

# THE STATUS OF WOMEN AND GIRLS IN FAIRFAX COUNTY VIRGINIA

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**Joanna Schroeder**

<https://orcid.org/0000-0003-1514-5694>

**Edward Wu**

<https://orcid.org/0000-0001-8647-2567>

**Kathryn Linehan**

<https://orcid.org/0000-0001-9012-6261>

**Kate Lanman**

<https://orcid.org/0009-0007-1109-868X>

**Vicki Lancaster**

<https://orcid.org/0000-0002-1517-3807>

**Stephanie Shipp**

<https://orcid.org/0000-0002-2142-2136>

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# Gains, Gaps, & Goals: The Status of Women and Girls in Fairfax County

Joanna Schroeder, <https://orcid.org/0000-0003-1514-5694>

Edward Wu, <https://orcid.org/0000-0001-8647-2567>

Kathryn Linehan, <https://orcid.org/0000-0001-9012-6261>

Kate Lanman, <https://orcid.org/0009-0007-1109-868X>

Vicki Lancaster, <https://orcid.org/0000-0002-1517-3807>

Stephanie Shipp, <https://orcid.org/0000-0002-2142-2136>

Contact: [sss5sc@virginia.edu](mailto:sss5sc@virginia.edu)

Social and Decision Analytics Division  
Biocomplexity Institute & Initiative  
University of Virginia

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The Status of Women and Girls in Fairfax County, Virginia.


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## The Status of Women and Girls in Fairfax County, Virginia

### Executive Summary

The 2024 Study on the Status of Women and Girls in Fairfax County, Virginia, was motivated by the United Nation’s Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and efforts by the Fairfax County CEDAW Working Group to localize this policy. Working with Fairfax County stakeholders, we explored indicators related to the lives and well-being of women and girls. These indicators relate to economics, health, and work-life balance. The findings are presented using an intersectional, gender-race-place equity lens. This study aligns with the ethics and priorities of the County as outlined in the One Fairfax Racial and Social Equity Policy and the Countywide Strategic Plan.

Indicators about the status of women and girls in Fairfax County do not tell the complete story. Living conditions for women and girls vary based on geography and identity. The differences are illustrated in this report. For example, the wage gap exists for women throughout Fairfax County, taking into account occupational segregation, but the wage gap has more prominent effects on specific populations. The populations include older women and Hispanic, Black, and Native women<sup>1</sup>, women of two or more races, and women of other races. Girls of color are more likely than White girls to work three or more hours on a school day.

To provide context to the indicators, we held seven community conversations with women and girls. This included 44 women in professional and hourly jobs from diverse backgrounds and 18 girls ages 14-18. Discussions with women focused on work-life balance and the advantages of multigenerational support. For teen girls, we were interested in their jobs, activities, and goals and aspirations. Their rich stories are essential for identifying the challenges and complexities in their lives. They point to recommendations that would support and help women come closer to achieving equity in pay, health, and ability to balance their lives among their many priorities.

### Economic Indicators

The wage gap refers to the difference in pay between men and women. In Fairfax County, this gap is experienced by women overall; however, it is more prominent among older women who work in salaried industries and earn a salary rather than an hourly wage. Additionally, Hispanic, Black, and Native women, women of two or more races, and women of other races experience a more significant wage gap than White and Asian women (see Exhibit ES1). Single mothers, women from households with a primary language other than English, and foreign-born women are also more likely to experience a more significant wage gap across age groups.

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<sup>1</sup> ‘Native’ refers to American Indian or Alaska Native and Native Hawaiian or Other Pacific Islander races. See **Intersectionality and Data Limitations** for a more detailed discussion on how race is defined in this report.

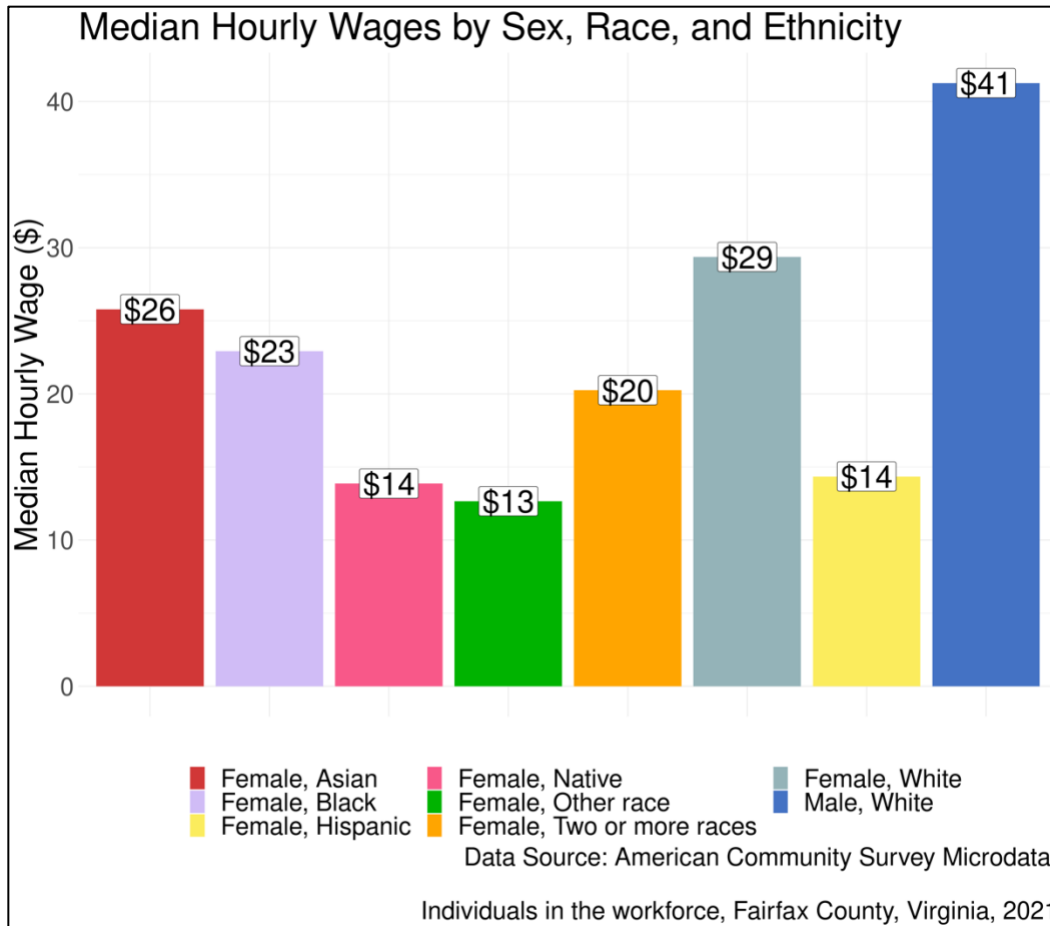
This gap is further perpetuated by occupational segregation, which results in women being more likely to be in lower-paying occupations and to make less than the median wage within their occupations.

While the poverty rate may be lower than the national average, the cost of living is higher in Fairfax County than in the nation. This high cost of living, associated with food, housing, and childcare, is a significant barrier for many women and families in Fairfax County. The Household Living Budget can provide an alternative method of measuring economic vulnerability based on expenditures needed by the household size and composition (by ages of children) and where they live to achieve a modest yet adequate standard of living. HLB is the amount of income necessary to meet a household's needs to function at a modest yet adequate standard of living. The components are housing, food, transportation, childcare, broadband, health insurance, other necessities, and state and federal taxes, computed at the census tract level by household composition and size.

For example, households with a female householder are more likely to be economically vulnerable than comparative households with a male householder. This includes two-thirds of households with a female head of household and children present. The HLB can be used to compute a "living wage" at the census tract level by household composition.

In contrast, the US Census Bureau's Official Poverty Measure is based on income thresholds set in the 1960s and adjusted annually for inflation by the Consumer Price Index (CPI-U). The thresholds vary by family size and composition (but not by age of children) to determine who is in poverty. If a family's total income is less than its threshold, then that family and everyone in it is considered poor. The official poverty thresholds do not vary by where households live. The U.S. Census Bureau's Official Poverty Measure is lower than the alternative Household Living Budget for households in Fairfax County.

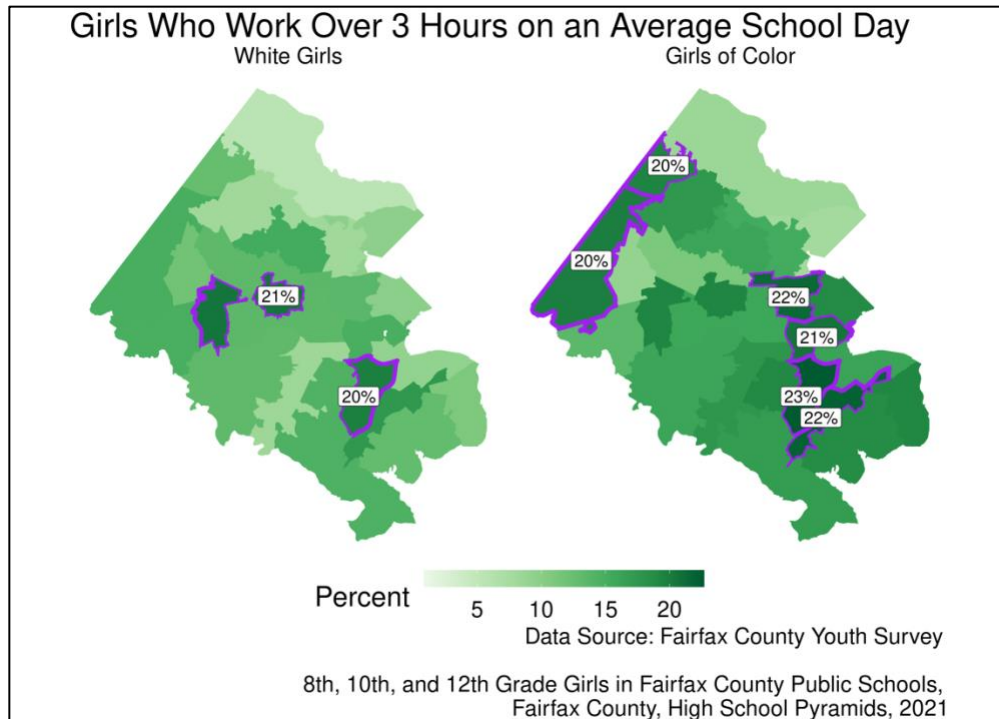
In our community conversations, women highlighted the challenges of finding affordable childcare. They noted the benefits of living with extended family or having family and friends nearby who provided support. Those who did not have these support networks often did not work outside the home, worked fewer hours or juggled their hours to accommodate schedules.



**Exhibit ES1. Wage Gap (the difference in pay between men and women) for women by race, ethnicity (Hispanic), and compared to White men. Hispanics can be any race.**

We analyzed the employment patterns of girls in Fairfax County using data from the 2021-2022 Youth Survey that surveys 8th, 10th, and 12th-grade students. The results show that 73% of girls, 71% of boys, and 68% of students who did not report their gender do not work on an average school day. Female students are more likely to work for three or more hours than male students. For many high-school pyramid boundaries,<sup>2</sup> a higher percentage of girls of color work for three or more hours per day than White girls (see Exhibit ES2). In our community conversation, many teen girls babysit and pet sit, which seemed part of their weekly activities. Those who worked regular hours at a company, such as a restaurant, noted that juggling work and school was hard. Further research is needed to understand why a higher percentage of female students of color work for three or more hours per day than White female students, as excessive working hours could negatively affect academic performance.

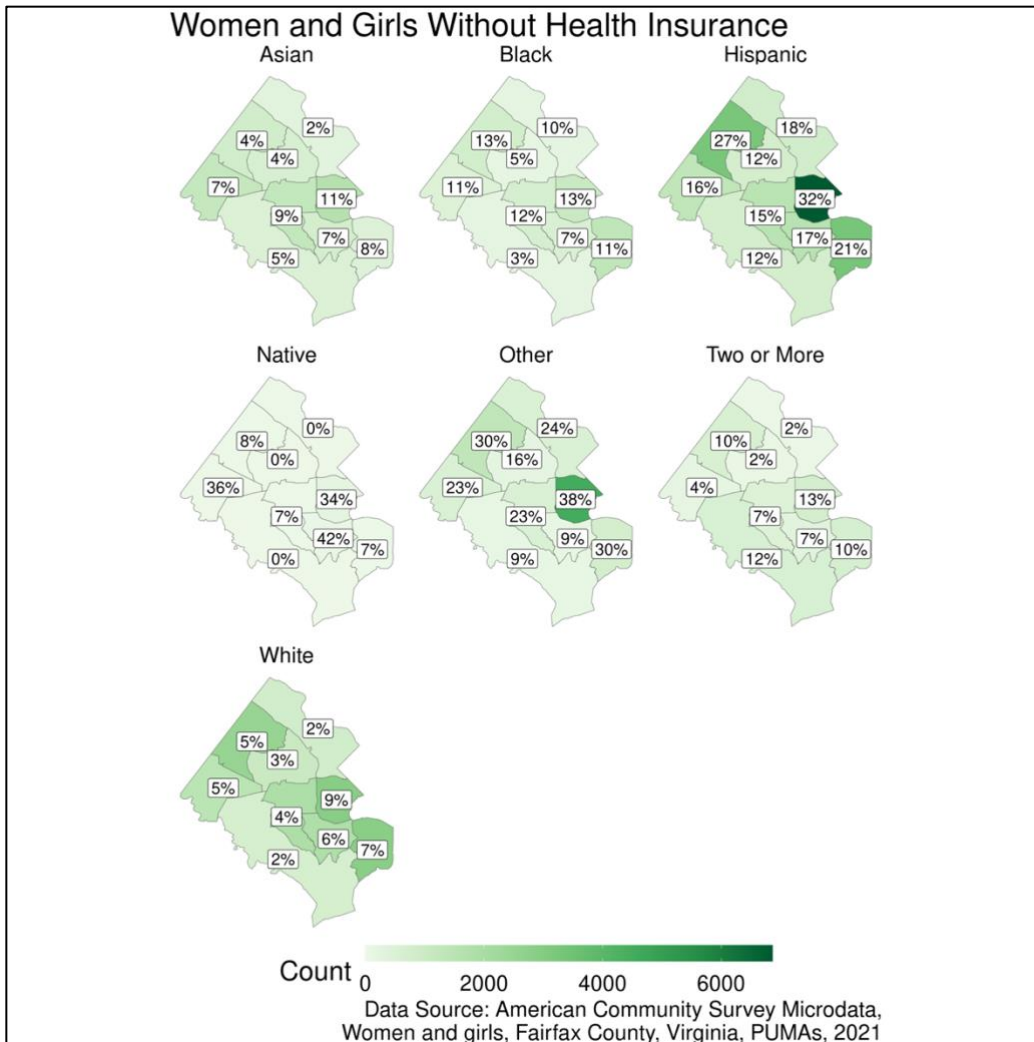
<sup>2</sup> A high school pyramid boundary is defined by the location of the high school (the top), with one or two middle schools in which students feed into the high school. The pyramid base comprises several "feeder" elementary schools into the middle school(s). In Fairfax County, Virginia, there are 24 high school pyramid boundaries.



**Exhibit ES2. Areas outlined in purple have the largest percentage of girls who work 3 or more hours on an average school day. Girls of color are more likely to work compared to White girls.**

### Health Indicators

In western and southern parts of the county, aligning with Sully, Mount Vernon, and Franconia Districts, more women do not have health insurance than women in other parts of the county (see Exhibit ES3). Black women and women of other races are more likely to live in households without a vehicle, exacerbating disparities in health care services availability. We find that areas with high rates of uninsured, like the Mason district, are in high-poverty areas and areas where women are less up to date on preventive health services. Foreign-born women and girls have comparatively higher rates of rates and counts of being uninsured. Native girls, Black girls, and girls of other races have the highest representation among the population (or populations of girls) relying on government assistance for health insurance. Looking at chronic conditions, women have higher rates of poor mental health and arthritis compared to men. Women generally have a higher life expectancy than men, though this varies by geography and race. Hispanic women had the highest percentage of COVID-19-related deaths.



**Exhibit ES3. The percentage of women and girls without health insurance by race and ethnicity (Hispanic). Note: The race categories include Hispanics.**

### Work-Life Balance

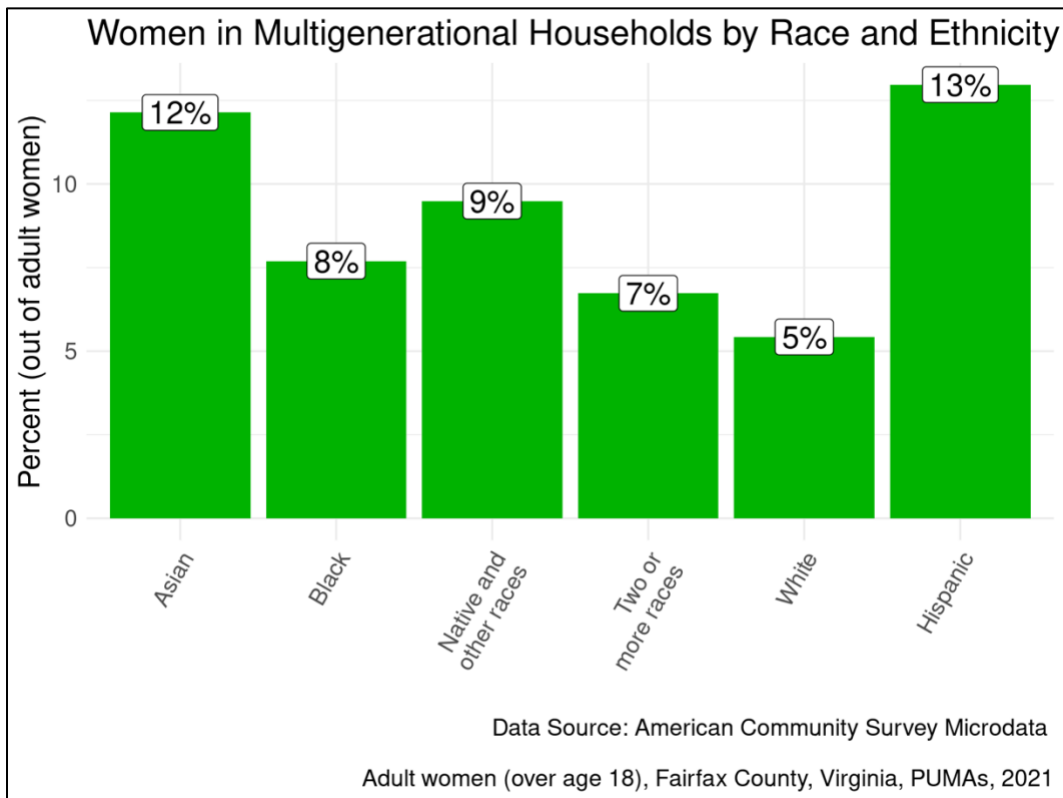
Work-life balance is the ability to balance work and personal life. It requires support from family, friends, social programs, and policies. Achieving a healthy work-life balance is crucial for overall well-being and satisfaction. Women may find it more challenging to achieve work-life balance due to the history of having their labor devalued at home and in the workplace. There are challenges to achieving a balance, such as affordable childcare and family, friends, and community support.

Childcare is not affordable for all households in Fairfax County, particularly for economically vulnerable single mothers. Almost one out of five single mothers live in the Mount Vernon and Braddock Districts. More than two out of five of these single mothers are Black. Asian women are more likely to live in multigenerational households, which may provide support and improve work-life balance. About 8% of women work over 50 hours per week in Fairfax County. These women make eight dollars more per hour



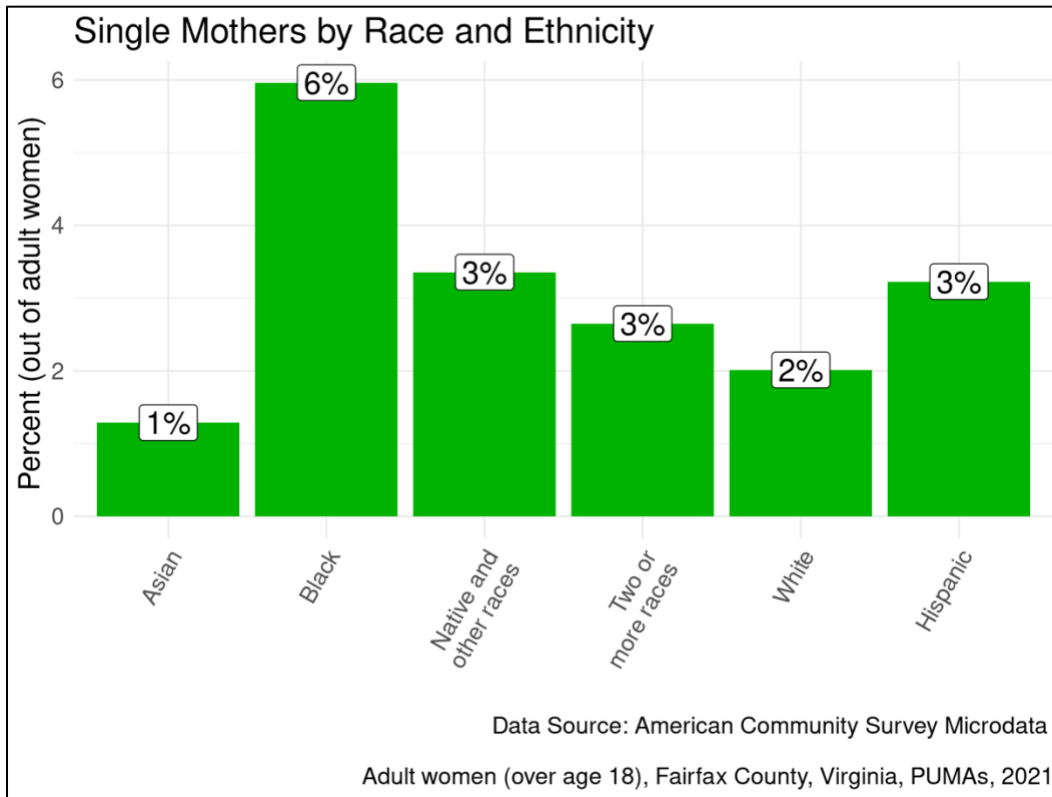
than women who work less than 50 hours and are more likely to be single mothers. Long work hours are associated with negative adverse health outcomes.

Hispanic and Asian women are more likely to live in a multigenerational household compared to women of other races. In our community conversations, women reported that living near a support network can ease the burdens of being a mother. Multigenerational households, extended families, and helpful friends and neighbors can provide relief from caregiving and home management responsibilities, as well as some financial burdens associated with childcare.



**Exhibit ES4. The percentage of women who live in multigenerational households by race and ethnicity (Hispanic). Note: The race categories include Hispanics.**

Many single mothers face unique challenges when it comes to work-life balance. They struggle to provide for their family, care for their children, and manage household tasks. Support systems to alleviate these challenges would benefit this group (See Exhibit ES5).



**Exhibit ES5. The percentage of women who are single mothers by race and ethnicity (Hispanic). Note: The race categories include Hispanics.**

### Fairfax County Bright Spots

We highlight several bright spots within Fairfax County programming and opportunities for growth within the County to improve the lives of women and girls. Programs such as the School Age Child Care, Economic Mobility Pilot, Health Safety Net Services, free clinics, Opportunity Neighborhood Collective Impact Initiative, and the Fairfax County Early Education Program Community Education and Provider Services are bright spots contributing to the well-being of women and girls. These programs provide resources and support and work with women and girls to be resilient and take action. For example, in the Opportunity Neighborhood Collective Impact Initiative, the community sets goals and works with a neighborhood facilitator to implement programs and activities aligned with the needs and interests identified by the community. In the Childcare Provider program, the provider works with a Fairfax County specialist to access resources and training. Programs like these allow the county to be responsive to the community's expressed needs.

We commend the county for its commitment to advancing racial and social equity through One Fairfax and for specifically identifying gender marginalization as an area for the County to address. We recommend that Fairfax County continue to study and monitor the well-being of women and girls, particularly in the domains of safety and interpersonal violence, education, civic participation, and homelessness.

## The Status of Women and Girls in Fairfax County, Virginia

### Introduction

In this report, we examine the status of Women and Girls in Fairfax County through four lenses – (1) economic, health, and work-life indicators, (2) community conversations with women and teen girls, (3) a review of the literature and Fairfax County policies and programs, and (4) interviews and discussions with Fairfax County program leaders. This report is a collaborative effort between the Social and Decision Analytics Division (SDAD) within the University of Virginia’s Biocomplexity Institute and Fairfax County’s Department of Family Services, Domestic and Sexual Violence Services, and Office of the County Executive that studies the status of women and girls in Fairfax County. We collect, synthesize, and analyze county and subcounty-level data to support the decision-making needed to improve the well-being of women and girls in Fairfax County.

### Background

The Fairfax County Women and Girls Study (WGS) working group acknowledges the Fairfax Working Group for the **United Nations Convention on the Elimination of All Forms of Discrimination Against Women** (CEDAW) as the catalyst for this study. Through the Fairfax County CEDAW Working Group’s grassroots civil society campaign to promote and protect women’s fundamental universal human rights, the Board of Supervisors directive and Board sponsors Supervisor Kathy Smith and Supervisor Dalia Palchik created an opportunity to complete a more comprehensive evaluation that identifies strengths, opportunities and existing data gaps. This baseline understanding of the status of women and girls specific to Fairfax County can help prioritize interventions and benchmark progress with consideration for the multiple intersecting identities of women and girls in our communities.

This report seeks to further the goals of CEDAW and align with the One Fairfax racial and social equity policy and the Countywide Strategic Plan to provide a data-driven overview of the status of women and girls within Fairfax County. In this report, we present indicators on the status of women and girls within the domains of Economics, Health, and Work-Life Balance.

### Approach

#### Intersectionality and Data Limitations

This report focuses on examining data in granular geographies and for intersections of identity. Intersectionality is a theoretical framework that describes how intersecting identities of individuals and groups produce interdependent experiences of discrimination (Carastathis, 2014; Crenshaw, 1989). In other words, the experience of women and girls differs and is informed by intersecting identities, such as race, ethnicity, language spoken at home, and geographic location. Collecting and analyzing data shows that women and girls of different demographics and geographic locations can often have different outcomes in various indicators. Ignoring geography and intersections of identity could result in losing important insights and hinder the ability to identify vulnerable populations (Teplova et al., 2018). Therefore, we disaggregate the data to understand better the issues facing women and girls.

Due to data limitations, we are constrained in the ways we can study intersectional identities. Generally, our definition of women hinges on data availability. The American Community Survey, for example, does not distinguish between binary biological sex (as in ‘male’ or ‘female’) and gender identity (for example, ‘transgender,’ ‘nonbinary,’ or ‘gender fluid’) (U.S. Census Bureau, n.d.). In this survey, respondents self-report their sex. This report uses the terms ‘woman’ and ‘female’ interchangeably. We acknowledge that gender identity plays a critical role in producing an individual’s experience. Data limitations in this area hinder our ability to form a complete picture of the status of women and girls in Fairfax County.

Our definitions of racial and ethnic identity also rely on data availability. The U.S. Census Bureau defines the following racial identities:

- **White:** A person originating from any of the original peoples of Europe, the Middle East, or North Africa.
- **Black or African American:** A person having origins in any of the Black racial groups of Africa.
- **American Indian or Alaska Native:** A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
- **Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- **Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands (U.S. Census Bureau, 2022b).

In this survey, respondents self-report their race. Respondents may pick more than one category or no category, resulting in two additional identities:

- **Two or more races:** Someone who identifies with more than one of the above racial categories.
- **Other race:** Someone who does not identify with any of the above racial categories.

In addition to race, the American Community Survey collects information on one ethnic identity.

- **Hispanic or Latino:** a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race (U.S. Census Bureau, 2022c).

This report uses the racial and ethnic identities defined by the U.S. Census Bureau. We treat race and ethnicity as distinct identities. In other words, ‘Hispanic’ includes individuals who identify as Hispanic or Latino regardless of race.<sup>3</sup> Unless otherwise specified, racial identities include individuals who identify with that race regardless of ethnicity. In some analyses, we must aggregate the data by identity where the sample size is small, as noted in the report. ‘Native’ refers to American Indian or Alaska Native and

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<sup>3</sup> We use the term ‘Hispanic’ in this report because this term is used more consistently across data sources.

Native Hawaiian or Other Pacific Islander races. ‘Native’ is also used to mean born in the United States, so the context is important.

Analytical limitations must be considered when interpreting the findings presented in this report. For example, Middle Eastern and North African (MENA) Americans often do not identify as White, though the U.S. Census Bureau officially categorizes them this way (Maghbouleh et al., 2022). Similarly, the U.S. Census Bureau’s definitions and evolving cultural ideas about Hispanic and Latino identity require us to provide further context for findings (Hugo Lopez et al., 2023). In this report, we also disaggregate by other relevant demographic indicators, such as nativity to the U.S. and language spoken at home, to contextualize results by racial and ethnic intersections. We cannot provide an in-depth analysis of some identities due to a lack of data. This includes gender (as previously mentioned) and sexuality. No data is available on these identities in the American Community Survey (Glassman, 2023). We recommend that future research into the status of women and girls in Fairfax County attempt to address some of these data limitations.

