the opportunities of the marketplace, and marital status, to form a more complete picture of the critical factors shaping women's well-being and access to opportunity.

The study uses the American Human Development Index, a summary measure that combines official government data in three essential areas: a long and healthy life, access to knowledge, and a decent standard of living. The Index is a tool for measuring progress in well-being and access to opportunity over time, telling us where America is succeeding in creating opportunity as well as where we need to focus resources to create it.

No one part of America has a lock on well-being for women; the top five metro areas include at least one location from each of the four major U.S. regions, the West, Midwest, Northeast, and South. The bottom five include major metro areas in the West, Northeast, and South.

Women's Well-Being is a deep exploration of the twenty-five most populous metro areas; in some, opportunity for women is plentiful; in others, women face more barriers to seizing opportunities, living to their full potential, and investing in themselves and their families.

What Is a Metro Area?

A metropolitan area includes the central city that typically gives the metro area its name and the surrounding counties that have significant economic and social ties to that core city. See Appendix for the full name of the metro areas included in this study.

* San Francisco.

** Washington, DC.

*** Washington, DC.

Key Findings:

What Does the American Human Development Index Reveal about the 25 Top Metro Areas?

Topping the chart on metro area well-being for women is **Washington, DC** (see **TABLE 1**). Women in the nation's capital and the surrounding suburbs that make up this dynamic metropolitan center live longer, have more education, and earn far more than the average American woman. On the other hand, women in bottom-ranked **Riverside–San Bernardino** in California's Inland Empire register far lower scores in these basic areas; one in five women here never completed high school, and the typical female worker earns about \$22,300—wages on par with those that prevailed in the nation as a whole in 1970 (in inflation-adjusted dollars).

In the top three metro areas—Washington, DC, San Francisco, and Boston—women live longer, earn more, and have higher educational attainment than residents of Connecticut, the state with the highest levels of well-being on the **American Human Development Index**. In six metro areas, women are doing less well than the typical American. These areas include Detroit, Pittsburgh, Tampa–St. Pete, Houston, San Antonio, and Riverside–San Bernardino.

What accounts for these differences? An individual's life span is influenced by a confluence of factors, ranging from genetics to individual behaviors (like smoking) to the conditions of community life (such as whether it is safe to play or get exercise outside). A wide range of factors likewise shapes outcomes in education and income. The American Human Development Index score is the end result of the interplay among these complex factors; as such, it is an essential tool for identifying the groups that are thriving and those that are struggling (see **BOX 1**). Understanding the why behind the score of any particular group or place requires further study. But the sections that follow on health, education, and income highlight important areas that research has shown affect people's well-being and shape their choices and opportunities.

BOX 1 How We Assess Well-Being

This brief is based on the performance of women in the twenty-five most populous metropolitan areas on the **American Human Development Index**. The Index is a summary measure of well-being that combines a handful of essential health, education, and income indicators into a single number that falls between 0 and 10.

Life expectancy at birth is the proxy for people's ability to live a long and healthy life, school enrollment and educational degree attainment stand in for access to knowledge, and median personal earnings represent living standards. All data come from either the U.S. Census Bureau or the Centers for Disease Control and Prevention.

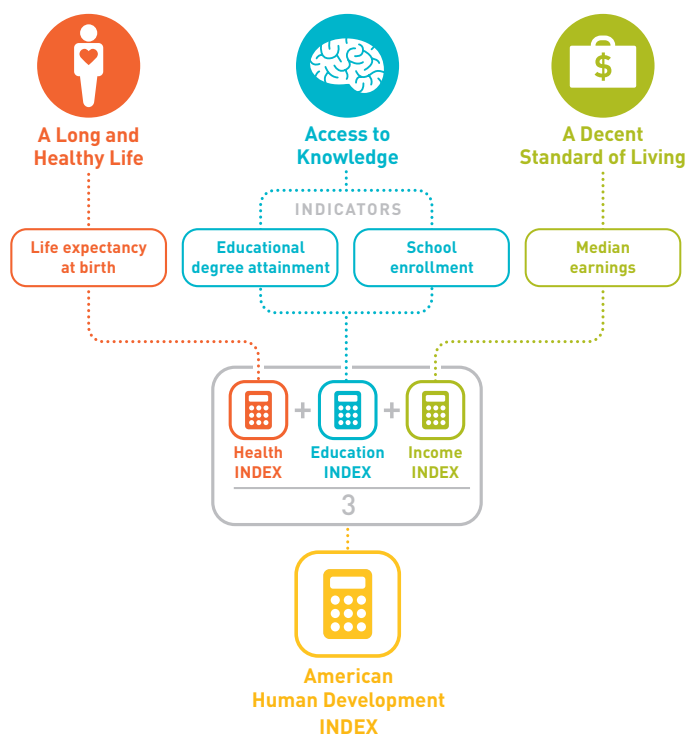


TABLE 1 Human Development of Women in the 25 Most Populous Metro Areas

RANK	METRO AREA	HD INDEX	LIFE EXPECTANCY AT BIRTH (YEARS)	LESS THAN HIGH SCHOOL (%)	AT LEAST HIGH SCHOOL DIPLOMA (%)	AT LEAST BACHELOR'S DEGREE (%)	GRADUATE DEGREE (%)	SCHOOL ENROLLMENT (%)	MEDIAN EARNINGS (2010 DOLLARS)	HEALTH INDEX	EDUCATION INDEX	INCOME INDEX
	United States	5.03	78.9	14.4	85.6	28.2	10.4	77.6	28,899	5.36	4.97	4.77
	All U.S. Females	5.00	81.3	13.7	86.3	27.9	10.1	78.8	24,157	6.38	5.09	3.53
1	Washington, DC	6.80	83.1	9.7	90.3	45.5	20.4	80.2	37,657	7.14	6.64	6.61
2	San Francisco	6.72	84.5	12.7	87.3	43.0	15.8	81.2	35,380	7.70	6.29	6.18
3	Boston	6.36	83.0	9.2	90.8	42.4	18.5	82.2	31,503	7.08	6.64	5.37
4	Minneapolis-St. Paul	6.15	83.4	6.7	93.3	37.3	12.0	81.1	30,241	7.25	6.13	5.09
5	New York	6.14	83.4	15.2	84.8	35.8	14.6	80.9	31,554	7.27	5.77	5.38
6	Seattle	5.83	82.6	8.4	91.6	36.4	12.7	75.8	30,142	6.91	5.53	5.06
7	Denver	5.76	82.2	10.8	89.2	37.6	12.9	78.4	29,039	6.74	5.74	4.81
8	Baltimore	5.71	80.4	11.6	88.4	34.4	14.6	77.8	32,454	5.99	5.58	5.58
9	San Diego	5.65	83.7	15.6	84.4	32.9	11.8	79.8	26,505	7.37	5.40	4.17
10	Philadelphia	5.60	80.9	11.3	88.7	32.4	12.3	81.6	29,134	6.22	5.77	4.83
11	Sacramento	5.58	82.4	12.2	87.8	28.8	9.2	81.0	27,999	6.83	5.37	4.55
12	Chicago	5.48	81.7	13.0	87.0	33.9	12.5	81.1	26,597	6.54	5.71	4.20
13	Los Angeles	5.45	83.8	22.4	77.6	30.2	10.0	81.2	25,554	7.40	5.03	3.92
14	Atlanta	5.30	80.6	11.6	88.4	33.9	11.9	80.1	26,368	6.10	5.66	4.14
15	Portland	5.28	82.2	9.7	90.3	32.3	11.4	77.2	24,934	6.73	5.37	3.75
16	Miami	5.28	83.7	16.5	83.5	27.1	9.6	79.7	23,952	7.37	5.00	3.47
17	Phoenix	5.25	82.6	13.5	86.5	25.9	8.8	75.3	26,646	6.92	4.62	4.21
18	Dallas-Ft. Worth	5.14	81.0	15.6	84.4	30.3	9.2	77.9	26,546	6.24	4.99	4.18
19	St. Louis	5.13	80.5	11.3	88.7	29.1	11.1	79.6	25,708	6.06	5.37	3.96
20	Detroit	4.99	80.3	11.4	88.6	26.5	10.0	80.3	24,888	5.96	5.27	3.74
21	Pittsburgh	4.98	80.7	9.0	91.0	27.8	10.3	81.4	23,265	6.13	5.55	3.27
22	Tampa-St. Petersburg	4.98	81.0	12.4	87.6	25.6	7.8	78.7	24,953	6.23	4.94	3.75
23	Houston	4.88	80.9	18.3	81.7	27.4	9.1	77.4	24,961	6.19	4.69	3.76
24	San Antonio	4.82	81.6	17.0	83.0	24.8	8.2	77.5	23,557	6.51	4.59	3.36
25	Riverside-San Bernardino	4.54	81.7	21.2	78.8	19.5	6.9	77.3	22,306	6.54	4.10	2.98

