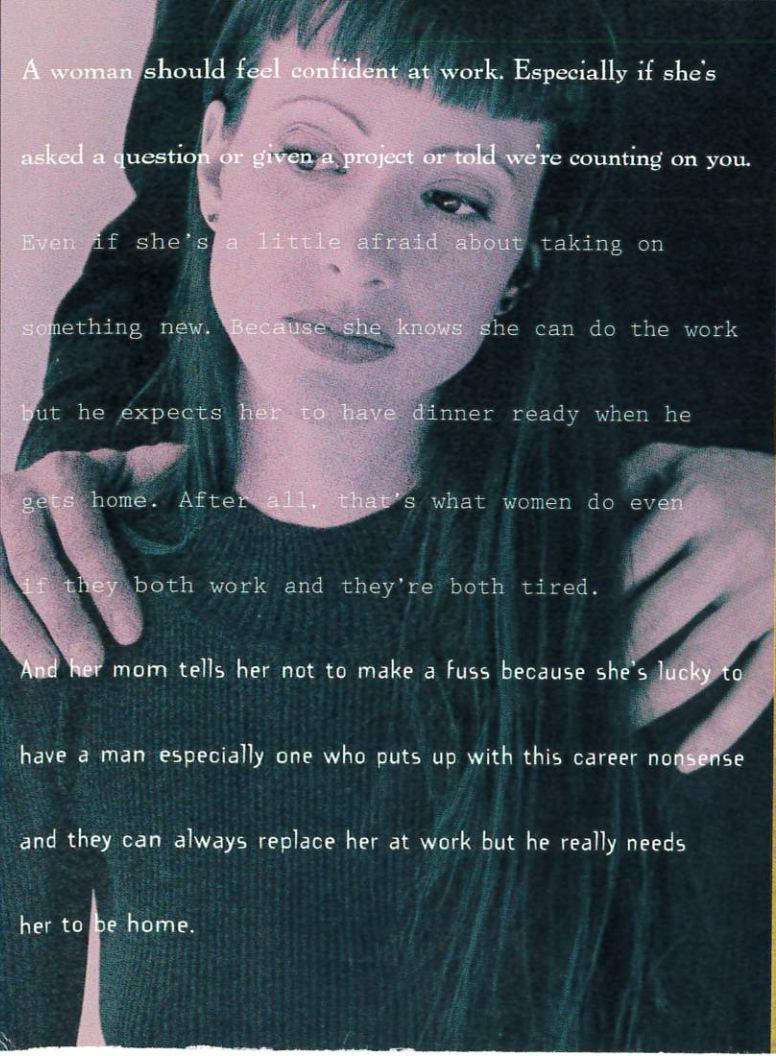



A woman should get more than a degree out of college. She should try out for plays. Write for the paper. Run for student government. Keep up her grades. And not ask for help. And eat right even though that's hard in college so of course she orders pizza and sometimes she eats the whole thing but the laxatives take care of that. Along with the ice cream. And the chips. So when she's home for the holidays everyone says you look so good and you're so involved and we're so proud and how on earth do you do it all?



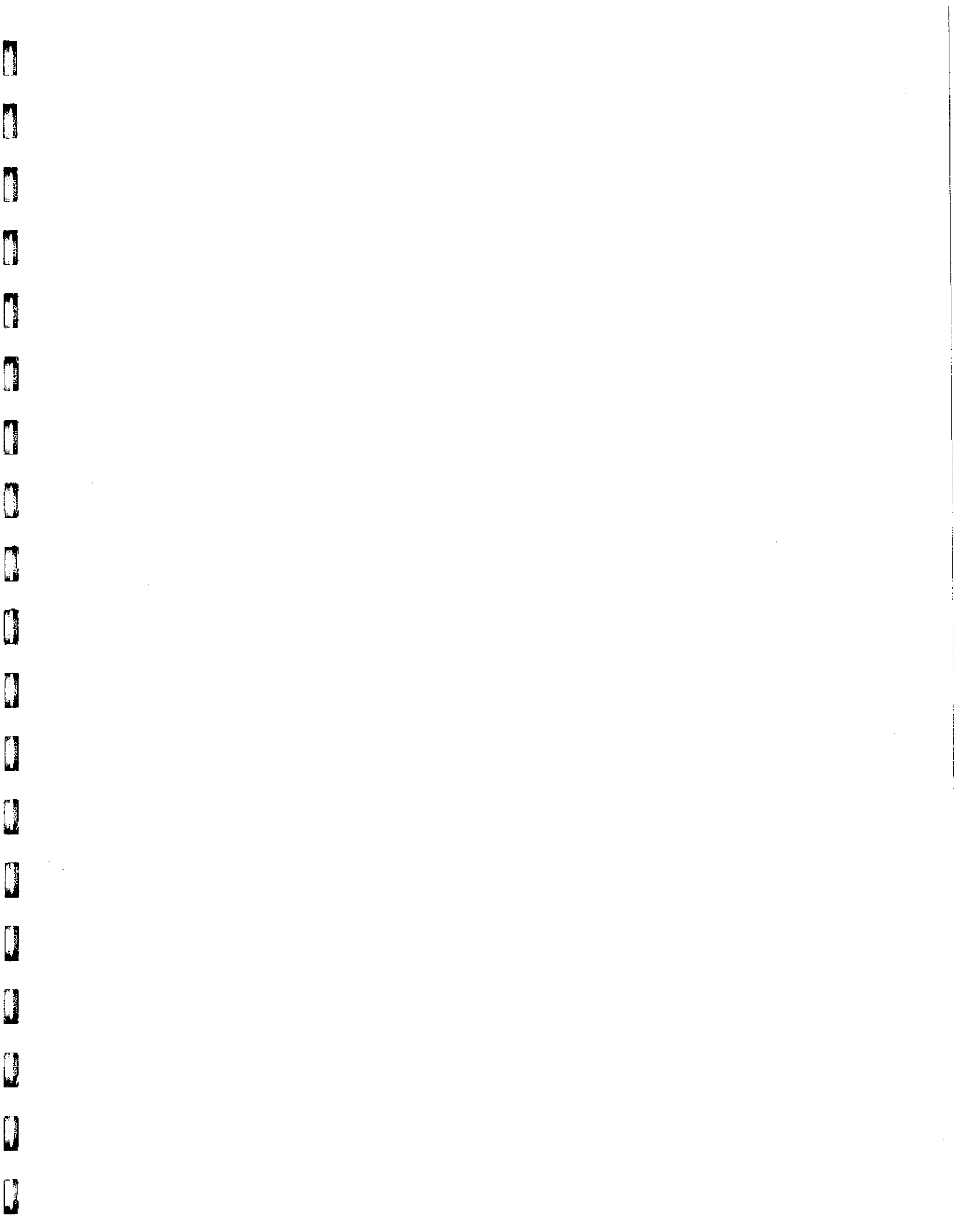
A woman should feel confident at work. Especially if she's asked a question or given a project or told we're counting on you. Even if she's a little afraid about taking on something new. Because she knows she can do the work but he expects her to have dinner ready when he gets home. After all, that's what women do even if they both work and they're both tired. And her mom tells her not to make a fuss because she's lucky to have a man especially one who puts up with this career nonsense and they can always replace her at work but he really needs her to be home.

Koegel

Women love to dance. To join the happy group at weddings or class reunions and show off a little. Even though it's hard to dance with someone other than her husband. But she can be strong like she was at the funeral and tell her friends she's hanging in there, thanks for asking. And get a job that pays by the hour but not nearly enough. But at least his insurance was decent and the checkbook is balanced but there's the kids' college to think about and the mortgage. And he was the one that was always so good with numbers.



Women's Fund
of Central Indiana
1999 Study Group
Findings



1999 STUDY GROUP FINDINGS

OF THE

THE WOMEN'S FUND OF CENTRAL INDIANA

A FUND OF THE CENTRAL INDIANA COMMUNITY FOUNDATION

The Women's Fund of Central Indiana is dedicated to the support of programs created to give opportunities, encouragement, knowledge and hope to women and girls in central Indiana.

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Women's Fund of Central Indiana 1999 Study Group Findings

The Central Indiana Community Foundation

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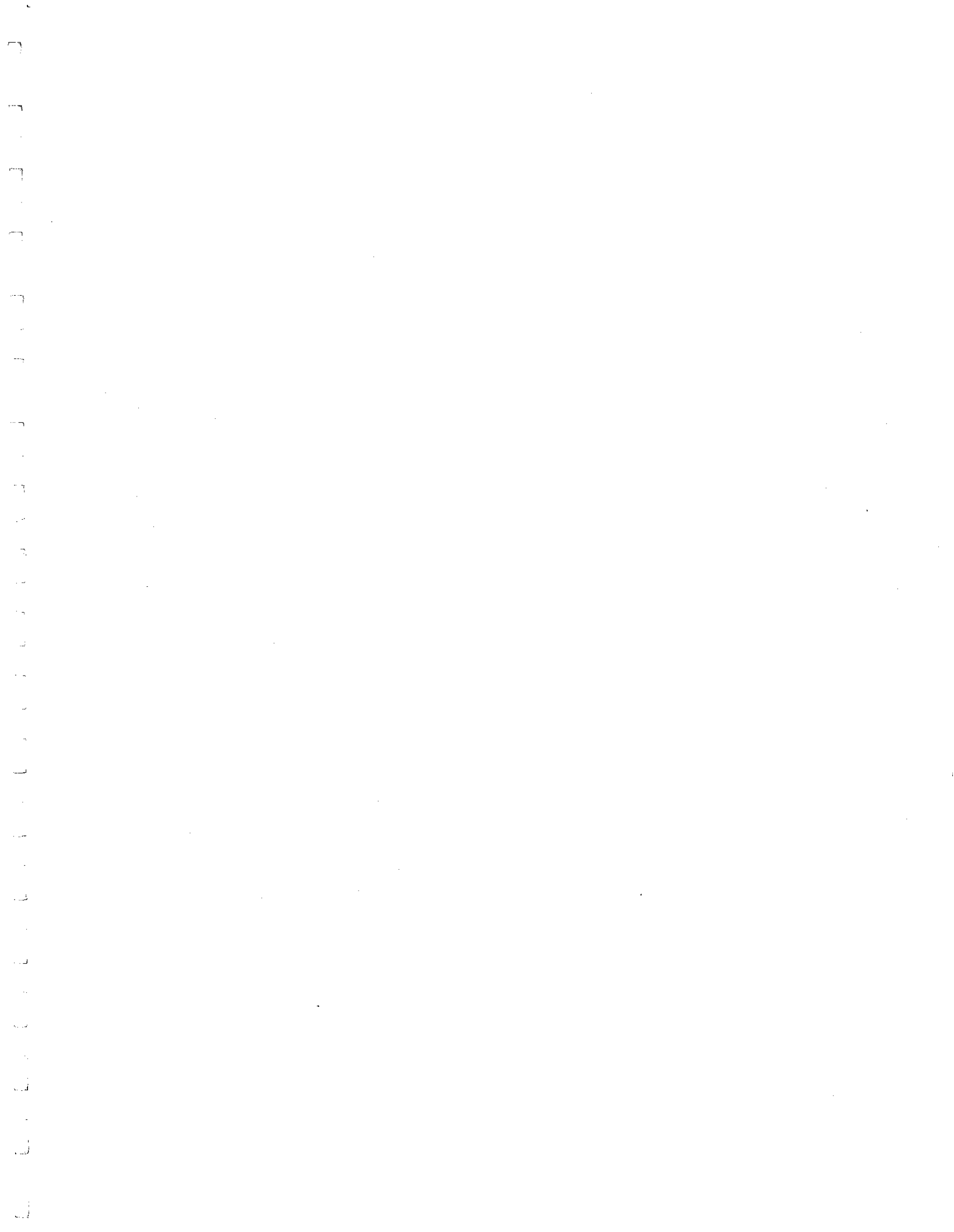
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THE WOMEN'S FUND OF CENTRAL INDIANA: OUR HISTORY AND STATUS

Our History

In 1993, a coalition of women from various initiatives in central Indiana began to discuss a disturbing trend in our community: many of our most critical problems fall hardest on women. These problems include:

- 40% of all female-headed households in Indianapolis are living at or below the poverty level with nearly two-thirds of all poor families supported by women, alone;
- In 1997, 130 of 132 homeless families surveyed were families of women alone with their children;
- A 15% increase in teenage pregnancy rate over a three year period; and
- Nearly 21,000 women are physically abused in domestic relationships each year in Marion County.