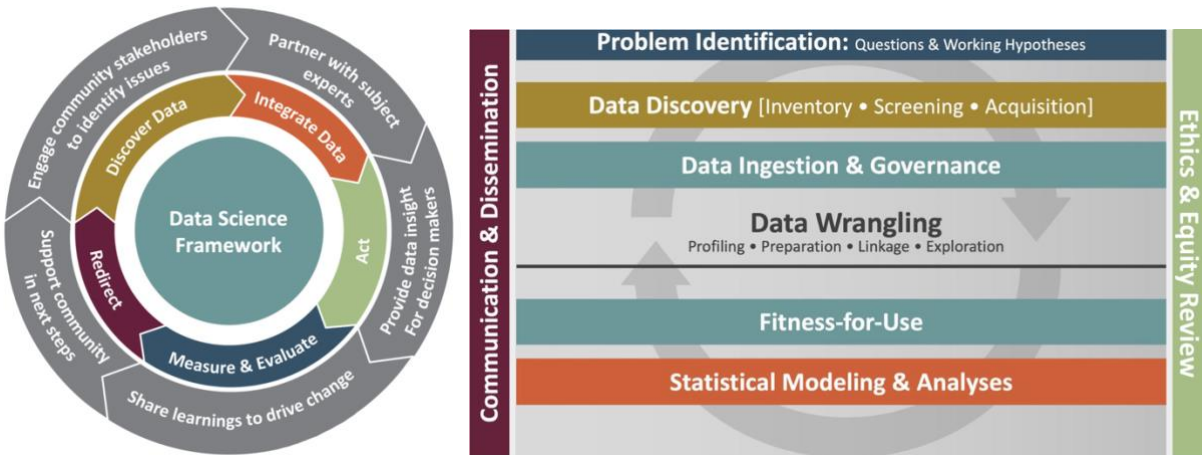
### Community Learning through Data Driven Discovery

The specific domains and indicators selected for this report were chosen using an iterative and collaborative approach, Community Learning Through Data Driven Discovery (CLD3), along with SDAD’s Data Science Framework (see Exhibit 1). SDAD focuses on achieving community well-being through data-driven research in collaboration with partners. The critical innovation in CLD3 is community-based research where the community participates in asking and answering the questions that drive information gathering and provide insights relevant to program or policy decisions (Keller et al., 2020; Social and Decision Analytics Division, 2020). In this case, our community partners were the Women and Girls Study (WGS) Workgroup, with whom we met regularly to refine and scope the selection of key indicators specific and meaningful to women and girls in Fairfax County.

### The Data Science Framework

The Data Science Framework is at the heart of the CLD3 process (see Exhibit 1). The Data Science Framework highlights how we approach our research. Once the issue or problem is identified, Data Discovery is critical to illuminating existing data resources that can be repurposed to supply community insights. In this case, we looked to provide insights on the status of women and girls in Fairfax County by making use of a variety of data sources, both public and private.

We acknowledge that data do not always tell the entire story. Mainly because of our focus on intersectionality, we found that available data often did not meet our needs. A sufficient level of disaggregation and geographic granularity is necessary to perform meaningful analysis. We sought to bring community voices forward to contextualize data insights and bridge data gaps within our research (Teplova et al., 2018). We partnered with Fairfax County Neighborhood and Community Services and the Northern Virginia Chamber of Commerce to hold community conversations on selected indicators.



**Exhibit 1. The Community Learning Through Data Driven Discovery (CLD3) Process and The Data Science Framework: The CLD3 approach includes identifying the research question that drives the subsequent steps, i.e., discovering data sources, preparing them for use, and assessing their value for the intended use; analyzing these data; and reporting results, all while ensuring each stage of the process is ethically sound and completed through an equity lens (for example, gender-race-place). The Data Science Framework provides a comprehensive, rigorous, and disciplined approach to problem solving that is central to the CLD3 process.**

### Fairfax County Overview

Fairfax County is located in Northern Virginia near Washington, D.C. The county has 1.1 million people. It is racially and ethnically diverse, with roughly 49% of residents White, 10% black, 20% Asian, 11% two or more races, and 17% of residents identify their ethnicity as Hispanic. Roughly 38% of residents ages 5 and older speak a language other than English at home. Fairfax County is also relatively prosperous: it is one of the most educated counties and has among the highest median incomes of counties in the United States. Fairfax County also has a high cost of living, which may result in economic difficulties for its low-income residents. A key focus of this report is to identify vulnerable populations to better understand their needs with the goal of providing resources for these populations, especially women and girls.

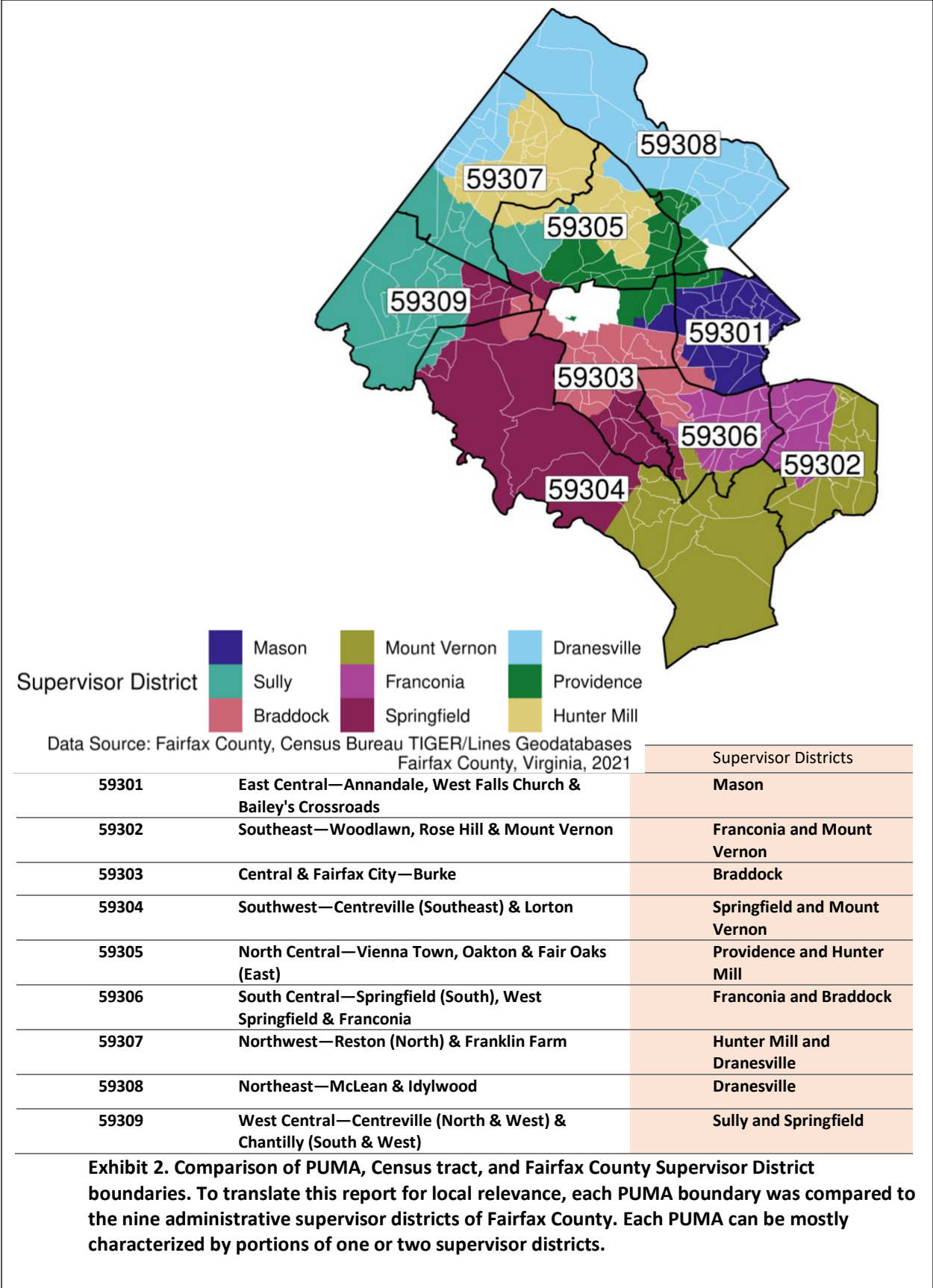
### Fairfax County Subcounty Geographies

Given our focus on geographic granularity, we begin with a brief overview of the geographies used throughout this report. The smallest geography we consider is Census tracts, which the Census Bureau explains are “small, relatively permanent statistical subdivisions of a county” that have a population of 1,200 to 8,000 people (with an optimal size of 4,000) (U.S. Census Bureau, 2022a). Census tracts within Fairfax County are organized into 9 Public Use Microdata Areas (PUMAs). PUMAs are the smallest areas where the Census Bureau provides microdata (individual observations) and have a minimum of 100,000 people each.

There is a trade-off in the data available within geographies of different sizes. Due to their small size, tract-level data are released only in aggregated tables to avoid the risk of disclosing identities. This tabular format limits the intersections of identity that can be examined for a given indicator. For example, we can estimate the number of women within a tract who are White and live in poverty using tables from the American Community Survey. We can also estimate the number of women within a tract who have a college education and live in poverty. However, there are no tables that provide estimates for the number of women within a tract who are White, have a college education, and live in poverty. On the other hand, it is possible to estimate poverty for the intersection of race and education within a PUMA at the expense of losing geographic resolution.

The smaller subdivisions (outlined in White) are in Exhibit 2. Comparison of PUMA, Census tract, and Fairfax County Supervisor District boundaries represent the tract boundaries within Fairfax County. These are organized into the PUMAs, numbered 59301 to 59309. We include the Census Bureau descriptions of these PUMAs (Fairfax County, n.d.; U.S. Census Bureau, 2021c).

Fairfax County is also split into nine administrative divisions called Supervisor Districts. A board member represents each Supervisor District, and these board members, along with a chairman elected at-large, form the Board of Supervisors for Fairfax County (Fairfax County, n.d.). Exhibit 2 compares the PUMA boundaries to those of the Supervisor Districts. Each PUMA can be characterized mainly by portions of one or two Supervisor Districts.



**Exhibit 2. Comparison of PUMA, Census tract, and Fairfax County Supervisor District boundaries. To translate this report for local relevance, each PUMA boundary was compared to the nine administrative supervisor districts of Fairfax County. Each PUMA can be mostly characterized by portions of one or two supervisor districts.**





## Community Conversations

Community Conversations with women and girls provided context and insights about the findings in this report. The conversations were important for understanding the challenges, complexities, and connections in their lives. Discussions with women focused on work-life balance and the advantages of multigenerational support. For high school girls, we were interested in their jobs, activities, and goals and aspirations. We learned about these topics, including how important family and community are to all women. For mothers, their concerns focused on their children, including the challenges of finding high-quality and affordable childcare and programs for their older children to keep them engaged and connected.

We held seven community conversations with 44 women and 18 teen girls. The women came from across the county (based on the ZIP Codes provided). There was representation across the County (1) Pimmit Hills, Falls Church, Seven Corners, Baileys Crossroads, (2) Southeastern and South County (Alexandria, Belleview, Franconia, Kingstown, Lorton), (3) Annandale and Springfield, and (4) Sully Station, Herndon, Reston, Mclean. Demographic data are reported for the women who participated in and answered the survey.

Study participants represented the diversity of Fairfax County in age, race, ethnicity, and annual household income. Women ranged in age from 25 to 74 years old, with the average participant between the ages of 45 and 54. Reported annual household incomes ranged from less than \$10,000 to more than \$200,000. Approximately half of the participants reported living with a spouse or significant partner. Approximately 25% reported living with another relative, and about 9% reported living alone. Sixty-five percent were caregivers to children, and 9% were caregivers to adults who lived with them.

Teen participants were ages 14–17. Twenty percent were employed in formal, in-person jobs and worked on school days and during school breaks. Of the employed participants, the average per-hour wage was \$10.67. Approximately 13% of participants reported working four hours a day on average.



## Community Conversations Insights

### Women Work to Support Themselves and Their Loved Ones

*Caregiving and managing a home are full-time jobs.*

Many women expressed primarily working as caregivers and home managers. This work is unpaid and often falls to women by default. Women described themselves as caregivers to children and relatives who may live with them. Relatives needing care may also have health challenges, increasing caregiving responsibilities.

Even women who do not perform caregiving expressed handling most home management tasks. Everyday home management responsibilities included cleaning, grocery shopping, cooking, laundry, and

taking children to and from school. Some women in partnerships expressed that this work and caregiving are their sole responsibility because their partner works 8 to 12 hours daily. Many women described their day-to-day as being teachers, doctors, chefs, and Uber drivers, among other roles.

*Living and raising a family in Fairfax County is expensive.*

Women often voiced working in paid employment for long hours due to the cost of living in Fairfax County. Some women expressed working multiple jobs to support themselves and their families. This often involves working during the day, coming home for dinner, and leaving for a second job.

Affordability of life in Fairfax was a common concern for women. Some women expressed difficulties affording necessities such as rent and food. Not all women have access to a car, which makes tasks like laundry and grocery shopping take longer. Many women who have lived in the area for several years or decades noted stark changes in economic conditions. Given stagnant wages and inflation, women wondered how households could survive on a single income. The ability to buy a home in the current market is a distant reality for many and requires working longer hours. Financial burden is a major concern for women considering having children. Women also expressed interest in working into older age to afford retirement.

*Working long hours is fulfilling and necessary for career progression.*

The importance of work-life balance varied among the community conversation participants. Some prioritized spending time with family and friends and limiting their work hours to 40 per week. Others valued professional accomplishment and success, resulting in working longer hours.

Certain jobs or fields were often associated with working longer hours. Additionally, women who owned their businesses often worked longer hours. Many women who worked long hours expressed the strain of working evenings, weekends, and traveling for work.

**Women Face Barriers to Achieving a Healthy Work-Life Balance**

*For some, caregiving and managing a home is not valued in the same way as working for wages, and the division of labor is not equal.*

Women working as caregivers and home managers often note their work needs to be appreciated. They lamented that their work is viewed as easy or not real work and is unpaid.

While some women in partnerships expressed having an equal division of household labor, the majority noted that they take on more than their fair share of responsibilities. Cultural traditions were a prominent contributor to this dynamic. In addition to responsibilities, women stated the mental burden that comes with greater home and family responsibilities. Women who divided household labor equally

expressed that this division was key to a healthy work-life balance. Women also noted that relying on older children for support was helpful.

*Resources can be challenging to access or find.*

Many women expressed that resources and support to aid them in achieving a healthy work-life balance were impossible or difficult to find. A commonly cited access barrier was the lack of resources in different languages, particularly Spanish. Women said they didn't know how to find resources related to finding a job, getting a driver's license, and filling out the Free Application for Federal Student Aid (FAFSA). For immigrants, support to navigate new systems, such as public schools, and access to resources was desired.

*Women's health and mental health priority.*

Many women expressed mental health concerns, including isolation and feelings of depression. Women in caregiving roles felt immense responsibility to provide and take care of their families, causing mental distress. Keeping a routine or schedule and engaging in activities outside of the home were mentioned as crucial to maintaining their mental health. Women with families in other countries expressed great concern for their well-being, had less ability to visit relatives, and felt they had less caregiving support.

Women were thankful for their support systems that stepped up to take on their responsibilities when they faced health challenges. Some women who worked longer hours reported poor health, sometimes due to lack of sleep.

*Being a single mother makes these barriers even more challenging.*

For many single mothers, all the barriers are compounded. They expressed difficulty balancing working to support their family, caregiving, and household tasks. A few women mentioned that they sought a partner primarily due to the financial burden of being a single mother.

**Support and Resources Can Improve Work-Life Balance for Women**

*Support and programs for children and teens support mothers.*

Overwhelmingly, mothers described programs for children and teens as supporting their work-life balance. Mothers care immensely about the enrichment of their children. They described supports related to the schools, such as School Family Liaisons and Advancement via Individual Determination (AVID), affordable daycare, before and after care, and summer camps, which were mentioned by many. Women discussed programming for children as contributing to time when they could relax. They requested additional sports be offered at community centers or other venues, including volleyball. They also asked for arts and music programs for teens. They noted that the Fairfax County summer and holiday (e.g., Spring break) camps were expensive even for those whose income was above the threshold for receiving reduced fees.

*Women feel supported when they live near a support network.*

Living near a support network relieves many of the burdens associated with being the primary caregivers for their children and home. Living in a multigenerational household or near extended family was a relief for caregiving and home management responsibilities. Friends and neighbors nearby who could be relied on for help also relieved stress. In addition to the mental burden, some of the financial burden of childcare can be relieved through a support network.

*Businesses have a crucial role to play in supporting women and mothers.*

Women often mentioned the importance of company policy and culture in supporting work-life balance. Examples of policies include work-from-home policies, flexible work arrangements, on-site childcare, and extended flexibility to work from home after maternity leave ends.

Leaders in the business community emphasized the need to educate businesses on the importance of policies to improve women's work-life balance. For these policies to be normalized, leaders must champion them within companies and public sector employment.

Providing opportunities and resources for women to upskill and reskill are also crucial. Because women are more likely to re-enter the workforce, they are more likely to need support to make these career transitions. Many industries with worker shortages would benefit from investing in women and allowing flexibility in work location and hours.

*Women are Community Champions.*

*Women believe in community reciprocity.*

Women overwhelmingly expressed their dedication to their communities and gratitude for community support. Women feel immense devotion to their communities and strive to lift each other up. Volunteering was among the most frequent evening and weekend activities for many women. Women described their desire to give back to the community, notably when they once received community aid. For immigrants, the community was mentioned as a crucial network to find housing and employment. Specific community programs included the Culmore Center and the Opportunity Neighborhood Collective Impact Initiative, which focus on developing family resilience and a culture of engagement, connectedness, and success. As part of the Opportunity Neighborhood Collective Impact Initiative, many women are involved in community organizing, particularly around issues like affordable rents and domestic violence.

*Spaces for women are crucial.*

Spaces for women to meet and discuss their lives are key to achieving work-life balance. Women expressed appreciation for spaces where they can relax, voice frustrations, and discuss topics such as household division of labor. Importantly, meeting spaces outside the home also help women achieve a healthy work-life balance.

*Womanhood is Frustrating, Rewarding, and Joyful*

Along with mental health concerns, women expressed frustration and difficulty with daily life. Women described feeling alone, overwhelmed, feeling like they needed to scream. Some days, they felt like they had to do it all and just couldn't go on. At the same time, women felt the reward and joy of succeeding in their careers, raising their families, and building a home. Some women also expressed the importance of their faith in giving them the support to go on and were blessed to be able to have a family.

*Women deserve to pursue enrichment, education, relaxation, and fun.*

Women often can only pursue opportunities for enrichment and self-care when they have the necessary support. Many women described seeking educational opportunities, such as taking child development and baking classes. Women agreed that opportunities for relaxation and fun are vitally important to well-being. Some activities mentioned included yoga, dancing, and getting coffee with friends. Women feel it is important to take time to relax, be outside, and spend time with friends and family.



This report uses the spotlight icon to highlight insights gathered from community conversations.

We encourage you to keep the conversation going. For a structured discussion, please see the provided materials in Appendix VI.

In the following sections of this report, indicators across three topic areas are presented – economics, health, and work-life balance. Each topic also features community conversations that enrich and give context to the indicators.

### **Economic Indicators**

This section provides a variety of economic indicators for women compared to men. Many consider economic indicators to be the most important factor in achieving a reasonable quality of life. Other factors like health and work-life balance may be harder to achieve without adequate income. This section examines the wage gap, employment, poverty, the Household Living Budget, and Women-Owned Businesses.

#### **Key Takeaways for Fairfax County, Virginia**

##### **Wage Gap (the difference in pay between men and women).**

- **The wage gap is experienced by women overall. This holds true for older women, single mothers, most women of color (except for Asians), and women from households with a primary language other than English, and foreign-born women.**
- **The wage gap for ages 16 to 29 is almost zero in some areas of the county.**
- **Occupational segregation results in women being more likely to be in lower paying occupations and more likely to make less than the median wage within their occupation.**
- **Girls of color are more likely than White girls to work three or more hours in day.**

##### **Poverty**

- **Households with a female householder are more likely to be poor than households with a male householder.**
- **About 8% of girls live in households that are classified as being poor in Fairfax County, with higher concentrations in the Mason and Mount Vernon Districts.**
- **While the poverty rate in Fairfax may be lower than the national average, the cost of living is higher in Fairfax County than the nation as a whole, which is a barrier for many women and families in Fairfax County.**
- **The Household Living Budget provides an alternative method of measuring economic vulnerability at lower levels of geography. We computed the Household Living Budget at the county and census tract levels.**

### **The Wage Gap**

The wage gap is commonly understood as the difference in pay between men and women. Though the wage gap has decreased substantially in the past few decades, it has persisted despite women’s educational gains (Blau & Kahn, 2017; England et al., 2020; Markovic & Plickert, 2023; Merritt & McEntee, 2019). The wage gap is a multifaceted issue with many contributing factors, such as work

experience, discrimination, and occupational segregation (Aragão, 2023). It also differs by demographic characteristics, such as race, ethnicity, and age.

We use the Fry et al. (2022) methodology to measure the wage gap using the American Community Survey (ACS) microdata, called the Integrated Public Use Microdata Series (IPUMS). We analyze variations in the wage gap within Fairfax County. We also standardize salaries and wages to hourly wages, finding that there is little difference between wage gap results using annualized wages and hourly wages.<sup>4</sup> We consider women's intersectional identities wherever data availability and sample size allow.

To validate our results, we conduct a regression analysis that estimates the wage gap, controlling for geography and demographics, including sex, age, race, education, nativity (native or foreign-born), and household language. The details of the regression analysis are in Appendix I. We also perform wage gap analyses by intersections outside of the racial and ethnic identities defined by the Census Bureau (Appendix II) and by selected occupations (Appendix III).

Exhibit 3 shows the wages per hour by gender and area for women in Fairfax. We see that wages are overall lower in some areas, like Mason, Franconia and Braddock, Sully, and Springfield (Exhibit 2. Comparison of PUMA, Census tract, and Fairfax County Supervisor District boundaries). Regardless of a wage gap, individuals may need help to afford necessities in lower-wage areas. We explore the relationship between cost of living and wages in the Household Living Budget section of the report.

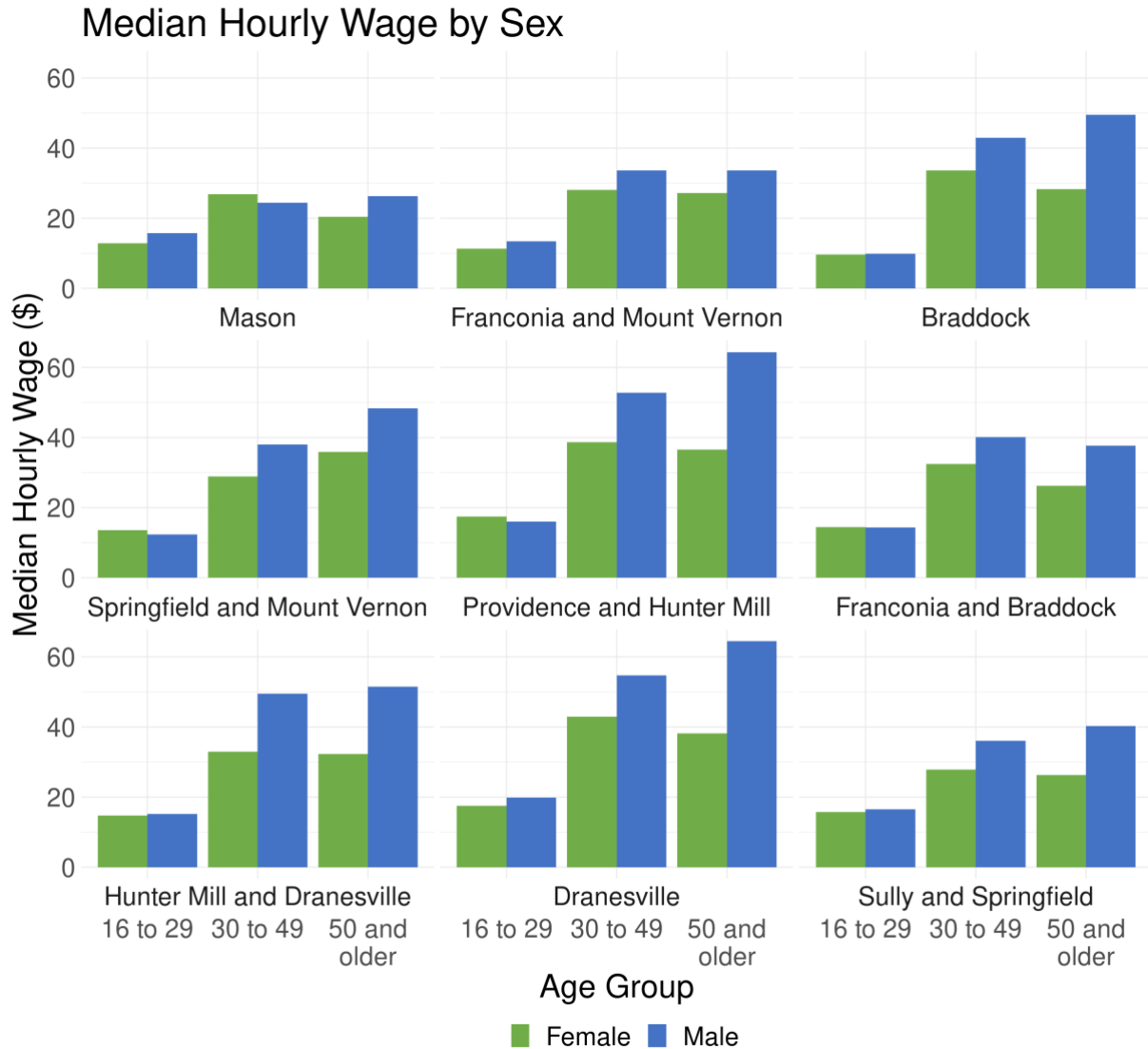
Exhibit 3 **Error! Reference source not found.** breaks down the wage gap by three different age categories. The wage gap is the difference between wages for men and women. Areas with a larger wage gap have a larger difference (i.e., a significant difference in the length of the bars). For example, in Sully and Springfield (bottom right-hand corner), women ages 16-29 earn the same as men. This finding is true for all youngest age groups across PUMAS. That is, the wage gaps are smallest for this age group. A regression analysis validates these patterns. We observe differences in the wage gap across geographies, with the wage gap ranging from roughly \$5.12 to \$8.80 per hour across the 9 PUMAs. The regression estimates also suggest that the wage gap increases with age. For example, a White man (in Mason, ages 16-29, with no high school diploma) is predicted to make the same as a woman of the same characteristics and location. For ages 30-49 (White, no high school diploma, Mason), men are predicted to make \$5.12 per hour more than women of the same demographics and location.

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<sup>4</sup> When calculating the wage gap, we assume that individuals work 52 weeks in the year because the data available are unreliable. We find that 41% of people who work over one hour a week report working 0 weeks out of the year. Almost ten percent (9.5%) of individuals working over one hour report working between 0 and 52 weeks; 6% these are women. We take these considerations into account when interpreting findings from the wage gap analysis.

Key Takeaway: The wage gap is experienced by women overall throughout Fairfax County, except for ages 16 to 29 where the wage gap is very small or almost zero.

Key Takeaway: Older women experience a larger wage gap.



Individuals over age 16 in the workforce, Fairfax County, Virginia, PUMAs, 2021

**Exhibit 3. The Wage Gap by Sex by Age Group by Census PUMAs,**

Note: Values are calculated based on survey weights to represent the population.

We hypothesize that the wage gap increases with age because of women's childcare responsibilities. Also, women may be more likely to exit the labor force throughout their careers, giving them comparatively less experience at older ages.



Exhibit 4 shows the most common occupations for men and women by age group.<sup>5</sup> We find that men and women ages 16 to 29 are more likely to work wage-earning jobs in Fairfax. Older age groups tend to work salaried jobs more often. The distribution of men and women across industries is different. More women are in “Educational Instruction and Library” jobs and “Office and Administrative Support.” Men are more likely to be in “Computer and Mathematical Jobs.” We find a relatively even gender distribution in “Management” positions. However, there is some evidence that younger men are more likely to be in management roles than younger women.

Examining the wage gap by racial and ethnic intersections, we see more complex patterns emerge. Exhibit 5 shows the wage gap for women of three different age categories by Hispanic and non-Hispanic ethnicities. In almost all cases, Hispanic women earn less than non-Hispanic women. They also tend to get paid less than non-Hispanic men within the same age group and reside in the same area.

Exhibit 6 shows the wage gap by racial intersections for women in the age 30 to 49 cohort by geographic area. White women and Asian women most often earn the closest parity to men in most parts of Fairfax County. Black women, Native women, women of two or more races, and women of other races usually experience a wider wage gap.

We also investigate the wage gap by intersections outside the ethnic and racial identities defined by the Census Bureau. These intersections are presented in Appendix II. Women from primarily non-English-speaking households usually experience a larger wage gap than women from primarily English-speaking households. We also find that foreign-born women typically experience a larger wage gap than Native women.