Source: *The Measure of America 2013* (New York: New York University Press, forthcoming). See Methodological Notes for more details.

Large Gaps In Well-being Separate Women in the Nation's Most Populous Metropolitan Areas



HUMAN DEVELOPMENT

Female Human Development Index Score

METRO AREA	HD INDEX
United States	5.03
All U.S. Females	5.00
TOP 3	
1. Washington, DC	6.80
2. San Francisco	6.72
3. Boston	6.36
BOTTOM 3	
23. Houston	4.88
24. San Antonio	4.82
25. Riverside-San Bernardino	4.54



A LONG AND HEALTHY LIFE

Female Life Expectancy

METRO AREA	ALL RACE/ ETHNIC GROUPS (YEARS)
United States	78.9
All U.S. Females	81.3
TOP 3	
1. San Francisco	84.5
2. Los Angeles	83.8
3. San Diego	83.7
BOTTOM 3	
23. St. Louis	80.5
24. Baltimore	80.4
25. Detroit	80.3



ACCESS TO KNOWLEDGE

Female Educational Attainment

METRO AREA	LESS THAN HIGH SCHOOL (%)	AT LEAST BACHELORS DEGREE (%)
United States	14.4	28.2
All U.S. Females	13.7	27.9
TOP 3		
1. Washington, DC	9.7	45.5
2. Boston	9.2	42.4
3. San Francisco	12.7	43.0
BOTTOM 3		
23. Phoenix	13.5	25.9
24. San Antonio	17.0	24.8
25. Riverside-San Bernardino	21.2	19.5



A DECENT STANDARD OF LIVING

Female Earnings

METRO AREA	MEDIAN PERSONAL EARNINGS (\$)
United States	29,000
All U.S. Females	24,000
TOP 3	
1. Washington, DC	38,000
2. San Francisco	35,000
3. Baltimore	32,000
BOTTOM 3	
23. San Antonio	24,000
24. Pittsburgh	23,000
25. Riverside-San Bernardino	22,000

Sources: *The Measure of America 2013* (New York: New York University Press, forthcoming). Human Development Index and Life Expectancy: Measure of America calculations. See Methodological Notes for details; Educational Attainment: U.S. Census Bureau American Community Survey 2010; Median Personal Earnings: U.S. Census Bureau American Community Survey 2010 (dollar values rounded to nearest \$1,000).



A Long and Healthy Life

In the American Human Development Index, life expectancy at birth—a commonly used gauge of population health—represents the capability to live a long and healthy life. Life expectancy at birth is the average number of years a baby born today is expected to live if current mortality patterns continue throughout his or her lifetime. Tremendous variation exists in this very basic measure of survival.

Women in the San Francisco metro area live, on average, to 84.5 years. In fact, the top three cities in life expectancy are in California. Women in Detroit live four fewer years than women in San Francisco. However, across the nation, some of the largest lifespan gaps are found between women of different racial and ethnic groups. For example, Asian American women are the longest-lived women of any ethnic or racial group, with a life expectancy of 88.6 years. They outlive African American women, on average, by 11 years (see **FIGURE 1**).

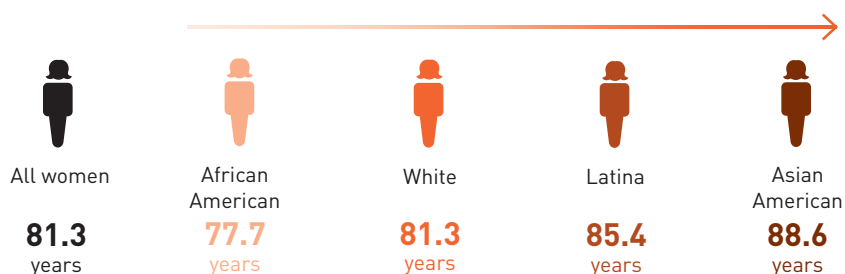
Top

1. San Francisco
2. Los Angeles
3. San Diego

Bottom

23. St. Louis
24. Baltimore
25. Detroit

FIGURE 1 U.S. Female Life Expectancy by Racial and Ethnic Group



Source: Measure of America calculations. See Methodological Notes for details.

African American women face disproportionate health challenges. For instance, they are more than fifteen times as likely to be diagnosed with HIV/AIDS as white women, and three times as likely as Latina women.¹ HIV/AIDS is the fourth leading cause of death for African American women ages 25–34.² African American women are significantly more likely to be obese—44.3 percent are compared to 27.1 percent of all women. This risk factor puts them at heightened risk of diabetes, a leading cause of death for African Americans, and hypertension, which contributes to heart disease and stroke. They are more likely to experience poverty and to live in high-crime or racially and economically segregated neighborhoods, all of which engender high levels of health-harming chronic stress, as does discrimination.³

Asian American women, with an average life span of nearly 89 years, have higher levels of educational attainment than any other group. The world over, more education is associated with better health and longer lives. Asian American women are the least likely to be overweight or obese; just 7.9 percent of Asian American women are obese, for example, compared to 27.1 percent of all American women. They also smoke significantly less; 3.6 percent of Asian American women are smokers, compared with 15 percent of all American women.⁴ This racial category is extremely broad, encompassing people with origins in countries as diverse as Japan, Pakistan, and the Philippines;

Asian American women outlive African American women, on average, by 11 years.

