The COVID-19 Crisis and Vermont Women

VERMONT COMMISSION ON WOMEN

A data dashboard document tracking the impacts of the COVID-19 crisis on women and girls in Vermont.

Last updated: June 29th, 2020

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WOMEN, WORK, & COVID-19

Essential work and inequities in employment during the COVID-19 crisis.

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COVID-19 & HEALTH DISPARITIES

A disproportionate number of women in Vermont are testing positive for COVID.

3

ECONOMIC CHALLENGES & COVID-19

Economic vulnerability and instability during the pandemic.

4

ONGOING SOCIAL INEQUITIES & COVID-19

Continuous inequities in social and family settings for Vermont women.

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WOMEN, WORK, & COVID-19

91%

% of **nurses** in Vermont who are women

82%

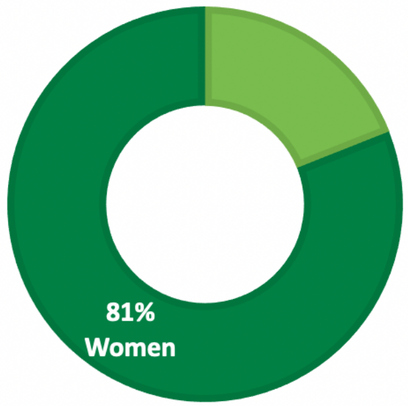
% of **other health care workers** in Vermont who are women

82%

% of **personal care workers**, including child care professionals, in Vermont who are women

WHY A DISPROPORTIONATE IMPACT?

TIPPED WAGE WORKERS IN VERMONT



By many measures, women are more likely to have their work impacted by the pandemic in Vermont, and are more likely to be delivering services deemed "essential" during this time. Women make up 81% of the state's tipped wage earners, the highest rate in the country.

Women in Vermont are more likely than men to be in part-time positions and make up a disproportionate share of those earning less than $11 an hour. This makes them less likely to qualify for benefits like paid leave or health insurance.

WOMEN-OWNED BUSINESSES & COVID-19

Nationally, women business-owners are more likely to own smaller businesses than their male counterparts. Women-run businesses are also more likely to be in the service sector, such as health, education, personal, or retail services, all business-types likely to be impacted by the current economic climate.

Minority business-owners also have been found to be disproportionately represented in "higher-risk" industries during this time, nationally.

Despite these challenges, Vermont women are continuing to strive towards business-ownership and success. 30% of the Center for Women and Enterprise Vermont's inquiries during this time have been women wanting to start their own businesses. There has been a doubling since April in CWE Vermont's inquiries for programming about early-stage business planning and support.

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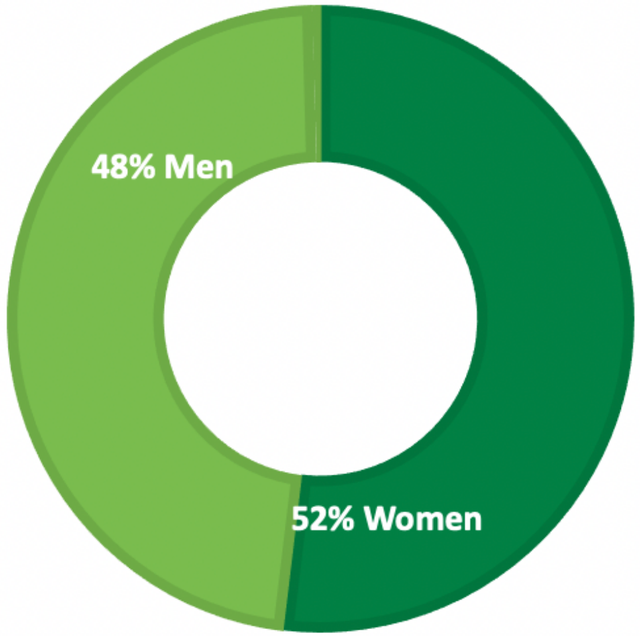
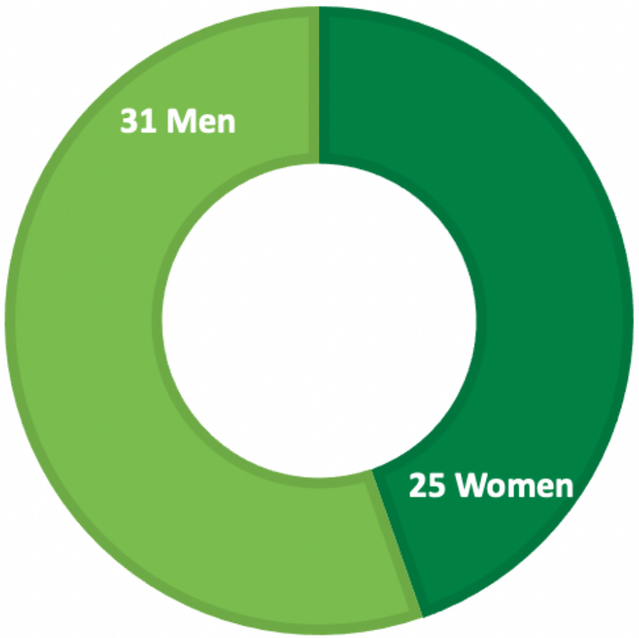
COVID-19 & HEALTH DISPARITIES

According to the Vermont Department of Health, women in Vermont make up a higher number of the positive cases of COVID-19. However, men are dying at higher rates from the virus.