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<sup>5</sup> Occupation information is derived from Occupational categories according to the Occupational Information Network - Standard Occupational Classification Taxonomy (O\*NET-SOC Taxonomy)

### Ages 16 to 29, Top 5 Occupations by Sex

| Female                               |                 | Male                                 |                 |
|--------------------------------------|-----------------|--------------------------------------|-----------------|
| Occupation                           | Count (Percent) | Occupation                           | Count (Percent) |
| Sales and Related                    | 11,540 (14.3%)  | Computer and Mathematical            | 10,779 (12.6%)  |
| Office and Administrative Support    | 11,039 (13.7%)  | Sales and Related                    | 10,549 (12.4%)  |
| Food Preparation and Serving Related | 9,075 (11.2%)   | Food Preparation and Serving Related | 9,764 (11.5%)   |
| Educational Instruction and Library  | 6,554 (8.1%)    | Transportation and Material Moving   | 6,865 (8.1%)    |
| Personal Care and Service            | 6,035 (4.4%)    | Office and Administrative Support    | 6,228 (7.3%)    |

### Ages 30 to 49

| Female                                  |                 | Male                        |                 |
|---|-----------------|-----------------------------|-----------------|
| Occupation                              | Count (Percent) | Occupation                  | Count (Percent) |
| Management                              | 23,333 (15.6%)  | Computer and Mathematical   | 29,755 (18.1%)  |
| Educational Instruction and Library     | 15,369 (10.3%)  | Management                  | 27,407 (16.7%)  |
| Office and Administrative Support       | 13,675 (9.1%)   | Business Operations         | 11,262 (6.8%)   |
| Business Operations                     | 12,410 (8.3%)   | Construction and Extraction | 10,931 (6.6%)   |
| Health care Practitioners and Technical | 11,817 (7.9%)   | Sales and Related           | 9,240 (5.6%)    |

### Ages 50 and over

| Female                              |                 | Male                               |                 |
|-------------------------------------|-----------------|------------------------------------|-----------------|
| Occupation                          | Count (Percent) | Occupation                         | Count (Percent) |
| Management                          | 18,902 (14.4%)  | Management                         | 32,488 (21.5%)  |
| Office and Administrative Support   | 18,525 (14.1%)  | Computer and Mathematical          | 16,689 (11.0%)  |
| Educational Instruction and Library | 15,767 (12.0%)  | Business Operations                | 10,726 (7.1%)   |
| Sales and Related                   | 9,673 (7.4%)    | Sales and Related                  | 10,167 (6.7%)   |
| Business Operations                 | 8,645 (6.6%)    | Transportation and Material Moving | 9,522 (6.3%)    |

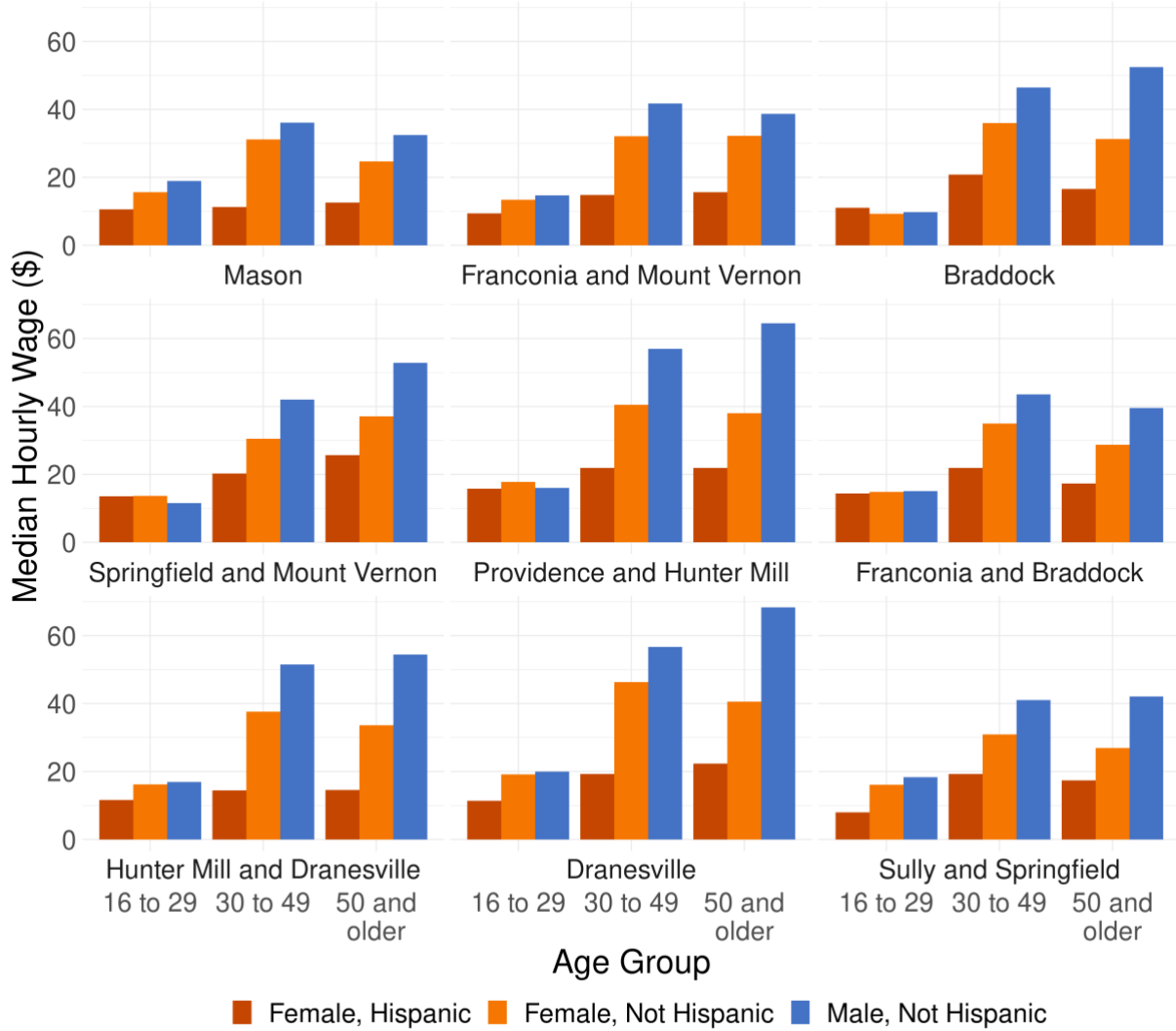
**Data Source: American Community Survey Microdata, Individuals over age 16 in the workforce, Fairfax County, Virginia, 2021**

**Exhibit 4. The top 5 occupations in Fairfax County by age and sex**

Note: Values are calculated based on survey weights to represent the population.

Key Takeaway: Hispanic women experience a larger wage gap than women who are not Hispanic.

### Median Hourly Wages by Sex and Ethnicity



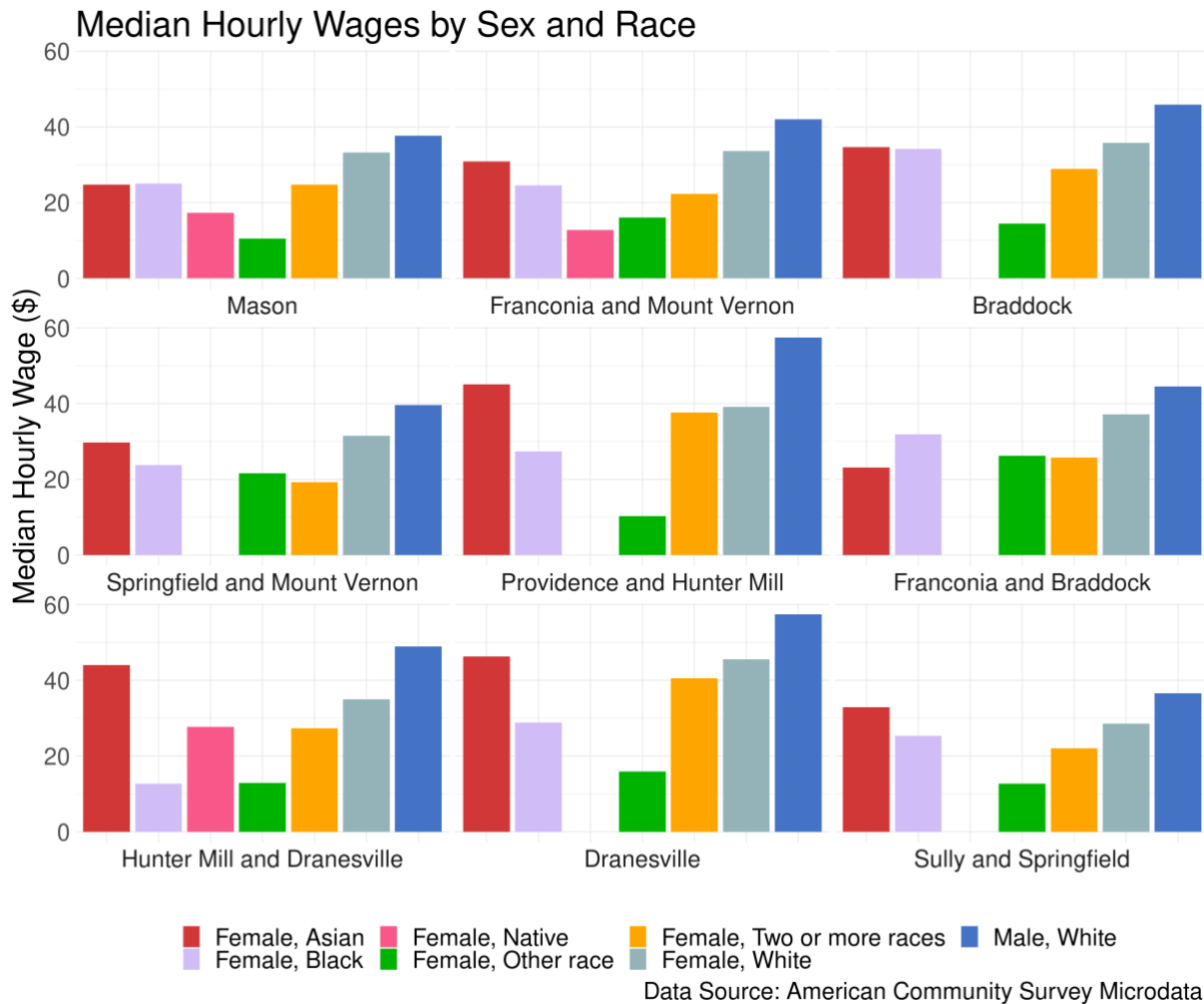
Data Source: American Community Survey Microdata

Individuals over age 16 in the workforce, Fairfax County, Virginia, PUMAs, 2021

**Exhibit 5. Median Hourly wage by Sex, Ethnicity, and Age Group, for each Census Bureau PUMA aligned to Supervisor Districts**

**Note: Values are calculated based on survey weights to represent the population. Data for non-Hispanic male is presented for comparison.**

Key Takeaway: Black, Native, women of two or more races, and women of other races experience a larger wage gap than White and Asian women.



Individuals age 30 to 49 in the workforce, Fairfax County, Virginia, 2021

**Exhibit 6. Median Hourly Wages by Sex, Race, and Age 30 to 49 Cohort by PUMAs aligned to Supervisor Districts, Fairfax County, VA**

**Note: Values are calculated based on survey weights to represent the population. Data for White male is presented for comparison. Native includes American Indian, Alaska Native, Native Hawaiian, and Other Pacific Islander races. Racial groups with low sample size (less than five people) are omitted.**

We also examine the wage gap for single parents (**Exhibit A6**). Fairfax County has far fewer single fathers than single mothers, similar to statewide and nationwide trends. Though the sample sizes are small and error margins are wide, single mothers experience a larger wage gap in most geographies than single fathers. The wages of single mothers are close to those of women who are not single mothers. Single mothers must make ends meet with a single income and likely face childcare challenges because they work, indicating that the wage gap alone may not adequately describe their economic vulnerability.

In addition, we investigate the wage gap by disability status (Exhibit A7). We find that, in aggregate, the wage gap for women with a disability is close to the wage gap for women without a disability. The Census Bureau has found that, nationally, in most occupations, people with disabilities earn about the same as people without disabilities (Cheeseman Day & Taylor, 2019). However, it is important to note that many people with disabilities work part-time or are not in the workforce. People with disabilities are more likely to be in poverty nationally, and their ability to receive adequate health care is often tied to low-income eligibility (Stapleton et al., 2006). People with disabilities have higher health care costs than persons without disabilities. In other words, while a substantial wage gap for women with disabilities does not exist in Fairfax County, women with disabilities may be economically vulnerable for different reasons.

The regression analysis shows that the wage gap increases with education. The wage gap for those with bachelor's degrees is \$6.35 per hour higher than those without high school degrees. For example, a White man (in Mason, ages 18-29, with a bachelor's degree) is predicted to make \$4.38 per hour more than a woman with the same characteristics and location. In Exhibit 7, we find that women of color generally make much lower relative to White men. We also observe this effect in the regression analysis, but the wage gap for women of color relative to men of the same race is smaller than that of White women and White men. For example, we find that Black women's income is generally closer to black men than White women to White men.

In addition to examining the wage gap by demographic variables, we examined the wage gap within occupation groups and specific occupations. Appendix III contains an analysis of the wage gap by occupation. The wage gap persists, though it is usually narrower within occupations. Consistent with previous findings, the wage gap is smallest for younger women in most occupations, likely because entry-level positions pay about the same. The wage gap increases with age except in Franconia and Mount Vernon, and Braddock (see Exhibit 2. Comparison of PUMA, Census tract, and Fairfax County Supervisor District boundaries). One explanation is that wages are lower in these areas, so the gap is not as large.

The wage gap exists in women-dominated occupations such as education and librarian occupations. It is also more prominent in older age groups. In male-dominated occupations, such as computer and mathematical occupations, the wage gap is narrower but still exists. The wage gap for physicians is large and increases with age. There could be many reasons for this that require more study, such as medical specialty areas or owning their practice versus working for a hospital or health care provider. In the Retail Cashier occupation, wages for men and women are nearly identical.

A more significant wage gap exists for Hispanic women, Black women, Native women, women of two or more races, and women of other races compared to White and Asian women within the County. There is also evidence of a greater wage gap within salaried occupations, particularly within the context of career

advancement (indicated by age), which aligns with the literature. It is important to note that older workers and workers with higher educational attainment, though they have larger wage gaps, are also more likely to be in higher-paying jobs. In subsequent sections, we will continue to explore economic vulnerability, taking into account additional dimensions.

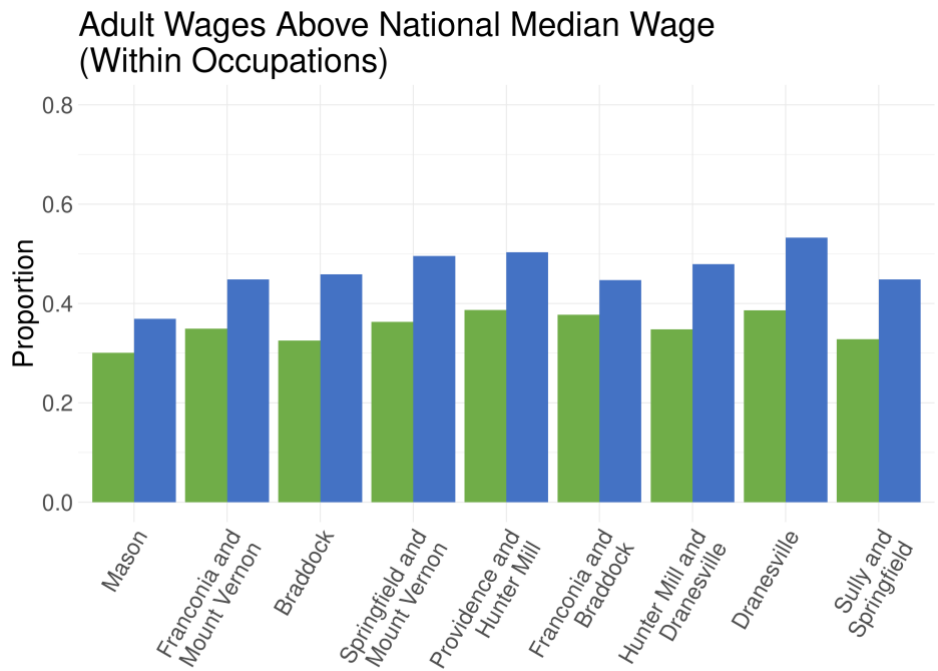
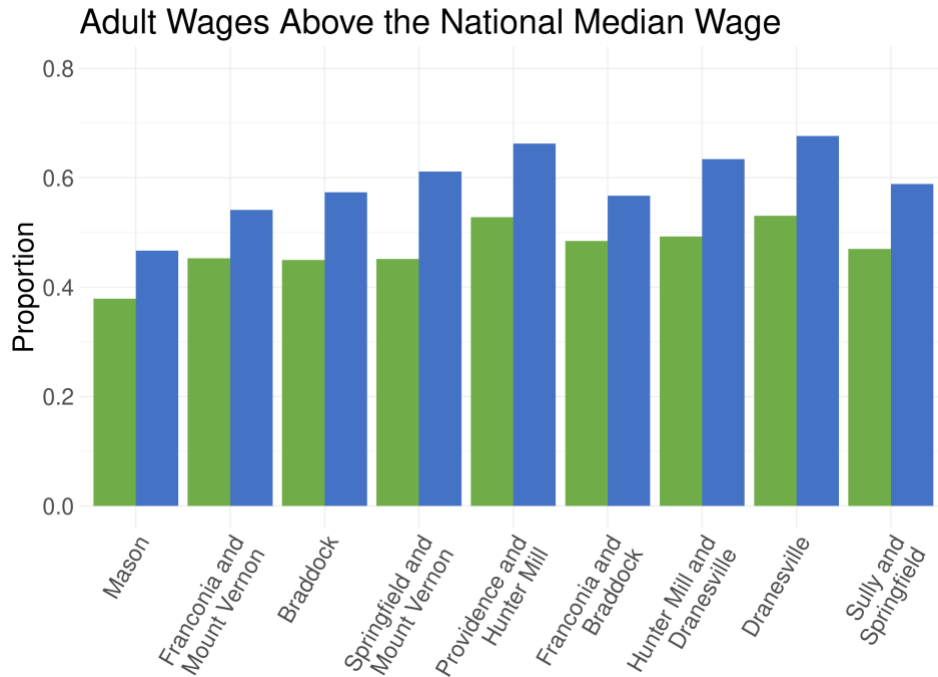
## Employment

As noted earlier, one factor hypothesized to contribute to the wage gap is the occupations held by women and men. The distribution of women and men is different across industries. This is known as occupational segregation. Exhibit 4 shows the most common occupations within Fairfax County by sex and age. Two-thirds of workers in “Office and Administrative Support” positions (67%) and 74% of workers in “Educational Instruction and Library” occupations are women. On the other hand, 29% of workers in “Computer and Mathematical Operations” jobs are women. In addition, while “Management” positions are the most common among women and men ages 50 and over, the estimated count for men is over 32,000 and roughly 19,000 for women.

Women in Fairfax County are both less likely to be in higher-paying occupations and less likely to be in the top 50th percentile of wages for their occupations. We examine the American Community Survey microdata for Fairfax County and Occupational Employment and Wage Statistics from the Bureau of Labor Statistics. We categorize each occupation as being below the national median income or above the national median income. **Exhibit 8** (top) shows the estimated proportion of workers whose occupation is above the national median income by sex and geography. Across Fairfax County, women are less likely to be in occupations with income above the national median. For example, in the Mason district, almost 4 out of 10 women earn above the national median wage compared to nearly half of the men). In Dranesville, the gap between men and women is larger, but a higher proportion of men and women earn more than the median national wage.

For each observation in the microdata, we also examine whether that person makes more than the median income within their given occupation. In **Exhibit 8** (bottom), women are less likely to be paid more than the median wage for their occupation, and this trend holds for all of Fairfax. For example, in the Mason District, 3 in 10 women earn more than the national median compared to almost 4 in 10 men within their occupations.

Key Takeaway: Women in Fairfax County are less likely to make above the national median wage, even controlling for occupational segregation



Data Source: American Community Survey Microdata, Bureau of Labor Statistics

Adults (Age 18 and over), Fairfax County, Virginia, PUMAs, 2021

Sex ■ Female ■ Male

**Exhibit 8. Proportion of women and men in higher paying occupations (top); proportion of women and men making above median wage within their occupations (bottom)**

**Note: Values are calculated based on survey weights to represent the population.**

**Key Takeaway: Women are more likely than men to work less than 35 hours per week.**

| Number of Hours Worked | Women | Men   |
|------------------------|-------|-------|
| 0 hours                | 30.7% | 18.5% |
| 1 to 19 hours          | 6.5%  | 3.9%  |
| 20 to 34 hours         | 10.8% | 7.4%  |
| 35 to 40 hours         | 37.6% | 45.7% |
| 41 to 49 hours         | 5.8%  | 8.0%  |
| 50 hours and over      | 8.7%  | 16.6% |

Data Source: American Community Survey, Adults (18 and over), Fairfax County, Virginia, 2021

**Exhibit 9. Hours Worked by Sex, Fairfax County**

**Note: Values are calculated based on survey weights to represent the population.**

**The difference in hours worked is also hypothesized to contribute to the wage gap. We normalize wages by hours worked within the wage gap analysis to avoid this issue. However, we also note that women are more likely to be part-time workers who work less than 35 hours a week.**

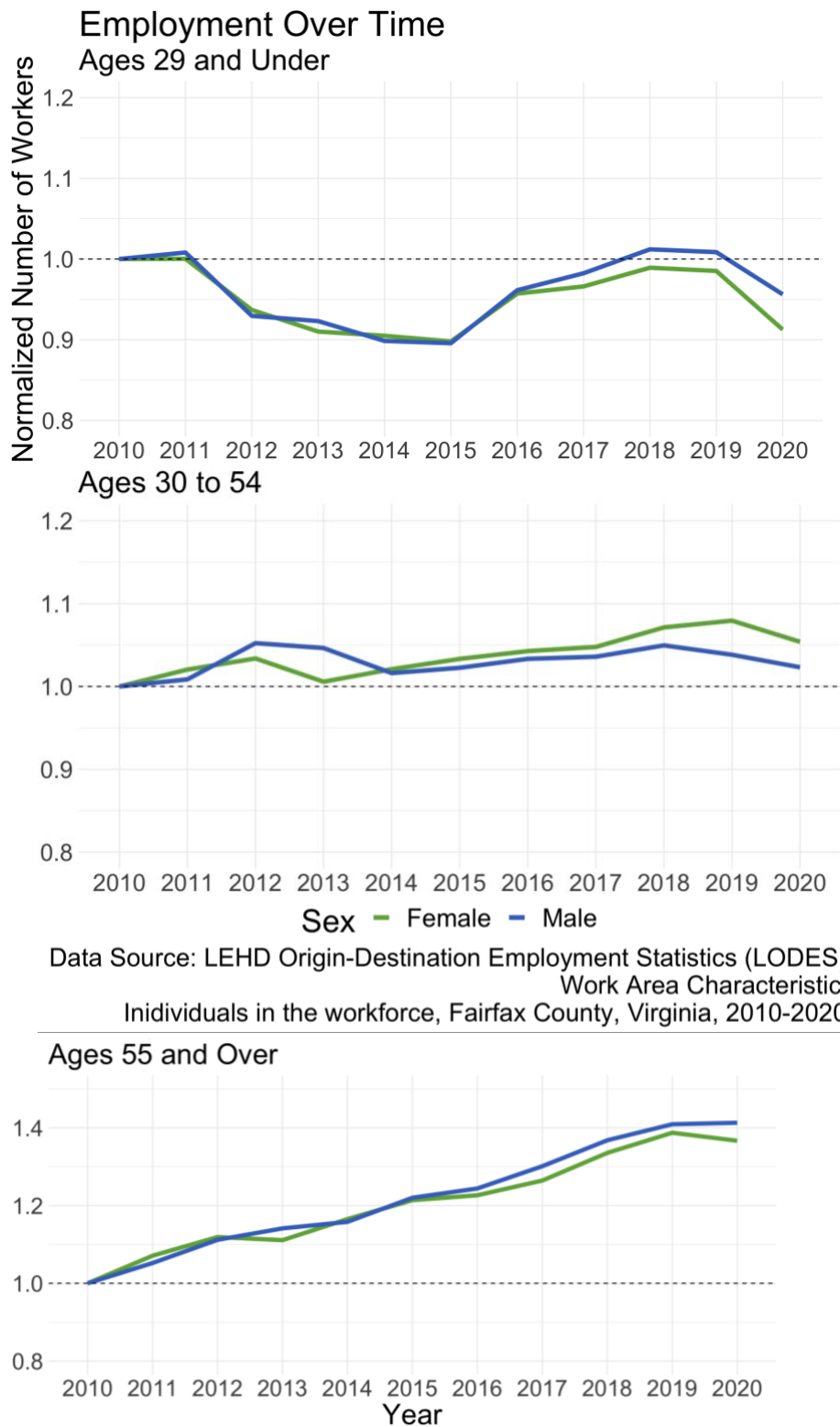
Exhibit 9 shows the breakdown of hours worked by sex across the county. Women are more likely to be in each category working less than 34 hours and less likely to be in the categories working 35 or more hours. Within the county, roughly 48% of women work 0 to 34 hours compared with 30% of men (U.S. Census Bureau, 2021b).

The disparity increases somewhat for married households. We hypothesize that individuals in married couples, particularly those with children, are more likely to work part-time to perform household management tasks and childcare. Because of traditional gender roles, women in opposite-sex married couples may be performing these tasks and, therefore, working part-time more often. Among opposite-sex married households, women work part-time or less than 55% of the time, and men work part-time or less than 30%. In addition, 34% have a male working full-time and a female not working or working part-time. By contrast, 8% have a female working full-time and a male not working or working part-time. Among same-sex married female households, 48% of women work part-time, and 52% work full-time- In same-sex married male households, 30% of men work part-time, and 70% work full-time. These findings suggest that marriage and gender roles do play a large part in the likelihood that women work part-time.

Exhibit 10 shows the number of workers by sex and age from 2010 to 2020. Values for each group are indexed to the value as of 2010. We can see that employment growth is greatest for ages 55 and up, followed by ages 30 to 54. Notably, there was a greater decline in employment among women in 2020. Two potential explanations are that women were more likely to be employed in occupations susceptible to job loss in 2020 or more likely to stay home to take care of children.



Key Takeaway: Women and men have similar employment trends until 2020 when women experienced greater declines in employment.



**Exhibit 10. Change in Employment over Time by Age and Sex**



### Community Conversation Insight

Women born in other countries expressed difficulty finding work, mainly because they must navigate unfamiliar systems within a new country. Also, the lack of available resources to help with job seeking in languages other than English was cited as a barrier to finding employment.

**Women are also more likely to be out of the labor force than men in Fairfax County (see Exhibit 11).** For adults ages 16 to 65, 24% of women are not in the labor force compared with 13% of men. By race and ethnicity, Black women are the most likely to be in the labor force, with 19% not in the labor force. Asian women are the least likely to be in the labor force, with 26% not in the labor force. However, this pattern only holds for single parents, with 27% of single-parent men out of the labor force compared with 15% of women.

Key Takeaway: Women, except for single mothers, are less likely to be in the labor force than men.

|                      | Percent of Women in Not Labor Force | Percent of Men Not in Labor Force |
|----------------------|-------------------------------------|-----------------------------------|
| <b>Overall</b>       | 23.6                                | 12.7                              |
| <b>White</b>         | 23.0                                | 12.4                              |
| <b>Black</b>         | 18.7                                | 15.1                              |
| <b>Asian</b>         | 26.1                                | 14.1                              |
| <b>Other</b>         | 25.8                                | 10.6                              |
| <b>Hispanic</b>      | 23.1                                | 9.4                               |
| <b>Foreign born</b>  | 26.1                                | 9.9                               |
| <b>Single parent</b> | 14.5                                | 27.0                              |
| <b>Disabled</b>      | 42.8                                | 38.8                              |

Data Source: American Community Survey Microdata, Individuals ages 16 to 65, Fairfax County, Virginia, 2021

#### Exhibit 11. Adults Not in the Labor Force by Sex

**Note: Other includes American Indian, Alaskan Native, Native Hawaiian, Other Pacific Islander, Some Other Race, Two or More Races. Values are calculated based on survey weights to represent the population. Values are calculated based on survey weights to represent the population.**

We also examine estimates from the 2019 and 2021 1-year ACS. We do not use 2020 estimates, as the Census Bureau notes that 1-year ACS estimates for 2020 are “experimental” and are not recommended to be compared with other years (U.S. Census Bureau, 2021a). From 2019 to 2021, the number of women and men working full-time decreased by roughly 3%. The number of women working part-time decreased by 7%, while the number of men increased by 3%. These values suggest that part-time workers primarily drove the declines in employment. The discrepancy between full-time and part-time is

most notable among Black women: full-time employment was the same between 2019 and 2021, while part-time declined by roughly 45%.

We conclude the section on employment by discussing youth employment in Fairfax County.

### Community Conversation Insights



Teen girls spoke about having part-time jobs. These jobs range from informal employment (i.e., babysitting and dog walking) for a few hours a week to formal employment with several scheduled shifts. Teen girls generally reported challenges balancing school and extracurricular activities, but many felt supported by peer groups and at school. Girls cited several aspirations, from business ownership to nursing, practicing medicine, and working with kids. Girls found enrichment in opportunities to grow educationally and professionally, such as opportunities to visit and stay at local colleges.