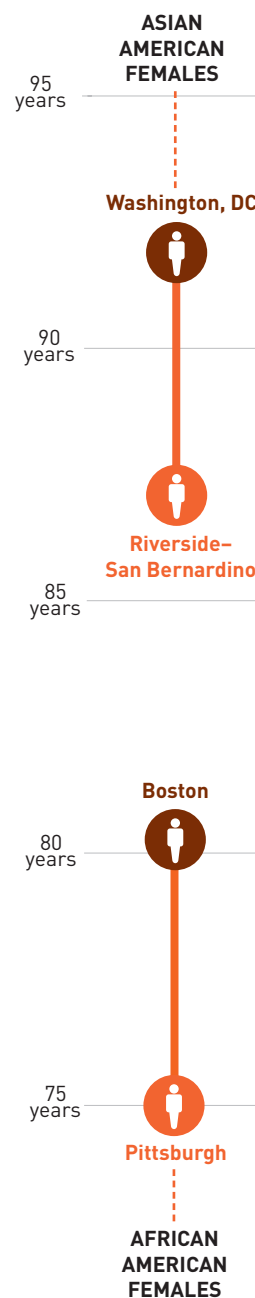
considerable variation exists among them as well as between native- and foreign-born Asian Americans, though data limitations prevent calculations for these subgroups. Other health indicators shed light on variations in health status, however; for instance, Filipina women have significantly higher rates of diabetes than either other Asian American or white women.⁵

Latina women outlive white women in the United States, on average, by four years, a surprise to many given that Latina women have lower average educational attainment levels than other women and are more likely to live in poverty than whites. This holds true across every metro area in this study for which reliable estimates could be made. This phenomenon is known as the “Latino health paradox.” Many intuitively sensible hypotheses for this phenomenon exist, such as the “healthy migrant” theory (only people in good health contemplate the rigors of immigration). But these theories have not withstood testing.⁶ Possible explanations are that Latinas are less likely to be regular smokers than white women, 9.3 percent compared to 15 percent of all women, and that social factors, such as family cohesion and community support, may play a protective role in terms of good health and longevity.

These patterns are in evidence in the twenty-five cities explored in this study (see **TABLE 2**). However, there is considerable variation within racial and ethnic groups from city to city. In other words, the data show that race matters, but the place you live matters as well, whatever your race or ethnicity.

- **African American women** in Boston (80.2 years) outlive their counterparts in Pittsburgh (75 years) by more than five years. New York and Seattle are in second and third place, whereas Detroit and Tampa–St. Petersburg are near the bottom. African American women in Pittsburgh have a life expectancy comparable to that of women in developing countries such as Honduras or Jamaica.⁷
- A five-year gap also separates the longest- and shortest-lived **Asian American women**—Asian American women in Washington, DC, have a life expectancy of 92.3 years, whereas Asian American women in Riverside–San Bernardino have a life expectancy of 87.1 years. Asian American life expectancy for women exceeds 90 years in five cities (Washington, DC, Boston, New York, Chicago, and Philadelphia), four years longer than women in Japan, the country with the world’s highest life expectancy.
- The female life expectancy range is widest for **Latina women**; in Chicago, their life expectancy is just shy of 90, whereas in San Antonio, it is 82.8—about seven years less. Denver and Tampa perform near the bottom for Latinas, whereas San Francisco and Philadelphia rank second and third.
- The range in female life expectancy is smallest for **white women**, 3.6 years. White women live the longest in San Francisco, 83.9 years and the shortest in Houston, 80.3, with Riverside–San Bernardino and Dallas–Ft. Worth second and third from the bottom.

In the top 25 metro areas, Asian American females with the **shortest** life expectancy can expect to live **7.2 years** longer than African American females with the **longest** life expectancy.



Source: Measure of America calculations. See Methodological Notes for details.

TABLE 2 Female Life Expectancy by Race and Ethnicity in the Top 25 Metro Areas

RANK	METRO AREA	FEMALE LIFE EXPECTANCY (YEARS)	AFRICAN AMERICAN WOMEN	ASIAN AMERICAN WOMEN	LATINA WOMEN	WHITE WOMEN
	United States	78.9	74.6	86.6	82.8	78.9
	All U.S. Females	81.3	77.7	88.6	85.4	81.3
1	San Francisco	84.5	78.1	88.9	89.0	83.9
2	Los Angeles	83.8	77.6	88.7	86.8	82.7
3	San Diego	83.7	78.2	88.4	85.8	83.3
4	Miami	83.7	78.5		85.8	83.5
5	New York	83.4	80.1	92.0	87.7	83.4
6	Minneapolis–St. Paul	83.4				83.7
7	Washington, DC	83.1	79.3	92.3		83.6
8	Boston	83.0	80.2	92.0		82.8
9	Phoenix	82.6	76.9		84.0	82.7
10	Seattle	82.6	79.6	88.2		82.2
11	Sacramento	82.4	76.9	88.2	86.9	82.0
12	Denver	82.2			83.7	82.2
13	Portland	82.2				81.8
14	Chicago	81.7	77.3	91.6	89.7	82.0
15	Riverside–San Bernardino	81.7	76.7	87.1	85.7	80.6
16	San Antonio	81.6			82.8	81.4
17	Dallas–Fort Worth	81.0	77.1		86.1	80.9
18	Tampa–St. Petersburg	81.0	75.7		83.7	81.2
19	Philadelphia	80.9	76.7	90.4	88.2	81.8
20	Houston	80.9	76.7	88.5	86.7	80.3
21	Pittsburgh	80.7	75.0			81.1
22	Atlanta	80.6	78.0			81.1
23	St. Louis	80.5	77.1			81.1
24	Baltimore	80.4	77.5			81.3
25	Detroit	80.3	76.6			81.3

Source: Measure of America calculations. Missing values are unavailable due to small population size or unreliable estimates. See Methodological Notes for full details.

Endemic health risk behaviors discussed above, including smoking, poor diet, physical inactivity, and excessive drinking, account for the majority of premature death in America today. Though it's easy to exhort people to “eat less, exercise more,” actually changing these behaviors is far more difficult. Tackling these health risks requires attention to improving the conditions in which we grow up and live. For example, greater economic security increases the resources available for wellness and reduces the chronic stress that damages the cardiovascular system. Efforts to minimize people's exposure to these risks, such as safe sidewalks for exercise and healthy food options, make a huge contribution to longer, healthier lives. Finally, education confers well-documented health advantages and enables more fulfilling work with greater stability and control, which in turn facilitates longer lives.



Access to Knowledge

In the last several decades, female educational enrollment and attainment have increased at a remarkable clip. In 1970, there were about 4.7 million males and 3.3 million females enrolled in institutions of higher education in the United States—almost one-and-a-half times as many men as women. Within just a decade, women caught up to and then overtook men.⁸ In the ensuing thirty years, this share has continued to grow (see **FIGURE 2**). By the end of the 2008–09 academic year, 57 percent of bachelor’s degrees and 60 percent of graduate degrees were awarded to women.⁹

Why has this profound shift occurred? Beginning in the 1970s, women responded to revolutionary changes in social norms, expectations, and opportunities by flocking to higher education and postponing marriage. Particularly important were new educational opportunities opened up by Title IX, new job options beyond traditional female sectors such as education, laws that prohibited discrimination against girls in school and women in work, greater expectations among girls and young women with regard to their future participation in the labor market, surging divorce rates that underscored the value of economic self-sufficiency, and the unprecedented degree of control over their reproductive lives afforded by reliable birth control.¹⁰

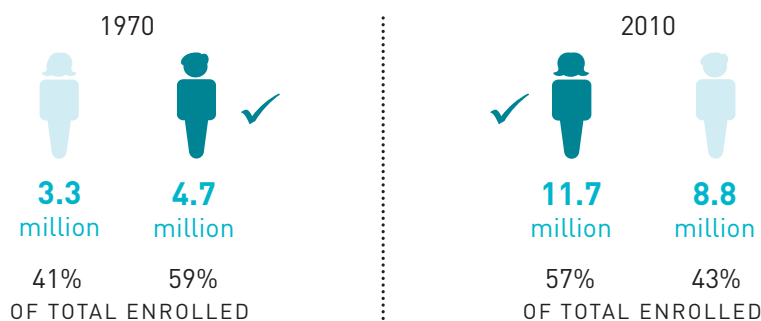
Top

1. Washington, DC
2. Boston
3. San Francisco

Bottom

23. Phoenix
24. San Antonio
25. Riverside–San Bernardino

FIGURE 2 Who’s Doing Better in Higher Education Enrollment?



