With the recent passage of Medicaid expansion, Virginia is making strides in improving access to health care for working families in the state. However, in order to advance economic security for women and families in Virginia, policymakers should prioritize policies that ensure economic equality and reproductive health care access for all women.

Women and families need policies that reflect their roles as providers and caregivers; in Virginia, mothers are the sole, primary, or co-breadwinners in 66.9 percent of families.¹ These numbers are higher for some women of color. The following policy recommendations can help support the economic security of women and families in Virginia.

**Promote equal pay for equal work**

Although federal law prohibits unequal pay for equal work, there is more that can be done to ensure that both women and men across Virginia enjoy the fullest protections against discrimination.

- Virginia women who are full-time, year-round workers earn about 80 cents for every dollar that Virginia men earn;² if the wage gap continues to close at its current rate, women will not reach parity in the state until 2073.³ The wage gap is even larger for black women and Latinas in Virginia, who earn 59.5 cents and 52.4 cents, respectively, for every dollar that white men earn.⁴

- Because of the gender wage gap, over the course of her lifetime, each woman in Virginia will lose $440,760.⁵

**Increase the minimum wage**

Women constitute a disproportionate share of low-wage workers; raising the minimum wage would help hardworking women across Virginia better support their families.
• Women make up nearly two-thirds of all minimum wage workers in the United States.⁶ More than half of the minimum wage workers in Virginia are women.⁷

• Increasing the minimum wage to $15 per hour by 2024 would boost wages for 737,000 women in Virginia and more than 23 million women nationally. Fifty-six percent of the workers who would be affected by raising the minimum wage to $15 are women.⁸

• In Virginia, the current minimum wage is $7.25. The minimum wage for workers who receive tips is $2.13. More than three-quarters of these workers are women.⁹

Guarantee access to quality health care

Women need comprehensive reproductive health services—including access to abortion and maternity care—in order to thrive as breadwinners, caregivers, and employees. At a minimum, to ensure women are able to access high-quality care, the state should invest in state-based family-planning programs; end onerous restrictions on abortion care; ensure access to unbiased and comprehensive sexuality education; and protect Medicaid.

• In 2018, Virginia signed into law a Medicaid expansion bill that will allow 400,000 low-income Virginians access to government health insurance.¹⁰ Unfortunately, the law includes harmful work requirements that would have an effect on low-income women’s ability to access the health coverage they need to maintain healthy lives.¹¹

• In 2014, 447,970 Virginia women were in need of publicly funded family planning services and supplies.¹²

• There are significant state restrictions on abortion in Virginia: The state requires biased counseling that discourages a woman from having an abortion; a 24-hour waiting period before she can get the procedure; an ultrasound at least 24-hours before she can undergo the procedure; and parental consent for minors.¹³

• Virginia has the thirteenth highest infant mortality rate in the United States, at 5.8 deaths per 1,000 live births. The national rate is 5.9 deaths per 1,000 live births.¹⁴

• Virginia has a maternal mortality rate slightly lower than the national average. The United States’ maternal mortality rate is higher than any other country in the developed world.¹⁵

• Federal Title X funding—which covers contraception, pregnancy testing, and cancer screenings—has not kept up with inflation and often faces the threat of funding cuts and policy changes at the federal level.¹⁶ Virginia should ensure on a state level that women have access to the full spectrum of quality, affordable, and women-centered family planning services.
Ensure workers have access to paid sick days

Everyone gets sick, but not everyone is afforded the time to get better. Many women go to work sick because they fear that they will be fired for missing work. Allowing employees to earn paid sick days helps keep families, communities, and the economy healthy.

- About 37 million U.S. employees, or nearly one-third of the nation’s private sector workforce, do not have access to paid sick days.¹⁷

- In Virginia, the rate is even higher: 41 percent of private sector workers, or 1.2 million people, do not have paid sick days.¹⁸

Ensure fair scheduling practices

Many low-wage and part-time workers—approximately 60 percent of whom are women¹⁹—face erratic work schedules and have little control over when they work and for how long.