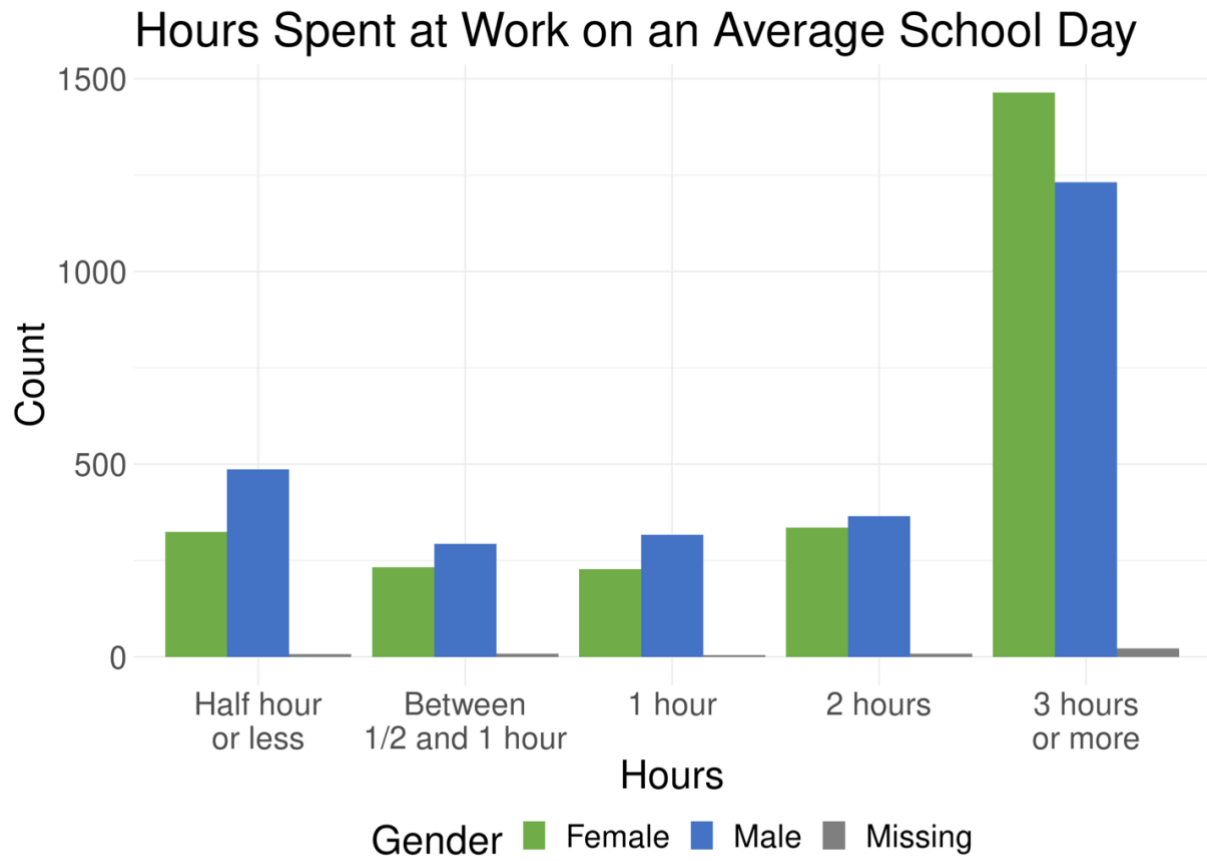


Women suggested that children, particularly teens, need more options for programming outside of school. They suggested recreation as well as art and music opportunities. Some women spoke about financial barriers to taking advantage of existing Fairfax County-offered opportunities, which may be unaffordable, such as summer camps and camps offered for the 12 teacher days throughout the school year. Participating in children and teen programs supports enrichment and education and lifts the childcare burden off the shoulders of women. Women worry less about their children being exposed to negative environments when they are in structured, enriching programs.

We examined employment patterns for 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup>-grade girls using data from the 2021-2022 Fairfax County's Youth Survey. Exhibit 12 shows self-reported data on 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup>-grade boys and girls who reported working. Most students did not work on an average school day: 73% of girls, 71% of boys, and 68% of students who did not report a gender. Of those who did work, male and female students showed similar trends in the number of hours spent at work on an average school day, with students working three or more hours a day on average making up the largest proportion of both male and female students. Female students are more likely than male students to work three or more hours.

More female students of color work three or more hours daily than White female students (see Exhibit 13). Understanding the reasons for this employment is an area for further study, as excessive hours could negatively impact school performance.

Key Takeaway: Girls in Fairfax County Public Schools are more likely than boys to work three or more hours on an average school day.



Data Source: Fairfax County Youth Survey

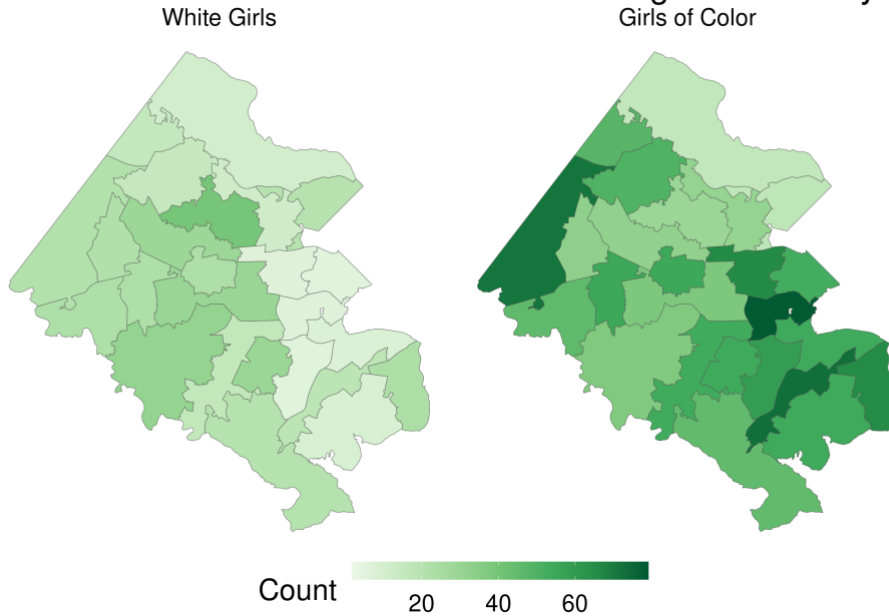
8th, 10th, and 12th Grade Students in Fairfax County Public Schools,  
Fairfax County, High School Pyramids, 2021

**Exhibit 12. Employment for Girls and Boys within Fairfax County**

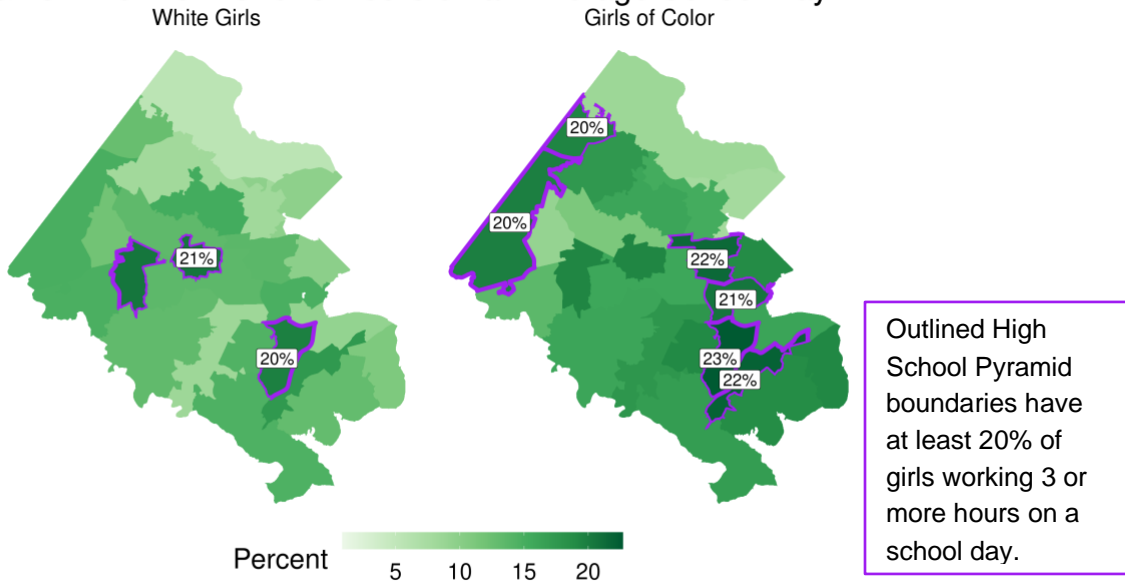
Note: Values are calculated based on survey weights to represent the population.

Key Takeaway: Girls of Color are more likely than White girls to work over three hours per day on an average school day.

### Girls Who Work Over 3 Hours on an Average School Day



### Girls Who Work Over 3 Hours on an Average School Day



Data Source: Fairfax County Youth Survey

8th, 10th, and 12th Grade Girls in Fairfax County Public Schools,  
Fairfax County, High School Pyramids, 2021

**Exhibit 13. Count and Percent of Girls Working 3 or More Hours on an Average School Day**

Note: Girls of color include anyone not classified as White, not Hispanic. Values are calculated based on survey weights to represent the population.

## Poverty

The wage gap analyses describe the differences in average pay between men and women of various intersections. Studying the low end of the income range is also of interest. This section presents findings on women and girls in households with income below the poverty threshold.

**The US Census Bureau publishes the poverty thresholds annually (Census Bureau, 2023). The poverty thresholds vary by family size and are calculated using total income before taxes. Individuals living in poverty belong to a family (household) whose income in the past 12 months is below the poverty threshold.**

Exhibit 14 shows the national-level poverty thresholds in 2021. The poverty threshold does not take into account the local cost of living.

| Size of family unit                       | Related children under 18 years |        |        |        |        |        |
|---|---------------------------------|--------|--------|--------|--------|--------|
|   | None                            | One    | Two    | Three  | Four   | Five   |
| <b>One person (unrelated individual):</b> |                                 |        |        |        |        |        |
| Under 65 years                            | 14,097                          |        |        |        |        |        |
| 65 years and over                         | 12,996                          |        |        |        |        |        |
| <b>Two people:</b>                        |                                 |        |        |        |        |        |
| Householder under 65 years                | 18,145                          | 18,677 |        |        |        |        |
| Householder 65 years and over             | 16,379                          | 18,606 |        |        |        |        |
| <b>Three people</b>                       | 21,196                          | 21,811 | 21,831 |        |        |        |
| <b>Four people</b>                        | 27,949                          | 28,406 | 27,479 | 27,575 |        |        |
| <b>Five people</b>                        | 33,705                          | 34,195 | 33,148 | 32,338 | 31,843 |        |
| <b>Six people</b>                         | 38,767                          | 38,921 | 38,119 | 37,350 | 36,207 | 35,529 |

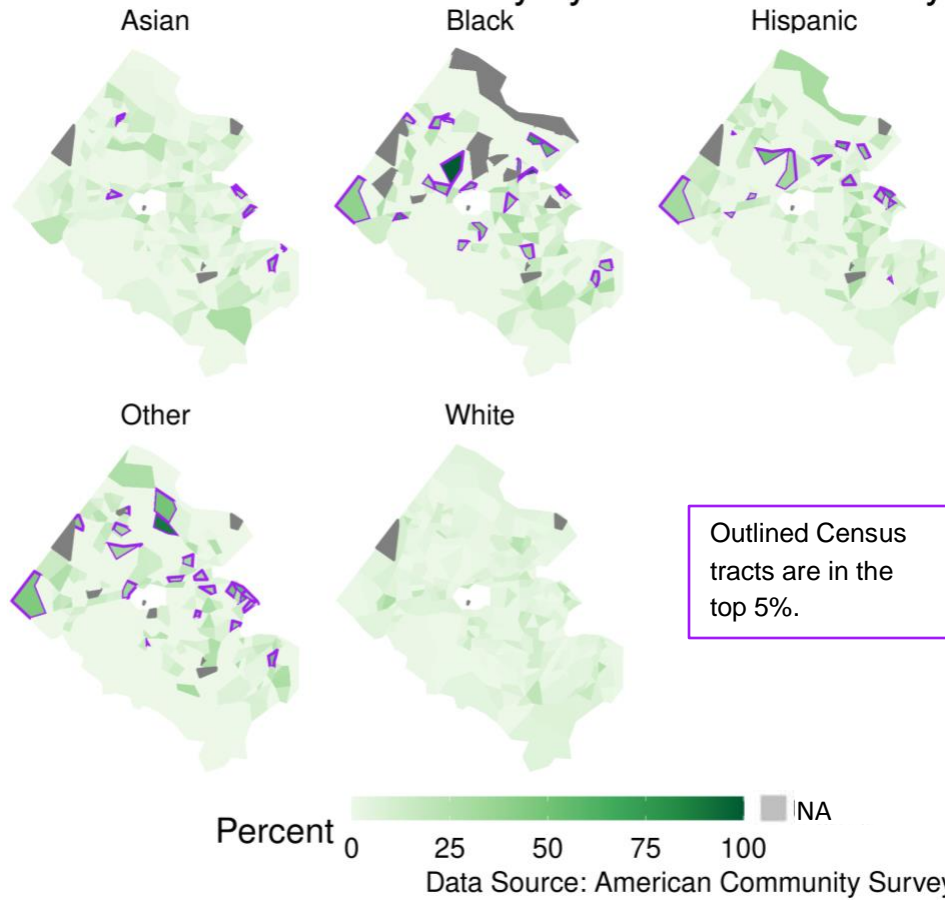
**Exhibit 14. Abbreviated 2021 Poverty Thresholds. Reproduced from the Census Bureau**

Source: <https://www.census.gov/data/tables/time-series/demo/income-poverty/historical-poverty-thresholds.html>

Poverty is associated with a wide range of negative consequences, such as increased risk of mental illness, chronic disease, higher mortality, and lower life expectancy (U.S. Department of Health and Human Services, n.d.). In Fairfax County, 6% of women (ages 18 and over) live in poverty compared to 5% of men. **Error! Reference source not found.** shows the percentage of women in poverty by census tract, race, and ethnicity. We see that Black, Hispanic, and women of other races have a higher poverty percentage in many census tracts. In particular, we find that Census tracts in the Mason, Mount Vernon, and Providence Districts have a higher concentration of women in poverty.

Key Takeaway: Black, Hispanic, and women of other races have a higher poverty percentage in many census tracts.

### Percent of Women in Poverty by Race and Ethnicity



Adult women (18 and older), Fairfax County, Virginia, Census tracts, 2021

#### Exhibit 15. Percent of Women (18 and older) in Poverty by Census tract, 2021

Note: See Intersectionality and Data Limitations for more information on race and ethnicity definitions. Other include American Indian, Alaskan Native, Native Hawaiian, Other Pacific Islanders, Other Races, and Two or More Races.

Exhibit A12 compares poverty rates by census tract for women and men by race and ethnicity (see Appendix IV). We see that a disproportionate share of Hispanic women and women of other races are below the poverty line compared to men. White women generally have the lowest poverty rates in the county. Still, tract-level poverty rates for women are consistently higher than for men across the county.

Children in Fairfax County experience poverty at higher rates than adults: 8% of girls (ages 17 and under) and 9% of boys live in poverty. This mirrors national trends: the child poverty rate was 17%, compared to 13% overall (Benson, 2022). **Error! Reference source not found.** shows the percentage of girls in poverty by census tract and race and ethnicity across the county. Many of the Census tracts, with over 45% of girls in poverty (top 5%), are in the Mason and Mount Vernon Districts.





## Community Conversation Insights



Women often voiced working in paid employment for long hours due to the cost of living in Fairfax County. Some women expressed working multiple jobs to support themselves and their families: working during the day, coming home for dinner, and then leaving for a second job.



Affordability of life in Fairfax was a common concern for women. Some women expressed trouble affording necessities such as rent and food. Not all women have access to a car, which makes tasks like laundry and grocery shopping take longer. Many women who have lived in the area for several years or decades noted stark changes in economic conditions. Given stagnant wages and inflation, Women wondered how households could survive on a single income. The ability to buy a home in the current market is a distant reality for many and requires working longer hours. Financial burden is a major concern for women considering having children.

## Household Living Budget

Because the poverty threshold is defined at the national level, one drawback of using it is that it fails to account for geographic differences in the cost of living. This can underestimate the share of the population experiencing economic hardships, particularly in areas where the cost of living exceeds the national average, such as Fairfax County.

To address the limitations of the poverty threshold, the Household Living Budget (HLB) is defined as the amount of income necessary to meet a household's needs to function at a modest yet adequate standard of living. The HLB defines the minimum income needed to unlock opportunities and provide choices to participate in society. The basic needs or budget components include housing, food, transportation, health care, childcare, broadband, other necessities such as clothing, household supplies, personal care, nonprescription medicine, school supplies, and federal and state income taxes. The Household Living Budget assumes the total cost of each need without government subsidies (e.g., public housing, Medicaid, or childcare assistance) or nonprofit or informal assistance from family and friends (e.g., unpaid childcare by a relative, food from food banks, or shared housing). A history of reference budgets and the data sources, assumptions, and how the Household Living Budget was constructed is described in *The Importance of Household Living Budget in the Context of Measuring Economic Vulnerability: A Census Curated Data Enterprise Use Case Demonstration* (Lancaster et al., 2023).

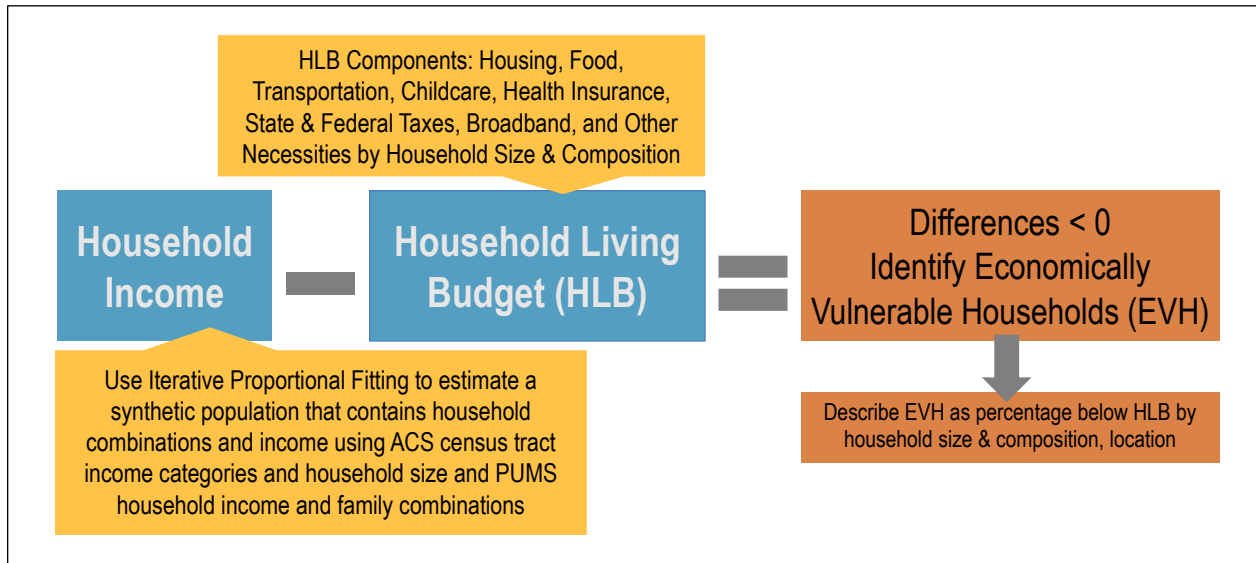
We estimated the Household Living Budget for every household combination<sup>6</sup> within a census tract in Fairfax County and used this to identify and describe economically vulnerable households in Fairfax County.

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<sup>6</sup> Household Combination = # of adults (ages >18) / # of teenagers (ages 12-18) / # of schoolers (ages 6-11) / # of preschoolers (ages 4-5) / # of toddlers (ages 1-3) / # of infants (age <1)

Exhibit 17 defines an economically vulnerable household as a household whose income is below the Household Living Budget for their household combination. Iterative proportional fitting was used to construct a synthetic population of households for Fairfax, which allowed us to estimate the number of economically vulnerable households.

Exhibit 17. A Definition of Economically Vulnerable Households



**Using the 5-year 2021 American Community Survey, we constructed a synthetic population of 409,771 households. We subtracted 2,189 that reported a negative income and 1,123 that did not report a household type for a total of 406,459 households.**

Exhibit 18 displays the number of economically vulnerable households by household type using these data.

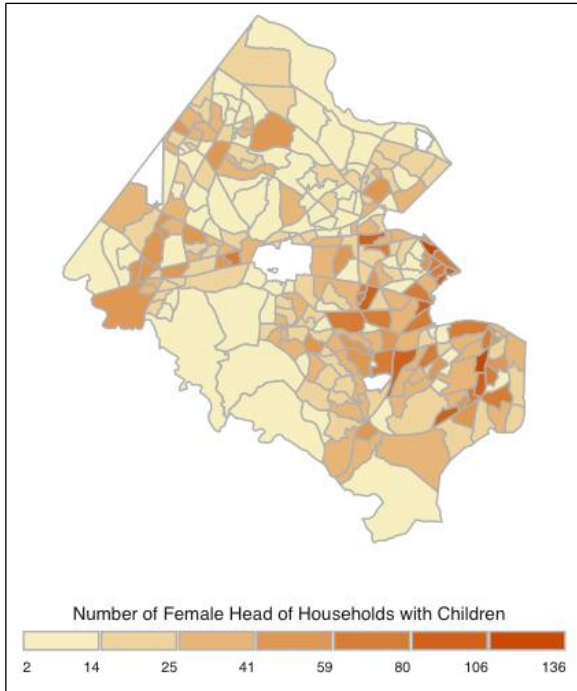
Key Takeaway: Households with a female householder are more likely to be economically vulnerable than comparative households with a male householder.

| <b>Economically Vulnerable Household =<br/>Household Yearly Income &lt; Yearly Household Living Budget</b> |   |   |  |
|--|---|---|--|
| <b>Household Type</b>  | <b>Total<br/>Number<br/>of<br/>Households</b> | <b>Economically<br/>Vulnerable<br/>Households</b> | <b>Percentage<br/>Economically<br/>Vulnerable<br/>Households</b> |
| <b>Married couple household</b>  |   |   |  |
| <b>with children of the householder less than 18</b>   | 110,634                                       | 34,427  | 31   |
| <b>no children of the householder less than 18</b>   | 127,208                                       | 21,256  | 17   |
| <b>Cohabiting couple household:</b>  |   |   |  |
| <b>with children of the householder less than 18</b>   | 4,407   | 2,768   | 63   |
| <b>no children of the householder less than 18</b>   | 13,216  | 2,059   | 16   |
| <b>Female householder</b>  |   |   |  |
| <b>no spouse/partner present, living alone</b>   | 54,036  | 17,879  | 33   |
| <b>no spouse/partner present,<br/>with children of the householder less than 18</b>                        | 15,552  | 10,295  | 66   |
| <b>no spouse/partner present, with relatives,<br/>no children of the householder less than 18</b>          | 15,553  | 7,436   | 48   |
| <b>no spouse/partner present, only nonrelatives<br/>present</b>  | 4,497   | 1,359   | 30   |
| <b>Male householder</b>  |   |   |  |
| <b>no spouse/partner present, living alone</b>   | 40,379  | 8,590   | 21   |
| <b>no spouse/partner present, with children of the<br/>householder less than 18</b>                        | 4,357   | 1,885   | 43   |
| <b>no spouse/partner present, with relatives,<br/>no children of the householder less than 18</b>          | 8,848   | 3,018   | 34   |
| <b>no spouse/partner present, only nonrelatives<br/>present</b>  | 7,775   | 2,164   | 28   |

**Exhibit 18. Number of Percentage of Economically Vulnerable Households by Type**

Fairfax has 113,136 economically vulnerable households, or 28% of all households. Of these economically vulnerable households, 49,375 (44%) have children less than 18 years old, and of the economically vulnerable households with children, 10,295 (9%) have female heads of households. The census tract prevalence of female heads of households with children is displayed in Exhibit 19.

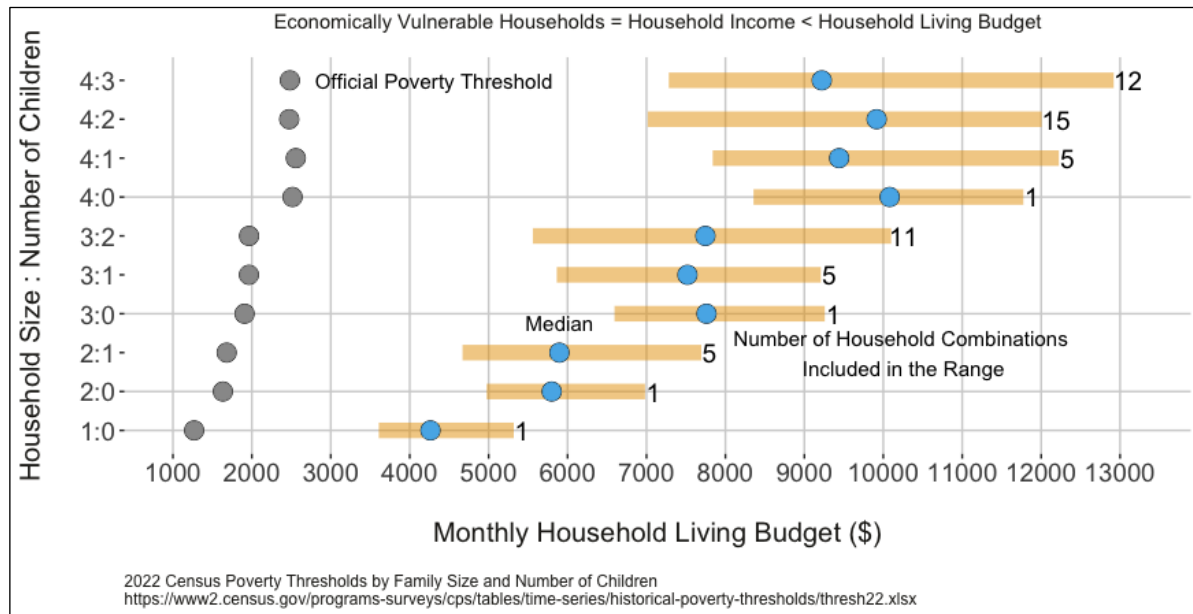
Key Takeaway: More economically vulnerable households led by women with children live in the Mason, Braddock, and Mount Vernon Districts.



**Exhibit 19. Economically Vulnerable Female Head of Households with Children under 18 by Census Tract**

Basic need budgets in selected U.S. states and cities are generally between 1.50 and 3.50 times the official poverty measure for a family of the same composition Fisher (2020). This disparity between the official poverty measure and the basic needs budget can be seen in Exhibit 20, which displays the monthly Household Living Budget range (yellow horizontal bar) for households of size 1 to 4, with and without children.

**Key Takeaway: The Household Living Budget (HLB) is far above the official poverty threshold**



**Exhibit 20. Household Living Budget Range for Economically Vulnerable Households in Fairfax County, Virginia**

The monthly amount of the official poverty measure (grey-filled circle) is provided for comparison. For households of size one, with only one household combination (1:0), the 2022 official poverty threshold is \$15,225 per year for those under age 65 and \$14,036 per year for those ages 65 and over. For this group (1:0), the yearly Household Living Budget ranges from \$43,296 to \$63,861, which is 2.8 to 4.2 times that of the official poverty measure. For a single-parent household of size four with three children, the yearly Household Living Budget varies from \$87,393 to \$155,028 and is 2.9 to 5.2 times the official poverty measure.

In the Household Living Budget, the adequacy threshold accounts for the higher cost of living in the census tract where the household is located and the childcare costs depending on the children’s age.

When there are no children in the household (that is, household size : number of children: 1:0, 2:0, 3:0, and 4:0), the Household Living Budget range reflects only the variability in the geographic cost of living differences amongst the census tracts. When there are children, the Household Living Budget range reflects the geographic cost of living differences and the variability among household combinations. For example, the Household Living Budget for a household of size 2 with one child (2:1) includes the cost of childcare if the children are under 12, which for those with infants can be the largest share of household spending.

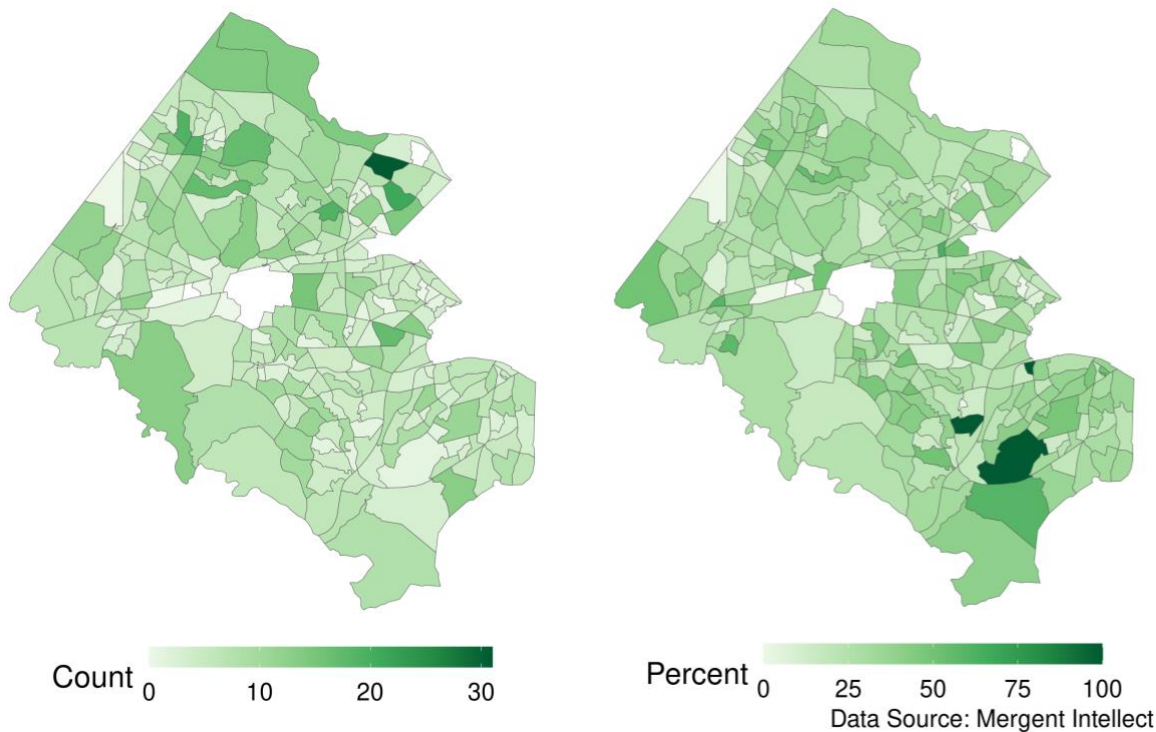
## Women-Owned Businesses

In this section, we look at women-owned businesses using data from Mergent Intellect. Mergent Intellect tracks business activities across the United States and Canada, and we consider data for Fairfax County for 2020. While Mergent Intellect appears to have more coverage than comparable data sets, there still appear to be gaps (especially for unregistered businesses), and how the sample is collected is unclear. It is also unclear how certain variables (such as gender and race) are collected. These may be determined using a combination of model-based prediction and survey data. Despite these limitations, we use these data to provide a preliminary picture of women-owned businesses in Fairfax County.