Source: U.S. Department of Education, National Center for Education Statistics. Digest of Education Statistics 2010, Table 197, 2011. Data are for 1969–70 and 2009–10 academic years.

These converging social and economic trends are in evidence across metro America today. Metro areas typically offer a rich menu of educational opportunities. They can also act as magnets whose rewarding work opportunities attract the highly educated. Or they can be both. The American Human Development Index presents a data snapshot of education in one place at one point in time using U.S. Census Bureau data on education. This analysis will focus in particular on degree attainment of adults 25 and older, an age at which most Americans have completed their formal education.

One useful way to look at the change in education levels among women is to compare women of different age groups using data from the same year. The following are some observations in the twenty-five most populous American cities (see **TABLE 3**):

TABLE 3 Women's Educational Attainment by Age in the Top 25 Metro Areas

METRO AREA	25 TO 34 YEARS		35 TO 44 YEARS		45 TO 64 YEARS		65 YEARS AND OLDER	
	LESS THAN HIGH SCHOOL (%)	AT LEAST BACHELORS DEGREE (%)	LESS THAN HIGH SCHOOL (%)	AT LEAST BACHELORS DEGREE (%)	LESS THAN HIGH SCHOOL (%)	AT LEAST BACHELORS DEGREE (%)	LESS THAN HIGH SCHOOL (%)	AT LEAST BACHELORS DEGREE (%)
United States	12.8	31.1	12.6	31.3	12.3	28.6	22.1	21.3
All U.S. Females	10.8	35.0	11.2	33.3	11.4	27.9	22.9	16.8
Pittsburgh	5.5	44.0	4.0	38.7	5.6	27.6	19.1	12.3
Boston	6.0	58.7	5.8	51.3	7.7	40.9	18.2	22.2
Minneapolis–St. Paul	6.2	47.5	5.7	45.1	4.8	35.4	12.8	20.5
Philadelphia	7.2	43.8	7.6	39.9	9.0	31.9	22.0	17.0
Seattle	7.3	42.5	6.4	43.1	7.6	35.1	14.1	23.8
St. Louis	7.7	39.4	7.5	37.2	8.5	28.2	22.5	14.9
Washington, DC	8.5	52.7	8.2	50.8	7.8	45.4	17.9	28.7
San Francisco	8.7	53.1	11.0	51.8	11.5	40.4	21.0	28.5
Baltimore	8.7	43.5	7.1	42.0	9.1	34.1	23.4	19.4
Detroit	9.0	32.8	7.9	33.8	8.5	26.8	22.1	14.1
Chicago	9.4	44.8	10.4	39.1	11.7	33.0	22.4	18.0
Sacramento	9.4	33.4	12.3	34.1	10.0	28.9	19.0	18.8
Portland	9.8	37.9	9.5	39.3	7.9	31.1	13.6	20.4
New York	10.2	48.9	11.6	41.8	13.4	34.3	26.3	20.4
Denver	10.2	43.7	10.5	43.1	8.9	36.9	16.1	24.2
San Antonio	10.5	29.1	14.2	28.7	15.1	24.2	31.6	16.6
Tampa–St. Petersburg	10.6	33.2	8.8	33.9	10.0	25.0	19.4	16.2
San Diego	11.1	37.9	16.8	34.3	13.9	33.7	23.0	24.3
Atlanta	11.3	38.8	8.2	40.2	9.2	33.3	23.0	18.5
Miami	11.4	31.5	10.0	32.5	14.8	28.2	27.6	18.3
Phoenix	14.1	27.7	13.9	30.0	11.6	26.8	15.8	18.1
Dallas–Ft. Worth	15.2	34.1	15.6	32.6	13.4	31.0	21.3	19.3
Houston	16.2	31.1	18.6	29.9	16.3	27.3	26.0	18.3
Los Angeles	16.6	36.4	21.7	33.5	22.6	29.4	29.4	20.9
Riverside–San Bernardino	17.7	21.6	22.0	20.4	20.7	20.0	25.6	15.1

Source: *The Measure of America 2013* (forthcoming).

The numbers show a clear trend of female academic attainment improving with each generation. While more than one in four American women over 65 today never completed high school, among young women ages 25 to 34, half that many (about 11 percent) lack a high school diploma. The share of the female population with a bachelor's degree has doubled as well: 35 percent of young women ages 25 to 34 have a B.A. or higher; 17 percent of women over 65 do.

Averages hide tremendous variation by city. In Pittsburgh, Boston, and Minneapolis–St. Paul, only about 6 percent of young women ages 25 to 34 did not complete high school, the best outcome on this indicator among the twenty-five cities. In contrast, in Riverside–San Bernardino, Los Angeles, and Houston, that rate is almost 17 percent, nearly three times the rate among the top three.

Women in California are on the move! In recent years, California's five largest cities have seen a tremendous increase in women's educational attainment, particularly in high school graduation. These five cities account for nearly three-fourths of the state's female population. For example, while 11 percent of young women (ages 25 to 34) in San Diego do not have a high school diploma, that number for their counterparts 35 to 44 is 17 percent, and for those over 65, the rate is 23 percent, more than double that of the youngest group.

Most cities are moving forward, but some are heading backward. In line with the national trend, high school completion is higher among women in their 20s and early 30s (ages 25 to 34) than among women in the 35- to 44- year-old category. However, three cities diverge from this trend: Atlanta, Baltimore, and Pittsburgh. In Atlanta, for example, a higher percentage of young women ages 25 to 34 lack a high school diploma (11 percent) than the group just above them in age (8 percent).

The major social and economic changes described above help explain why women achieved educational parity with men. But why do women now consistently exceed men in rates of degree attainment? Some evidence suggests that women's motivation stems from the higher financial returns women receive from schooling as compared to men. In some cases, women calculate that more schooling better equips them to resist wage discrimination. A college degree or higher makes it more likely they can compete for jobs where education is more highly prized, thus avoiding traditional low-paying "female" occupations. Another reason has to do with men and boys. Boys are significantly more likely than girls to have behavioral problems that interfere with schooling; they have greater disciplinary problems, special education placement, and dropout rates, as well as more interaction with the criminal justice system. These differences in a subset of boys has the effect of lowering the average rates of enrollment and attainment for males overall.¹¹

Why Do Women Consistently Exceed Men Today in Educational Attainment?