In addition to these compelling social indicators, these women also considered the lack of specific funding available to women and girl serving agencies and organizations, as well as the unique funding challenges they face. Challenges such as:

- Less access to influential persons to serve on boards of directors, often critical to attracting major gifts;
- Female causes taking lower priority relative to others. In other words, when society fails boys, the results are often more threatening (gangs, drugs, crime) than when society fails girls (pregnancy, welfare); and
- Appearing too strident, making them less attractive to funders.

Before long, the solution became apparent – *the creation of a women's endowment in central Indiana.*

In June of 1994, the coalition of women decided to create the Women's Fund as a field of interest fund within The Indianapolis Foundation (now the Central Indiana Community Foundation). With support of Indianapolis Foundation staff and resources, the Women's Fund began planning and organizing. It engaged in a year long needs assessment process, which resulted in *On Shaky Ground: Where Women and Girls Stand in Central Indiana*, which was completed in 1995. The Women's Fund also formally articulated its mission and principles, created a structure for governance and committee activity, and established an initial endowment target of \$4 million.

On February 26, 1996 the Women's Fund of Central Indiana – a permanent endowment whose income “will support programs that work to improve the conditions and opportunities for women and girls in central Indiana” – was established.

Early in the formation of the Women's Fund, its organizers consciously decided to organize the Fund to reflect the ways that women work. These efforts, “*The Six C's of Women's Giving*,” are highlighted in Shaw and Taylor's book *Reinventing Fundraising*. We feel these are evidenced by every step the Women's Fund has taken.

- **Change** – women use their financial power to effect change, to disrupt the status quo;
- **Creativity** – women want to create new solutions to old problems;
- **Connection** – women connect with a cause and an organization, and having this connection, then commit financially to it;
- **Commitment** – women demonstrate their willingness and capacity for commitment not only through voluntary service, but also through their giving;
- **Collaboration** – women, through their giving, become collaborators with providers and recipients; and,
- **Celebration** – women bring a sense of joy to the often intimidating process of fund raising.

Our Status

Response to the Women's Fund of Central Indiana has been tremendous. With the announcement in May 1996 of two very generous grants – an open-ended \$1 million matching grant (3:1) from The Indianapolis Foundation and a \$2 million commitment from Lilly Endowment (\$1 million direct grant and a one-year, \$1 million challenge grant), the Fund was off to an auspicious start. In just three short years, the Women's Fund of Central Indiana raised over \$4.1 million in endowed funds to provide for the needs of women and girls in our community. The gifts to the Fund have come from a variety of individuals, representing contributions of \$5 to \$350,000 and the methods of giving include cash, pledges, stocks and future planned gifts of trusts, wills and bequests.

Now that the Women's Fund has reached its first financial goal of \$4 million, we endeavor to increase this amount substantially throughout the coming years. The Advisory Board has developed a strategy to engage women and girls (and the men who love them) in learning more about philanthropy and how they can make gifts that are mutually beneficial to the organization and the individual. As we continue to add to the endowment each year, we will be able to provide a larger number and amount of grants to women and girl serving agencies and programs.

The Women's Fund is grateful to each person in our community who has worked to bring us closer to our ultimate goal, which is to have a community where all women and girls can access opportunities and options without barriers or interference due to their gender.

Now There Is A Fund That Addresses The Needs Of Women And Girls In Central Indiana
WOMEN'S FUND OF CENTRAL INDIANA

PREFACE

In anticipation of our first funding cycle, the Women's Fund determined in mid-1998 to assess the needs and issues facing central Indiana women and girls. We asked many women from our community to join us in investigating three areas that are important to women and girls: economic empowerment, health and self-development. These areas are purposefully broad; the Women's Fund Advisory Board felt they each encompassed several issues which are critical to the development and well being of women and girls. The work of the study groups, which is reflected in this report, provides the Women's Fund with a basis for its initial funding guidelines and priorities.

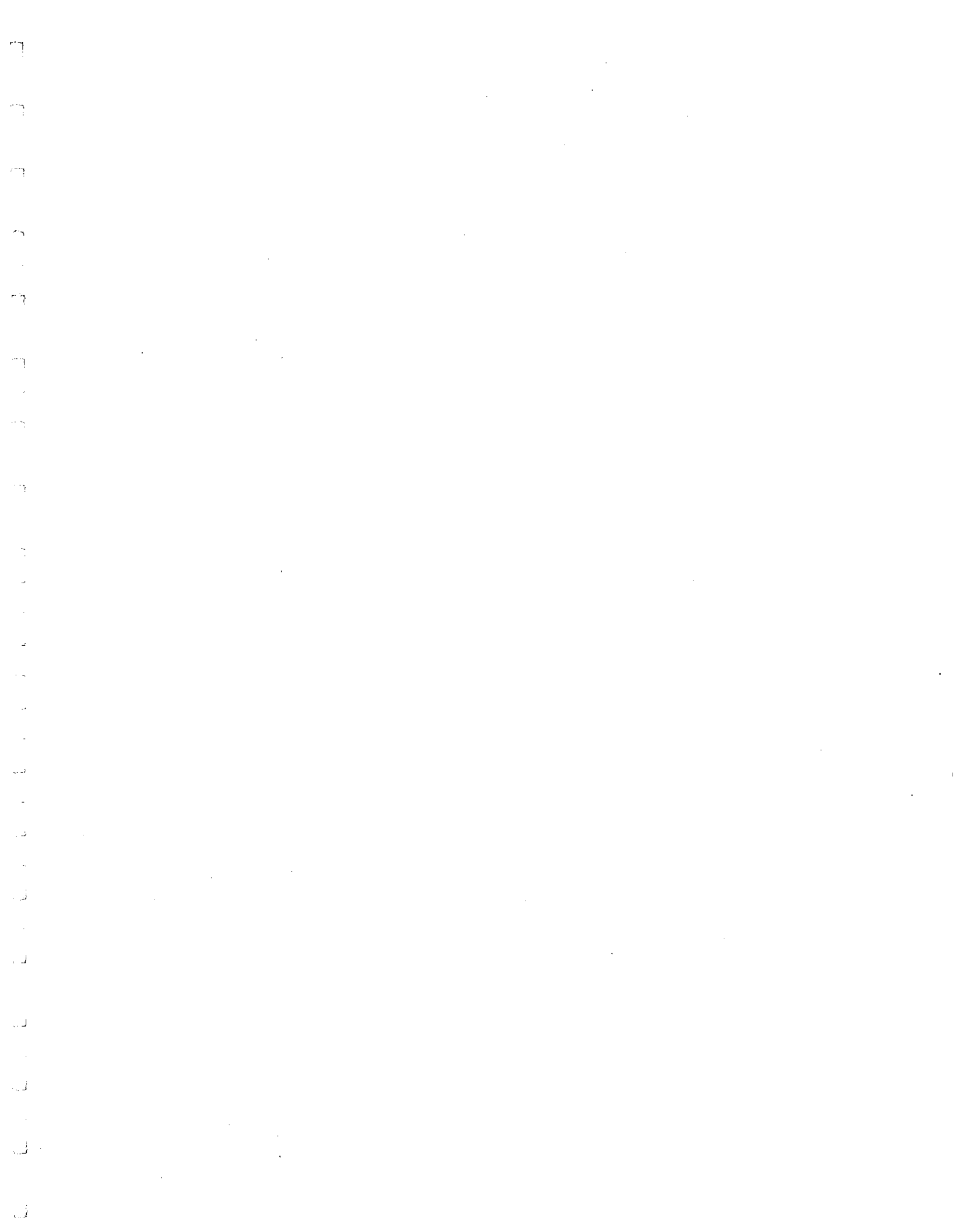
The purpose of the study groups was to review existing literature, interview key informants, determine the need for services, and develop funding priorities for the Women's Fund grant making process. The groups were not charged with doing original academic research, or with documenting all needs or facts. Their research represents a thoughtful analysis of collected information. Some of the information sources are not fully cited because guest speakers often did not provide full citations.

The Women's Fund Advisory Board determined the composition of the study groups. Study group members were chosen for their expertise and/or interest in a particular field. Members were asked to do research and report on assigned topics. This report is a compilation of the information reviewed and the discussions held within each study group.

The Women's Fund will use this report, and, if necessary, other information, to award grants to programs and agencies that serve women and girls. Funding priorities are reflected in the sections of this report titled "**Areas For Consideration and Exploration.**"

All potential grantees **must** base their requests to the Women's Fund on these Areas of Consideration and Exploration. *Further details on the application process are provided in the Funding Guidelines document available from the Women's Fund by calling 317-634-7497, ext. 131.*

The Advisory Board would like to thank study group members for their commitment to the Women's Fund. As the Fund helps women and girls realize their full potential, the study group members can know that their efforts are having a positive impact on the well being of the women and girls in our community.



I. ECONOMIC EMPOWERMENT

In 1996, 71% of the nation's 4 million elderly poor were women. Of this group, 48% were widowed. The median income for women 65 and older was \$8,189. In 1995, Social Security was the sole source of income for 18% of unmarried women 65 and older. Women are less likely than men to receive a pension; those who do get half as much as men. According to the National Council on Women's Rights, for every year a woman stays home caring for a child, she must work five extra years to recover lost income and pension coverage. During the last decade, mid-life divorce has tripled in the U.S. The average divorced woman remains single with an average income of \$11,300.

AREAS OF EMPHASIS

EDUCATION

▪ *Continuing Education*

According to the Institute for Women's Policy Research in Washington, D.C., only 13% of Indiana women had completed four or more years of college in 1996. Nationally, Indiana ranks 46th in the percentage of college educated women. Women earned 61% of men's earnings, ranking Indiana 47th. Over 11% of Indiana women were in poverty, ranking Indiana 16th.

▪ *Career Path*

Women often face a glass ceiling when attempting to advance their careers. In 1990, Mary Ann Von Glinow found that at the top Fortune 500 companies, women comprised only 2.6% of corporate officers. She also found that women comprised only 4.3% of corporate officers of the Fortune Service 500, even though 61% of all service workers were women. These numbers have improved little in the 25 years that the University of Michigan has been tracking these statistics. At this rate, it will take 475 years, or until the year 2466, *before women reach equity with men at the executive level.*

Forty-five percent of employed women are employed in low-paying, undervalued jobs such as sales clerks, cashiers, home health aides, child care workers and office cleaners. These jobs do not traditionally pay high wages or provide benefits and are often part-time or second and third shift.

▪ *Welfare To Work*

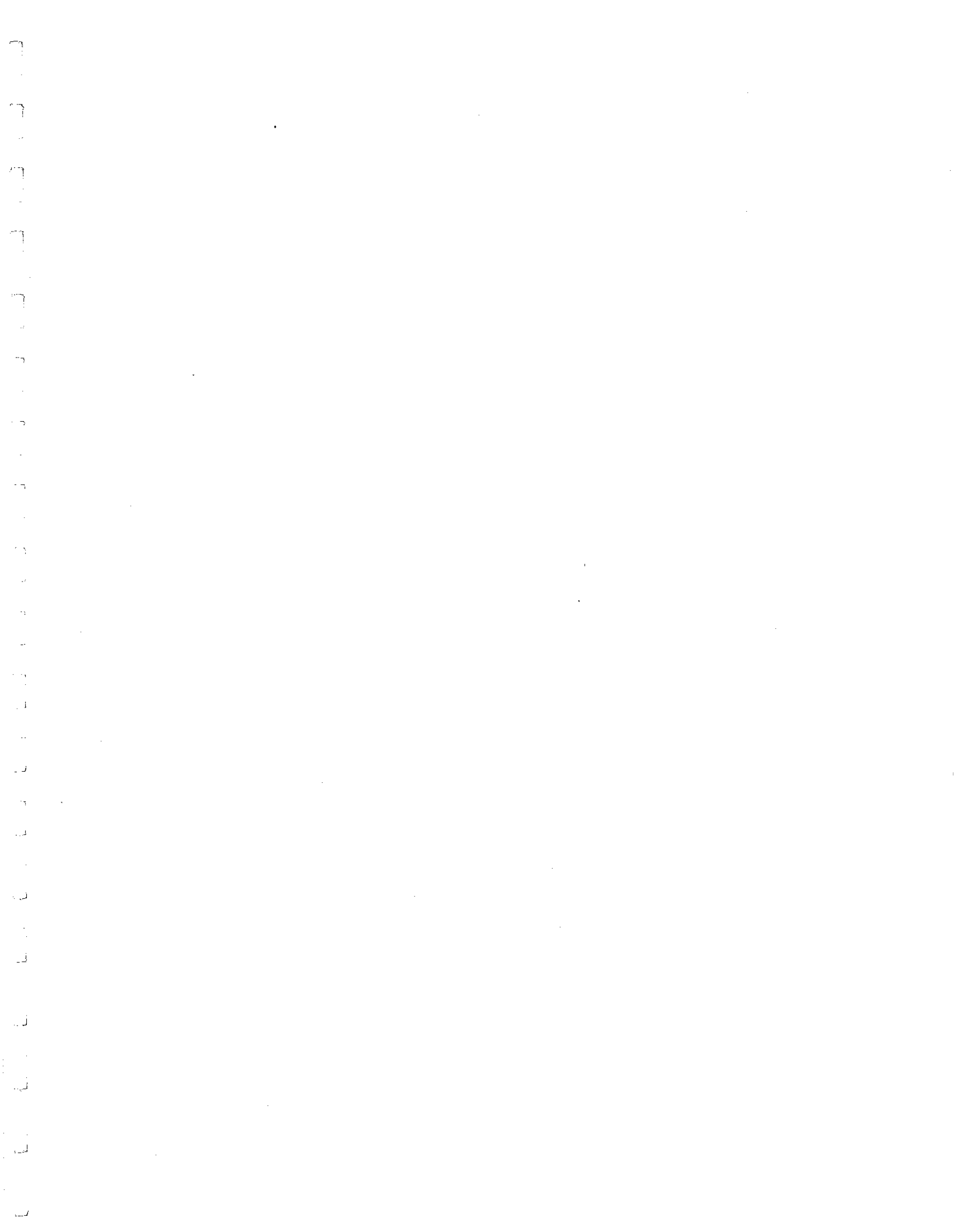
Moving people from welfare to work is one of the chief goals of the Personal Responsibility and Work Opportunity Act. The U.S. Department of Labor provides Welfare-To-Work grants to states and local communities. The purpose of Welfare-to-Work programs is to prepare welfare recipients for, and place them in, lasting unsubsidized employment that leads to self-sufficiency.