**Exhibit 21** shows the counts and proportions of women-owned businesses by census tract (including sole proprietorships), and Exhibit 22 excludes sole proprietorships. Generally, there do not appear to be strong patterns by tract; however, some higher-count tracts appear in Dranesville (the top northeast section of the map).

**Key Takeaway:** There are many women-owned businesses in Dranesville and many women-owned businesses as a percent of all businesses in Mount Vernon.

### Count of Women-Owned Businesses Percent Women-Owned Businesses

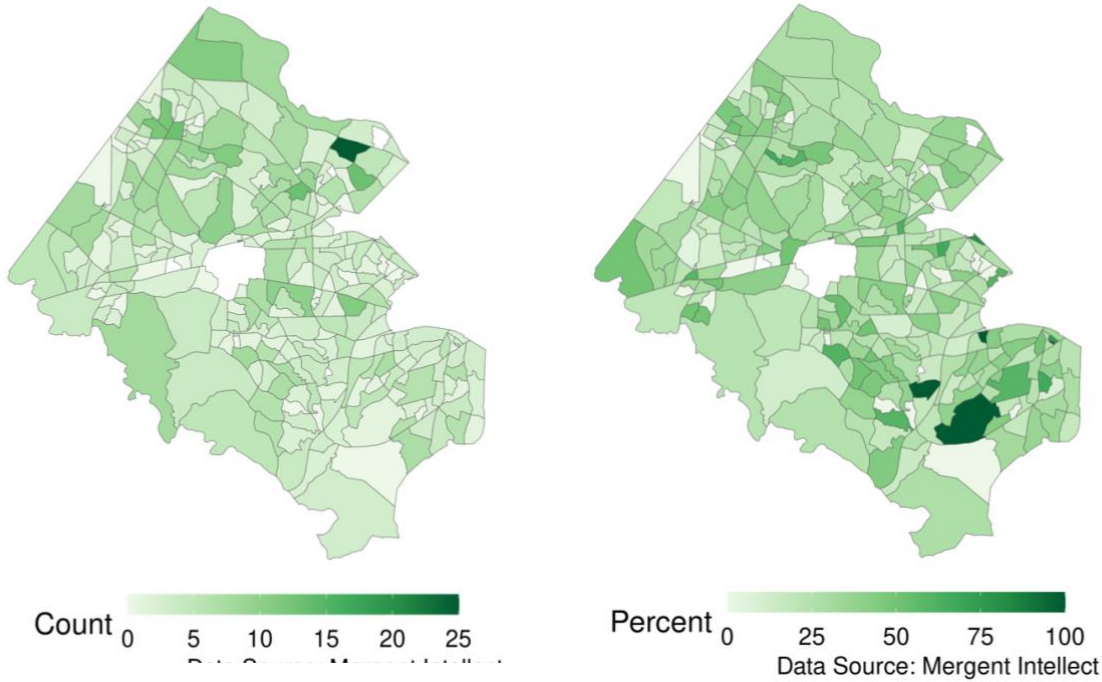


Businesses, Fairfax County, Virginia,  
Census tracts, 2020

**Exhibit 21. Women-Owned Businesses (Including Sole Proprietorships)**

Key Takeaway: There are many women-owned businesses (excluding sole proprietorships) as a percent of all businesses in Mount Vernon.

Count of Women-Owned Businesses (Excluding Sole Proprietorships)      Percent Women-Owned Businesses (Excluding Sole Proprietorships)



Businesses, Fairfax County, Virginia.  
Census tracts, 2020

**Exhibit 22. Women-Owned Businesses (Excluding Sole Proprietorships)**

### Economic Indicators: Takeaways, Bright Spots, and Policy Recommendations

The indicators we examine in this section demonstrate that women are at greater risk economically than men. Women tend to earn less than men, and evidence suggests this difference persists even when adjusting for occupation. Women are also more likely to be in poverty and less likely to make a living wage. We also observe differences across geography and demographic variables such as race, ethnicity, and age.

While we present descriptive analyses to examine the status of women in Fairfax County, we note that our conclusions are not causal, and other factors may explain the differences observed. For example, in the wage gap analyses, we adjust for differences in working hours by examining hourly wages. We also provide some analyses comparing the wages within occupations and find evidence for a wage gap within occupations. Further study may uncover other factors contributing to the wage gap. For example, women may be more likely to leave the workforce temporarily due to having children, which could result in lower lifetime earning potential.

One bright spot is an existing program, the Fairfax County Economic Mobility Pilot (FCEMP), that started in October 2023 (Department of Family Services, Neighborhood and Community Services, n.d.). This program provides cash payments to “ALICE” (Asset Limited, Income Constrained, Employed) households: those that earn “more than the Federal Poverty Level, but less than the basic cost of living for county/state.” The FCEMP acknowledges the importance of supporting families who make more than poverty but are still economically vulnerable; however, while families living below the poverty line may be eligible for assistance programs, this does not necessarily mean they receive assistance. For example, lack of funding and long waitlists can impede housing assistance (Acosta & Guerrero, 2021).

Roughly a quarter of the households eligible for the housing choice voucher program receive any form of federal housing subsidies (Ellen, 2020; Fischer, 2021; U.S. Department of Housing and Urban Development, 2017). There are sometimes restrictions on foreign-born individuals receiving federal benefits. In 2021, the Board of Supervisors adopted the Public Trust and Confidentiality Policy (Trust Policy) to “reaffirm current county policy and improve community health, welfare, safety, security and trust by ensuring that [immigrant residents](#) can access county benefits and services without fear that the information they share will be disclosed to federal immigration officials” (Fairfax County n.d.)



## Health Indicators

Social determinants of health include access to health care services and the prevalence of health insurance (U.S. Department of Health and Human Services n.d.). We focus on these indicators in this section, as well as the use of preventive health care and a range of health outcomes, such as the prevalence of chronic conditions and life expectancy. Other parts of this report discuss some components of the social determinants of health (i.e., economic stability). Future reports could examine other elements (i.e., education access and quality, neighborhood and built environment, social and community context).

### Key Takeaways

- **The western and southern parts of the county, aligning with Sully, Mount Vernon, and Franconia Districts, have comparatively less access to health care services.**
- **Black women and women of other races are more likely to live in households without a vehicle, exacerbating access to health care services.**
- **Areas with high rates of uninsured individuals align with higher poverty areas and areas where women are less up to date on preventive health services.**
- **Women and girls living in the Mason district have relatively higher rates and counts of being uninsured.**
- **Foreign-born individuals have comparatively higher rates and counts of being uninsured.**
- **Girls, in particular Native girls, girls of other races, and Black girls, rely on government assistance for health insurance.**
- **Women have higher rates of some chronic health conditions such as poor mental health and arthritis compared to men.**
- **Women generally have a longer life expectancy than men, though this varies by geography and race.**
- **Hispanic women have the highest percentage of COVID-19-related deaths.**

## Access to Health Care

We define access to health care as the ability to obtain the health care an individual or household needs (Centers for Disease Control and Prevention, 2023; Healthy People 2030, n.d.). Essential aspects of access include health care availability, affordability, and quality. Health care must be adequate in all three dimensions.

To holistically examine the availability of health care providers relative to the demand for health care services, we create a ratio or rate by the area's population. For example, the Live Healthy Dashboard reports the ratio of primary care providers to the population as 110 providers per 100,000 people in Fairfax County (Live Healthy Fairfax, n.d.-b).

We use location information and Census tract population to further investigate the availability of health care service providers at the sub-county level.<sup>7</sup> Demand is weighted by the proximity of health care service providers, assuming people more often choose accessible providers within a 30-minute drive. Given this information, we use the two-step enhanced floating catchment area method to achieve a weighted ratio for access to health care providers (Luo, 2004; Luo & Qi, 2009; Luo & Wang, 2003; Saxon et al., 2021). The weighted ratio also considers that providers in more densely populated areas will be in greater demand, resulting in longer wait times if there are not enough providers to fulfill health care needs. A higher weighted ratio indicates that an area is better served.

**The availability of two types of health care service providers is explored: obstetricians/gynecologists (OBGYNs), serving women’s sexual and reproductive health, and pediatricians, attending to children’s overall health. The OBGYN availability ratio in Fairfax County is 0.85 per 1,000, indicating that, on average, there is less than one OBGYN provider available per 1,000 women and girls over age 14. There is no optimal ratio for OBGYN availability, but higher ratios are likely to contribute to better maternal health outcomes (Tikkanen et al., 2020). The United States has a shortage of maternity care providers, contributing to a high maternal mortality rate compared to other high-income countries.**

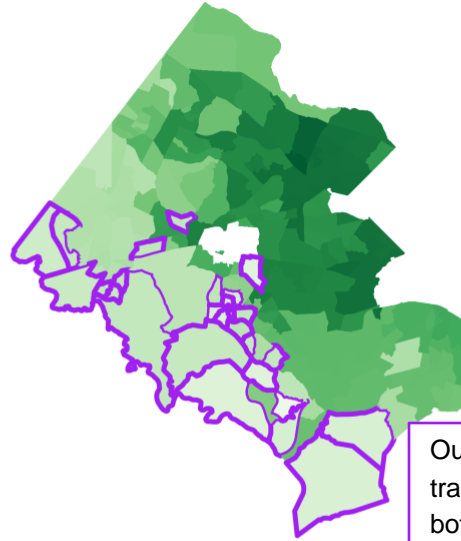
Exhibit 23 shows the OBGYN availability ratio by Census tract in Fairfax County. We find that, by this measure, the highest availability areas of the county are in eastern Fairfax (darker greens). The western and southern parts of the county, aligning with Sully, Mount Vernon, and Franconia, have lower OBGYN availability and are underserved (lighter greens).

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<sup>7</sup> We also consider that people may travel outside of Fairfax County for health care by taking into account locations of health care service providers. For example, an individual living on the border between Fairfax County and the City of Alexandria might choose to go to a health care provider in Alexandria if their practice is closer.

Key Takeaway: Women in Sully, Springfield, and Mount Vernon have comparatively lower availability to OB-GYNs taking into account population demand and drive time

### OB-GYN Availability Ratio



Available OB-GYNs per 1,000 population



0.5 1.0

Data Source: American Community Survey,  
Centers for Medicare and Medicaid Services  
Women and girls over age 14, Fairfax County, Virginia, Census tracts, 2022

**Exhibit 23. OBGYN Availability Ratio**

Exhibit 24 shows the county-wide OBGYN availability ratio for women by different race and ethnic groups within the county by age group. We calculated the average Census tract OBGYN availability ratios weighted by the Census tract subpopulation but did not find large differences in OBGYN availability by race and ethnic groups.

Key Takeaway: Asian and Black girls and women of two or more races, such as Native Hawaiian or Other Pacific Islander, women have comparatively lower availability to OB-GYNs taking into account population demand and drive time

| Ages 15 to 17                             |                                      | Ages 18 and older                         |                                      |
|---|--------------------------------------|---|--------------------------------------|
| Race and Ethnicity                        | OBGYN Availability Ratio (per 1,000) | Race and Ethnicity                        | OBGYN Availability Ratio (per 1,000) |
| American Indian and Alaska Native         | 0.99                                 | American Indian and Alaska Native         | 0.97                                 |
| Other Races                               | 0.92                                 | Other Races                               | 0.91                                 |
| Hispanic                                  | 0.87                                 | Hispanic                                  | 0.86                                 |
| White                                     | 0.81                                 | White                                     | 0.83                                 |
| Two or More Races                         | 0.80                                 | Black                                     | 0.83                                 |
| Asian                                     | 0.77                                 | Asian                                     | 0.82                                 |
| Black                                     | 0.77                                 | Two or More Races                         | 0.81                                 |
| Native Hawaiian or other Pacific Islander | NA                                   | Native Hawaiian or other Pacific Islander | 0.61                                 |

**Data Source: American Community Survey, Centers for Medicare and Medicaid Services**  
Women and girls over age 14, Fairfax County, Virginia, 2022.

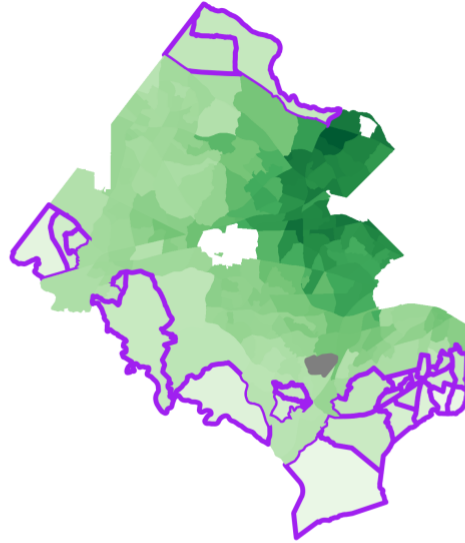
Note: The race categories include Hispanics.

**Exhibit 24. Subpopulation weighted OBGYN Availability Ratio, Subset for girls ages 15 to 17 and women ages 18 and older**

Exhibit 25 shows the pediatrician availability ratio by Census tract in Fairfax County. The pediatrician availability ratio in Fairfax County is 2.25 per 1,000, indicating that, on average, about two pediatricians are available per 1,000 children (under the age of 16). While pediatricians have a higher availability ratio than OBGYNs in Fairfax County, the availability of these two types of health care providers should not be compared, as they fulfill unique needs within the health care system. For pediatric care, the most well-served areas of the county are in eastern Fairfax (medium to darker green colors). The western and southern parts of the county are underserved, aligning with Sully, Springfield, and Mount Vernon (lighter greens), which are under-served (lighter greens).

Key Takeaway: Children in Sully, Springfield, Mount Vernon, and Dranesville have comparatively lower availability to pediatricians taking into account population demand and drive time

### Pediatrician Availability Ratio



Outlined Census tracts are in the bottom 10%.

Available Pediatricians per 1,000 population



Data Source: American Community Survey,  
WebMD Physician Directory  
Children under age 16, Fairfax County, Virginia, Census tracts, 2022

#### Exhibit 25. Pediatrician Availability Ratio

Notes: Census tracts highlighted in purple are in the bottom 10%.

Exhibit 26 shows pediatricians’ availability for girls of different races and ethnic groups within the county. Again, we do not find sizable differences in pediatricians’ availability by race and ethnic groups, though some disparities emerge. Black girls have, on average, the lowest pediatrician availability, which may affect their ability to receive adequate health care.

Key Takeaway: Native Hawaiian, Other Pacific Islander, and Black girls comparatively lower availability to pediatricians taking into account population demand and drive time

| Race and Ethnicity                        | Pediatrician Availability Ratio (per 1,000) |
|---|---|
| American Indian and Alaska Native         | 4.6   |
| Other Races                               | 4.3   |
| Asian                                     | 3.9   |
| Hispanic/Latina (Any Race)                | 3.9   |
| White (Non-Hispanic/Latina)               | 3.8   |
| White                                     | 3.8   |
| Two or More Races                         | 3.7   |
| Native Hawaiian or Other Pacific Islander | 3.7   |
| Black                                     | 3.5   |

Data Source: American Community Survey, WebMD Physician Directory  
 Girls under age 16, Fairfax County, Virginia, 2022.  
 Unless specified, the race categories include Hispanics.

Exhibit 26. Subpopulation weighted Pediatrician Availability Ratio

Our analysis of health care provider availability uses driving time by car, which may overestimate availability for populations without access to a vehicle. We examine car ownership rates by race and geography to better account for provider availability. For households with access to personal vehicles, availability of and access to health services may be considerably better. In most cases, travel time by public transportation is considerably longer than travel time by car (Liao et al., 2020; Maciag, 2017). The disparity in travel time may also grow if timetables do not align with appointment times, and some providers may not be accessible by public transportation.

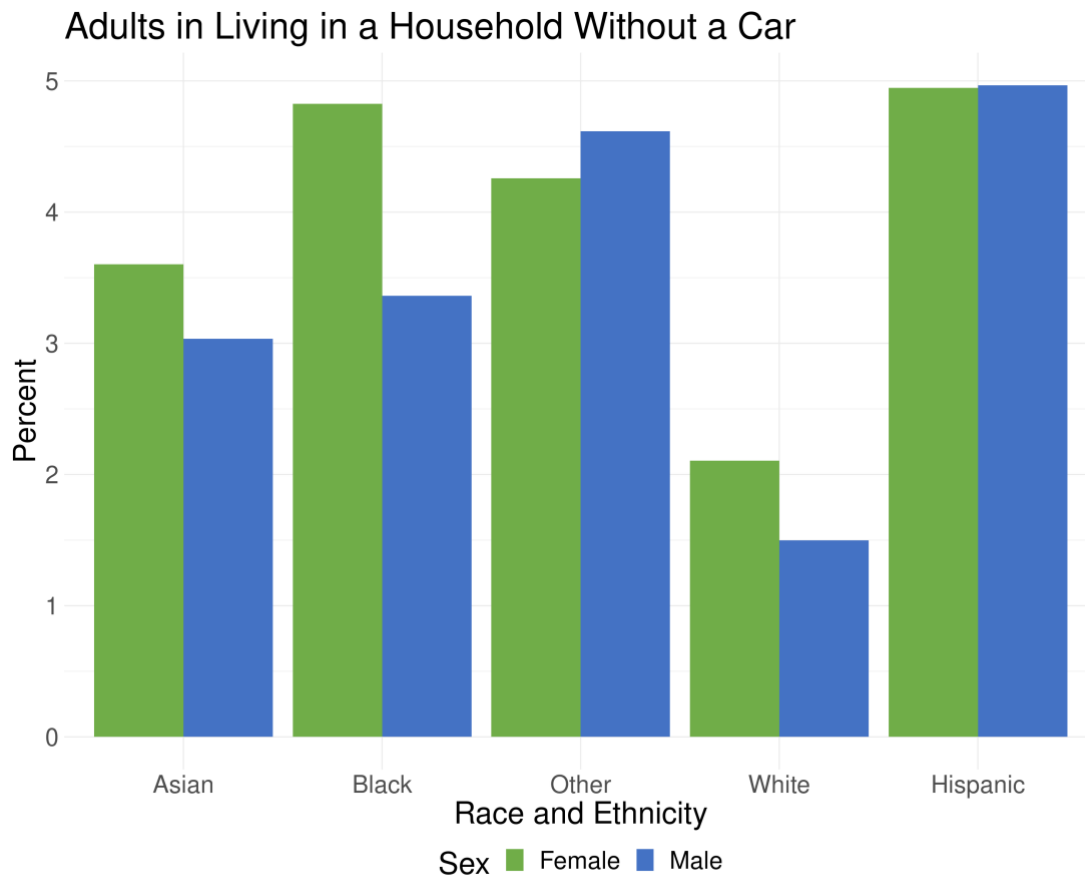


Community Conversation Insight

Women noted that not having access to a car made household tasks, including keeping up with medical appointments, much more difficult.

Within Fairfax County, people of color are more likely than White people to live in a household without access to a car. Exhibit 27 shows the percentage of women and men living in a household without a vehicle throughout Fairfax County. Five percent of Black women and 5% of Hispanic women are estimated to live in a household without a vehicle. **Error! Reference source not found.** displays the percentage of women living in a household without a car by geography. In Franconia and Mount Vernon Supervisor Districts, 16% of Black women live in households without vehicles. Across many districts of the County, 20% to 30% of Hispanic women live in households without a vehicle. These districts are outlined in purple.

Key Takeaway: People of color are more likely than White people to live in a household without a car  
 Key Takeaway: Asian, Black, and White women are more likely than men to live in a household without a car



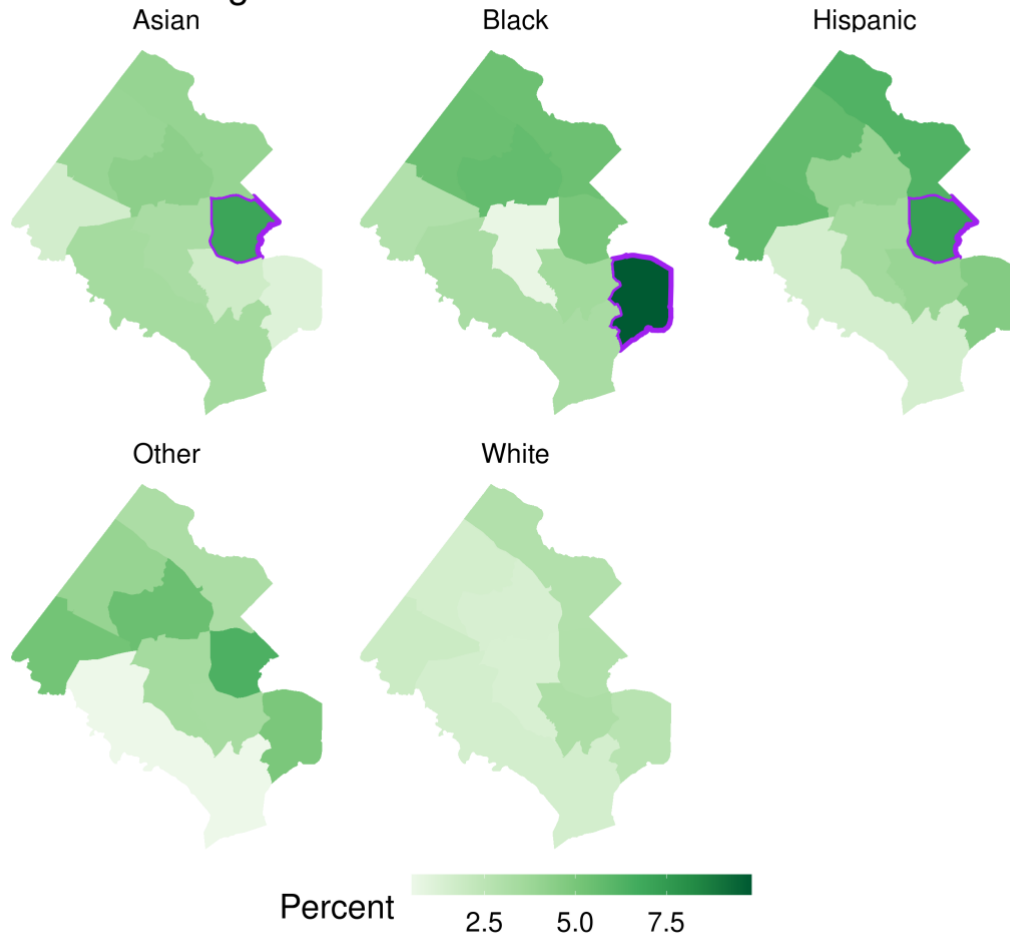
Data Source: American Community Survey Microdata  
 Adults (18 and older), Fairfax County, Virginia, 2021

**Exhibit 27. Adults Living in a Household without a Car**

**Note: The percent ranges only from 0 to 5 percent. Other includes American Indian, Alaska Native, Native Hawaiian and Other Pacific Islander alone, Some Other Race, Two or More Races. Values are calculated based on survey weights to represent the population.**

Key Takeaway: Women of color are more likely than White women to live in a household without a car

### Women Living in Households Without a Car



Percent 2.5 5.0 7.5  
Data Source: American Community Survey Microdata  
Adult (18 and older) Women, Fairfax County, Virginia, PUMAs, 2021

**Exhibit 28. Percent of Women Living in Households without a Car**

**Note: See Intersectionality and Data Limitations for more information on race and ethnicity definitions. Other includes American Indian, Alaska Native, Native Hawaiian and Other Pacific Islander alone, Some Other Race, and Two or More Races. Values are calculated based on survey weights to represent the population.**

Even in areas with high health care availability, lack of affordability can be detrimental to health outcomes. Uninsured are less likely to receive preventive care for major health and chronic conditions, leaving them at a higher health risk. High fees alone act as a deterrent to necessary care. One survey from the Commonwealth Fund found that 38% of adults ages 18 to 64 delayed or missed out on necessary health care because of affordability (Collins et al., 2023). When they do not seek medical care, they are more likely to incur medical debt (Collins et al., 2023; Tolbert et al., 2023).



While women are more likely to be insured than men, young adult women have higher health expenditures than their male counterparts (2023 Fairfax Community Health Needs Assessment, n.d.). Additionally, rates of uninsured women in Fairfax County have decreased since 2017 (2023 Fairfax Community Health Needs Assessment, n.d.).

Exhibit 29 shows the population of women and girls who are insured and uninsured by age group. Women between the ages of 18 and 64 in Fairfax County had the highest rates of uninsured among the three age groups (9% compared to 4% for girls under 18 and 2% for women 65 and over). These age groups are least likely to have access to government assistance plans. Children under 18 and 18 years old who are not Medicaid eligible can qualify for Virginia’s Family Access to Medical Insurance Security Plan (FAMIS) (Department of Medical Assistance Services, n.d.). Adults 65 and over qualify for Medicare.

**Key Takeaway: Women ages 18 to 64 are the most likely to be uninsured**

| Age group    | Insured Population (count) | Uninsured Population (count) | Uninsured Population (percent) |
|--------------|----------------------------|------------------------------|--------------------------------|
| Under 18     | 130,321                    | 5,242                        | 3.87                           |
| 18 to 64     | 336,577                    | 34,851                       | 9.38                           |
| 65 and older | 85,406                     | 1,956                        | 2.24                           |

**Data Source: American Community Survey Microdata Women and girls, Fairfax County, Virginia, 2021**

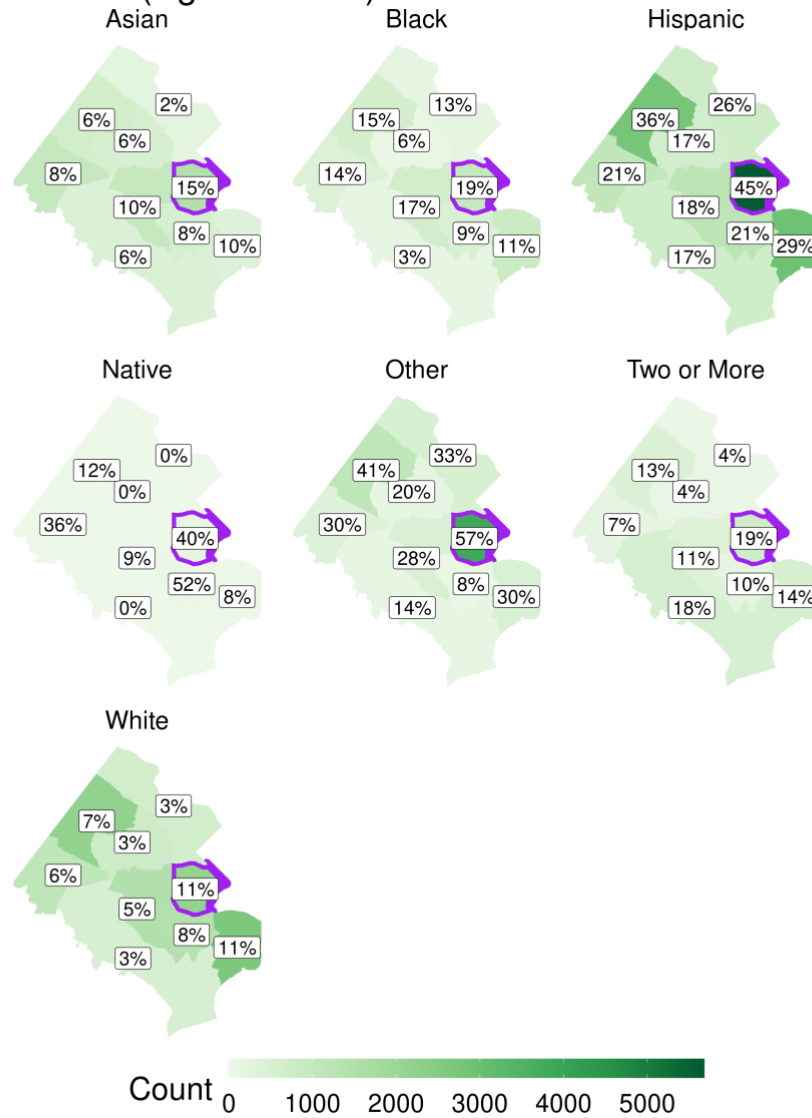
**Exhibit 29. Insured and Uninsured Population by Age Group**

**Note: Values are calculated based on survey weights to represent the population.**

**Error! Reference source not found.** gives the estimated counts and percentages of women (18 to 64) without health insurance for a given population within Fairfax County. We look at these two measures in tandem to provide a sense of the issue's prominence and likelihood for each population within each PUMA. The Mason District has the highest uninsured rates overall, with about 20% of women 19-64 in this area not having coverage. Likewise, for girls under 18 and women 65 and over, the Mason District has the highest rates of uninsured. These results align with areas with high rates of poverty and economically vulnerable households as defined by the Household Living Budget.