Evidence suggests education:

- offers higher financial returns for women;
- better equips women against wage discrimination;
- widens opportunities beyond traditional "female" occupations.



A Decent Standard of Living

Median personal earnings today in the United States are about \$29,000. This figure represents the wages and salaries of the typical worker age 16 and older; the earnings of both full- and part-time workers are included. While many two-income couples pool their incomes, a look at personal rather than household or family earning illuminates the differences in access to income between men and women and is particularly useful to understand well-being in single-parent families.

Median female earnings by city range from \$38,000 in Washington, DC, to \$22,000 in Riverside–San Bernardino. California has one city (San Francisco) in the top two and one (Riverside–San Bernardino) in the bottom two. The \$22,000 earnings of the typical female worker in Riverside–San Bernardino are roughly equal to the poverty line for a family of four. Riverside–San Bernardino has the largest average family size of these twenty-five cities. A few interesting observations:

- **No region of the country has a lock on high earnings.** Top cities include some in California and Maryland as well as Washington, DC, and New York; bottom-earning cities are found in Florida, Texas, Pennsylvania, and California.
- **Earnings in many metro areas track closely with education in these areas.** Looking at the relationship between the Education and Income Indexes for women in these metro areas, educational attainment and enrollment outcomes explain about two-thirds of the variation in earnings between these twenty-five metro areas.

Interestingly, there are some notable exceptions to this strong relationship. Pittsburgh ranks next-to-last in terms of women's earnings. Yet it is well above average (ranking number 11) in terms of women's education. This paradox does not hold true for men in Pittsburgh; education levels for women and men in this metro area are quite similar, yet the typical man is making \$12,000 more than the typical woman in Pittsburgh. Without further study, it is impossible to know for sure what is causing this divergence. Some interesting associations can be found, however. Pittsburgh has the lowest proportion of firms owned by women among the metro areas in this study; perhaps this contributes to lower earnings among women.¹² Of the metro areas measured in this study, Pittsburgh has the highest proportion of residents over 65, one in five. This is in marked contrast to cities like Houston, Dallas, and Atlanta, where one in ten residents is elderly. Caring for the elderly tends to have disproportionate impact on the careers of working women, who may pay a penalty in career advancement, earnings, or retirement savings if they need to curtail work or leave the workforce temporarily to care for ailing relatives. Men participate in caring labor as well, but at lower rates.

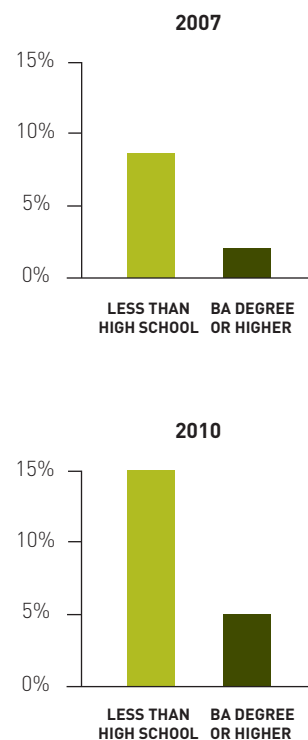
Top

1. Washington, DC
2. San Francisco
3. Baltimore

Bottom

23. San Antonio
24. Pittsburgh
25. Riverside–San Bernardino

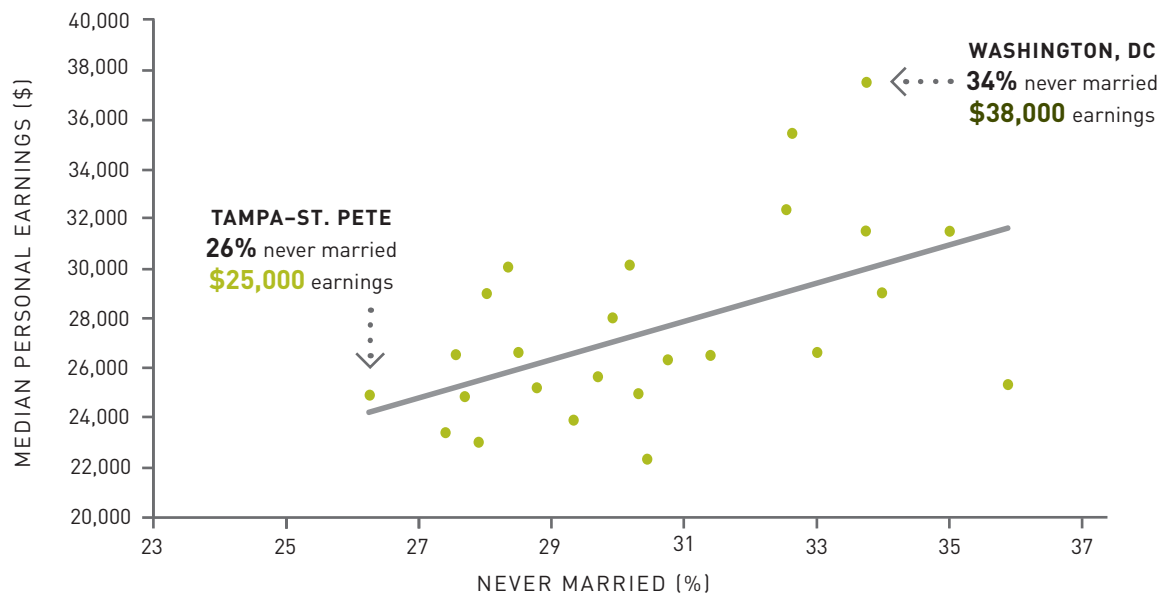
Female Unemployment
(Women 25 and Older)



Source: Bureau of Labor Statistics, Labor Force Statistics from the Current Population Survey.

- **Women tend to earn more in metro areas where greater shares of women are unmarried.** In Washington, DC, where more than one-third of women never married, women earn nearly \$38,000, the highest among the twenty-five metro areas. In contrast, in Tampa–St. Petersburg, where just over one in four women is single and never married, the typical female worker is earning \$13,000 less. As **FIGURE 3** shows, there is a significant positive relationship between the percentage of women who never married and women’s higher median earnings.

FIGURE 3 Relationship Between Portion of Single Women and Earnings in the Top 25 Metro Areas



Source: Measure of America calculations, data from the U.S. Census Bureau, American Community Survey, 2010. The correlation coefficient for the relationship shown is .527.

The majority of American households depend upon a woman’s earnings to make ends meet. How women fare in the labor market is thus critically important to America’s girls, boys, and men as well as its women. Research shows that education is the surest route to higher earnings as well as greater economic security. During the recession (between 2007 and 2010), the unemployment rate of women without a high school diploma climbed seven percentage points, from 8 percent to 15 percent; for those with at least a bachelor’s degree, it rose only from 2 percent to 5 percent. Despite women’s greater levels of educational attainment, however, men still outearn women by a large margin. In fact, the typical male worker with a bachelor’s degree earns about \$5,000 more than the typical female worker with a graduate degree.¹³ Wage inequality stems from a range of factors—women’s choice of study, women’s predominance in low-wage sectors like childcare and education, the “caring penalty” women pay for leaving the workforce to tend to children and the elderly, inadequate policies for balancing home and work responsibilities, social norms, discrimination, and more—and thus requires a multifaceted response.