LIFE SKILLS

Many women, including some who earn a high income, do not have good budgeting or financial planning skills. The central Indiana community does not provide enough programming to help women educate themselves about financial planning and investing. This is particularly true for middle- and low-income women. Divorce and loss of a spouse create additional stress for women, necessitating new skills and resources.

ISSUES FACING AGING WOMEN

As the population ages, those individuals 65 and over will be a major force in determining America's policies and programs. Since women live longer than men, they are the primary stakeholders in policies regarding the aging population.



EDUCATION: Continuing Education

"The key to upward mobility for women is education."

Barbara Jackson, IUPUI

OVERVIEW OF PROBLEM

Women, particularly single mothers and those who are re-entering the workforce after being home with their children, should have the opportunity to continue their education. Programs should provide educational and career counseling to women, and should heighten the awareness of educators about the issues of women continuing in education and enhancing their careers. These programs need to help women realize their potential to enhance their lives along with their education.

IDENTIFIED AREAS OF NEED

Accessible Resources

Counselors should be knowledgeable about available support services and assist women in obtaining needed community resources (i.e., child-care, transportation, tutoring).

Self-Confidence

- Many women re-entering education have difficulty understanding available options because of a limited self-concept and limited aspirations and opportunities. According to Leibowitz and Lea's study, *Adult Career Development*, women need a variety of skills to cope with the transition, including: planning and implementing change; developing and using internal and external support systems; and working to reduce emotional and psychological distress. A positive approach to transition management would include psychological, marital and family counseling, and support groups and internet chat rooms for those who are not comfortable with traditional counseling.
- Young girls need programs that instill self-confidence and help them understand their choices and the long-term impact of their choices and decisions.

Specialized Academic Advisement

- Adult career counselors should be prepared to deal with a very heterogeneous population. Adults re-entering the educational system are at varying stages of their lives.
- Adult students should be encouraged to broaden their career choices by identifying their special knowledge and skills in various areas. Career counseling for adults should include services that help them make optimal occupational, family and social decisions.

Informed Faculty

Professors should be aware of the differences between traditional and non-traditional students, and should understand and apply adult development and learning theories. Hughes and Graham explain in their article, *Adult Life Roles*, that there are six life roles (relationship with self, work, friends, community, partner, and family). An individual may be at a different stage in each role simultaneously. This potential conflict affects the way in which adults process change.

AREAS FOR CONSIDERATION AND EXPLORATION

- ***A Support Services Voucher System***
Scholarships/tuition are often not the problem. An inability to meet other needs, such as child care, health care and transportation, can prevent women from continuing their education.
- ***Mentoring***
Mentoring of female adult students who are re-entering education is important. This mentoring could come from adults who have also re-entered education or by individuals in their chosen field.
- ***Early Intervention***
Adults re-entering education often have difficulties at the beginning of their transition back into education. Regular monitoring of these students during their first year could identify opportunities for intervention and assistance.

EDUCATION: Career Path

"The Department of Labor Women's Bureau is the only federal agency with a mandate to represent the needs of wage-earning women in the public policy process. When it was created by Congress in 1920, there were only 8.25 million working women...- less than 20% of our nation's workforce. Today, nearly 60 million women work for pay - almost 50% of the nation's workforce."

"What Works! The Working Women Count Honor Roll Report"
U.S. Department of Labor

OVERVIEW OF PROBLEM

The twentieth century has seen an explosion in the number of working women. Women have made significant gains in the past ten years. The wage gap has decreased and The Family and Medical Leave Act (FMLA), which allows workers to take unpaid time off for maternity leave/adoption and serious family illness, was passed.

Although the presence of women in the workplace has increased, there is still concern about women's pay and benefits, balancing work and family, and respect and opportunity on the job: A collaborative effort among workers, employers, business, labor unions, non-profit organizations and government is needed for women to continue their progress.

Girls often choose traditional women's occupations when deciding on courses of study or pursuing jobs. Disparities based on gender still exist in education achievement and participation rates, particularly in math, science and technological fields.

A United Way study showed that over 60% of working women work in small businesses or for small employers. These women usually don't have the protections offered by extensive insurance (medical, life and disability), FMLA and pensions.

IDENTIFIED AREAS OF NEED

Equal Pay and Benefits

Thirty years after passage of the Equal Pay Act, women still experience unequal pay in comparison to men. One reason for this is that more women are in temporary and part-time jobs. According to the U.S. Department of Labor, women account for more than two-thirds of part-time workers.

Occupational segregation is another reason for the difference in pay scale. Forty-five percent of employed women are employed in low-paying, undervalued jobs such as sales clerks, cashiers, home health aides, child care workers and office cleaners. These jobs do not traditionally pay high wages or provide benefits. Recent efforts to increase pay scales include:

- Expansion of Earned Income Tax Credit.
- An increase in the minimum wage. Three-fifths of minimum wage workers are women.
- Establishment of the Women's Bureau Fair Pay Clearinghouse, which provides easily accessible information to working women, employers, and organizations interested in fair pay.

Balancing of Work and Family

The 1997 National Study of the Changing Workforce, conducted by The Families and Work Institute, found that one-third of the respondents did not feel their employers were supportive of their work and family responsibilities. In general, working mothers report that they want reliable child care and more flexible paid leave.

- Child Care - A National Child Care survey found that the high cost of child care limits labor force, education and training participation. It also increases the rate of employee turnover. Child care adds to the economic burden for working women; quality child care is expensive. Although more affordable child care is needed, the quality of child care workers is a significant issue. There is an increasing number of substantiated instances of child maltreatment (abuse, neglect, and even deaths) in licensed child care facilities and homes.
- Paid Leave - Prior to the passage of FMLA in 1993, workers, especially women, experienced a loss of employment or promotion opportunities as a result of childbirth and family member's illness. FMLA enables employees of firms with over 50 employees to take up to 12 weeks of unpaid leave. Many businesses have reported that the new law has helped them reduce employee turnover and enhance productivity.

Respect and Opportunity on the Job

Women have historically been shut out of employment, education and training opportunities. Fortunately, this is no longer the case. The number of qualified women in professional and managerial positions has been increasing as women gain more education and experience due to the passing of anti-discrimination laws. However, respondents to *The Women's Bureau Working Women Count Survey* reported that the rate of increase of women in professional and managerial positions has been progressing slowly, and that many women continue to experience discrimination and lack of career advancement in their jobs.

- Discrimination - U.S. Department of Labor surveys have shown that one in five working women reported having experienced sexual harassment at some point in their lives. The Women's Bureau claims that "*despite progress in overcoming barriers, sex discrimination continues to exclude many women and minorities from meaningful opportunities, reduce their economic security, and crowd them into a relatively small range of jobs*".
- Advancement - The *What Works!: The Working Women Count Honor Roll Report* states that although almost three out of every ten women (29%) were managers and professionals by 1995, few women were represented in top level management.

AREAS FOR CONSIDERATION AND EXPLORATION

- ***Advocacy for Working Women***
 Advocacy efforts focusing on the needs of working women are critical to the financial, emotional, and physical well-being of these women and their families. Efforts could include advocacy on: equal pay and benefits; affordable and quality child care; better training and pay for child care workers; reduction of sex discrimination; and professional advancement of women.
- ***Professional Women's Groups***
 Partnerships with professional women's groups could be developed to advocate for women and to provide support to women in their respective fields. Of particular importance are math, science and technical fields.

EDUCATION: Welfare To Work

Women on welfare receive 25% of what is needed for basic survival (including food stamps, Medicaid and WIC). According to the 1998 Economic Development Corporation's Annual Report, women with two children need to earn a minimum of \$27,000 to meet their basic needs (not including clothing).

OVERVIEW OF PROBLEM

Welfare Myths: Facts or Fiction? Exploring the Truth About Welfare reports that:

- A typical family size receiving Temporary Assistance for Needy Families (TANF) welfare benefits (formerly Aid to Families with Dependent Children - AFDC) consists of a mother and child. The birthrate among women on TANF is lower in comparison to the rest of the population.
- The dollar value of TANF and food stamps combined do not equal the poverty level. In fact, the value is steadily decreasing.
- Many families whose members are in the workforce cannot make it on their earnings alone. They need additional assistance to earn a minimum standard of living.

Many women re-enter the workforce because they need to find an alternative means of support. However, there are few job placement programs that assess the complete needs of individuals (such as self-esteem, money and time management). Policy makers and funders should be made aware of these issues, because they often place too many restrictions on funded programs. Successful programs, such as Training, Inc., have only 13 weeks to provide job search assistance to their clients. Joyce Duvall, Training, Inc. Interim Director, stated that it is impossible to properly prepare their clients to be successful in 13 weeks. The placements are usually short term because the low-skill jobs do not provide a livable wage for women with children.

Successful programs should be developed that help prepare women on welfare to re-enter the workforce. These programs should provide them with the skills necessary to earn a livable wage.

IDENTIFIED AREAS OF NEED

Assistance with Support Services

Services should be customized and responsive to the needs of women on welfare. Programs should focus on innovative interventions that will enable women to prepare themselves for work. These interventions should include necessary training and assistance with domestic violence, substance abuse, transportation, education, child care, and financial independence issues.

Job Placement and Retention Services

Job placement and retention programs should focus on teaching clients how to make a good impression on potential employers, complete a job application, construct a resume, and dress appropriately. Each client should go through a thorough assessment. Softer skills (such as coping with job stress, work regimen acclimation, and job enhancement services) should be emphasized, rather than those skills that are specific to the occupation. Studies have shown that most companies hire for hard skills and fire for soft skills. Therefore, focus on soft skills needs to be addressed by three groups: potential employees, potential employers, and placement programs.

Outcome-Based Performance Measures

Other than self-sufficiency, there are three major areas that programs should consider when evaluating performance:

- *Placements* - the number of placements.
- *Employment Duration/Retention* - the number of clients who maintain employment for a given amount of time.
- *Earnings Increase* - the rate of salary increases.

AREAS FOR CONSIDERATION AND EXPLORATION

- ***Assistance with Employment and Support Services***
Assistance with employment needs/desires/interests, basic needs, social and basic life skills, child care, transportation, and motivation and commitment skills is important.
- ***Public Access Television Programming***
Programming could include televised academic and educational services including Adult Basic Education (ABE) and General Equivalency Diploma (GED). Programming could also include information on how to develop soft skills.
- ***Improvement and Use of Sophisticated Program Evaluation Tools***
New technology is available which can effectively track clients' progress and produce standardized reports. This is important information for evaluating program effectiveness.
- ***Mentoring Programs***
Women who do not have experience in the workforce need experienced women to teach them soft skills and to follow through with reinforcement and recognition of achievement. Employers also need to be educated about the special needs and issues of women who are entering the workforce for the first time.
- ***Effects of Welfare to Work on Children***
Women who are entering the workforce through Welfare to Work have typically been their children's sole or primary caregivers. The mother's change in job status affects the time she spends with her children and ultimately their quality of life. Even positive changes will impact the relationship between mother and children.