Key Takeaway: Women in the Mason district are uninsured at high rates

## Women (Age 18 to 64) Without Health Insurance



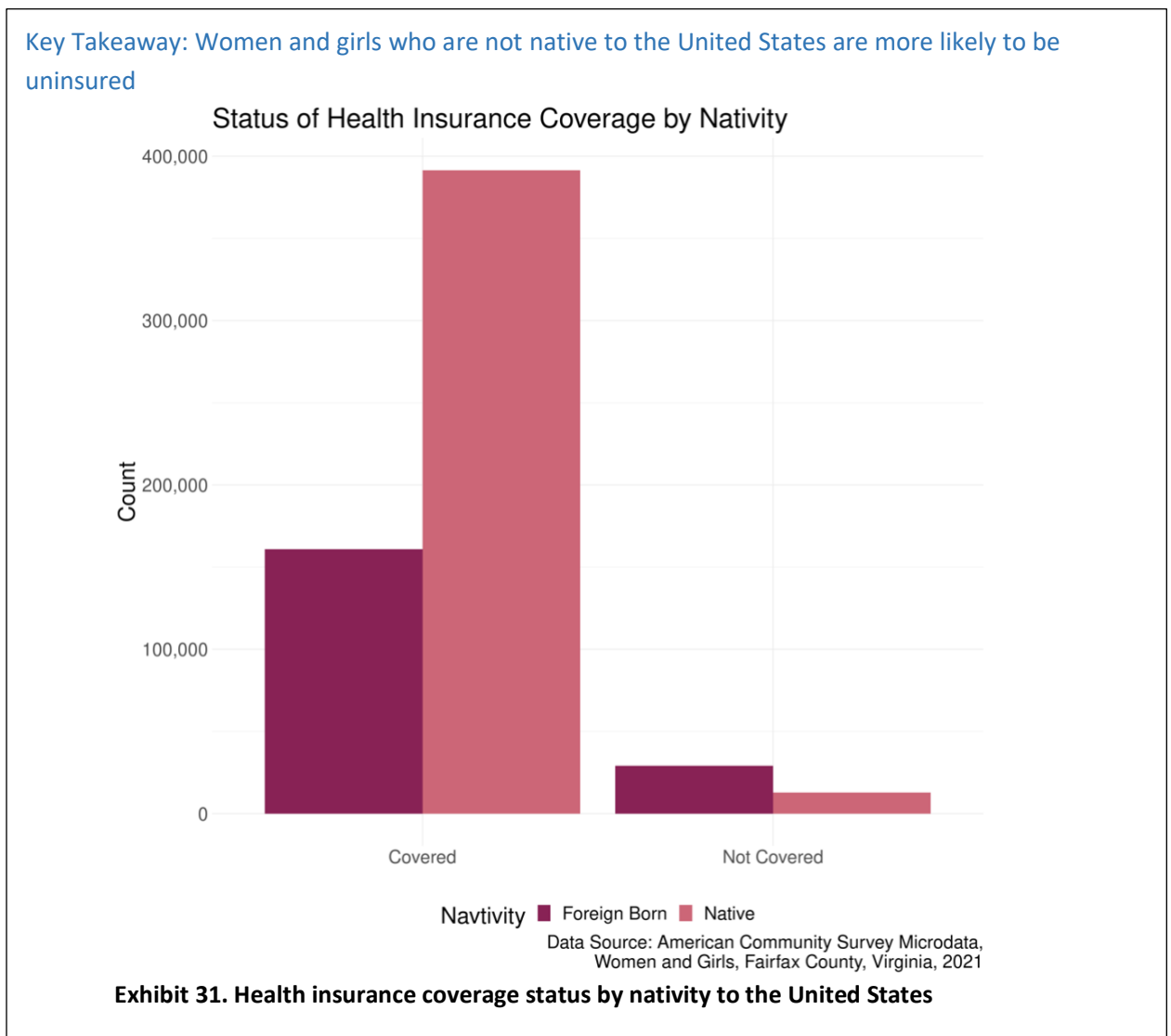
Data Source: American Community Survey Microdata, Women (Age 18 to 64), Fairfax County, Virginia, PUMAs, 2021

**Exhibit 30. Counts and percentages of individuals without health insurance coverage.**

**Note:** See Intersectionality and Data Limitations for more information on race and ethnicity definitions. Labels represent the percent of a given group without coverage in the corresponding PUMA. Values are calculated based on survey weights to represent the population. Native includes American Indians, Alaska Natives, Native Hawaiians and Other Pacific Islanders.

Women 18 to 64 of other races (i.e., who identify as a race not defined by the Census Bureau) had exceptionally high rates of uninsured in the Mason District (an estimated 3,764 individuals, or 57% of this population). This population also had high rates of uninsured in Fairfax County overall. Most of these women are foreign-born (85% in the Mason District and 78% in Fairfax County).

Exhibit 31 shows health insurance coverage status by nativity to the United States for all Fairfax County women and girls. Here, we can better understand what factors contribute to the high rates of uninsured individuals. While the number of Native women and girls in Fairfax County is a little over double the population of foreign-born women and girls, foreign-born women and girls are about five times more likely to be uninsured. Of the foreign-born population, only 16% speak English as their primary household language.



The need to adjust to new health care systems coupled with language barriers suggests that many individuals face more significant obstacles to awareness and understanding of available health care options. These issues indicate a need for community outreach and multilingual resources. Exhibit 32 shows the distribution of household languages among uninsured women and girls in Fairfax County.

**Key Takeaway: Uninsured women and girls are more likely than women and girls overall to speak Spanish at home**

| Household Language               | Uninsured women and girls (%) | Women and girls overall (%) |
|----------------------------------|-------------------------------|-----------------------------|
| Spanish                          | 48.5                          | 16.1                        |
| English                          | 16.1                          | 51.7                        |
| Asian & Pacific Island Languages | 13.1                          | 14.8                        |
| Other                            | 11.2                          | 6.1                         |
| Other Indo-European Languages    | 10.0                          | 10.9                        |
| NA                               | 1.1                           | 0.7                         |

**Data Source: American Community Survey Microdata, Women and girls, Fairfax County, Virginia, 2021**

**Exhibit 32. Household Language Distribution Amongst Uninsured Women and Girls and Overall**

**Note: Values are calculated based on survey weights to represent the population.**

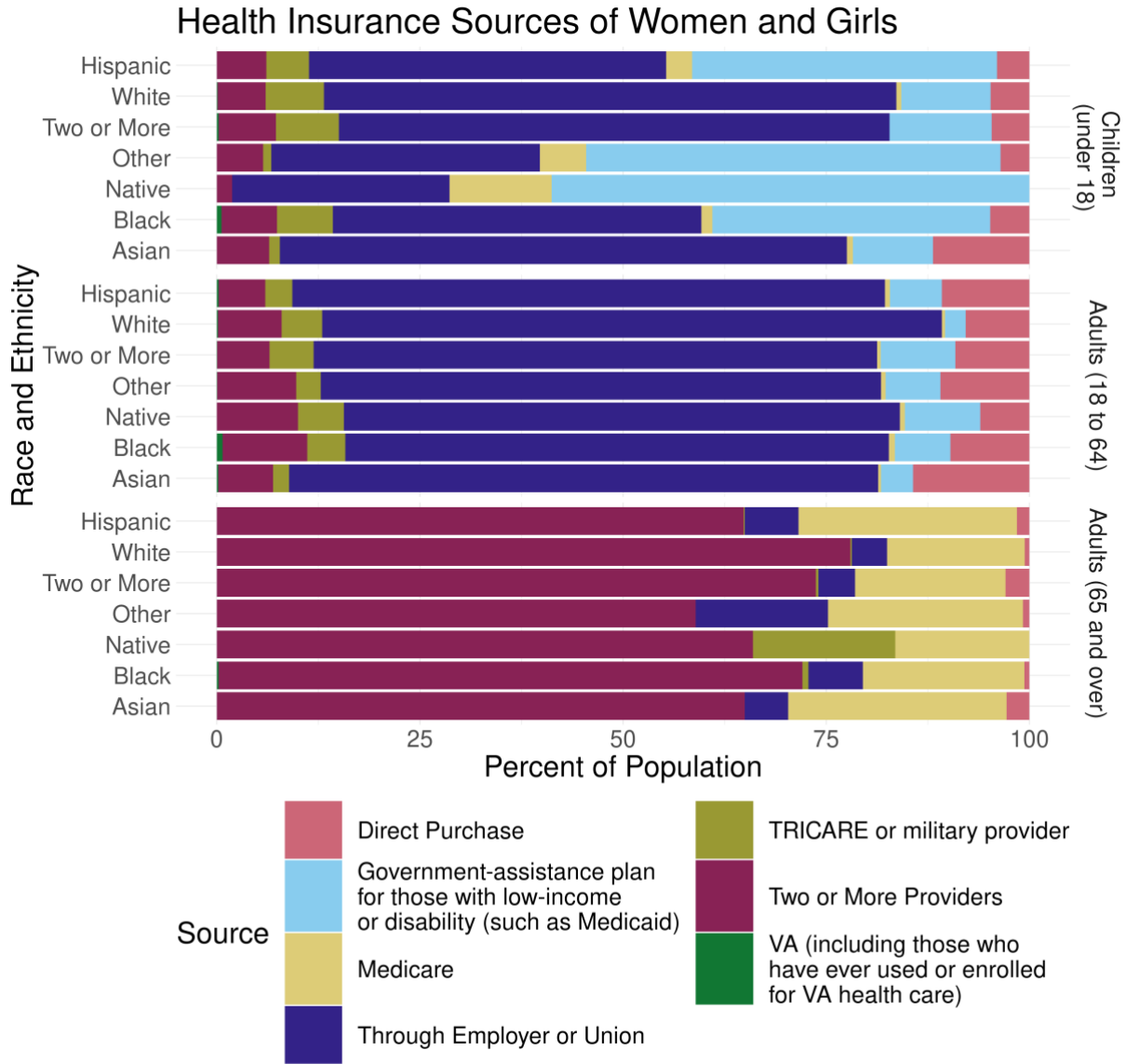
Additionally, a number of these individuals may be undocumented and ineligible for most forms of health insurance (Keck School of Medicine, 2023). For those who are eligible, economic barriers may still prevent them from obtaining insurance. Underserved and low-income communities commonly utilize community care clinics (Long et al., 2021). These clinics are available in high-need communities. Fairfax County currently reports nearby clinics that offer low-cost care for low-income families (Fairfax County, Virginia, n.d.). Exhibit A13 shows the location of various types of urgent care and health clinics across the region.

Exhibit 33 shows the distribution of types of health insurance sources amongst different populations of women in Fairfax County. We break these sources into seven categories as defined by the American Community Survey Microdata:

- Insurance purchased directly from an insurance company
- Government assistance plans for those with low incomes or disabilities (such as Medicaid)
- Medicare
- Insurance through an employer or union
- TRICARE or some other military provider
- Veterans Affairs (VA), to include those who have ever used or enrolled for VA health care

- Two or more providers

Key Takeaway: Most women and girls have health insurance through their employer or union and Native girls and girls of other races are more likely to be on a low-income government assistance plan



Data Source: American Community Survey Microdata, Women and Girls, Fairfax County, Virginia, 2021

**Exhibit 33. Sources of Health Insurance of Women and Girls**

**Note:** See Intersectionality and Data Limitations for more information on race and ethnicity definitions. Values are calculated based on survey weights to represent the population. Native includes American Indian, Alaska Native, Native Hawaiian and Other Pacific Islander.

For women and girls of most races and ethnicities, the primary source of health insurance is through an employer or union (presumably their parents or guardian). The second most significant source of insurance for girls (children) under 18 is government assistance plans. This is the largest source of insurance for Native girls of other races and disproportionately high for Black girls. As noted earlier, children and 18-year-olds not eligible for Medicaid may still qualify for FAMIS. However, FAMIS requirements still fall below the amount defined by the household living budget for each family composition and size (Department of Medical Assistance Services, n.d.).

For women ages 18 to 64, the primary form of health insurance is through an employer or union. The majority of women 65 and over are insured through two or more providers. Medicare makes up the most significant percentage of those with only one source of insurance. Women of other races, Hispanic and Asian women, have the highest rates of only Medicare coverage and the lowest rates of multiple providers. These could be people with solely traditional Medicare or people enrolled in Medicare Advantage. Enrolling in traditional Medicare alone puts individuals at risk for higher expenses and lower coverage (Ochieng et al., 2023).

### **Preventive Health**

High costs and a lack of awareness can lead to individuals missing out on critical preventive care. Our analysis focuses on three preventive health measures that are specific to women: women 50-74 who have had a mammogram in the past two years, women 21-65 who have had a cervical cancer screening, and women 65 and older who are up to date on core preventive health services. We pull figures directly from the Live Healthy Fairfax dashboard (Live Healthy Fairfax, n.d.).

Exhibit A14 (Appendix V) shows the percentage of women ages 21-65 who have had a cervical cancer screening, Exhibit A15 shows the percentage of women ages 50-74 who are up to date on having a mammogram in the last two years, and Exhibit A16 the percentage of women ages 65+ who are up to date on receiving core preventive health services. The three maps show similar trends in areas with lower rates of women who are up to date. Lower rates are most apparent in the Mason District but also appear in the Sully and Mount Vernon Districts. Women in the Mason, Sully, and Mount Vernon Districts are more likely to be behind on preventive health. These findings align with areas with high rates of uninsured economically vulnerable households as defined by the Household Living Budget, indicating that these women face systemic and financial barriers to accessing necessary preventive health care.

Like health insurance, cultural and language differences make it harder for individuals to access care, as it may be challenging to understand what care is necessary and where they can get it. Additionally, individuals may be foregoing preventive care due to affordability concerns, particularly for uninsured people.

## Women's Chronic Health Conditions

Exhibit 34 provides estimates for the prevalence of chronic health conditions in women and men using data from the Fairfax Health District, which includes Fairfax County, Fairfax City, and Falls Church City. For comparison, values are presented for the Northern Health Region (Alexandria, Arlington, Fairfax, Loudoun, and Prince William Health Districts). While women have lower rates of being overweight or having hypertension or diabetes, they have higher rates of poor mental health and arthritis. These findings align with observed differences between men and women (Crimmins et al. 2019). Disparities also exist by race and ethnicity (See Appendix V).

## Community Conversation Insights



Many women expressed mental health concerns, including isolation and feelings of depression. Women in caregiving roles felt immense responsibility to provide and take care of their families, causing mental distress. Many women mentioned that keeping a routine or schedule and engaging in activities outside the home is crucial to maintaining their mental health. Women with families from other countries expressed great concern for their well-being, had less ability to visit relatives, and felt they had less caregiving support. Women were thankful for their support systems that stepped up to take on their responsibilities when they faced health challenges. Some women who worked longer hours reported poor health, sometimes due to lack of sleep.



Many women have expressed their frustration and difficulties in daily life, along with their concerns about mental health. They describe feeling overwhelmed and alone. Some days, they feel like they have to do everything. However, they also feel rewarded and joyful when they succeed in their careers, raising their families, and building a home.

Key Takeaway: Women are more likely to have chronic health conditions like poor mental health and arthritis than men.

| Indicator                                    | Fairfax Health District |                      | Northern Health Region |                      |
|--|-------------------------|----------------------|------------------------|----------------------|
|  | Women                   | Men                  | Women                  | Men                  |
| Chronic obstructive pulmonary disease (COPD) | 3.9<br>(2.0, 5.9)       | -                    | 4.5<br>(2.9, 6.0)      | 2.2<br>(1.2, 3.2)    |
| Heart Attack                                 | -                       | -                    | -                      | 3.1<br>(1.8, 4.4)    |
| Stroke                                       | -                       | -                    | 2.1<br>(1.2, 3.0)      | 1.6<br>(0.7, 2.5)    |
| Poor Mental Health                           | 44.5<br>(38.2, 50.9)    | 31.4<br>(25.9, 37.0) | 44.6<br>(40.5, 48.8)   | 34.1<br>(30.3, 37.8) |
| Regular Health care Provider                 | 90.0<br>(85.8, 94.3)    | 82.6<br>(77.4, 87.7) | 86.1<br>(82.8, 89.5)   | 80.2<br>(76.8, 83.7) |
| Arthritis                                    | 21.2<br>(16.7, 25.8)    | 14.6<br>(10.8, 18.4) | 23.3 (20.1, 26.5)      | 15.7<br>(13.1, 18.3) |
| Binge Drinking                               | 9.0<br>(5.8, 12.1)      | 14.5<br>(10.6, 18.3) | 12.9<br>(10.2, 15.6)   | 18.1<br>(15.0, 21.2) |
| Hypertension                                 | 21.3<br>(16.6, 25.9)    | 34.7<br>(28.9, 40.5) | 22.7<br>(19.6, 25.9)   | 32.6<br>(29.0, 36.3) |
| Overweight or Obese                          | 52.3<br>(45.4, 59.2)    | 64.9<br>(58.8, 71.0) | 58.0<br>(53.5, 62.5)   | 67.2<br>(63.2, 71.2) |
| Obese  | 24.7<br>(19.0, 30.5)    | 21.6<br>(16.4, 26.9) | 27.5<br>(23.7, 31.4)   | 26.4<br>(22.8, 30.0) |
| No Physical Activity (Past Month)            | 16.9<br>(11.1, 22.6)    | 9.4<br>(6.1, 12.7)   | 18.4<br>(14.6, 22.2)   | 10.4<br>(8.0, 12.8)  |
| Diabetes                                     | 7.0<br>(3.8, 10.3)      | 9.6<br>(5.7, 13.6)   | 6.4<br>(4.5, 8.4)      | 9.5<br>(7.0, 12.0)   |
| Current Smoker                               | -                       | 5.9<br>(2.8, 9.0)    | 3.9<br>(2.3, 5.6)      | 7.1<br>(5.0, 9.2)    |
| Any Tobacco Use                              | -                       | 6.6<br>(3.4, 9.7)    | 3.9<br>(2.3, 5.6)      | 7.9<br>(5.8, 10.1)   |

Data Source: Behavioral Risk Factor Surveillance System (BRFSS) Adults (over age 18), Northern Virginia Health Region, 2021

Exhibit 34. Prevalence (%) of chronic health conditions by sex in the Fairfax Health District and Northern Health Region.

Note: Chart values are estimates for the percentage of each indicator along with a confidence interval in parentheses. Values are suppressed when the sample size within the survey is less than 20 or when the confidence interval has a width greater than 20 percentage points. Fairfax Health District includes Fairfax County, Fairfax City, and Falls Church City. Northern Virginia Health Region includes the Alexandria, Arlington, Fairfax, Loudoun, and Prince William Health Districts.

## Longevity

Life expectancy is a health outcome where women fare better than men. Crimmins et al. (2019), Harvard Health Publishing (2019), and Medina et al. (2020) note a historical gap in life expectancy that persists to

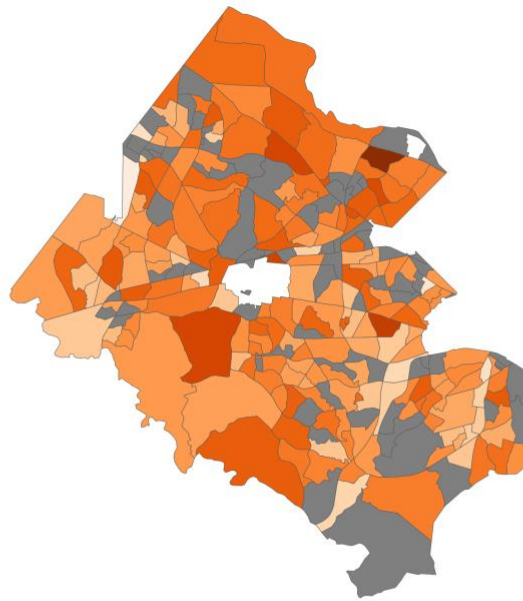


the present. Woolf et al. (2023) examined life expectancy for the population of Northern Virginia (including Fairfax County). They find differences in life expectancy across geography and race using restricted data from the Virginia Department of Health. We have partnered with the report authors to examine life expectancy across Fairfax County.

Exhibit 35 shows life expectancy by tract in Fairfax County. The tracts in Dranesville (the top northeast of the map) tend to have higher average life expectancy values. These tracts also experience low rates of economic vulnerability.

Key Takeaway: Dranesville has the highest life expectancy

### Life Expectancy



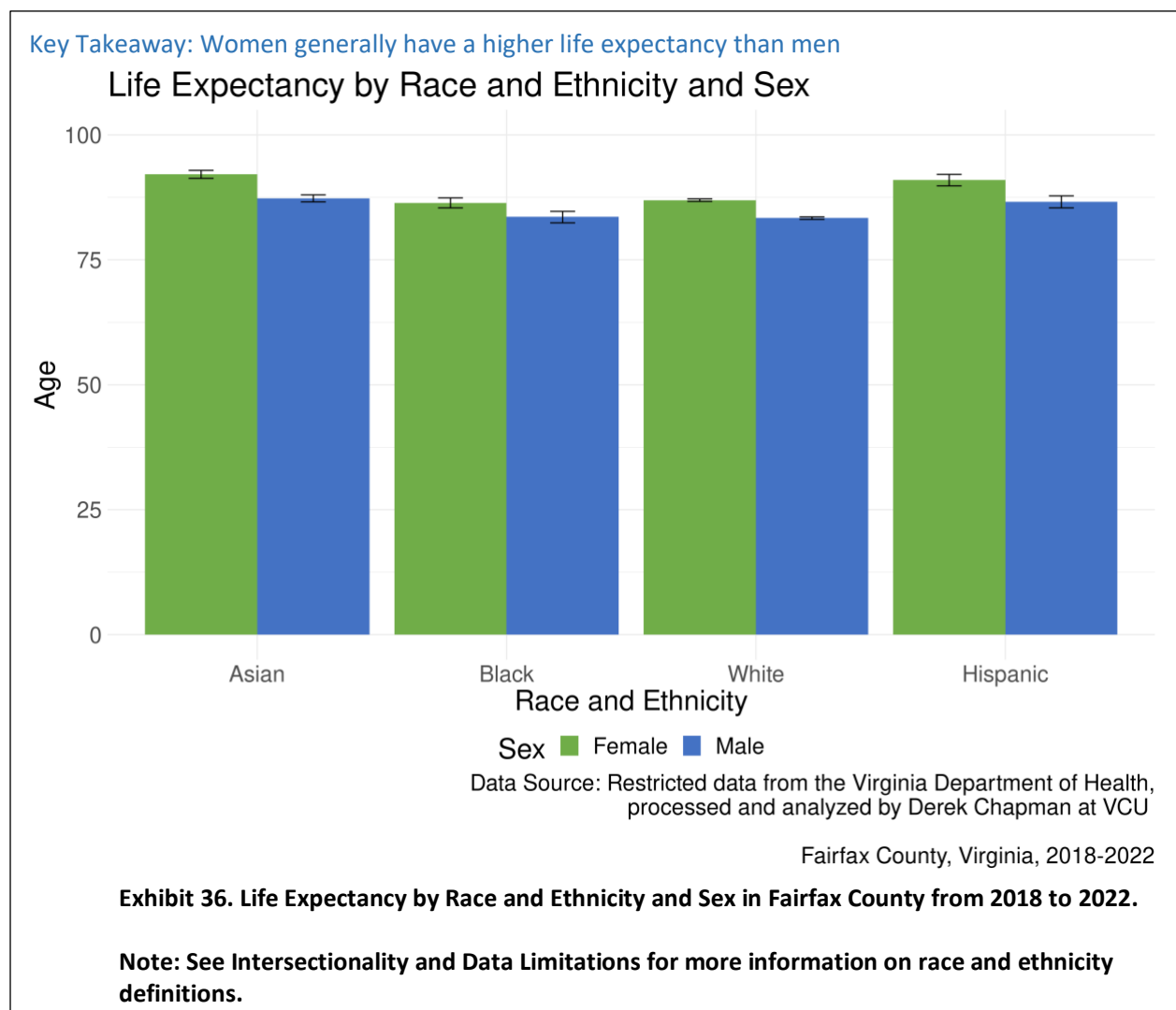
Age 75 80 85 90

Data Source: Restricted data from the Virginia Department of Health, processed and analyzed by Derek Chapman at VCU

Fairfax County, Virginia, Census tracts, 2018-2022

**Exhibit 35. Life Expectancy by Tract in Fairfax County**

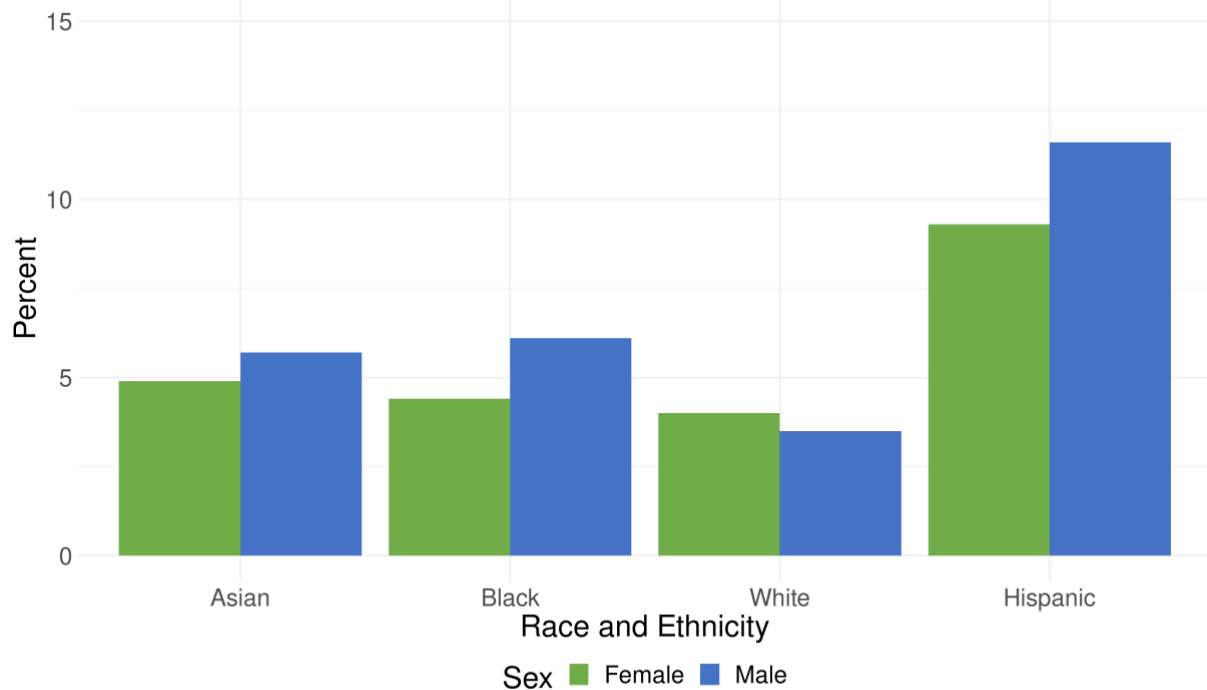
Exhibit 36 shows life expectancy by race, ethnicity, and sex for Fairfax County. Life expectancy is higher for women than men for all groups, and there is some variation across race and ethnicity.



The life expectancy data provide insights into the cause of death. Cancer, heart diseases, COVID-19, and cerebrovascular diseases are among the top five causes of death for all combinations of race, ethnicity, and sex from 2018 to 2022. There are differences across race, ethnicity, and sex. For example, Exhibit 37 shows the percentage of deaths caused by COVID-19. Hispanic men and women have the highest rate of COVID-19 deaths. For White residents, a higher percentage of women died from COVID-19 than men; However, this trend is the opposite for other groups. These trends may be partly due to occupational risk (e.g., certain groups may be more likely to work in person or interact with others at their jobs). However, the extent to which these differences are attributable to other factors, such as individual behaviors and health care differences, is unclear.

Key Takeaway: Hispanic women represent a disproportionate amount of deaths caused by COVID-19

### Percent of Deaths Caused by COVID-19



Data Source: Restricted data from the Virginia Department of Health, processed and analyzed by Derek Chapman at VCU

Fairfax County, Virginia, 2018-2022

**Exhibit 37. Percent of Deaths Caused by COVID-19 in Fairfax County from 2018 to 2022.**  
**Note: See Intersectionality and Data Limitations for more information on race and ethnicity definitions.**

### Health Indicators: Takeaways, Bright Spots, and Policy Recommendations

Like economic indicators, we find variation across geographies and demographic identities. We also find that areas doing poorly for one indicator are doing poorly across other indicators. For example, the areas with higher poverty rates also tend to be less likely to be up to date on preventive health and less likely to have insurance coverage.

The Health Safety Net Services within Fairfax County<sup>8</sup> are a bright spot. Under this umbrella, the services are called HealthWorks for Northern Virginia, which provides patient-centered comprehensive primary care, behavioral health, and dental services in Fairfax County and Loudoun County. These services include family and internal medicine, pediatrics, women’s health, dental care, behavioral health, and pharmacy assistance. Sliding scale fees are available for families with incomes up to some multiple of the Federal Poverty Guidelines that determine eligibility for benefits. However, many tract and family

<sup>8</sup> Health Safety Net Services in Fairfax County, Virginia  
<https://www.fairfaxcounty.gov/health/sites/health/files/assets/documents/pdf/nova-safety-net-providers.pdf>

composition combinations have a living wage (as calculated by the Household Living Budget) higher than the income limits. Our analysis also shows that foreign-born residents have high rates of being uninsured and may not benefit from these programs.