Conclusion

Women are not a monolithic category. Tremendous variation exists among them by race and place as well as by age and marital status. Understanding differences among women is critical to crafting policy and making public investments that meet their needs and expand their choices and opportunities.

The American Human Development Index shines a spotlight on these noteworthy disparities. It shows that, on the whole, women living in the most populous metro areas have higher levels of well-being than the typical American woman. Washington, DC, San Francisco, and Boston are home to women with the highest levels of well-being.

Women living in Houston, San Antonio, and Riverside–San Bernardino, on the other hand, are doing less well when it comes to health, education, and income. In **health**, the most significant life expectancy variations can be found between women of different racial and ethnic groups; at the national level, the life expectancy of Asian American women, for example, is eleven years longer than that of African American women.

Nonetheless, place also matters, as evidenced by the differing life spans of women from the same racial or ethnic group from metro area to metro area.

In **education**, women's increasing levels of schooling can be seen clearly by comparing the degree attainment of women of different age groups. In all twenty-five metropolitan areas reviewed for this study, young women are now significantly more likely than young men to have completed a bachelor's degree or higher, and in the majority of metro areas, they are more likely to have done so than women ten or twenty years older.

In **income**, cities with higher proportions of never-married women tend to have higher female earnings as well. In addition, the financial returns to education vary from place to place for women.

The question that typically follows a presentation of American Human Development Index findings is "Why?" Why do these tremendous disparities exist? Why are women in Washington, DC, and San Francisco doing so much better on the whole than women in San Antonio and Riverside–San Bernardino? Answering these deceptively simple question is the holy grail of social science. It is impossible to make blanket statements, and only careful study of specific cases yields methodologically defensible explanations.

Nonetheless, it is possible to identify factors that research suggests may contribute to specific outcomes, as well as to identify factors that are associated with specific outcomes. **BOX 2** is an example of such an exploration, using the top and bottom metro areas for women. The set of indicators presented in the **DASHBOARD** includes those that research has consistently shown present significant threats to the expansion of people's abilities to seize opportunities and live healthy, fulfilled, and productive lives. Explorations like these are critical to understanding the factors that contribute to different outcomes as well as identifying possible levers for change.

Women are not a monolithic category.

BOX 2 What's Different About the Top and Bottom Metro Areas?

Across the board, women in the DC, San Francisco, and Boston metro areas tend to have fewer risk factors than those in the Houston, San Antonio, and Riverside–San Bernardino metro areas.

In **health**, San Francisco tops the charts in life span. Factors that may be contributing to this are relatively lower rates of risk factors, such as smoking and obesity, which contribute to premature death in America today. In addition, San Francisco has a very low proportion of babies born with low birth-weight. Low birth-weight is a very sensitive indicator of the quality of medical care for women as well as the nature of their daily lives, such as whether they have a nutritious diet, get adequate exercise, and experience social support. While Riverside–San Bernardino is at the other end of the human development spectrum, it shares longevity and many of its contributing factors with the other California cities in this study.

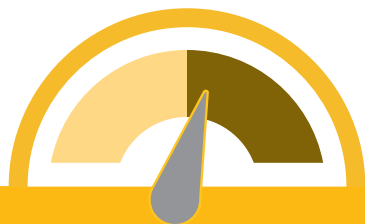
In **access to knowledge**, one highly undervalued ingredient is preschool. Research shows that a quality preschool for three- and four-year-old children pays huge dividends for children and society for many years, contributing to community gains such as lower dropout rates, fewer students requiring special education classes, higher rates of homeownership, lower incarceration rates, higher earnings, and more tax revenues for public investment.¹⁴ While over half of preschool-aged children are in a center-based program in DC, San Francisco, and Boston, a smaller proportion attend preschool in Houston, San Antonio, and Riverside–San Bernardino. A second very important factor in female life trajectories is the proportion of girls ages 16 to 19 who are neither in school nor working. In Houston, San Antonio, and Riverside–San Bernardino, about one in ten teenage girls are disconnected from school and work, a failure of society's systems to help them make the transition to adulthood and find meaningful options for reaching their potential and contributing to society.

In **standard of living**, education is perhaps the most critical factor driving earnings in today's knowledge-based society. In this area, Washington, DC, San Francisco, and Boston excel, and Houston, San Antonio, and Riverside–San Bernardino are far below the national average. The occupational makeup of these metro areas also matters for women's earnings. Two of the five Census Bureau occupational categories are particularly relevant for metro areas.¹⁵ As is clear in the **DASHBOARD**, far higher proportions of women in the top three areas are working in the management, business, science, and arts occupational category where women earn most (about \$43,000 annually); on the other hand, the service occupations, where typical earnings for women are below \$15,000 annually, have a higher proportion of women workers in the bottom three areas.¹⁶ Finally, in cities where single women make up a larger proportion of female residents, women tend to earn more, as is also the case for cities with a lower proportion of female-headed households with children.

DASHBOARD Well-Being Risk Factors, Top and Bottom Ranked Metro Areas

	ALL U.S. FEMALES	WASHINGTON, DC	SAN FRANCISCO	BOSTON	HOUSTON	SAN ANTONIO	RIVERSIDE- SAN BERNARDINO
HD INDEX RANK		1	2	3	23	24	25
HD INDEX [0 - 10]	5.00	6.80	6.72	6.36	4.88	4.82	4.54
LOW BIRTH-WEIGHT INFANTS (%) ¹⁷	8.2	8.4	6.8	7.6	8.8	9.4	6.8
SMOKING [% OF ADULTS] ¹⁸	15.0	13.0	9.5	14.4	16.2	17.0	14.0
OBESE [% OF ADULTS] ¹⁹	27.1	25.2	18.2	22.0	29.1	29.8	28.5
PRESCHOOL ENROLLMENT [% ALL AGES 3 AND 4]	47.6	55.2	58.5	60.1	43.2	46.9	39.6
DISCONNECTED YOUNG WOMEN (% AGES 16 TO 19 NOT IN SCHOOL OR WORK)	8.1	5.3	7.4	4.1	10.6	10.6	9.6
FEMALE-HEADED FAMILY HOUSEHOLD (%)	13.1	12.6	11.1	11.8	14.6	14.7	15.0
SINGLE WOMEN, NEVER MARRIED (%)	29.0	33.8	32.7	33.8	28.9	27.5	30.5
WOMEN IN MANAGEMENT, BUSINESS, SCIENCE, AND ARTS OCCUPATIONS (%)	39.4	52.0	46.7	48.7	39.3	38.2	32.6
WOMEN IN SERVICE OCCUPATIONS (%)	21.3	18.4	20.4	18.5	21.6	22.4	22.8
WOMEN IN SALES AND OFFICE OCCUPATIONS (%)	32.7	26.4	28.8	28.7	33.3	34.7	36.5

Sources: Low birth-weight infants and health risk factors: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics (2009) and Behavioral Risk Factor Surveillance System (2010). Education, demographic, and occupational indicators: U.S. Census Bureau, American Community Survey 2010. See Methodological Notes for full detail on sourcing and calculations.



What Is Human Development?

The above analysis is based on the human development approach to understanding well-being. Human development is about what ordinary people can do and be. It is formally defined as the process of enlarging people's freedoms and opportunities and improving their well-being. The human development approach emphasizes the everyday experiences of ordinary people. It encompasses numerous factors that shape people's opportunities and enable them to live lives of meaning, choice, and value, and explores how they are interconnected.