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LIFE SKILLS

"It is never too early or too late to take control of your financial future."

Ellen Levine, Editor in Chief: Good Housekeeping Magazine

OVERVIEW OF PROBLEM

Girls, Money and Independence, a national study released in May of 1997, found that 75% of the women interviewed wished they had been taught more about money management while growing up. Local organizations have begun planning and implementing financial literacy programs for girls that include money management, investing, and financial planning skills.

Women need to develop their skills to build long-term financial self-reliance. Those who do will be better prepared for widowhood, divorce and other life changes. Among women 35-55 years old, between one-third and two-thirds will be impoverished by age 70.

IDENTIFIED AREAS OF NEED

Support Group Mechanism For Divorced Women Or Those Considering Divorce

In divorce proceedings, women generally focus on custody issues and short-term financial needs without much consideration of long-term financial needs. A group that focuses on overcoming the emotional and financial burdens of being single would have a tremendous impact on the future lives of these women. Resource guides and unknown agencies can be intimidating to many women.

Support for Children of Divorced or Divorcing Parents

Children are economically and emotionally impacted by divorce. The judicial system is not equipped to address these issues in a sensitive and thorough manner. "Friend of the Court" systems, which mediate interpersonal tensions arising from delay of support payments and other issues, have been successful in other states. Family Courts have also proven to be effective in addressing the needs of divorcing families.

Resource Guide

Information Referral Network produces *The Rainbow Book*, a listing of community services, but it is missing many church, hospital and informal counseling services.

Economic Literacy and Budgeting Skills Classes for Girls K-12

High schools and youth serving agencies should offer classes on effective relationship building and life skills as prevention for future divorce and financial problems. Some schools have implemented pilot programs. However, it is hard to make these subjects relevant to young people, and caution must be taken on the values being transmitted.

Now There Is A Fund That Addresses The Needs Of Women And Girls In Central Indiana

WOMEN'S FUND OF CENTRAL INDIANA

Health Care Issues and Benefits

Women need to better understand the importance and role of health care and other job benefits in their financial security.

AREAS FOR CONSIDERATION AND EXPLORATION

□ *A Complete Resource Book for Women*

Agencies that have useful programs may not be connected to a delivery system which is used by women at home or in transition. This is particularly true for those agencies that are not in the human service sector. An accessible, up-to-date, comprehensive resource guide is needed. This could be done in conjunction with the Information Referral Network.

□ *Educational Programs*

Education of the professional community about available resources and programs for women and girls is important. This could include educating employers about the skills and employability of older women.

□ *Life and Parenting Skills*

Stress, particularly economic stress, is one of the significant factors in cases of child abuse and neglect perpetrated by women. Many mothers need to learn how to cope with the everyday stress in their lives without unleashing their frustrations on their children. Education about financial planning, including credit counseling, is important for all women.

□ *Support for Divorced or Divorcing Families*

School and agency based programs are critical for children whose parents are divorcing or divorced. These are particularly needed in the counties outside of Marion. Research of and advocacy for a "Friends of the Court" program and a Family Court system is an area for consideration.

□ *Women's Expo*

A Women's Expo or a permanent set of booths which provide information on issues important to women should be considered.

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ISSUES FACING AGING WOMEN

According to statistics from The Older Women's League, there are six million women homeowners 65 and older who are house rich but cash poor. Women live an average of seven years longer than men, therefore, older women are less likely to be married. Forty-four percent of homeless women are homeless due to evictions because they could not afford their mortgage or rental payments. Many women rely on Social Security as their only source of income. Seventy-five percent of women over 65 live below the poverty level, as opposed to 25% of males.

OVERVIEW OF PROBLEM

There should be a comprehensive approach to economic issues concerning aging women. These issues include:

Housing Availability	<i>Women often find themselves displaced due to death of a spouse, divorce, illness and/or financial problems.</i>
Planning for Retirement and Widowhood	<i>Many women have not planned for these life changes and don't know how to develop such plans.</i>
Isolation and Depression	<i>Women often find themselves alone for the first time in their lives due to death, divorce, mobility issues and inadequate transportation. This impacts both emotional and financial well being.</i>
Volunteer Opportunities	<i>Women need new ways of being connected and involved. Volunteering provides enrichment and motivation, and helps keep the mind and soul active.</i>
Self-Sufficiency	<i>Money is the biggest obstacle for aging women and their quality of life. Many aging women have to work to supplement meager pension and Social Security incomes. 53% of older women would be living in poverty if not for Social Security.</i>
Education/Health	<i>A woman's education level has a direct impact on her financial stability.</i>
Health Care	<i>Women need to have financial, educational and geographical access to quality health care.</i>

IDENTIFIED AREAS OF NEED

Housing and Residential Care

The ability of many women to obtain quality housing depends on their retirement income. However, many women have not worked outside of the home or have gaps in their work history. There is a lack of independent housing options for older women.

Advocacy for Issues Affecting Older Women

Efforts should focus on ways to prevent elderly women from reaching a crisis in the areas of housing, financial stability, isolation, and health care.

Preparing Grandparents to be Parents

Many older women find themselves unexpectedly raising their grandchildren. These women need support and information about available services.

AREAS FOR CONSIDERATION AND EXPLORATION

- ***Increased Housing Options for Older Women***
These options could include: independent living; assisted living; communal living; and home ownership. A wide range of options needs to be easily accessible to this growing population of women who have a variety of needs.
- ***Community Elder Care and Planning Programs***
These programs could help aging women and/or their families develop comprehensive elder care plans. The plans should address housing, health care, mobility, social interaction and financial issues.
- ***Promotion of Advocacy***
Issues facing aging men and women are often different. Advocacy should focus on those issues which are unique to aging women and on development and enhancement of prevention efforts.
- ***Planning for Lives as Single Women***
Because women tend to live longer than men, many aging women will find themselves single at some point in their lives. Programs should prepare women for this possibility and should include financial planning information and assistance.

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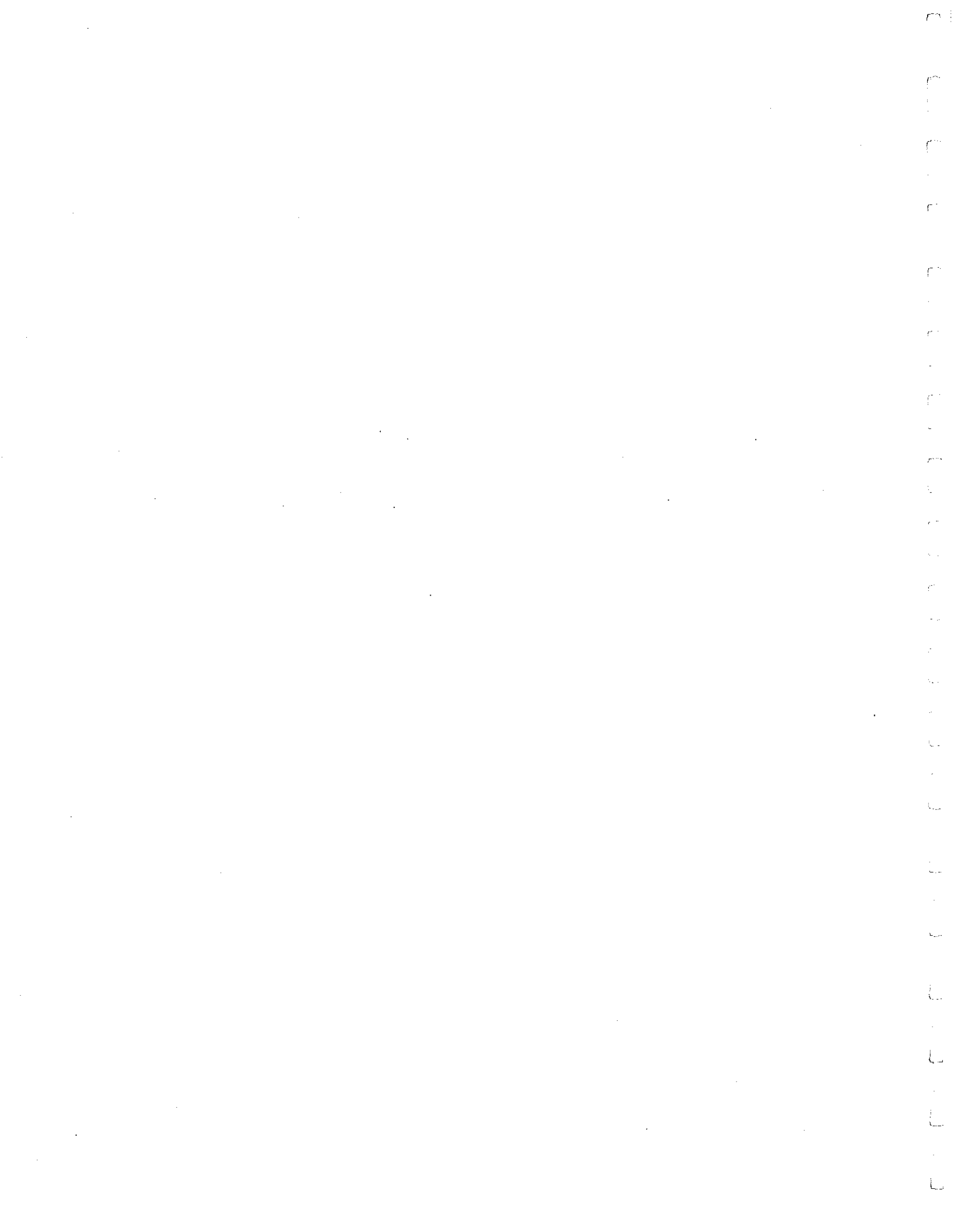
Eli Lilly and Company

Now There Is A Fund That Addresses The Needs Of Women And Girls In Central Indiana

WOMEN'S FUND OF CENTRAL INDIANA

II. WOMEN'S HEALTH

The average life expectancy of a woman has increased from 48.3 years in 1900 to 79 years in 1996. Women represent more than half of the U.S. population, 59% of those 65 and over and 71% of the population over 85 years old. The duration and quality of a woman's life is affected by her individual biology as well as her socio-cultural, economic, and physical environments. African-American women have a life expectancy that is four years shorter than that of a Caucasian woman. Women living in poverty or who have less than a high school education live shorter lives, have higher rates of illness and disability, and less access to quality health care.



AREAS OF EMPHASIS

Primary prevention, treatment and education are the main themes for the following health care areas:

HEART DISEASE

The leading cause of death among women in the U.S. and Indiana is heart disease. The high mortality rate is due to the fact that women are frequently misdiagnosed or diagnosed too late.

MENTAL HEALTH

Clinical depression is the most common serious mental disorder in women. Women are 2.5 times more likely to suffer from clinical depression than men. Treatment is more effective if begun early.

DOMESTIC VIOLENCE

Domestic violence is present in all age, racial, ethnic and socio-economic groups. Women who are victims of domestic violence are in urgent need of medical care, housing assistance, and community support. Existing central Indiana domestic violence organizations do not provide enough assistance in developing the intervention skills of victims, perpetrators, and families impacted by domestic violence.

HIV/AIDS AND OTHER SEXUALLY TRANSMITTED DISEASES

Almost all Sexually Transmitted Diseases (STDs) can be treated effectively if diagnosed early. Women are the fastest growing group affected by HIV. It is expected to be the leading cause of death among young women in the coming decade. AIDS (Acquired Immunodeficiency Syndrome) is the most serious of the sexually transmitted diseases because it has no cure. An estimated one million people are currently infected with AIDS in the U.S.

PRENATAL/POSTNATAL CARE

The Indiana Fetal and Infant Mortality Review Project found that a high percentage of women experiencing an infant loss received inadequate or no prenatal care or did not receive proper postnatal care.

WOMEN AND CANCER

Cancer is the second leading cause of death among American women. According to the National Cancer Institute, one in three women will be diagnosed with cancer in their lifetime. Cancer is a disease that impacts the social, emotional, financial and spiritual aspects of family life. Increasing numbers of women will face their own cancer, as well as a higher incidence of cancer in their male partners (especially prostate cancer).



HEART DISEASE

In 1992, almost 8,500 women in Indiana died from this disease. Almost 500,000 American women die from cardiovascular diseases (heart disease and stroke) annually, more than twice the number who die of all forms of cancer combined.