COVID-19 CASES IN VERMONT BY GENDER



COVID-19 DEATHS IN VERMONT BY GENDER



RACIAL AND ETHNIC INEQUITIES

More information is needed in Vermont about how racial and ethnic minority groups are uniquely and disproportionately impacted by COVID-19. Nationally, the CDC and other research authorities have found that black and Latinx Americans are more likely to die of COVID-19 and are overrepresented in hospitalizations attributed to the virus.

In Vermont, early data suggests that 9.6% of positive cases in the state are found in African Americans; however, these individuals make up only 1.4% of the overall population. Black and Asian Vermonters also have higher rates of COVID-19 hospitalization.

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ECONOMIC CHALLENGES & COVID-19

Women in Vermont are more at risk of being in, or falling into, poverty. The economic downturn associated with the pandemic makes women even more vulnerable to financial instability. With higher rates of poverty, a persistent wage gap, and new and growing concerns around unemployment, the current economic crisis is revealing underlying financial insecurity for women in our communities.

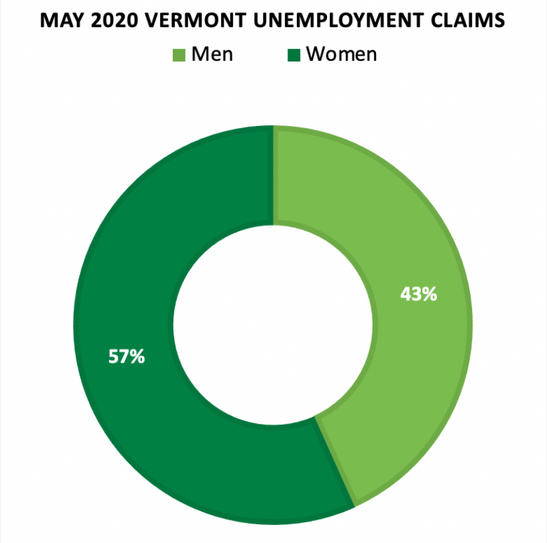
47.1% of Vermont households headed by women with minor children under five years old are in poverty, whereas 14% of male headed households with children under five are in poverty

26.9% of black women in Vermont are living in poverty. This is over twice the rate of white women in poverty, and higher than the national average for black women

UNEMPLOYMENT & COVID-19

Data on unemployment claims from the U.S. Department of Labor suggests that Vermont women are facing unemployment during this time at higher rates than men. In May 2020, 57% of claims were attributed to women, while 43% were attributed to men. Over 31,000 Vermont women filed for unemployment in May.

This can be compared to the same period in May 2019, during which women made up the minority of claims and filed only 1,410 claims; marking more than a 2000% increase for the same period in 2020.



THE WAGE GAP IN VERMONT

Median Annual Income by Gender in Vermont

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ONGOING SOCIAL INEQUITIES, LIVING CONDITIONS, & COVID-19

43.9%

of separated women in Vermont live with minor children, compared to 21.6% of separated men.

4X

Nationally, women are four times more likely than men to take time off from work when children are sick.

1

incoming inmate and 1 staff member of the women's prison in Vermont, CRCF have tested positive for COVID-19.

WOMEN, CAREGIVING, AND COVID-19

DUE TO ONGOING INEQUITIES AND SOCIETAL EXPECTATIONS, WOMEN PERFORM MORE DOMESTIC AND CAREGIVING WORK

- An April 2020 nationally-representative poll found that 45% of men reported doing the majority of work supporting children with remote learning, while only 3% of women agreed that their partners did the majority of this work.
- Child care programs were allowed to reopen by the state on June 1st. However, there are ongoing concerns that not all programs will open and that families could lose their spots. A decrease in child care availability would likely disproportionately impact women attempting to return to work in Vermont. Research has found that women are more likely to reduce hours or quit their jobs to care for children or other family members.

SAFETY FROM VIOLENCE

DUE TO SOCIAL ISOLATION, DOMESTIC AND SEXUAL VIOLENCE ARE SIGNFICANT CONCERNS DURING THIS TIME

With a decrease in social networks and a lack of consistent visibility, intimate partner violence, sexual violence and family domestic violence are of heightened concern during the COVID-19 crisis. This is evidenced by:

- A significant decrease in call volume to the child abuse and neglect reporting line in the state.
- An increased share of child and family factors at DCF intake during this period being attributed to "family domestic violence".
- Organizations that support survivors of sexual and domestic violence have reported that the "complexity and severity" of hotline calls has increased during this time.

DATA AND INFORMATION SHARED HAS BEEN GATHERED AND CONTRIBUTED FROM

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