To address these concerns, we recommend:

1. Using a geographic and household composition-specific threshold to determine economic need (such as the Household Living Budget (Lancaster et al. 2023)). For example:
  - a. When determining eligibility for health insurance assistance
  - b. Revisiting eligibility requirements for financial assistance at Health Safety Net Service clinics to ensure they match the financial needs of households in the districts served by the clinics.
2. Further, options for access to low-cost care in areas with higher poverty and uninsured rates should be evaluated.
3. Identify the languages uninsured residents speak and provide resources and information in those languages. Assess feasibility of using Fairfax County Public School Elementary School Enrollment Data that requests this information from families when they complete the enrollment forms.

## Work-Life Balance

Work-life balance is a multifaceted topic that encompasses the ability of an individual to achieve their preferred economic and personal balance. A healthy work-life balance is often achieved by personal and institutional support, including family and friends, social programs, or policies. Because of the long history of women performing unpaid and undervalued labor, work-life balance may be more difficult for women to achieve without these supports (Mason & Gallagher Robbins, 2023).

### Key Takeaways

- **Many women work full-time as caregivers and home managers.**
- **About 8% of women work over 50 hours per week and, on average, those women make \$8 more per hour than women who work less than 50 hours .**
- **Women expressed that working long hours was necessary due to financial constraints and also fulfilling for career progression.**
- **15% of women who work over 50 hours per week are single mothers.**
- **Asian and Hispanic women are more likely to be in multigenerational households.**
- **Single mothers experience greater difficulty achieving work-life balance.**
- **At 18%, rates of single mothers were highest in the PUMA, corresponding to parts of Mount Vernon and Braddock Districts. Forty-three percent of these single mothers are Black.**
- **Childcare is not affordable for all households in Fairfax County, particularly for economically vulnerable single mothers.**
- **The programs offered by the Office for Children are a bright spot for families and childcare providers.**

### Highlights from Community Conversations



Many women expressed that they primarily work as caregivers and home managers. This work is unpaid and often falls to women by default. Women described themselves as caregivers to children and relatives who may live with them. Relatives needing care may also have health challenges, increasing caregiving responsibilities.



Even women who do not perform caregiving expressed handling the majority of home management tasks. Common home management responsibilities included cleaning, grocery shopping, cooking, laundry, and taking children to and from school. Some women in partnerships expressed that this work and caregiving are their sole responsibility because their partner works 8 to 12 hours daily. Many women described their day-to-day lives as teachers, doctors, chefs, and Uber drivers, among other roles.



Women working as caregivers and home managers often note their work is unappreciated. They lamented that their work is viewed as easy or not real work and is unpaid. While some women in partnerships expressed having an equal division of household labor, the majority noted that they take on more than their fair share of responsibilities. Cultural traditions were a prominent contributor to this dynamic. In addition to responsibilities, women stated the mental burden that comes with greater home and family responsibilities. Women who divided household labor equally expressed that this division was key to a healthy work-life balance. Women also noted that relying on older children for support was helpful.

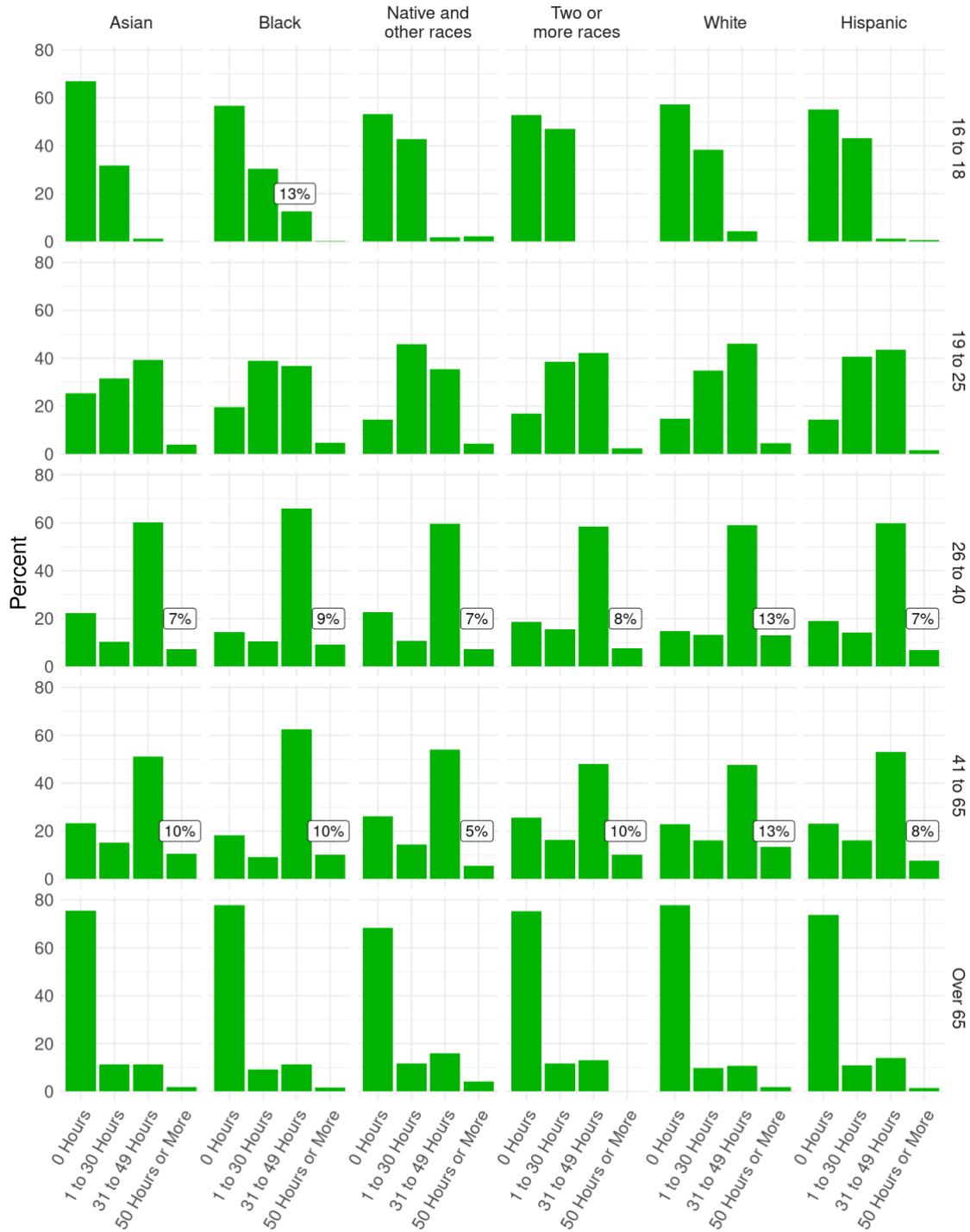
### **Hours Worked per Week**

Working over 50 hours per week is associated with poor health outcomes (Wong et al., 2019). Mainly, occupational health outcomes, including those related to poor sleep, increase as individuals work longer days. Hours worked per week are important to contextualize by factors such as parenthood, wages earned, and multiple jobs. Women are more likely to engage in unpaid household labor. Though the gap between men's and women's unpaid household labor is narrowing, it persists (Sayer, 2005). Time use data, available at the national level, documents how much time individuals spend on household tasks such as cooking and childcare. At the national level, women spend almost three (2.9) hours per day compared to men, slightly less than 2 hours per day (1.82) on these activities (Bureau of Labor Statistics (BLS), 2022).

As previously mentioned, 8% of women in Fairfax County report working over 50 hours per week. This figure is closer to 10% in Hunter Mill and Dranesville. On average, women working over 50 hours per week make \$31 per hour, \$8 higher than those working less than 50 hours per week. Among single mothers, 15% report working over 50 hours per week. Exhibit 38 shows the percentage of reported hours worked per week by age group, race, and ethnicity. We find that the majority of women working over 50 hours per week are in the prime working age cohorts between ages 19 and 65.

Key Takeaway: Women ages 26 to 65 are more likely to work over 50 hours per week and Black girls are more likely to report working over 30 hours per week

### Hours Worked per Week by Age and Race and Ethnicity



Data Source: American Community Survey Microdata

Women and girls over age 16, Fairfax County, Virginia, 2021

#### Exhibit 38. Hours worked per week by Age group and Race and Ethnicity

Note: Values are calculated based on survey weights to represent the population. The race categories include Hispanics.

## Community Conversation Insights



Opinions on work-life balance varied among the participants in the community conversations, with some prioritizing spending time with family and friends and limiting their work hours to 40 per week. Others valued professional accomplishment and success, resulting in working longer hours. Certain jobs or fields were often associated with working longer hours. Additionally, women who owned their businesses often worked longer hours. Many women who worked long hours expressed the strain of working evenings, weekends, and traveling for work.



Women often mentioned the importance of company policy and culture in supporting work-life balance. Examples of policies include work-from-home, flexible work arrangements, and onsite childcare. Leaders in the business community emphasized the need to educate the business community on the importance of the policies in improving women's work-life balance. For these policies to be normalized, leaders within businesses and other employment must champion them. Providing opportunities and resources for women to upskill and reskill are also crucial. Because women are more likely to re-enter the workforce, they are more likely to need support to make these career transitions. Many industries with worker shortages would also benefit from investment in these resources.

## Single Parent Households



For single mothers, barriers to achieving work-life balance are compounded. Single mothers expressed great difficulty balancing working to support their family, caregiving, and household tasks. A few women mentioned that they sought a partner primarily due to the financial burden of being a single mother.

## Multigenerational Family Households



Living near a support network relieves many of the burdens associated with womanhood and motherhood. Living in a multigenerational household or near extended family was a relief for caregiving and home management responsibilities. Friends and neighbors nearby who could be relied on for help also relieved stress. In addition to the mental burden, some of the financial burden of childcare can be relieved through a support network.



Some women noted that creating innovative multigenerational housing options in the county could address housing affordability issues and provide community supports that replicate extended families. Women suggested more planned communities that co-locate senior centers, childcare facilities, and creative, affordable housing designs to attract older adults, families, and young people to live in multigenerational housing.



Exhibit 39 shows the count of women in single-parent households by PUMA and race and ethnicity.<sup>9</sup> Eighteen percent of single mothers live in the Mount Vernon and Braddock districts. Notably, 43% of single mothers in this area are Black compared to Black women, who make up 17% of non-single mothers in this PUMA. Asian women make up 12% of the single-mother population and 21% of the non-single-mother population of women.

Home-based childcare is accessible for some families, particularly those who live with family. Multigenerational family cohabitation has been demonstrated to be most beneficial for youth and older generations (e.g., grandparents) living together (Das Gupta & Wong, 2023; Deleire & Kalil, 2002). It is important to note that increased caretaking responsibilities can result from multigenerational family households, which may add to caregivers' (i.e., "adult children") labor burden rather than relieve it. The frequency of multigenerational family households is known to vary by demographic factors such as race and income as well as the economic environment (Keene & Batson, 2010). In times of economic downturn and high inflation, multigenerational family households may be more common as a form of resource pooling. Multigenerational family cohabitation is relatively more common in Latin American and Asian countries, which explains some of the demographic patterns observed in the literature.

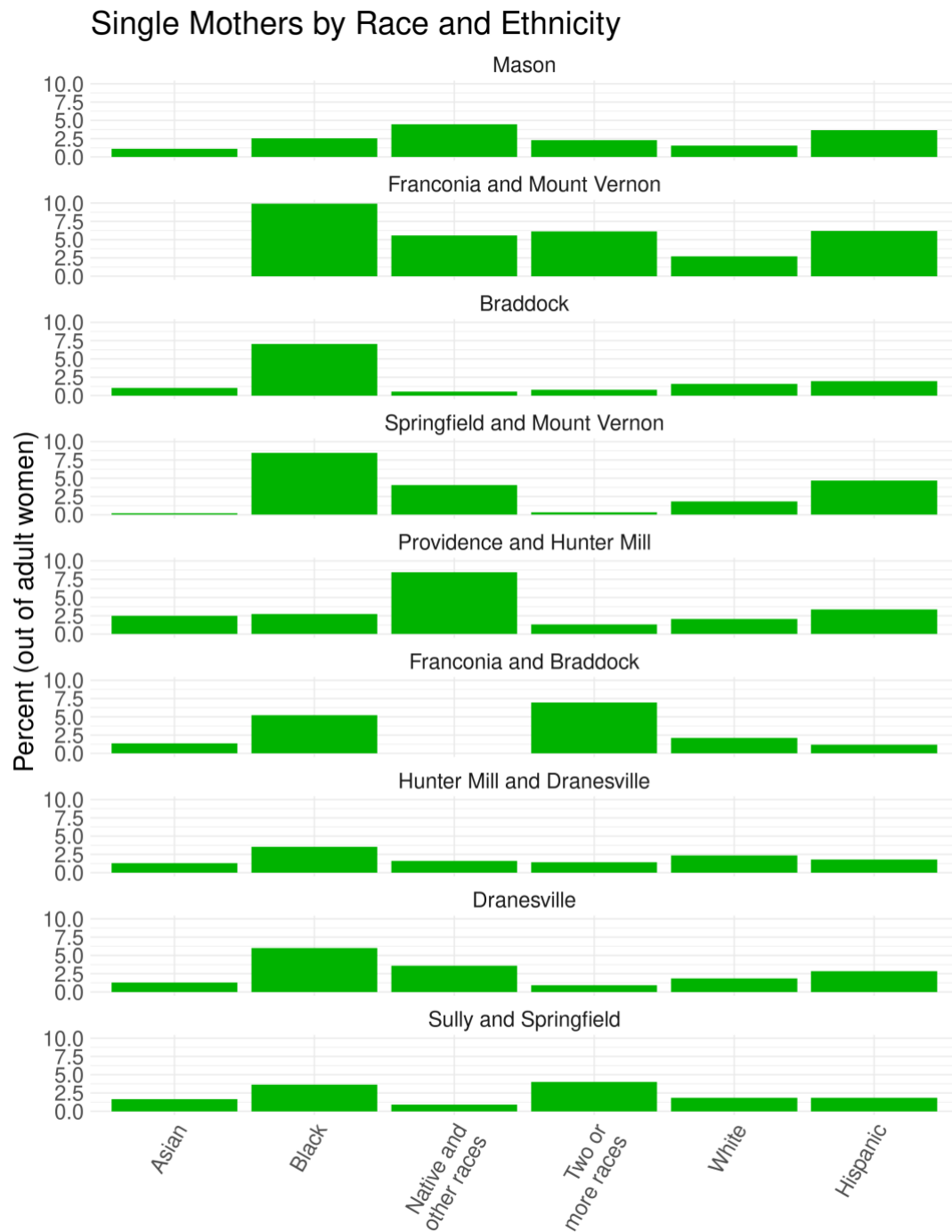
Exhibit 40 shows the number of women in multigenerational family households by geography, race, and ethnicity.<sup>10</sup> Overall, women in multigenerational family households are relatively evenly distributed across the county. Asian women account for 35% of women in multigenerational households in the county compared to 20% in non-multigenerational households. White women comprise 43% of women in multigenerational households compared with 59% overall.

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<sup>9</sup> We define a single parent as an adult living in a household with no other adults and at least one of their own children under the age of 18.

<sup>10</sup> The Census Bureau defines a multigenerational household as containing three or more generations (Minnesota Population Center, n.d.)

Key Takeaway: Single mothers are more likely to live in Franconia and Mount Vernon and many of these mothers are Black



Data Source: American Community Survey Microdata

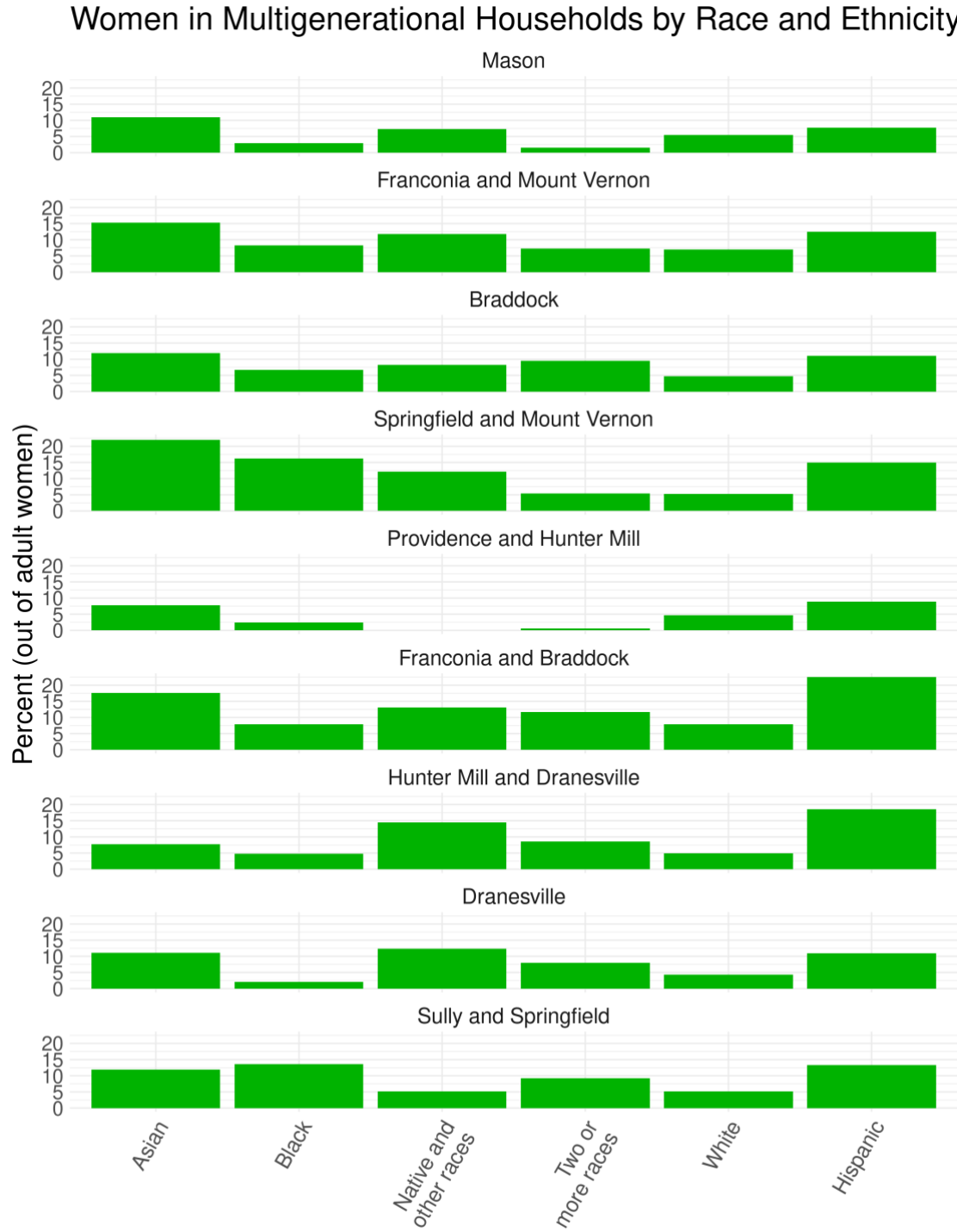
Adult women (over age 18), Fairfax County, Virginia, PUMAs, 2021

**Exhibit 39. Women in Single Parent Households by PUMA and Race and Ethnicity**

**Note:** See Intersectionality and Data Limitations for more information on race and ethnicity definitions. Values are calculated based on survey weights to represent the population. Native and other races include American Indian, Alaska Native, Native Hawaiian and Other Pacific Islander, and women of other races.

See Exhibit 2 for geographic definitions.

Key Takeaway: Asian and Hispanic women are more likely to live in multigenerational households



Data Source: American Community Survey Microdata

Adult women (over age 18), Fairfax County, Virginia, PUMAs, 2021

**Exhibit 40. Women in Multigenerational Family Households by PUMA and Race and Ethnicity**

**Note:** Values are calculated based on survey weights to represent the population. The race categories include Hispanics.

## Childcare Costs

Childcare represents a large portion of the unpaid labor performed by women. Affordable childcare, then, is critical to achieving work-life balance for women. Exhibit 41 shows estimates for the yearly cost of childcare in Fairfax County according to the National Database of Childcare Prices. The price of infant center-based care in Fairfax County is in the top 1 percent of counties nationally (Women's Bureau of the U.S. Department of Labor). The yearly cost of childcare (for one child) ranges from 7 to 14% of median household income. Median household income does not account for the wide variation in income and the burden of childcare for economically vulnerable families in Fairfax.

| Age and type of childcare | Yearly cost adjusted to 2023 (\$) | Cost as a % of median household income |
|---------------------------|-----------------------------------|--|
| Infant center-based       | 22,953                            | 13.9                                   |
| Infant home-based         | 15,302                            | 9.3                                    |
| Toddler center-based      | 19,280                            | 11.7                                   |
| Toddler home-based        | 13,465                            | 8.1                                    |
| Preschool center-based    | 19,280                            | 11.7                                   |
| Preschool home-based      | 13,465                            | 8.1                                    |
| School-age center-based   | 17,750                            | 10.7                                   |
| School-age home-based     | 12,241                            | 7.4                                    |

Data Source: National Database of Childcare Prices, Women's Bureau, U.S. Department of Labor, Fairfax County, Virginia, 2016-2018

**Exhibit 41. Yearly cost of childcare and cost as a percentage of median household income for age and type of childcare combinations**

According to the Household Living Budget, childcare is a major expense for families in Fairfax County with children ages 12 and under. For a single-parent household in Fairfax County with three children over age 12, the cost is zero because the assumption is that they no longer need childcare. For a single-parent household with three children ages 12 or younger in Fairfax County, the costs are estimated to be 42% of the Household Living Budget because it is assumed that all the children require childcare (Lancaster et al., 2023). In the context of work-life balance, the lack of affordable childcare represents a significant burden, especially for economically vulnerable families, such as single-parent households.

Though the cost of childcare for families is high, it does not capture the total costs associated with running a childcare business. While turnover is a longtime problem in childcare, many early childhood educators say that despite the low wages, long hours, and often minimal to no health benefits, they provide early childhood education because it is their passion. According to self-reported microdata from the American Community Survey, most individuals (8,695) working in childcare are women (95%). Individuals working in this occupation report making \$4.29 per hour. This is in the bottom five percent of wages by occupation for Fairfax County. Fairfax County Early Childhood Programs and Women's

Business Center support family childcare business owners with regulatory compliance and financial assistance, such as participating in the United States Department of Agriculture Child and Adult Care Food Program and providing early childhood and business development training as a childcare subsidy vendor.

Recognizing the need to engage and include families' voices in the early childhood system, Fairfax County Early Childhood Programs and Services created a Family Council. The Family Council seeks to improve processes for listening to family needs and provide opportunities for families to offer guidance and input in early childhood decisions that matter most to them. The parent perspective is essential to identify barriers to and solutions for obstacles families face when accessing equitable and high-quality early childhood services.

The Secretary of the Treasury, Janet Yellen, highlights the role of affordable and quality childcare (Yellen, 2017, 2021, US Treasury, 2021). She notes that better and more childcare options would help address three inequities women face—workforce participation, pay equity, and women's health. Women's increasing participation in the labor force was a driver of growth from 1950 to 2000. But that has stagnated since 2000 even though it has continued to soar in other advanced countries. Pay inequity continues as women are the primary childcare providers, often reducing hours or not working because they cannot find affordable childcare. Access to health care can be challenging for low-income and working mothers, resulting in poorer health outcomes and reduced ability to work. Addressing these inequities is "more than just an issue of fairness; it offers economic benefits to the entire country." (US Treasury, 2021).

## Community Conversations Insights

### Children and Teens Programs



Overwhelmingly, mothers described programs for children and teens as supporting their work-life balance. Mothers care immensely about the enrichment of their children. They described supports related to the schools, such as School Family Liaisons and Advancement via Individual Determination (AVID), affordable childcare, before and after care, and summer camps, which were mentioned by many. Women discussed programming for children as contributing to time when they can relax. They requested additional sports be offered at community centers or other venues, including volleyball. They also asked for arts and music programs for teens.



Women expressed their dedication to their communities and gratitude for community support. Women feel immense devotion to their communities and strive to lift each other up. Volunteering was one of the most frequent evening and weekend activities for many women. Women described their desire to give back to the community, especially when they once received community aid. For immigrants, community was mentioned as a crucial network to find housing and employment. Specific community programs mentioned included the Culmore Center and the Opportunity Neighborhood

Collective Impact Initiative, which focus on developing family resilience and a culture of engagement, connectedness, and success. Many women are also involved in community organizing, particularly around issues like rent increases.



Some women also expressed the importance of their faith in giving them the support to go on and were blessed to be able to have a family. their



Spaces for women to meet and discuss their lives are key to achieving work-life balance. Women expressed appreciation for spaces where they can relax, voice frustrations, and discuss topics such as household division of labor. Importantly, meeting spaces outside the home also help women achieve a healthy work-life balance.



Women often can only pursue opportunities for enrichment and self-care when they have the necessary support. Many women described seeking educational opportunities, such as taking child development and baking classes. Women agreed that opportunities for relaxation and fun are vitally important to well-being. Some activities mentioned included yoga, dancing, and getting coffee with friends. Women feel it is important to relax, be outside, and spend time with friends and family.

## New Data Discovery and Exploration Recommendations

We recommend several areas for further exploration and data discovery.

A comprehensive study is needed to address the nuances of sexual orientation and gender identity, affecting both men and women.

Focusing on employment, we suggest that more research be undertaken to:

- Explore factors such as multiple jobs and the relationship between unpaid labor and overall labor force participation.
- Investigate why women work part-time, considering potential connections to child-rearing or household responsibilities.
- Examine factors influencing students working three or more hours per school day, including gender-specific considerations and racial disparities.

Closely related to employment is achieving work-life balance. To examine this in more detail, we recommend that more work be done to:

- Link indicators from different sections, like exploring the intersection of single motherhood with unpaid labor or multiple jobs.
- Investigate caregiving responsibilities beyond children, focusing on groups like persons with disabilities or older adults.
- Utilize the Fairfax County Youth Survey information and consider insights from Community Conversations to understand girls' work-school-life balance better.

We recommend discovering more detailed data on health outcomes to understand gender-specific health disparities better. Local public health data tabulations might be one source for creating more informative indicators.

Some languages are often grouped, indicating the need for further data collection. For example, 13% speak "Asian & Pacific Islander Languages," which includes many different languages. However, because of small sample sizes, federal surveys combine these races into one group. One data source might be the Fairfax County Public Schools Home Language Survey, which is included in school enrollment forms for elementary school students.<sup>11</sup>

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<sup>11</sup> FCPS Elementary School Students Languages Spoken at Home  
<https://www.fairfaxcounty.gov/demographics/languages-spoken-home-fairfax-county-elementary-students>

## Policy Recommendations

Throughout this report, the community conversations and indicators point to policy recommendations. We summarize these recommendations in this section.

### **Pilot a living wage to assess benefits to vulnerable populations.**

Assess other city and county programs in creating a living budget or universal basic income. Examples of a living wage are:

- ALICE - Asset Limited, Income Constrained, Employed) households: those that earn “more than the Federal Poverty Level, but less than the basic cost of living for county/state” at the county level.
- UVA’s Household Living Budget at Census tract level by family composition and size (Lancaster et al. 2023).

### **Enhance outreach and education about health, childcare, and other benefits and resources available to women and girls in need.**

A bright spot is the Public Trust and Confidentiality Policy (Trust Policy), which “reaffirms current county policy and improves community health, welfare, safety, security and trust by ensuring that immigrant residents can access county benefits and services without fear that the information they share will be disclosed to federal immigration officials.” However, through community conversations and indicators, we learned that more education and outreach are needed to inform and ensure access to resources and benefits.

### **Advocate for increases to Federal Level Child and Dependent Care Credit**

In 2024, families can claim a maximum of \$3,000 for one child or \$6,000 for two or more children. These amounts are the same whether one lives in low or high-cost areas. Enhancements are needed to adjust income thresholds and amounts based on the cost of living or a relevant calculator.

### **State and County Level: Fund childcare at the state and county levels to reduce family costs and enhance childcare providers' wages.**

Integrate childcare into the public educational system from birth through 8<sup>th</sup> grade. Steps are needed to improve quality, lower costs, and boost wages for childcare workers. Early childhood education participation correlates with better adult outcomes, reducing gender disparities and fostering economic growth. The Childcare Assistance and Referral Program in Fairfax County is an excellent start.

### **Assess the need for more community-based organizations to support women.**

A bright spot is the availability of community-based organizations that are important for women to ease isolation, learn about resources, and support one another. Assess the need for more community-based organizations and where they should be placed.

## **Work-Life Balance and Demographic Variations**



Recognize variations in work-life balance at the county level, particularly for women working over 50 hours per week. Advocate for new data discovery and exploration to understand nuances in work-life balance issues. Again, a bright spot is the Childcare Assistance and Referral Program in Fairfax County, which allows eligible families to receive assistance for childcare needs, with varying requirements based on child age and income level.

### **Gender and Equity Goals: Strategic Planning and Coordination**

Establish a gender-specific strategic plan aligning with vision and measurable goals. Coordinate gender equity initiatives across government offices, building on successful collaborations like the Women and Girls Study Workgroup. Devote resources to harmonize data and analyses for comprehensive equity insights. Bright Spots includes the inclusive Community Engagement Framework that brings in community voices and the One Fairfax Equity Policy.