OVERVIEW OF PROBLEM

One in five women have some form of cardiovascular disease. In the U.S., cardiovascular diseases claim more female lives annually than the next 16 causes of death combined. Sixty-three percent of the women who die suddenly of coronary disease had no previous symptoms of illness. The Lifetime cable channel web site reports that:

- For every woman who dies of breast cancer, five die of heart disease. Most women are not even aware that they should be concerned about heart disease.
- Almost 500,000 American women annually die from cardiovascular diseases, compared to roughly 43,000 from breast cancer and more than 55,000 from lung cancer.
- Heart attacks kill 21,000 women under 65 every year, and 29% of them are under 55.
- At older ages, women suffering from heart attacks are twice as likely as men to die from them within a few weeks.
- Black women have a 33% higher death rate from coronary heart disease than white women, and a 77% higher death rate from stroke.

IDENTIFIED AREAS OF NEED

Identification and Public Education of High Risk Women

Women who are prone to heart problems have a variety of characteristics that should be addressed more directly throughout central Indiana. These women: have a family history of heart disease; smoke; have high blood pressure; have high blood cholesterol; are more than 30% overweight; do not exercise regularly; and/or have Type I (insulin-dependent) or Type II (non-insulin dependent) diabetes. Women should be screened for diabetes at an early age to increase their ability to prevent heart disease.

Awareness of the Severity of Heart Disease

Women need to be better informed about heart disease and encouraged to modify their behavior to prevent it.

Gender Sensitivity by Primary Care Physicians

Physicians often have gender bias regarding the seriousness of symptoms, appropriate testing and treatment of cardiovascular disease. Primary care physicians should be informed about the importance of screening for cardiovascular risk factors and educating women about cardiovascular disease. According to the *Indiana Women's Call To Action For Health* report,

many women who show up in emergency rooms and doctors' offices complaining of classic symptoms are misdiagnosed or dismissed altogether because heart disease is still associated with men.

Adequate Insurance Coverage

According to The Commonwealth Fund Commission on Women's Health, women are more likely than men to have health insurance (because of Medicaid), but tend to pay more out-of-pocket medical expenses.

AREAS FOR CONSIDERATION AND EXPLORATION

It is important for women to understand cardiovascular disease, including risk factors, symptoms and preventive measures. Efforts should be made to cut the central Indiana female mortality rate for this disease by 50% over the next ten years. These efforts could include:

- ***Programs With the Following Emphases:***
 - Educate young women (in their 20s-30s) about high risk factors. Target this group of women for intensive prevention efforts and risk factor modification, including frequent contact and support.
 - Target women over 64 years of age for education and screening.
 - Focus on primary prevention and education for underserved women.
- ***Production of Audio/Visual Aids on Cardiovascular Disease Prevention***

Produce the aids and distribute them to health centers, social service agencies, schools, and other organizations and programs that serve women.
- ***Establish Partnerships with Health Care Providers***

Establish partnerships aimed at developing and providing a complete model of service.
- ***Target Programs that Focus on Intensive Prevention Efforts and Risk Modification***

Heart disease programs should include exercise and nutrition counseling, stress management workshops, smoking cessation programs, and education on lowering the risk of developing heart disease.

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<http://www.diabetes-conn.org/diabfact.html>

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MENTAL HEALTH

Men and women suffer mental illness at similar rates, but the type of mental disorder differs. Women are more likely than men to experience affective disorders (mood disorders that include bipolar, unipolar, and schizoaffective disorders). Affective disorders are often accompanied by co-existing conditions such as Attention Deficit Disorder, eating disorders (bulimia, anorexia, bingeing), irritable bowel syndrome, obsessive-compulsive disorder, panic disorder, severe migraine headaches, and fibromyalgia, which includes chronic fatigue. Substance abuse and addiction are often times a result of the affective disorder.

Selected Facts on U.S. Women's Health: A Chart Book
The Commonwealth Fund Commission on Women's Health

OVERVIEW OF PROBLEM

Persons with acute mental health needs may not have access to and/or know how to access available resources. There is little-to-no coverage for preventive efforts, or for public and professional education efforts. The services that do exist are grossly underfunded.

The Commonwealth Fund Commission on Women's Health reports that in the U.S.:

- Women in their thirties and forties have the highest prevalence of affective disorders, which include major depression and bipolar disorder (elation-depression).
- Comorbidity is the extent to which people suffer two or more psychiatric disorders. Among women who have ever had a mental disorder, the majority have experienced two or more disorders, and one third have suffered three or more disorders.
- In a 1993, a higher percentage of women (40%) than men (26%) reported depressive symptoms within the course of a week. More than one-half of women respondents of Hispanic origin (53%) and just under one-half of Black female respondents (47%), reported recent depressive symptoms.

IDENTIFIED AREAS OF NEED

Prevention

Prevention efforts should include early parenting education and programs for children in preschool.

Public Education and Community Awareness

Central Indiana has made little effort to educate the community on mental health issues. There is minimal funding for public or professional education efforts. Special emphasis should be placed on teaching family physicians how to better diagnose addiction or mental health concerns.

Better Access to Services

There are few programs which provide outpatient support for women and families coping with depression, anxiety and addiction within the 31 community health centers in Indiana.

AREAS FOR CONSIDERATION AND EXPLORATION

- **Public Education and Community Awareness**
Programming emphasis should focus on teaching women to be better consumers of mental health services, and helping them avoid potential exploitation or victimization by professionals. Programs should better educate the medical community about the mental health needs of women and girls. Education is also needed which clarifies the biological etiology of mental illness. Increased support of programs that present a balanced, positive and healthy view of women to the public would help decrease the number of women and girls with a negative self-image.
- **Prevention Services**
Public funding or insurance coverage is often available only for persons who are severely ill or in acute emotional distress. Much of the medical and human cost would be reduced by programs which teach positive mental health practices, communication and parenting skills, or which offer low-cost marital/relationship therapy. School-based programs that educate adolescent girls about sexual and reproductive health, domestic violence and wellness would also be preventive.
- **Support Network**
Programs which offer a variety of supports for women and girls who are experiencing anxiety, depression or other mental health concerns and which focus on developing life skills should be considered.
- **Enhancing Suicide Prevention Services**
There should be programs that provide focused training for professionals and volunteers about the specific indicators and risks for suicide in women and girls.
- **Services for Pregnant and Parenting Women**
Pregnant or parenting women who are addicted to drugs or alcohol need support services to increase their chances of having healthy babies and to optimize their ability to care for their children. Services should include vocational and educational services, transportation, housing, child care and medical/mental health treatment.

REFERENCES - Mental Health

- Mental Health World Wide Websites. The Lancet, Oct.17, 1998 p.1320 (1).
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Internet Mental Health <http://www.mentalhealth.com>
World Federation for Mental Health <http://www.wfmh.org>
World Health Organization <http://www.who.org>

DOMESTIC VIOLENCE

During an interview conducted by Tracy Horth Krueger, Executive Director of Safe Haven, three victims of domestic violence expressed the following sentiments:

- *There were several reasons why they stayed in an abusive relationship: lack of money; lack of education and skills; fear of abuser; and a history of abuse that became "normal" for them. The verbal and emotional abuse also broke down their self-esteem and bound them to the abuser.*
- *There is a need for: shelters that are more responsive; transitional housing; post-shelter support and counseling; and more sensitive police responses.*

OVERVIEW OF PROBLEM

Domestic violence can manifest itself in different forms, but the intent of the abuser is constant. Domestic abuse is an attempt of one to control another in the form of fear through an array of physical, psychological and economic abuse.

Efforts are being made throughout central Indiana to address domestic violence, but it continues to be an acute problem. As a result, homelessness continues to increase in Center Township. There are also financial ramifications in all areas of the community because domestic violence affects employers' bottom lines; domestic violence causes an increase in health care costs and worker absenteeism, and decreases productivity. According to Dr. Beverly Coleman-Miller, guest speaker at the October 1998 Conference on Domestic Violence, domestic violence costs the U.S. \$100 million to \$3 billion a year. Existing efforts are fragmented and there is little-to-no collaboration among the domestic violence agencies serving central Indiana.

Indiana Coalition Against Domestic Violence: Program Statistics for July 1997-July 1998

Abused women and their children in shelters	7,045
Out-of-state victims and their children seeking safety	944
Non-domestic violence victims	2,677
Total number of 24-hour shelter days	115,280
Total number of crisis lines calls	150,459
Total number of deaths	17

In Marion County, 596 abused women and 437 children were served in shelters, which were operating at full capacity. However, there were significantly more women and children in need of services. In Indianapolis, the incidence of domestic violence is increasing while other violent crime decreases. There were 6,301 cases of domestic violence handled by the Indianapolis Police Department in 1997, most of which occurred in Center and Lawrence Townships.

Dr. Coleman-Miller also noted the following facts at the 1998 conference:

- It is estimated that only 38% of domestic violence incidents are reported.
- 50% of women seen in the emergency room are victims of domestic violence.
- 3.3 million children witness violence against their mothers annually.
- 80% of children in the juvenile justice system witnessed domestic violence in their homes.
- 63% of male youth in jail for homicide murdered their mother's abuser.
- 53% of men who abuse their wives also abuse their children.

IDENTIFIED AREAS OF NEED

Coordinated Effort on Domestic Violence

Existing service organizations in central Indiana should establish an information sharing network to enhance the quality of their services.

Better Access to Services

- Dr. Coleman-Miller called and identified herself as a battered woman in distress to several local shelters. None of the shelters could provide services. One shelter stated that she had called too late to have her name placed on the roster and another said they had no room. A third shelter was also full, but gave her a name and number to call and find a place to stay for the night.
- Kay Taylor, Senior Vice President of Marketing for Clarian Health Partners, reported the results of a central Indiana survey: over 600 residents in nine counties were surveyed to assess attitudes about and knowledge of domestic violence. Respondents listed emergency shelters, police and clergy as the top three places they would send a friend who was a domestic violence victim. In a separate survey, victims were asked why they did not use available services; the leading response was that they were not aware of them.

Appropriate Screening and Protocol for Treatment

At the 1998 conference, Dr. Coleman-Miller noted that emergency room staff do not generally know what to do once they have screened and identified a domestically abused woman. She also noted:

- There are not enough police department staff to offer protection even if there *are* mandatory reporting laws; and
- Women who stay in abusive situations frustrate the efforts of police and the legal system.

Increased Services for Immigrant and Minority Women

Central Indiana has a growing number of Hispanic, Asian and Middle Eastern immigrant women who have difficulty accessing the services they need to be safe from domestic violence. Most available services do not have the bilingual staff necessary to address the needs of Hispanic and other non-English speaking immigrant women. Hispanic women generally do not know how to access services, and many migrant women do not have the required papers needed to access shelter. There have been no concrete efforts to address these issues.

Transitional Housing

Many women are homeless as a result of domestic violence. There are very few housing and shelter options available. More permanent housing options should be made available to victims.

Increased Services for Elderly Women

Elderly victims are sometimes overlooked by social service and medical professionals. They are less likely to seek help and acknowledge abuse because they are very often isolated and because there is a common belief among older generations that spousal abuse should be tolerated.

Increased Services for Rural Women

According to *Coordinated Community Responses to Domestic Violence in Six Communities: Beyond the Justice System*, the biggest obstacles in rural areas are the lack of resources, and the long distances and consequent access issues. *"There are no special units, and may not be any critical services such as chemical dependency, mental health, or batterers' treatment within feasible driving distance. Rarely are there special set-aside pots of money, because there are few services, and therefore few caseload records to document the level of need."*

AREAS FOR CONSIDERATION AND EXPLORATION

❑ *Support Shelters For Women & Non-Residential Programs*

Shelters should be more responsive to transitional housing, post-shelter support and counseling needs. Shelters and non-residential programs should have software that allows them to track service availability.

❑ *Education and Awareness Programs in Schools*

School programs should give special attention to prevention services for younger men.

❑ *Replicate a Proven Model of Collaboration on Domestic Violence*

Research successful collaboration models and conduct a feasibility study for central Indiana.

❑ *Outreach to and Services for Underserved Women*

Outreach should be increased to elderly, minority and immigrant women. Bilingual services for non-English speaking victims and perpetrators are critical to stopping domestic violence. Easily accessible services for victims living in rural areas are important.

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HIV/STDS

During the 1990's, Indiana experienced an epidemic of syphilis. Although the number of reported syphilis cases declined in 1994, the number of gonorrhea cases increased by over 1,000 cases.

"HIV infections have not declined overall in the U.S. in recent years - and for some populations - particularly women and people of color - the toll of the epidemic is increasing. Women now make up 22% of reported AIDS cases, and African-Americans and Hispanics now make up 66%. African-Americans account for more AIDS cases than any other racial or ethnic group."