- More than 1 in 4 low-wage workers have schedules that are nonstandard—that is, outside of the traditional 9-to-5 workweek.²⁰ This can be especially difficult for parents who need to plan for child care.

- In addition to threatening the economic security of these workers and their families, unfair scheduling practices are often accompanied by reduced access to health benefits and increased potential of sexual harassment.²¹

Provide access to paid family and medical leave

Access to paid family and medical leave would allow workers to be with their newborn children during the crucial first stages of the child’s life; to care for an aging parent or spouse; to recover from their own illness; or to assist a loved one’s recovery.

- Only 15 percent of civilian workers in the United States have access to paid family leave through their employers.²²

- Unpaid leave under Family and Medical Leave Act (FMLA) is inaccessible for 55 percent of working people in Virginia. Workers and families in Virginia need paid family and medical leave for reasons other than childbirth: more than one in five workers is aged 55 and older, and in less than 15 years, the state’s population that is 65 and older will grow by nearly 30 percent.²³
• While paid leave is crucial for new parents, workers need paid leave for a number of other reasons. National data show that 55 percent of employees who take unpaid leave through FMLA use it for their own medical reasons. Another 21 percent use it for the birth or adoption of a child, while 18 percent use it to care for a family member.24

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**Expand quality, affordable child care**

Families need child care to ensure they are able to work, but many families lack access to high-quality child care options that support young children’s development and adequately prepare them for school.

• Sixty-seven percent of Virginia children younger than age 6 have all available parents in the workforce, which makes access to affordable, high-quality child care a necessity.25

• For a Virginia family with one infant and one 4-year-old, the annual price of a child care center averages $22,360 per year, or more than one-fifth of the median income for a Virginia family with children.26

• Virginia severely lags in children enrolled in public preschool, with only 18 percent of four year olds enrolled.27

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**Protect workers against all forms of gender-based violence**

Women cannot fully participate in the economy if they face the threat of violence and harassment. There are a number of steps lawmakers can take to prevent violence against women and to support survivors, including creating greater workplace accountability; strengthening enforcement; increasing funding for survivor support services; and educating the public on sexual harassment in the workplace.28

• In Virginia, 34.8 percent of women have experienced contact sexual violence in their lifetime,29 and 27.9 percent of women have experienced noncontact sexual harassment.30 Given research at the national level suggesting under-reporting of sexual harassment charges as high as 70 percent, these state numbers may only scratch the surface.31

• Thirty-four percent of Virginia women have experienced intimate partner violence, which includes physical violence, sexual violence, or stalking by an intimate partner. Experiencing intimate partner violence has been shown to hinder women’s economic potential in many ways, including loss of pay from missed days of work and housing instability.32
Protecting the rights of incarcerated women

The growing problem of mass incarceration in the United States hinders the economic potential of those affected, which are primarily communities of color. Incarceration can have a particularly destabilizing effect on families with an incarcerated mother, especially if that woman is a breadwinner. The experience of incarceration is also uniquely traumatic for women in ways that can deter long-term economic security, even after release.

• Nationally, women are the fastest-growing segment of the U.S. prison population, but there are fewer federal prisons for women than there are for men, which contributes to overcrowding and hostile conditions for incarcerated women.33

• Incarcerated women suffer from a wide range of abuses at the hands of the prison system, including lack of access to menstrual hygiene products; lack of adequate nutrition and prenatal care; shackling during pregnancy and childbirth; and separation and further disruption from children for whom they are primary caregivers.34

Promote women’s political leadership

Across the United States, women are dramatically underrepresented in political office; they constitute 51 percent of the population but only 29 percent of elected officials.35

• Women make up 51 percent of Virginia’s population but only 30 percent of its elected officials.36

• Women of color constitute 19 percent of the state’s population but only 7 percent of its officeholders.37

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Endnotes


7. Ibid.


30 Noncontact unwanted sexual experiences include harassment, unwanted exposure to sexual body parts or making a victim show their body parts, and/or making a victim look at or participate in sexual photos or movies. See Centers for Disease Control and Prevention, "Sexual Violence: Definitions," available at https://www.cdc.gov/violenceprevention/sexualviolence/definitions.html (last accessed May 2018).


37 Ibid.