The human development concept is the brainchild of the late economist Mahbub ul Haq. In his work at the World Bank in the 1970s, and later as minister of finance in his own country of Pakistan, Dr. Haq argued that existing measures of human progress failed to account for the true purpose of development—to improve people's lives. In particular, he believed that the commonly used measure of Gross Domestic Product (GDP) alone was an inadequate measure of well-being.

Dr. Haq often cited the example of Vietnam and Pakistan; both had the same GDP per capita, around \$2,000 per year, but Vietnamese, on average, lived a full eight years longer than Pakistanis and were twice as likely to be able to read. In other words, money alone did not tell the whole story; the same income was buying two dramatically different levels of human well-being. Working with Harvard economist and Nobel laureate Amartya Sen and other gifted economists, in 1990 Dr. Haq published a Human Development Report under the aegis of the United Nations Development Programme.

This approach soon gained support as a useful tool for analyzing the well-being of large populations. In addition to the global Human Development Report that comes out annually, reports have been produced in more than 160 countries in the last fifteen years, with an impressive record of spurring public debate and political engagement. Today, the global report is a trusted reference worldwide, the Human Development Index is a global standard, and regional and national reports are well-known vehicles for change. The Index presents a snapshot of current conditions, stimulates competition to improve, influences resource allocation decisions, and provides a benchmark for tomorrow.

How Is Human Development Different?

Measure of America uses official government statistics to create something new in the United States: an American HD Index using an easy-to-understand composite of comparable, consistent indicators of education, income, and health. Three features make the American HD Index approach particularly useful for understanding and improving the human condition in the United States:

It combines the three most critical building blocks of a good life into one measure. Many organizations track statistics in specific areas, typically those in which they are actively engaged. Other initiatives present, all in one place, statistics from disparate sources and in formats that laypeople can understand.



Measure of America uses these valuable data sources to develop a composite index and interpret its results within a values-based analytical framework, the capabilities approach of Nobel laureate and Harvard professor Amartya Sen, that puts people's well-being at the center. The cross-sectoral American HD Index thus broadens the analysis of the interlocking factors that create opportunities in our society, fuel advantage and disadvantage, and determine life chances. For example, research overwhelmingly points to the dominant role of education in increasing life span. In fact, those who acquire education beyond high school have an average life expectancy seven years longer than those whose education stops with high school.²⁰

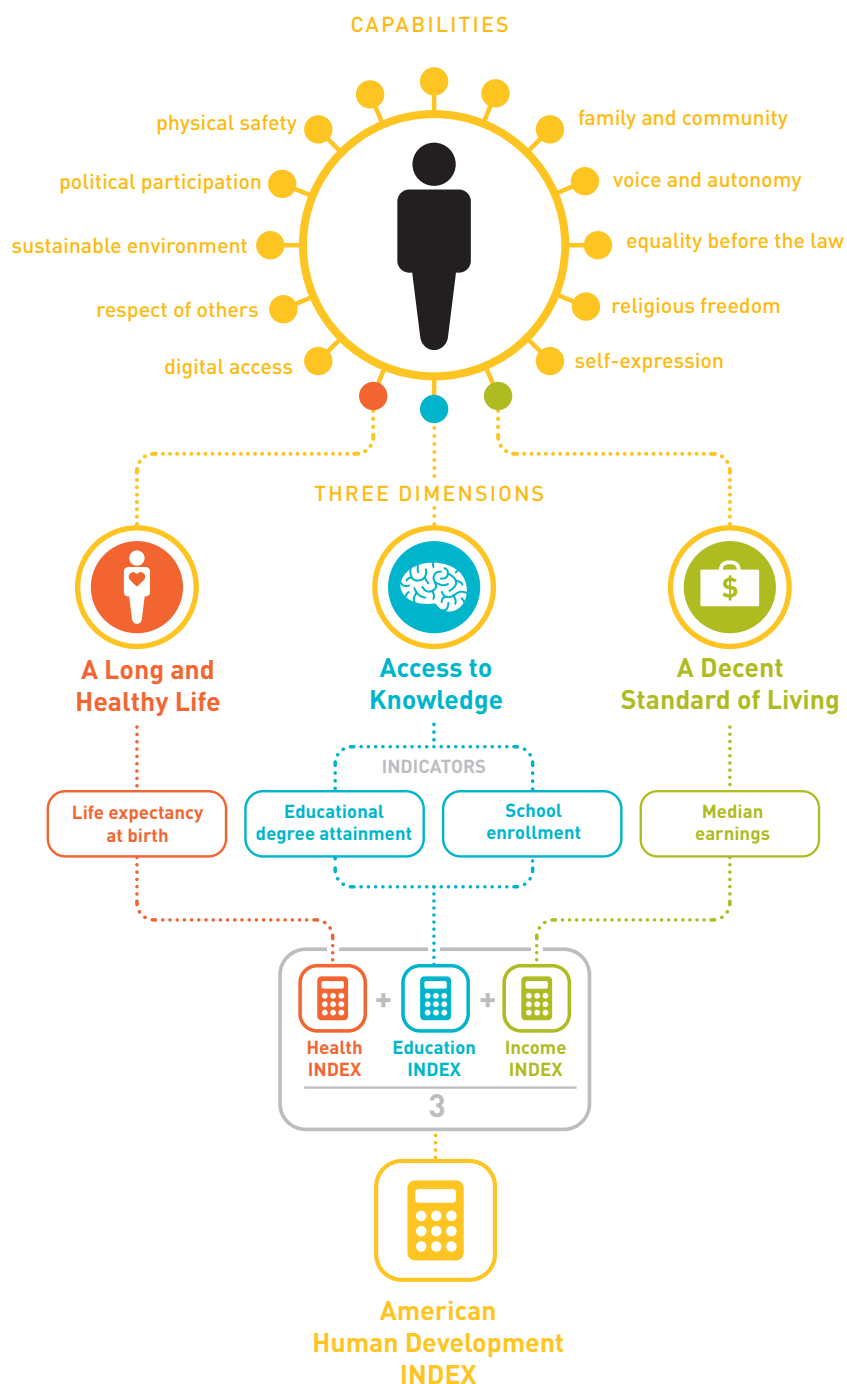
It focuses on outcomes. The Human Development Index focuses on the end result of efforts to bring about change. It is indeed important to collect many indicators in order to understand specific problems related to people's lives (e.g., the rate of asthma in a particular community) or to understand what is being done about it (e.g., total funding for a health clinic), but at the end of the day, it is critical to measure whether you have actually made a difference in contributing to the larger goal (i.e., longer, healthier lives). Increasingly, organizations are asking themselves, "Are we making a difference? Which areas of intervention or 'policy levers' will help move the dial on the issues we care about?" Measure of America helps them answer these fundamental questions. It also opens up a larger and arguably more critical question: Are we working with the right groups of people on the right problems—those that most severely constrain people's choices, freedoms, and opportunities?

It allows for apples-to-apples comparisons among different groups of Americans over time and across space. Because the American HD Index uses easily understood indicators that are collected regularly, available down to the county level, and comparable across geographic regions and over time, it allows for a shared frame of reference. This shared frame of reference enables us to assess well-being and permits apples-to-apples comparisons from place to place as well as from year to year.