Helene Gayle, M.D., M.P.H., Director, National Centers for Disease Control and Prevention, 12th World AIDS Conference, June 27, 1998

OVERVIEW OF PROBLEM

The following statistics were gathered by the Clinical Data and Research and the Sexually Transmitted Disease programs of the Indiana State Department of Health for the HIV/STD 2nd quarter report, dated July 1998.

HIV/AIDS CASES

	Indiana HIV	Indiana AIDS	U.S. AIDS*
New this quarter	53	63	60,634
Cumulative	3,097	5,222	641,086

*U.S. AIDS Cases January-December 1997

INDIANA STD CASES

	Primary/Secondary Syphilis	Gonorrhea	Chlamydia
2nd Quarter 1998	53	1,392	2,563
Cumulative for 1997	201	7,792	12,542

FEMALES IN INDIANA

	HIV	AIDS	U.S. AIDS
Cases	514	500	102,383
% of total cases	17%	10%	16%

For the same period, 63% of the new Gonorrhea cases (871 cases) and 78% of the new Chlamydia cases (1,992 cases) were in young people ages 15-24. These numbers are very important because the Centers for Disease Control states that an individual who has an STD is five times more likely to become HIV infected.

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WOMEN'S FUND OF CENTRAL INDIANA

Forty-four percent of all Indiana HIV-positive persons were diagnosed when they were between the ages of 13-29. The older population is included because people usually do not get tested for HIV while in their teens. The average length of time from transmission to finding out one's HIV status is 2-5 years. Therefore, many people who are diagnosed in their twenties were infected while in their teens.

There is a general attitude of complacency in prevention throughout central Indiana and the U.S. with regard to HIV/STDs. Efforts should be taken to continue to monitor the spread of HIV/STD infections, and greater steps should be taken to prevent the diseases.

IDENTIFIED AREAS OF NEED

Community Education

Women of all ages should be informed of the variety of prevention methods, including those that are not solely abstinence based. Women should also learn to recognize the physical symptoms associated with HIV and STDs.

Affordable Medical Coverage and Availability of Medicines

Access to appropriate medical care (diagnosis, evaluation, treatment, and follow-up) is important to the well being of central Indiana as a whole, because it serves as a form of prevention and control of these diseases. Central Indiana should have more programs such as:

- The Indiana Health Insurance Assistance Program - Provides financial assistance to eligible HIV-positive persons through the Indiana Comprehensive Health Insurance Association.
- Indiana's Statewide HIV Care Coordination Program - Helps HIV-positive persons locate and access a variety of health and social services.

Educational Prevention Programming for Children

Prevention programs for children, particularly teens, are important to prevent the spread of HIV and STDs.

Programs for Minority Women

Because of the high impact of HIV/AIDS on the Hispanic and African-American populations, more outreach efforts are needed to decrease the rate of infection and to provide information on treatments.

AREAS FOR CONSIDERATION AND EXPLORATION

□ *Educational Campaign*

The campaign could include a conference, or a video and brochure highlighting the issues affecting teens, young women and minority women. A CD ROM and internet web site could possibly be part of the campaign.

□ *Prenatal Screening*

Priority should be given to screening expecting mothers and their unborn child to detect any diseases and to begin early treatment of the child.

Now There Is A Fund That Addresses The Needs Of Women And Girls In Central Indiana

WOMEN'S FUND OF CENTRAL INDIANA

REFERENCES - HIV/STDs

1998 Guidelines for Treatment of Sexually Transmitted Disease. Centers for Disease Control and Prevention. MMWR 1998; 47 (No.RR-1). <http://www.cdc.gov>.

An Introduction to Sexually Transmitted Diseases. Sexually Transmitted Disease Information Center. The Journal of the American Medical Assoc. <http://www.ama.assn.org>.

HIV STD Quarterly. Indiana State Department of Health. July 1998.

PRENATAL /POSTNATAL CARE

Each year, too many Hoosier babies die needlessly and many more are severely disabled. Indiana's 1996 infant mortality rate was 8.7%; only seven states had a higher rate. Low birth weight is the number one contributing factor to death among infants under one year of age, and pre-term birth is the number one contributor to low birth weight.

More than 60% of pre-term births and low birth weight cases are preventable. Prenatal care and education on healthier lifestyle choices are the key components in the prevention of infant mortality. Babies born to women who do not receive prenatal care are four times more likely to die before their first birthday.

OVERVIEW OF PROBLEM

According to the findings of the Indiana Fetal and Infant Mortality Review Projects 1993-1997, most women who did not receive prenatal care in their first trimester reported difficulty in getting appointments and affordable care, and late detection of pregnancy. Lack of care during the first trimester was evident in 25% of deaths during the study period.

According to the March of Dimes Birth Defects Foundation, in *an average week* in Indiana:

- 1,593 babies are born
- 229 babies are born to teen mothers (ages 15-19)
- 56 babies are born to mothers who receive late or no prenatal care
- 119 babies are born with low birth weight
- 13 babies die before their first birthday

IDENTIFIED AREAS OF NEED

Awareness of the Importance of Prenatal Care

There are a number of causes of infant death in central Indiana. The following causes were found by the Indiana Fetal and Infant Mortality Review Projects and study group research. Many of these causes are discussed in an Indiana Perinatal Network publication, *Indiana Communities Partnering to Save Babies*. Information about these causes needs to be widely distributed and publicized throughout central Indiana:

- Pre-Term Labor and Delivery – Women should be able to recognize warning signs such as backache, pelvic pressure, and abdominal and menstrual-like cramps.
- Smoking - Pregnant women should completely refrain from smoking.
- Late Entry Into Prenatal Care - A health care provider should be consulted as early as possible to detect and treat problems.

- Inadequate Weight Gain - Average women should gain 25-35 pounds during pregnancy. If the mother does not gain enough weight, the baby may not gain the appropriate weight needed for strength.
- Lack of Preconception Counseling - Counseling should be included in schools' health education programs.
- Fetal Movement - It is important to pay attention to your baby's movement while pregnant. If the movements seem to slow down, a health care provider should be consulted immediately.
- Alcohol Use - There should be no consumption of alcohol during pregnancy.
- SIDS (Sudden Infant Death Syndrome) - Women and child care providers should be aware of the following SIDS prevention methods: place a baby on its back while sleeping; prevent smoking around the baby; don't overdress the baby; and put the baby to sleep on a firm mattress with nothing in the crib.

Affordable and Accessible Health Care

Pregnant women and babies need accessible to affordable and accessible health care to decrease the infant mortality rate and ensure that babies get a healthy start in life. This health care should include prenatal and well-baby care.

AREAS FOR CONSIDERATION AND EXPLORATION

□ *Public Education/Outreach Campaign*

Central Indiana should engage in a comprehensive public education/outreach campaign. The Marion County Coalition for Healthier Babies successfully impacted outcomes several years ago with a limited campaign. It is time to re-energize and sustain a media campaign. The campaign should blanket the community with critical information regarding prenatal care and healthy life styles to:

- Increase awareness of the need for prenatal care and healthy lifestyle.
- Increase the number of women who seek and obtain early prenatal care.
- Significantly reduce the state's incidence of low birth weight infants and infant mortality by encouraging early and regular prenatal care.
- Decrease exponential costs associated with low birth weight births.
- Improve quality of life for children and their families.
- Invest in our youth with a goal of preventing teen pregnancy.

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WOMEN AND CANCER

Breast and ovarian cancer are the most common types of cancer among women, and both are treatable if detected early. Every three minutes a woman is diagnosed with breast cancer and every 11 minutes another woman dies of breast cancer. An estimated 25,400 women will be diagnosed with ovarian cancer in the coming year.

Although scientists do not know what causes breast cancer, it is not caused by bumping, bruising or touching the breast, a popular misconception. Women should be aware that heredity is often a contributing factor in the cause of cancer. Ovarian cancer is a malignant tumor that develops in a woman's ovaries. It is the fourth leading cause of death among women. In most cases, the cancer is completely curable if the tumor is detected early and treated properly.

OVERVIEW OF PROBLEM

While central Indiana has significant resources addressing breast cancer, there remain significant *unmet needs* for women. These needs include: stress and coping with *all* cancers, either their own or those of family members; access to early detection and quality treatment; survivorship issues related to discrimination in the workplace and insurability; and the impact of poverty and race on overall survival. While the incidence of breast cancer is higher in Caucasians, African-American women are more likely to die of the disease. African-American women have a higher incidence of colo-rectal cancer, and lung cancer continues to devastate all women.

IDENTIFIED AREAS OF NEED

Timely Identification & Treatment of At-Risk Populations

Central Indiana is somewhat late in identifying prevention, screening and early detection, and treatment accessibility/sensitivity issues for Hispanic, African-American and Asian women. Cultural and language barriers have stifled efforts to effectively engage these groups in prevention, early detection and treatment programs.

Increased Resources For Cancer Support in Rural Communities

Coordination of services for families fighting cancer are sorely lacking in the central Indiana counties surrounding Marion. There are limited screening and detection programs. There are also limited educational and other support services that could enhance the overall effectiveness of cancer treatments. Ironically, health care providers are decreasing social support, information and referral services, and counseling and case management, since these services generally do not produce revenue.

Elimination of Barriers to Available Programs and Services

Several barriers limit the efficiency and effectiveness of existing service delivery systems:

- Personal obstacles include: cultural or language barriers; lack of knowledge or understanding about the importance of prevention and early detection; and lack of adequate resources to balance the tangible and emotional costs of treatment, recovery, or end-of-life care needs.
- Structural barriers include lack of accessible, qualified primary care providers in nearby facilities and culturally-sensitive programs of outreach and service delivery. There is a perception that available programs are not effective. There is also a lack of training and overall coordination of prevention and treatment efforts. Practice environments may not foster prevention efforts.
- Financial barriers include lack of financial resources and limited third party reimbursement for preventive care, screening/detection, and/or treatment at every stage of the disease.

Increased Awareness of and Services to Address the Needs of Low-Income Women

There are psychosocial stressors that accompany poverty and negatively impact a low-income woman's risk for and recovery from cancer. Awareness of and services to address the stressors that prevent these women's immediate recovery as well as those that influence longevity are critically needed. These stressors include:

- Transportation to and from services can be costly for women with little or no income.
- Older women often lack the cost-effective escort and transportation services needed to schedule follow-up services.
- The working poor generally do not qualify for services. Many service agencies, such as the Little Red Door, must follow income guidelines in qualifying clients for their services. A family of one must not exceed an annual income of \$16,100 to qualify for a free mammography and follow up services at the Little Red Door.

AREAS FOR CONSIDERATION AND EXPLORATION

- ***Cancer Education, Screening and Detection Services for Underserved Women***
There should be more information available about prevention and early detection programs that are culturally sensitive, easily accessible and affordable to women. This is particularly important for high-risk women.
- ***Recovery Issues***
Research and service delivery programs are needed that address the numerous problems often inhibiting cancer recovery, including environmental carcinogens, stress factors and health behaviors.
- ***Support Network and Case Management Service Coordination***
Services should include development of effective support models for low-income, minority and/or rural women with cancer and their families. Also needed are programs that facilitate case management for low-income women to assist them in navigating complex medical systems.

- **Mobile Transportation Service**
Hospitals and service agencies should work together on a transportation or escort service system.
- **Free Cancer Screenings**
More programs should offer free cancer screening, especially to women with little or no medical coverage.

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III. SELF-DEVELOPMENT

Women and girls should have the freedom to grow and evolve to their fullest potential, while learning self-responsibility. They should establish their own unique qualities, talents and interests to fully realize their strengths and dreams.

Most girls in first grade have skills and ambitions comparable to boys, whereas girls finishing high school have less confidence in their academic abilities than do boys. In 1972, only 25% of all doctoral degrees were awarded to women; in 1994, women received 44% of the doctoral degrees. Females account for 40% of all high school athletes and 37% of all college varsity athletes. However, female athletes receive only 23% of athletic scholarship dollars and 27% of athletic recruiting dollars. Although the number of women serving in the Indiana General Assembly has doubled in the past 20 years, at the present rate of increase, it will take 57 years to achieve parity

AREAS OF EMPHASIS

EDUCATION

There is a need for a uniform climate in formal and informal education in which females are treated equally. There should be the expectation that females need and deserve the opportunity for learning which will help them be independent and responsible citizens, maximizing cultural, artistic, athletic and creative abilities and interests. According to the National Coalition of Women and Girls in Education, the U.S. received only a "C" average in the area of gender equity in education. This indicates that although progress has been made, there is still need for improvement.

ARTS

Women and girls need opportunities to experience and develop creativity in the performing, literary and visual arts and to have avenues for self-expression and cultural literacy. The arts are critical to the self-development of girls and women.

ORGANIZED SPORTS

The Girls Report, commissioned by The National Council for Research on Women, found that regular exercise and participation in sports during adolescence has important health benefits during girls' teenage years and throughout their lives. These benefits include: cardiovascular endurance; increased muscle strength; a decrease in the likelihood of symptoms related to stress and depression; and a decrease in obesity that can lead to coronary heart disease and certain cancers.

GOVERNMENTAL POLICY

The number of women in politics has been growing, as has the influence of women, especially during the past ten years. Women bring a lot of strength to the legislative process. However, women still face stereotypes and philosophical obstacles to being elected.

WOMEN IN THE MEDIA

Negative media images of women are widespread, appearing on the Internet, television, movies and magazines. For many years, women have made efforts to change the perceptions and challenge the cultural norms that limit opportunities for women. Efforts to educate media sources and non-governmental organizations via forums, studies and reports have increased the number and depth of women's roles and images in the media.

SPIRITUAL DEVELOPMENT

All people have a spiritual life – a desire to make sense of their time on earth, to nurture a way of living which transcends the self, to connect to something greater. Spiritual awareness should be an essential component of community education.

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GENDER EQUITY IN EDUCATION

“When the issue of gender equity was first presented to me, I admit that I was a little skeptical. I wasn’t sure that I knew exactly what it meant. I just kept thinking that I was not gender biased in any way. I couldn’t possibly be gender biased against girls, especially being the mother of a young girl! However, after finding out more about the issue and becoming more involved, I know that I have sent lots of subtle messages that were gender biased.”

Martha C. Phelps-Bowman, Houston, Texas Science Teacher

OVERVIEW OF PROBLEM

Title IX of the Education Amendments of 1972 states that *“no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education or activity receiving Federal financial assistance.”*

There is a need for a uniform climate in formal and informal education in which females and males are provided equal opportunities and resources. Girls need and deserve the opportunity for learning that will help them be independent, employable, and responsible citizens as well as maximize their cultural, artistic, athletic and creative abilities and interests. According to the National Coalition of Women and Girls in Education, the U.S. received only a “C” average in the area of gender equity in education.

Studies indicate that most girls in first grade have skills and ambitions comparable to boys, whereas girls finishing high school have less confidence in their academic abilities than do boys (AAUW, 1995). Popular culture stereotypes women’s roles and shortchanges girls by limiting their horizons and expectations. Schools often reflect this discrimination in subtle and probably unintentional ways. As a result, the self-esteem of many girls decreases during adolescence.

Although Title IX was designed to eliminate many barriers to women and girls in education, it has not accomplished this goal. Disparities based on gender still exist in achievement and participation rates, particularly in math, science, and technological fields. There are also not enough comparable and useful data on gender differences to adequately monitor the quality and equality of education for boys and girls. (AAUW, 1995).

In Indiana:

- Schooling is not required until the age of seven.
- The proportion of college graduates is low compared to other states.
- Because federal funding of educational equity services has been eliminated, there is no longer an independent office dealing with these issues in the Indiana State Department of Education.
- No data is available from the Indiana State Department of Education regarding gender differences in performance or achievement.

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- While the Indiana State Department of Education conforms to the guidelines of Title IX by providing information about equity issues, it does so only if contacted by a school district. The majority of questions received are related to sports equity and sexual harassment.
- Fewer than one in ten adolescent mothers complete high school.

Education Goals should include:

- All students having equitable access to challenging and meaningful learning and achievement opportunities in all subject areas.
- Teachers promoting a belief in the importance of diversity, excellence, and high quality instruction with all students, colleagues, and the community.
- Administrators, school board members, parents, and other members of the school community supporting the importance and implementation of equity in education.

IDENTIFIED AREAS OF NEED

Educational Achievement

Gender inequities have created barriers for girls which make it difficult to maintain their interest in science, math and technology in school and in choosing a career. Although Title IX was implemented to outlaw policies and practices that discriminate on the basis of gender, research has shown that there are many subtle forms of discrimination generally outside of Title IX which affect a girl's self-confidence and perception of options.

Before Title IX:

- Women were not admitted to some college or training programs, or the number of women was strictly limited.
- Female and male students were treated differently. For example, girls' math problems might have dealt with recipes while boys' math problems might have dealt with finance.
- The accomplishments of girls and women were virtually invisible in the college curriculum.
- Education and textbooks reinforced stereotypes about male and female students, and female role models were conspicuously absent from teaching materials.

Progress To Date:

- Educators have begun integrating strategies and enhancing treatment for all students. Text selection committees, particularly at the college level, have begun to analyze books for gender equity.
- In 1972, only 9% of medical degrees awarded in the U.S. were to women; in 1994, women received 38% of the medical degrees awarded.
- In 1972, only 7% of law degrees were awarded to women; in 1994, women earned 43% of the law degrees conferred.
- In 1972, only 25% of all doctoral degrees were awarded to women; in 1994, women received 44% of the doctoral degrees awarded.

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Improvement Needed:

- Female students still receive less attention, encouragement, praise, and criticism than male students. Educators need to continue to receive training to overcome bias and discriminatory practices in classrooms.
- By 1996, the Math SAT scores of females were still 35 points lower than the scores of males. This significantly reduces the number of scholarships awarded to girls.
- Improved monitoring of the effects of gender discrimination is needed. This is difficult because few school districts report data in ways that are easily measured.

Specialized Teaching Behaviors, Tests and School Curricula for Girls

It is important for practitioners, parents, educators and policy makers to be aware of and take action to promote gender equity in the classroom. Unless this issue is addressed, women will suffer academically and economically in the long term.

AREAS FOR CONSIDERATION AND EXPLORATION

- ***Research Gender Equity Issues in Central Indiana Educational Systems***
Document the extent of gender inequities in the curriculum, educator attitudes, textbooks, as well as in student assumptions, behaviors and performance. Clarify the specific impact of gender inequities and develop an appropriately targeted plan to address these concerns.
- ***Provide Training to Existing Program Staff***
Provide consultation and staff training to organizations seeking involvement in gender equity. Continue educator training to overcome classroom bias and discriminatory practices.
- ***Life Skills Education***
Encourage Life Skills training for both girls and boys (e.g., family planning, nutrition, child care/nurturing, household management). The education of both boys and girls in life skills is important in changing gender role expectations, which have traditionally relegated girls and women to home and child care. Requiring life skills education within primary and secondary schools for both boys and girls will increase the choices that girls and women have in the roles they undertake in the family, community and workforce. Additionally, this training can help prevent teen pregnancy, which further impedes the education of the young mother.
- ***Establish a Women's Advocacy/Resource "Center"***
The center could support research on gender equity issues and monitor and evaluate current programs. The center could also provide information, training and support for public and private organizations serving women and girls. Staff could convene organizations/agencies that could benefit from collaboration and cooperation. It could be a permanent resource to help identify effective programs and advocate proactively for changes necessary to eliminate gender discrimination.

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ARTS

Enrichment activities that develop positive self-images are critical to developing successful women. Positive self-image reduces the incidence of drug use, teen pregnancy and dropping out of high school.

OVERVIEW OF PROBLEM

The role of the arts in the lives of women and girls should be viewed from more than one perspective. Skills acquired through active participation in arts training are fundamental to the growth and development of girls and women, regardless of age. Though society may pay lip service to the value of the arts in a complete education, rarely does it back this up with financial support. It is becoming more apparent that the arts provide a technique for not only enrichment, but also for healing. For many children they are a safety net. Studies have shown that children who find a means of self-expression can survive all types of domestic upheavals and make a future for themselves. Despite the growing demand for putting more of the arts back into schools, the following obstacles have to be understood and overcome:

- Art is considered arbitrary. It is seen as a fun activity, not a discipline in its own right.
- In a highly competitive society, the arts appear less focused, ambiguous, too unconventional, without purpose and without rules. This is unlike sports, which, although a game, presents a win/lose at the end.
- Not all children have an academic mind; many could benefit from approaching learning from another perspective.
- Girls (and boys) are discouraged from pursuing careers in the arts because there is little, if no, confidence that a job will ensue.
- Some arts tend to be messy and that image tends to imply slovenliness and laziness.

IDENTIFIED AREAS OF NEED

Increased Value of an Education in the Arts

The arts are fundamental to the self-development and maturity of the individual. The dictionary defines self-development as follows: *To grow and evolve with freedom and discipline the total person-establish fully one's own unique qualities, talents and interests; To fully realize not only strengths but also dreams, wishes and desires; To provide opportunities for complete growth, development and maturity.*

Without the addition of the arts in some form, a person is not given the full compliment of tools necessary to think creatively and to fully explore options for life. Some of the essential strengths derived from experiences in the arts are:

- Increased sensitivity to the world around us and utilization of all the senses.
- More finely tuned perceptions. The ability to learn from a variety of vantage points. Improved problem-solving skills. Understanding that there is more than one answer to a problem.
- Awareness of one's own originality and uniqueness.
- A serious outlet which provides an alternative source of personal satisfaction and self-worth to replace reliance on drugs, alcohol and/or sex (teen pregnancy).
- New ways to express oneself to increase joy and reduce stress.
- Use of imagination to begin to think outside the usual lines and boxes.
- The learning of a universal language to appreciate all lives, peoples and cultures.
- Another way to access history and cultures.
- Experiencing the rapture of art that truly moves you helps you believe and feel that anything is possible.

AREAS FOR CONSIDERATION AND EXPLORATION

□ *Study Groups*

Study in greater depth the various aspects of girls and women in the arts. The following is a brief outline of six areas that should be highlighted:

1. **A complete analysis of arts education in central Indiana.**

The analysis should document why art is fundamental and should include: statistics on existing programs; information on the various art forms and an evaluation of area(s) needing the most support; and a definition of artistic skills and artistic literacy.

2. **Obstacles and attitudes to overcome.**

3. **Areas of need prioritized and a plan developed to implement changes.**

4. **A career in the arts.**

Include institutional enrollment statistics; highlight scholarship and gallery show opportunities; and discuss challenges to a career in the arts.

5. **Society's attitude toward the arts and artists.**

6. **Benefits to the soul.**

□ *Mentoring Programs*

Art students need the opportunity to work with college professors and arts professionals to gain a better understanding of how to make a career in the arts a reality.

□ *Arts Scholarships*

Scholarships for assistance with studio rent, supplies and classes should be awarded. The scholarship recipient(s) could return the gift by mentoring young artists during the duration of the scholarship.

- ***Artist Retreat/Workshop***
Opportunities should be made available for an artist(s) to attend summer art school or advanced training workshops.
- ***Visiting Artist Program***
Artists from different fields should convene to analyze and work with other communities to help define different artistic skill sets.
- ***Collaboration With The Existing Arts/Education Community***
Organizations serving women and girls should work with the existing arts/education community to expand existing or develop new opportunities for women and girls to be involved with the arts.
- ***Advocacy For The Inclusion Of Arts In The School Curriculum***
Women and girl serving organizations can encourage school administrators and parents to include arts in the school curriculum. Existing arts education programs can provide information on the benefits of the arts to a child's education.

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SPORTS

“One hundred years ago, women and girls were denied the right to play sports or engage in rigorous physical activity on the scientific basis that they would do irreparable harm to their reproductive organs. Today there are more modern myths designed to keep girls from playing sports. Unfortunately, they are much more artfully disguised and believable.”

Donna A. Lopiano, Ph.D., Executive Director, The Women's Sports Foundation

OVERVIEW OF PROBLEM

Women are quickly beginning to outnumber men as sports spectators, a reaction sparked by the increasing visibility and victories of the 1998 Olympic gold medal champion women's hockey team, the 1996 gold medal winning women's basketball, baseball and soccer teams, and the creation of the WNBA. However, when young women and girls decide to participate in sports, they do not receive a great deal of support. For this reason, many girls choose to participate from the sidelines.

The Title IX Report Card on Gender Equity reported that girls and women were virtually closed out of school sports until the passing of Title IX. However, females are still in need of increased opportunities and incentives to participate in sports. It also reported that:

- Females account for 40% of all high school and 37% of all college varsity athletes.
- Female athletes receive only 23% of athletic scholarship dollars and 27% of athletic recruiting dollars.

There are a number of modern myths about girls and sports (from the Women's Sports Foundation):

- Women's participation in sports puts them at a greater risk of developing an eating disorder.
- Girls who play sports become masculine.
- Female participation in sports diminishes the value of the sport.
- Males are more interested and skillful in sports than females.
- Most parents do not want their daughters to become professional athletes.