The three components of the **Human Development Index** are valued by people the world over as building blocks of a good life, and good proxy indicators are available for each.

How Is Human Development Measured?

The human development concept is broad: it encompasses the economic, social, legal, psychological, cultural, environmental, and political processes that define the range of options available to us. By contrast, the Human Development Index measures just three fundamental human development dimensions: a long and healthy life, access to knowledge, and a decent standard of living. The three components of the Human Development Index—longevity, knowledge, and income—are valued by people the world over as building blocks of a good life, and good proxy indicators are available for each.



In the American Human Development Index, these components are weighted equally and are measured using the following data:

A Long and Healthy Life

is measured using life expectancy at birth, calculated by Measure of America for *The Measure of America 2013* (forthcoming). Life expectancy is calculated using mortality counts from the Centers for Disease Control and Prevention, National Center for Health Statistics "Mortality—All County Micro-Data File (2009)." Population data are intercensal estimates of the July 1, 2009, resident population by age group from the Census Bureau's Population Estimates Program.

Access to Knowledge

is measured using two indicators: school enrollment for the population ages 3 to 24 and educational degree attainment for the adult population age 25 and older. The data come from the American Community Survey of the U.S. Census Bureau, 2010 one-year estimates.

A Decent Standard of Living

is measured using median annual personal earnings, also from the American Community Survey of the U.S. Census Bureau, 2010 one-year estimates. These earnings figures are presented in inflation-adjusted 2010 dollars.

These three sets of indicators are then combined into a single number that falls on a scale from 0 to 10, with 10 being the highest. (For a more detailed explanation of the Index, see the Methodological Notes.)

Appendix: Metro Areas Used in This Report

Metro areas used in this report are formally known as Metropolitan Statistical Areas (MSAs), geographic areas defined by the White House Office of Management and Budget and used by the U.S. Census Bureau and other government entities. MSAs constitute counties grouped around an urban center and include outlying counties from which a substantial percentage of the population commutes to the urban center. MSA names used in this report have been shortened from their official versions for simplicity. The following table shows the official name of each MSA featured in this report and the shortened name used in the text.²¹

METRO AREA	METRO STATISTICAL AREA—FULL NAME	POPULATION (2010 CENSUS)
Atlanta	Atlanta-Sandy Springs-Marietta, GA	5,268,860
Baltimore	Baltimore-Towson, MD	2,710,489
Boston	Boston-Cambridge-Quincy, MA-NH	4,552,402
Chicago	Chicago-Joliet-Naperville, IL-IN-WI	9,461,105
Dallas-Ft. Worth	Dallas-Fort Worth-Arlington, TX	6,371,773
Denver	Denver-Aurora-Broomfield, CO	2,543,482
Detroit	Detroit-Warren-Livonia, MI	4,296,250
Houston	Houston-Sugar Land-Baytown, TX	5,946,800
Los Angeles	Los Angeles-Long Beach-Santa Ana, CA	12,828,837
Miami	Miami-Fort Lauderdale-Pompano Beach, FL	5,564,635
Minneapolis-St. Paul	Minneapolis-St. Paul-Bloomington, MN-WI	3,279,833
New York	New York-Northern New Jersey-Long Island, NY-NJ-PA	18,897,109
Philadelphia	Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	5,965,343
Phoenix	Phoenix-Mesa-Glendale, AZ	4,192,887
Pittsburgh	Pittsburgh, PA	2,356,285
Portland	Portland-Vancouver-Hillsboro, OR-WA	2,226,009
Riverside-San Bernardino	Riverside-San Bernardino-Ontario, CA	4,224,851
Sacramento	Sacramento-Arden-Arcade-Roseville, CA	2,149,127
St. Louis	St. Louis, MO-IL	2,812,896
San Antonio	San Antonio-New Braunfels, TX	2,142,508
San Diego	San Diego-Carlsbad-San Marcos, CA	3,095,313
San Francisco	San Francisco-Oakland-Fremont, CA	4,335,391
Seattle	Seattle-Tacoma-Bellevue, WA	3,439,809
Tampa-St. Petersburg	Tampa-St. Petersburg-Clearwater, FL	2,783,243
Washington, DC	Washington-Arlington-Alexandria, DC-VA-MD-WV	5,582,170

For **Methodological Notes**, please visit:
www.measureofamerica.org/womens_wellbeing

Notes

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11. Ibid.
12. U.S. Census Bureau. (2007). Economic Census 2007, Table 5, "Summary Statistics for Women-Owned Firms in the 50 Most Populous Metropolitan Statistical Areas."
13. Measure of America. (2012). "What Happened to the Earnings during the Recession?" <http://www.measureofamerica.org/what-happened-to-earnings-during-the-recession>.
14. Judy A. Temple and Arthur J. Reynolds. (2007). "Benefits and Costs of Investments in Preschool Education: Evidence from the Child-Parent Centers and Related Programs." *Economics of Education Review* 26, no. 1: 126–44.
15. Two major occupational categories—"Natural resources, construction, and maintenance occupations," and "Production, transportation, and material moving occupations"—each make up less than 4 percent of female workers, except in Riverside–San Bernardino, where "Production, transportation, and material moving occupations" make up 6.7 percent of the female workforce.
16. U.S. Census Bureau, American Community Survey 2010, Table S2401.
17. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Division of Vital Statistics. Natality public-use data for 2007–09 on CDC WONDER Online Database. <http://wonder.cdc.gov/natality-current.html>. Data are for 2009. Due to CDC confidentiality restrictions, the estimate for Washington, DC, includes data for the District of Columbia; Charles, Frederick, Montgomery, and Prince George's counties in Maryland; and Arlington, Fairfax, Loudon, Prince William, and Alexandria City in Virginia. Houston estimate includes data for Brazoria, Fort Bend, Galveston, Harris, and Montgomery counties in Texas. The San Antonio estimate includes data for Bexar County, Texas.
18. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System Survey Data. Data are for 2010. Boston metro area data include only Norfolk, Plymouth, and Suffolk counties. <http://www.cdc.gov/brfss/index.htm>.
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Measure of America's mission is to provide easy-to-use yet methodologically sound tools for understanding well-being and opportunity in America, and to stimulate fact-based dialogue about issues we all care about: **health, **education**, and **living standards**.**

Through innovative reports and interactive online tools, Measure of America (MOA) promotes public debate among a wide range of audiences: advocates, educators, philanthropists, and policymakers. *The Measure of America 2008-2009* marks the first human development report ever written for an affluent nation, and features MOA's signature life expectancy calculations for differing racial/ethnic groups, genders, and geographies.

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- restructure the \$1.4 billion San Diego Department of Health and Human Services along the comprehensive human development approach
- banks in Marin County, California to better target lending in low-income communities, and more.

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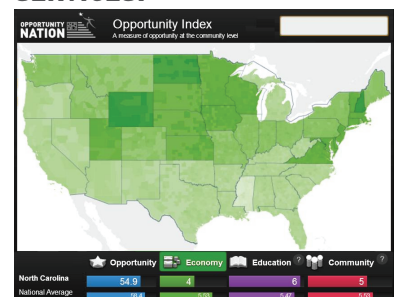
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