According to the National Institute of Health:

- There is substantial evidence that weight bearing exercise increases bone mass.
- One to three hours of exercise a week over a woman's reproductive lifetime can bring a 20%-30% reduction in the risk of breast cancer, and four more hours can reduce the chances by 60%.
- High school girls who spend time participating in sports also tend to have higher grades.
- The benefits of athletic participation for males and females are the same (i.e., staying healthy, better sleeping habits, competition and responsibility).

Now There Is A Fund That Addresses The Needs Of Women And Girls In Central Indiana

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IDENTIFIED AREAS OF NEED

Title IX requires schools to provide substantial funding for girls' sports teams. However, according to the Women's Sports Foundation, more than 90% of all schools and colleges are not in compliance with Title IX, 25 years after its passage.

Increased Advocacy by Parents

Many parents do not get involved with local community politics because they fear the resistance of local officials.

Effective Use of Resources

Resources should be used to encourage more sports activities for girls and women.

Acceptance of the Value of Recreational Sports for Women

More attention should be given to female sports throughout the educational system.

Equal Media Attention for Women's Sports

The media should increase the amount of time they spend reporting on women's sports. It should also increase the depth of the coverage.

AREAS FOR CONSIDERATION AND EXPLORATION

□ *Seek Partnerships With Parks for Sports Programs*

A study conducted by the University of Minnesota's Center for Research on Girls and Women in Sports found that recreational, school-based physical education and sport programs are ideal ways to facilitate both health-related fitness and the acquisition of fundamental motor skills for a lifetime of activity.

□ *Programs that Honor Title IX*

New and existing sports programs need to be evaluated to ensure that they meet the intent of Title IX. Parents need to be involved in program evaluation and in advocacy for sports programs that encourage and involve girls.

□ *Target Female Role Models for Mentoring*

Encourage adults to stress the value of sports. Challenge them to expand community and school efforts in health education, to promote the positive results of female participation in sports, and encourage female role models to mentor young female athletes.

□ *Awards Reception*

An event should recognize local women for their outstanding participation in existing sports programs.

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The Most Influential Achievements in Women's Sports. Women's Sports Foundation.

GOVERNMENTAL POLICY

The women of Indiana won the right to vote in 1919. Indiana was one of the first 35 states to ratify the Equal Rights Amendment.

OVERVIEW OF PROBLEM

According to the Institute for Women's Policy Research, in 1996:

- 51% of Indiana's population over the age of 18 was female.
- 52% of all registered voters in Indiana were women.
- 52% of Indiana's voters in the 1996 election were women. The women that did exercise their right to vote represented 69% of those eligible.

The unique needs of women must be addressed in the formulation of public policy. Although the proportion of elected women officials is slowly rising, progress toward parity is much too slow at all levels of government. Currently, 14 of the 50 members of the Indiana Senate and 14 of the 100 members of the Indiana House are women. Nationally, Indiana ranks 29th in the proportion of women legislators. Although the number of women serving in the General Assembly has doubled in the past 20 years, at the present rate of increase, it will take 57 years to achieve parity.

The cost of campaigns has risen precipitously in the last decade and shows no signs of leveling off. In 1994, congressional campaign spending increased 17% over 1992 record levels. The Federal Election Commission reports that the top 50 incumbent Congressmen seeking reelection each raised more than \$900,000 for the 1994 campaign, and that in 1994, spending for Senate races increased 52% over 1992.

The cost of campaigns for state legislative offices has also risen dramatically. Only 14 races for the General Assembly were hotly contested in 1998, since computer-aided redistricting has greatly reduced the number of elections where the outcome is unsure. The candidates in the most hotly contested race for State Representative, one of which was a woman, spent a combined total of \$395,717. Four of the 14 races spent more than \$300,000 combined.

The increasing importance of money in campaigns contributes to a concern that the number of women in elected office will not continue to grow, since women candidates have traditionally found the money raising aspects of campaigning more difficult. In fact, only two incumbent state legislators lost their campaigns for reelection in 1998 and both were women.

The under representation of women in elected office in Indiana is not limited to the legislature. Of the 117 mayors, only 15 are women. Of the 90 elected prosecutors, only seven are women. None of the 92 elected sheriffs are women. Only three of 15 appellate court judges are women. The Honorable Myra Selby is the only woman of five on the Indiana Supreme Court. While three of Indiana's seven constitutional office holders are women, two of the three offices are not policy setting positions. There is only one female U.S. Representative and no Indiana female U.S. Senator from Indiana.

Women are also grossly under represented in education policy making positions, despite the overwhelmingly female teaching profession. While 72% of Indiana's teachers are women, only 18 (or 6%) of the school superintendents are women.

IDENTIFIED AREAS OF NEED

Women Involved in State and Local Public Policy Making

Issues that are important to women and girls often receive less attention by male-dominated policy makers when scarce resources are allocated. There is a need for legislation on areas of concern to women including: health care; child care; job training; enforcement of equal opportunity laws (including sports funding); violence against and harassment of women; and campaign finance reform.

The small number of female school superintendents may mean less attention and fewer resources are devoted to educational and sports opportunities for girls. The small number of elected prosecutors and the absence of female sheriffs may result in violence against women being given a lower priority when investigative and prosecutorial resources are allocated.

AREAS FOR CONSIDERATION AND EXPLORATION

The Women's Fund should be non-partisan so that efforts can be focused on programs which encourage women to register to vote, get involved at every level of political activity, and support issues of interest to women.

❑ *Women's Legislative Caucus*

All women legislators, regardless of political affiliation, meet with a goal of supporting women's issues. The Women's Caucus needs staff support to enable it to do a variety of things, including recruiting women for internships and raising public awareness and support for the issues the Caucus supports.

❑ *Increasing Political Involvement of Women*

One way to increase the political involvement of women is to educate women about: the political process; how to become involved in it; how to become a candidate; and issues of interest to women.

□ *Form A Consortium Between Civic-Minded, Women-Oriented Organizations*

The consortium could promote collaborative participation by women involved with government, politics, business, education and the judicial system. It could serve as a liaison between government and private groups concerned with services for women. It could also promote consideration of qualified women for government and board positions.

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MEDIA IMAGES OF WOMEN

“Even if people don’t believe the images of an alleged ‘ideal body’ that they see in the mass media, they live in a world that does. We need more diverse portrayals of body images and media literacy education that can help debunk these myths.”

Michelle Wolf

San Francisco State Professor of Broadcast and Electronic Communication Arts

OVERVIEW OF PROBLEM

The mass media tends to reinforce an idealized standard of human appearance that is impossible for most people to attain. A narrow concept of female beauty has been assimilated into the American culture and impressionable young women are determined to achieve the right image at any cost. As a result, millions of young women in the U.S. suffer from health threatening eating disorders, such as:

- **Anorexia Nervosa** - Drastic weight loss resulting from extreme dieting or starvation.
- **Bulimia Nervosa** - Changes in weight and a cycle of binge eating followed by purging to rid the body of unwanted food.
- **Emotional/Compulsive Eating** - Compulsive eating to cope with emotional difficulties, hardship, or traumatic experiences.

There is a need to improve and promote the image and visibility of women both represented in and working in the media. Society has been flooded with images of women as being weak and vulnerable. Women should use the media to promote gender equity.

IDENTIFIED AREAS OF NEED

Positive Presentation of Women

The pressure for women to be beautiful and thin is presented as the social standard in many publications and other forms of media. The impact of this image is immense. Women and girls are being socialized to believe that their bodies must fit this image - otherwise they are not acceptable. The editors of RE/PRESENTATION magazine found that more than half of eighth grade girls have been on diets, due to the prevalent unrealistic representations of women in the mass media.

A Network of Career Women in the Media

Central Indiana should promote positive images of women in the media by building a network of women with careers in the media, and therefore strengthen the roles of women within the media professions. The network would strive to increase the number of women in decision-making positions, therefore giving more women the opportunity to influence media content and policies.

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Promotion of and Education About a Healthy Body Image

An educational campaign should be launched to inform young girls and women how to maintain a healthy body. The campaign should include distribution of literature that highlights proper dieting and current research on weight preoccupation.

AREAS FOR CONSIDERATION AND EXPLORATION

- ***Resource Group***
The group would monitor local media treatment of women and provide advice/training on how to improve the image and treatment of women by the media.
- ***Advocacy for Gender Equity in the Media***
Encourage local media to diversify their workforce, particularly in upper management.

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SPIRITUAL DEVELOPMENT

OVERVIEW OF PROBLEM

All people have a spiritual life – a desire to make sense of their time on earth, to nurture a way of living which transcends the self, to connect to something greater. If spiritual awareness supports people through crisis and gives meaning in times of joy; if it helps to sustain community and undergirds the moral life; then it should be an essential component of community education.

There are few opportunities that encourage women's spiritual lives. While some women find their spiritual lives nurtured in their religious institutions with which they affiliate, others do not. Even women who do find their communities of faith as places to explore the life of the spirit still seek opportunities to connect with other women to explore how women may both value and give voice to their spirit. Traditional structures have often encouraged women to "fit in" rather than add their souls' longings to the ongoing shaping of faith.

IDENTIFIED AREAS OF NEED

Recognition and Honoring of Women as Religious Leaders

Recognition of women as religious leaders is an important part of encouraging women and girls of all ages to become active in their communities of faith. Honoring a woman's expression of her spirituality as valid is essential.

Programming Unique to the Spiritual Needs of Women

Opportunities for discussion between women from different religious backgrounds are an important way for women to understand themselves and other women. This open dialogue could be used to discuss ways to develop spirituality opportunities for girls and young women. Participants could also discuss needed programming that could be used by any denomination or organization serving women and girls.

AREAS FOR CONSIDERATION AND EXPLORATION

□ *"Center" for the Spiritual Life of Women*

An interdenominational collaboration could be developed to produce programs that focus on the unique spiritual needs of women and ways to express their spirituality. These programs could be held on a regular basis, should make it possible for women with children to participate, and should create an environment in which all women feel comfortable. This collaboration could also track existing programs (religious or non-religious) which enhance women and girls' spiritual lives and make referrals to these programs.

□ *Mentoring Programs for Girls and Young Women*

Cross-generational mentoring programs could encourage girls and young women to learn about and express their spirituality.

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Mitzi Witchger
GREAT!

HOW YOU CAN MAKE A DIFFERENCE

A Gift of Time and Talent:

Learn more about issues that affect the lives of women and girls.
Support women and girl serving agencies. Your time as a volunteer is important.
Encourage girls and women in their endeavors.
Mentor a girl.
Mentor a young woman in your field of expertise.
Advocate for women and girls in decision making areas.
Use your voting power to address issues affecting women and girls.

A Gift of Treasure:

The Women's Fund of Central Indiana is dedicated to the support of programs created to give opportunities, encouragement, knowledge and hope to women and girls in central Indiana.

There are many ways you can make a contribution to our permanent endowment and support programs to improve conditions for central Indiana women and girls. In addition to a gift of cash, the Women's Fund can accept appreciated stock, gifts made via a will, life insurance policies that are no longer needed, retirement plans and gifts of real estate. Opportunities are available that can help you make a significant gift while reducing taxes, providing for your heirs and in some cases increasing your current income.

The Women's Fund has a donor advisor who is an attorney and a nationally recognized expert in gift planning. She will be happy to meet with you and your financial advisors to discuss creative ways to create your legacy.

If you would like more information about any of the gift options above, please contact **Gift Planning Services** at (317) 634-7497, ext. 122.

Making a Gift to the Women's Fund

Yes! I would like to make a gift to the Women's Fund of Central Indiana in the amount of \$ _____

Name: _____

Address: _____

City, State, Zip: _____

Employer/Title: _____

Phone: (home) _____ (work) _____

Payment Will Be Made As Follows:

- Gift of Securities, Real Estate, or Other Assets
- Check Enclosed (payable to Women's Fund of Central Indiana)
- Pledge a Total of \$ _____

To Be Paid As Follows:

month: _____ year: _____ amount: _____

month: _____ year: _____ amount: _____

month: _____ year: _____ amount: _____

- First Pledge Payment of \$ _____ is enclosed.
- Charge My Credit Card: American Express MasterCard Visa

Name on Card: _____

Card Number: _____ Exp. Date _____

Signature: _____

Please indicate how you would like to be recognized in our printed material.

Name (please print): _____

- I would prefer to remain anonymous
- I would like to honor or memorialize someone with my gift.
 - In Honor of: _____
 - In Memory of: _____

Return To: Women's Fund of Central Indiana
615 N. Alabama Street, Room 119
Indianapolis, IN 46204
Questions? 317-631-6542 x. 131

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