### **Account for the intersectional nature of gender and racial identity and marginalization through the One Fairfax Equity Policy and Strategic Plan.**

Continue efforts to codify equity language into policy, such as the One Fairfax Equity Policy. Embed equity language into various county documents, especially the Strategic Plan. A keyword search reveals that terms related to women (i.e., “woman,” “women,” “female,” “females”) occur only twice within the Strategic Plan, and terms related to girls (i.e., “girl,” “girls”) aren’t present at all. Per the OECD’s recommendations for a comprehensive gender equality vision, these ideas should be explicitly embedded in government documents. Reflect on OECD’s questions for a comprehensive gender equality vision and determine if equity language in the Strategic Plan is sufficient. Acknowledge that race, ethnicity, and other sociodemographic factors may affect women differently in many areas of their lives.

### **Recommendations for Gender Equity in Public Employment**

Study and assess gender equity in public employment, addressing the wage gap and occupational disparities. Analyze career advancement outcomes and implement accountability mechanisms for equitable and inclusive public employment, including flexible policies around remote work and hours, including post-maternity timeframe.

### **Conclusions**

The 2024 Study on the Status of Women and Girls in Fairfax County, Virginia, delves into the multifaceted challenges women and girls face, employing an intersectional lens to unveil disparities across economics, health, and work-life balance domains. Motivated by the principles of the United Nations Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), the study aligns with the One Fairfax Equity Policy and the Fairfax County Strategic Plan. Findings from our research follow.

The wage gap persists, accentuated among older women and various racial groups. Occupational segregation exacerbates this gap, with women more likely to be in lower-paying occupations.

Affordability challenges, especially in childcare, contribute to economic vulnerability, affecting single mothers disproportionately.

Disparities in health care availability are evident, notably in western and southern parts of Fairfax County. Mental health and chronic conditions affect women differently, with geographic and racial variations. Black women and those in higher poverty areas face increased challenges. Hispanic women bore a higher burden of COVID-19-related deaths.

Achieving work-life balance remains challenging, exacerbated by the need for more affordable childcare. Single mothers struggle to balance responsibilities, particularly those in the Mount Vernon and Braddock Districts. Multigenerational households offer support, but systemic changes are crucial.

The study identifies promising initiatives or bright spots such as the Fairfax County Childcare Assistance and Referral Program, the Economic Mobility Pilot, the Health Safety Net Services, and the Opportunity Neighborhood Collective Impact Initiative. In conclusion, the study emphasizes the need for ongoing monitoring and proactive measures to address the challenges faced by women and girls in Fairfax County to promote a more inclusive and equitable community.

Fairfax County is leading the nation in many of its programs to support women and girls in need, including its Trust Policy, which allows immigrants to access benefits without fear that their information will be shared with federal immigration officials. The next step is to embrace the concept of piloting a living wage to assess the costs and benefits to Fairfax County.

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Fairfax County Women and Girls Study (WGS) Working Group

Participants in the Community Conversations

Neighborhood and Community Services

Opportunity Neighborhood Collective Impact Initiative

Commission for Women

Fairfax County Board of Supervisors

Derek Chapman, Center for Health and Society, Virginia Commonwealth University

Northern Virginia Chamber of Commerce

## Data Source Listing

### Economic Indicators

| Indicator                     | Source  | Access Information   |
|-------------------------------|---|--|
| wage gap                      | American Community Survey<br>Microdata                    | <a href="#">IPUMS USA</a>  |
| Employment                    | American Community Survey                                 | <a href="#">data.census.gov</a>  |
|                               | Bureau of Labor Statistics                                | <a href="#">Occupational Employment and Wage Statistics</a>  |
|                               | Fairfax County Youth Survey                               | <a href="#">data.census.gov</a> ;<br><a href="#">Occupational Employment and Wage Statistics</a> ;<br>Fairfax Countywide Data Analytics (DMB Data Analytics@fairfaxcounty.gov) |
| Poverty                       | American Community Survey                                 | <a href="#">data.census.gov</a>  |
| Household Living Budget (HLB) | American Community Survey<br>Microdata                    | <a href="#">IPUMS USA</a>  |
|                               | Housing and Urban<br>Development Fair Market Rates        | <a href="#">Washington-Arlington-Alexandria, DC-VA-MD Metro FMR Area Advisory Small Area FMRs by Unit Bedrooms</a>   |
|                               | Department of Agriculture Cost of Food Reports            | <a href="#">USDA Food Plans: Cost of Food Reports (monthly reports)</a>  |
|                               | Housing + Transit Affordability Index                     | <a href="#">H+T</a>  |
|                               | Centers for Medicare and Medicaid                         | <a href="#">Health Insurance Market Place 2<sup>nd</sup> lowest Silver Plan</a>  |
|                               | National Compensation Survey                              | <a href="#">National Compensation Survey</a>   |
|                               | Women's Bureau (Department of Labor)                      | <a href="#">National Database of Childcare Prices</a>  |
|                               | BroadbandNow  | <a href="#">BroadbandNow</a>   |
|                               | Department of Transportation<br>National Address Database | <a href="#">National Address Database</a>  |
|                               | National Bureau of Economic Research's TAXSIM             | <a href="#">TAXSIM</a>   |
| Women-Owned Businesses        | Mergent Intellect   | <a href="#">Fairfax County Public Libraries</a>  |

## Health Indicators

| Indicator             | Source                                     | How to Access   |
|-----------------------|--|---|
| Access to Health Care | WebMD Physician Directory                  | <a href="#">WebMD Physician Directory</a>   |
|                       | Centers for Medicare and Medicaid          | <a href="http://data.cms.gov">data.cms.gov</a>  |
|                       | American Community Survey                  | <a href="http://data.census.gov">data.census.gov</a>  |
|                       | American Community Survey Microdata        | <a href="#">IPUMS USA;</a><br><a href="http://data.census.gov">data.census.gov</a> ;<br><a href="#">IPUMS USA</a> |
| Preventive Health     | Live Healthy Fairfax                       | <a href="#">Community Health Dashboard</a>  |
| Health Outcomes       | Behavioral Risk Factor Surveillance System | <a href="#">Virginia Adult Health Survey</a>  |
|                       | Virginia Department of Health              | <a href="#">Vital Event Statistics Program</a>  |

## Work-Life Balance Indicators

| Indicator                             | Source                               | How to Access   |
|---------------------------------------|--------------------------------------|---|
| Hours Worked per Week                 | American Community Survey Microdata  | <a href="#">IPUMS USA</a>                             |
| Single Parent Households              | American Community Survey Microdata  | <a href="#">IPUMS USA</a>                             |
| Multigenerational Family Cohabitation | American Community Survey Microdata  | <a href="#">IPUMS USA</a>                             |
| Childcare Cost                        | Women's Bureau (Department of Labor) | <a href="#">National Database of Childcare Prices</a> |
|                                       | American Community Survey Microdata  | <a href="#">IPUMS USA</a>                             |

Note: IPUMS is the US Census Bureau's American Community Survey Integrated Public Use Microdata Series.

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## Appendixes

### Appendix I: Wage Gap Regression Analysis

We fit a linear model predicting hourly wage using the following covariates:

1. PUMA: 9 PUMAs within Fairfax County
2. Sex: male or female
3. Age: age groups 18-29, 30-49, 50-64, or 65 and up
4. Race: White, Black, Asian, or other
5. Education: no high school, high school or associate degree, bachelor's, or graduate degree (including professional degrees)
6. Nativity: native or foreign-born
7. Household Language: English or non-English

We choose a linear model for ease of interpretation: regression coefficients correspond to the expected change in hourly wages corresponding to a specific group. We include interaction terms to encode intersections of identity. We include 2-way interactions of sex and PUMA, sex and age group, sex and race, sex and education, and age and education. Including higher-order interactions (*e.g.*, to estimate the associations between wages and the intersection of sex/race/education) does not appear to improve model fit. Two potential explanations are that these intersections do not have different wage gaps or that the sample sizes within these intersections are small. For example, these intersections of identity may have different sample sizes, making them difficult to detect. We show the regression coefficients in **Exhibit A1**.

| Variable                        | Coef         | SE          | test stat   | p-value     |            |
|---------------------------------|--------------|-------------|-------------|-------------|------------|
| <b>(Intercept)</b>              | <b>5.87</b>  | <b>1.59</b> | <b>3.69</b> | <b>0.00</b> | <b>***</b> |
| Male                            | -1.97        | 1.67        | -1.18       | 0.24        |            |
| PUMA 59302                      | 0.00         | 1.25        | 0.00        | 1.00        |            |
| PUMA 59303                      | -1.74        | 1.21        | -1.44       | 0.15        |            |
| PUMA 59304                      | 3.15         | 2.57        | 1.23        | 0.22        |            |
| <b>PUMA 59305</b>               | <b>3.65</b>  | <b>1.38</b> | <b>2.65</b> | <b>0.01</b> | <b>**</b>  |
| PUMA 59306                      | 1.09         | 1.23        | 0.89        | 0.38        |            |
| PUMA 59307                      | 0.36         | 1.20        | 0.30        | 0.76        |            |
| <b>PUMA 59308</b>               | <b>5.99</b>  | <b>1.61</b> | <b>3.72</b> | <b>0.00</b> | <b>***</b> |
| PUMA 59309                      | -1.99        | 1.20        | -1.66       | 0.10        | .          |
| <b>Ages 30-49</b>               | <b>5.04</b>  | <b>1.15</b> | <b>4.37</b> | <b>0.00</b> | <b>***</b> |
| <b>Ages 50-64</b>               | <b>6.38</b>  | <b>1.75</b> | <b>3.65</b> | <b>0.00</b> | <b>***</b> |
| Ages 65 and up                  | 1.90         | 1.95        | 0.97        | 0.33        |            |
| <b>Bachelor's degree</b>        | <b>6.49</b>  | <b>1.24</b> | <b>5.23</b> | <b>0.00</b> | <b>***</b> |
| <b>Graduate degree</b>          | <b>12.82</b> | <b>1.68</b> | <b>7.65</b> | <b>0.00</b> | <b>***</b> |
| High School or Associate degree | -0.94        | 1.12        | -0.84       | 0.40        |            |

| Variable  | Coef         | SE          | test stat    | p-value     |            |
|---|--------------|-------------|--------------|-------------|------------|
| <b>Foreign Born</b>                                       | <b>-6.23</b> | <b>0.66</b> | <b>-9.44</b> | <b>0.00</b> | <b>***</b> |
| <b>English household language</b>                         | <b>10.05</b> | <b>0.84</b> | <b>11.91</b> | <b>0.00</b> | <b>***</b> |
| <b>Non-English household language</b>                     | <b>5.95</b>  | <b>0.91</b> | <b>6.50</b>  | <b>0.00</b> | <b>***</b> |
| <b>Asian</b>  | <b>5.32</b>  | <b>1.11</b> | <b>4.78</b>  | <b>0.00</b> | <b>***</b> |
| Black   | -1.48        | 0.86        | -1.71        | 0.09        | .          |
| Other   | -0.28        | 0.80        | -0.35        | 0.73        |            |
| Male and PUMA 59302                                       | 0.00         | 1.71        | 0.00         | 1.00        |            |
| <b>Male and PUMA 59303</b>                                | <b>3.86</b>  | <b>1.64</b> | <b>2.36</b>  | <b>0.02</b> | <b>*</b>   |
| Male and PUMA 59304                                       | 1.79         | 2.97        | 0.60         | 0.55        |            |
| <b>Male and PUMA 59305</b>                                | <b>7.21</b>  | <b>1.97</b> | <b>3.67</b>  | <b>0.00</b> | <b>***</b> |
| Male and PUMA 59306                                       | -0.53        | 1.70        | -0.31        | 0.75        |            |
| <b>Male and PUMA 59307</b>                                | <b>5.97</b>  | <b>1.69</b> | <b>3.54</b>  | <b>0.00</b> | <b>***</b> |
| <b>Male and PUMA 59308</b>                                | <b>8.29</b>  | <b>2.35</b> | <b>3.53</b>  | <b>0.00</b> | <b>***</b> |
| <b>Male and PUMA 59309</b>                                | <b>3.36</b>  | <b>1.67</b> | <b>2.02</b>  | <b>0.04</b> | <b>*</b>   |
| <b>Male and Ages 30-49</b>                                | <b>7.09</b>  | <b>0.89</b> | <b>7.96</b>  | <b>0.00</b> | <b>***</b> |
| <b>Male and Ages 50-64</b>                                | <b>10.66</b> | <b>1.27</b> | <b>8.39</b>  | <b>0.00</b> | <b>***</b> |
| <b>Male and Ages 65 and up</b>                            | <b>8.46</b>  | <b>1.88</b> | <b>4.50</b>  | <b>0.00</b> | <b>***</b> |
| <b>Male and Asian</b>                                     | <b>-6.15</b> | <b>1.46</b> | <b>-4.22</b> | <b>0.00</b> | <b>***</b> |
| <b>Male and Black</b>                                     | <b>-8.16</b> | <b>1.31</b> | <b>-6.23</b> | <b>0.00</b> | <b>***</b> |
| <b>Male and Other</b>                                     | <b>-2.88</b> | <b>1.28</b> | <b>-2.25</b> | <b>0.02</b> | <b>*</b>   |
| <b>Male and Bachelor's degree</b>                         | <b>6.35</b>  | <b>1.48</b> | <b>4.29</b>  | <b>0.00</b> | <b>***</b> |
| <b>Male and Graduate degree</b>                           | <b>10.22</b> | <b>1.58</b> | <b>6.47</b>  | <b>0.00</b> | <b>***</b> |
| Male and High School or Associate degree                  | 0.66         | 1.29        | 0.51         | 0.61        |            |
| <b>Ages 30-49 and Bachelor's degree</b>                   | <b>12.72</b> | <b>1.29</b> | <b>9.84</b>  | <b>0.00</b> | <b>***</b> |
| <b>Ages 50-64 and Bachelor's degree</b>                   | <b>15.87</b> | <b>2.17</b> | <b>7.30</b>  | <b>0.00</b> | <b>***</b> |
| <b>Ages 65 and up and Bachelor's degree</b>               | <b>8.39</b>  | <b>2.54</b> | <b>3.31</b>  | <b>0.00</b> | <b>***</b> |
| <b>Ages 30-49 and Graduate degree</b>                     | <b>16.06</b> | <b>1.76</b> | <b>9.14</b>  | <b>0.00</b> | <b>***</b> |
| <b>Ages 50-64 and Graduate degree</b>                     | <b>20.72</b> | <b>2.32</b> | <b>8.93</b>  | <b>0.00</b> | <b>***</b> |
| <b>Ages 65 and up and Graduate degree</b>                 | <b>10.72</b> | <b>2.73</b> | <b>3.93</b>  | <b>0.00</b> | <b>***</b> |
| <b>Ages 30-49 and High School or Associate degree</b>     | <b>5.99</b>  | <b>1.18</b> | <b>5.06</b>  | <b>0.00</b> | <b>***</b> |
| <b>Ages 50-64 and High School or Associate degree</b>     | <b>5.56</b>  | <b>1.77</b> | <b>3.13</b>  | <b>0.00</b> | <b>**</b>  |
| <b>Ages 65 and up and High School or Associate degree</b> | <b>10.82</b> | <b>2.23</b> | <b>4.85</b>  | <b>0.00</b> | <b>***</b> |

Significance codes: 0 '\*\*\*' 0.001 '\*\*' 0.01 '\*' 0.05 '.' 0.1 ' ' 1

#### Exhibit A1. Wage Gap Regression Coefficient Table

These results allow us to draw conclusions about the wage gap, adjusting for location and demographics. For example, the regression analysis shows that the wage gap increases with age. The wage gap for ages 30-49 is estimated to be \$7.09/hour greater than for ages 18-29. For example, White men aged 18-29 (in PUMA 59301 (Mason), with no high school diploma) are expected to make \$1.97/hour less than women with the same demographics and location. For ages 30-49 (White, no high school diploma, PUMA 59301), men are expected to make  $-\$1.97 + \$7.09 = \$5.12$  per hour more than women with the same demographics and location.

We also find that the wage gap increases with education. The wage gap for those with bachelor's degrees is estimated to be \$6.35 per hour, higher than for those without a high school degree. For example, White men (in PUMA 59301, ages 18-29, with a bachelor's degree) are expected to make \$4.38 per hour more than women with the same demographics and location.

We also find that there is geographic heterogeneity in wages. For example, women in PUMA 59301 (Mason) are expected to make \$1.74 per hour more than women in PUMA 59303 (Braddock) and \$5.99 per hour less than women in PUMA 59308 (Dranesville). The wage gap between men and women ranges from \$5 to \$8.80 across the 9 PUMAs.

The wage gap is estimated to be smaller among women of color. For example, while we observe that Black women are further from parity relative to White men, the difference between black women and black men is smaller than that between White women and White men.

The regression results support and validate the descriptive results presented in this report.

**Appendix II: Additional Wage Gap Analysis**

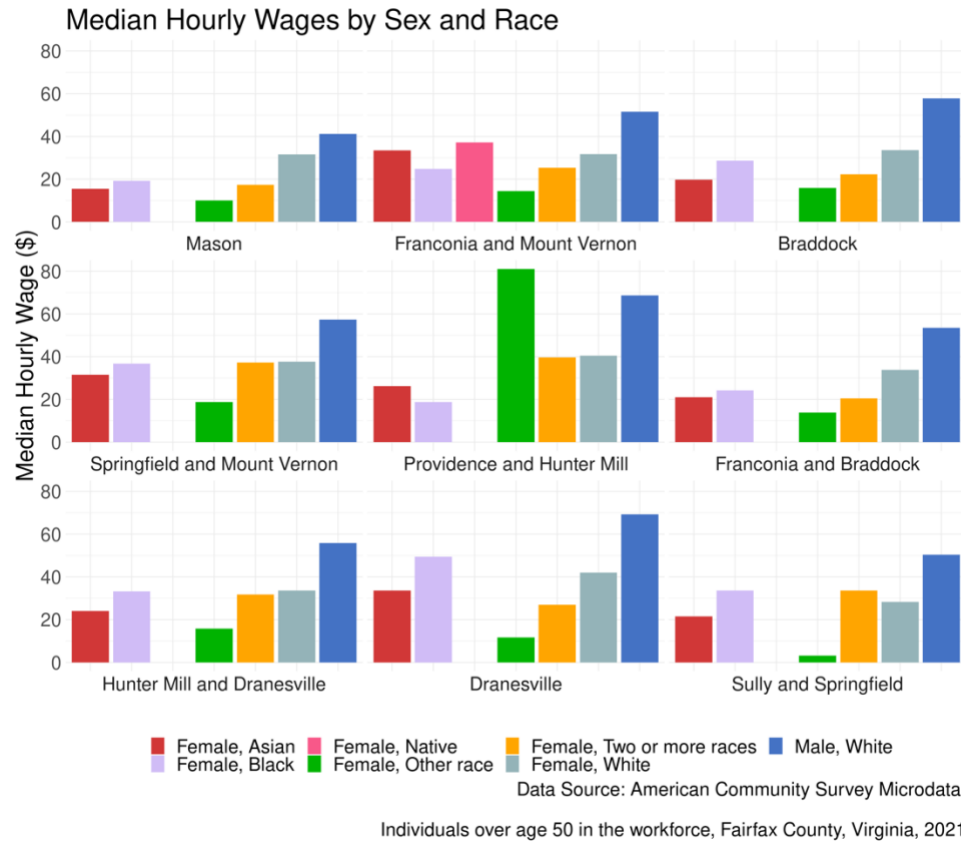
**Exhibit A2** shows the wage gap by race subset to the youngest age cohort (16 to 29). We find that the wage gap is less prominent in this population. Many groups earn more than men on average. This is likely because women in the youngest age cohort are often employed in wage-earning occupations where the wage gap is not as prominent.



**Exhibit A2. Median Hourly Wages by Sex, Race, Age 16 to 29 Cohort**

Note: See Intersectionality and Data Limitations for more information on race and ethnicity definitions. Values are calculated using survey weights to represent the population. Natives include American Indians, Alaska Natives, Native Hawaiians, and other Pacific Islanders. Racial groups with a low sample size (less than five people) are omitted. Values are calculated using survey weights to represent the population.

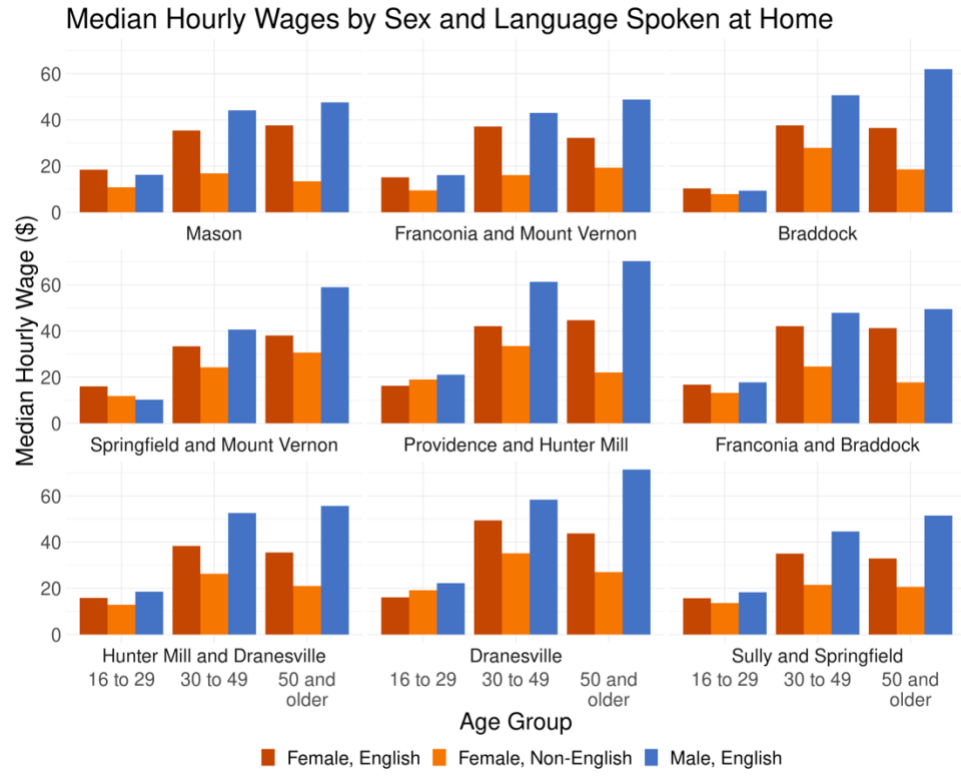
**Exhibit A3** shows the wage gap analysis by race subset to the oldest cohort (over 50). This cohort experiences the largest wage gap, likely due to the prominence of wage gaps in professional occupations at later stages of career advancement (as indicated by age).



**Exhibit A3. Median Hourly Wages Gap by Sex, Race, Age Over 50 Cohort**

Note: See Intersectionality and Data Limitations for more information on race and ethnicity definitions. Values are calculated using survey weights to represent the population. Natives include American Indians, Alaska Natives, Native Hawaiians, and other Pacific Islanders. Racial groups with low sample sizes (less than five people) are omitted.

**Exhibit A4** shows the wage gap by sex, age, and language spoken at home. We find that women who speak a language other than English at home experience a larger wage gap than women who speak English at home. Within older age groups, this gap is much more prominent. Further research is necessary to understand how much of this wage gap is due to occupational segregation. Also, many women spoke in our community conversations about a need for employment and other resources to be available in languages other than English. Because confidence in salary negotiation contributes to the wage gap, providing resources to empower women in the workforce in multiple languages could target this aspect of the wage gap.



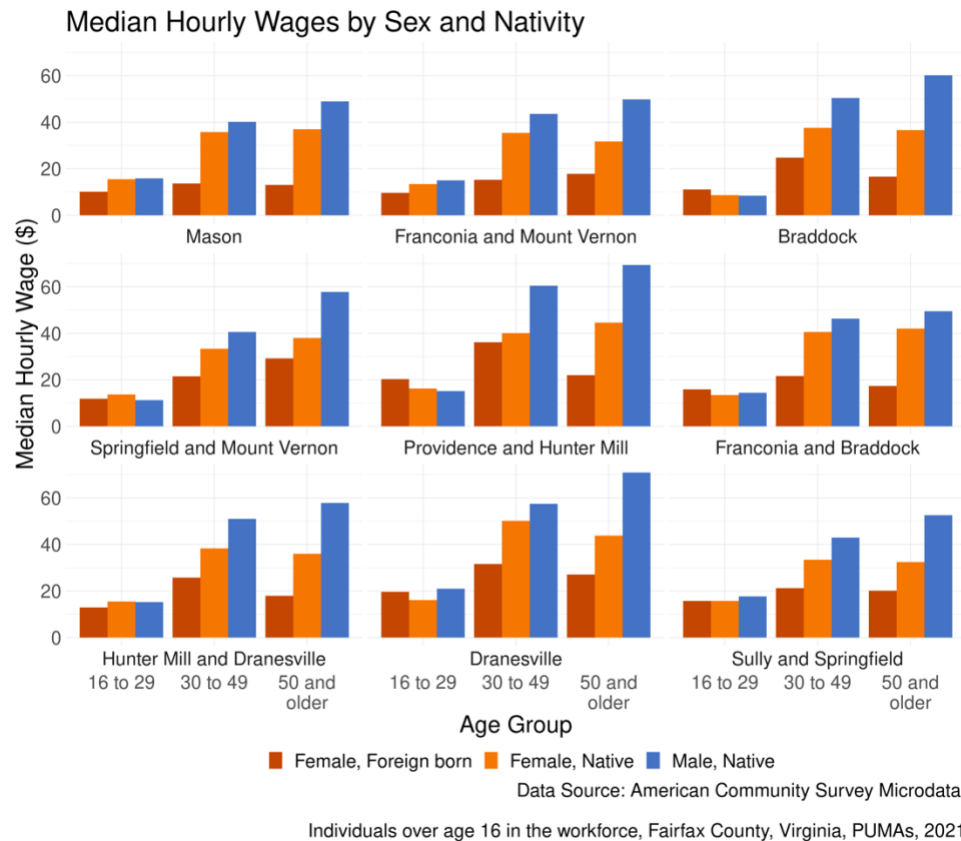
Data Source: American Community Survey Microdata

Individuals over age 16 in the workforce, Fairfax County, Virginia, PUMAs, 2021

**Exhibit A4. Median Hourly Wages by Sex, Age, and Language Spoken at Home**  
 Note: Values are calculated based on survey weights to represent the population.



**Exhibit A5** shows the wage gap by sex, age, and nativity. We find that foreign-born women experience a larger wage gap than women native to the United States, with a greater gap experienced by older women. Because nativity factors into the types of jobs an individual is eligible for, occupational segregation will likely contribute to this wage gap. Additionally, as women in the community conversations pointed out, immigrants must learn to navigate new systems in the United States. Some of these systems may contribute to the wage gap, such as knowledge about available occupations and salary negotiations. Targeting employment resources for immigrant women could be a strategy to mitigate this aspect of the wage gap.

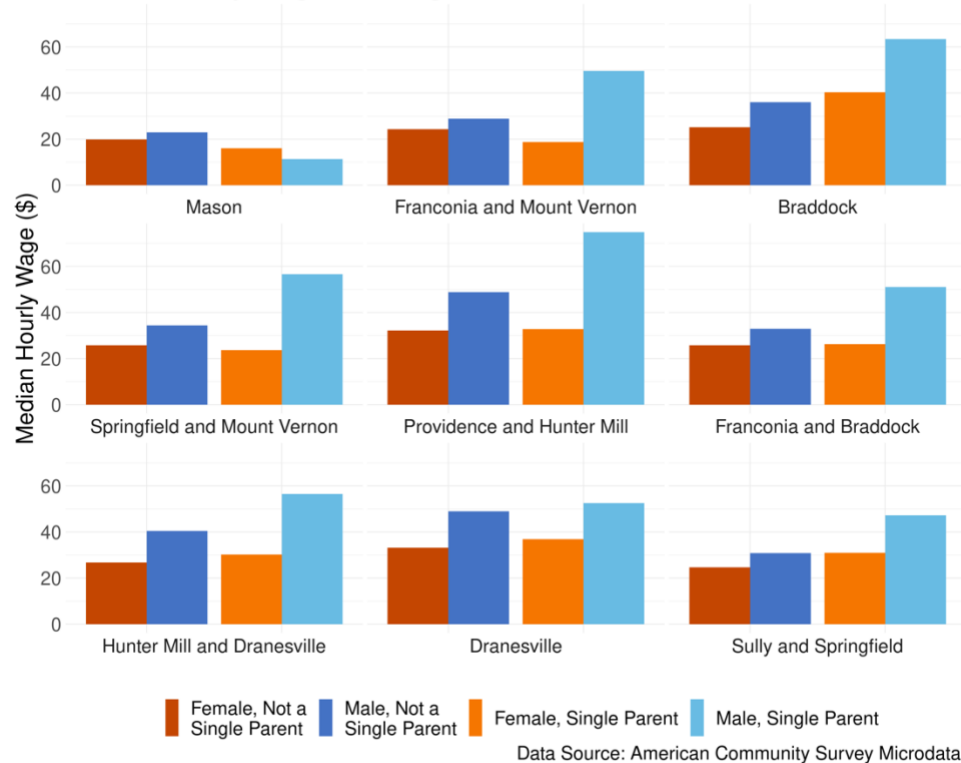


**Exhibit A5. Median Hourly Wages by Sex, Age, and Nativity.**

Note: Values are calculated based on survey weights to represent the population.

**Exhibit A6** shows the wage gap by sex and single parenthood for single parents. Fairfax County has far fewer single fathers than single mothers, as is true for Virginia and the Nation. Though the sample sizes are small and error margins are wide, it is likely that in most geographies, single mothers experience a larger wage gap than single fathers. This is particularly consequential given that single mothers are living on a single income and, because they are working, must find childcare solutions, which are often costly.

Median Hourly Wages for Single Parents



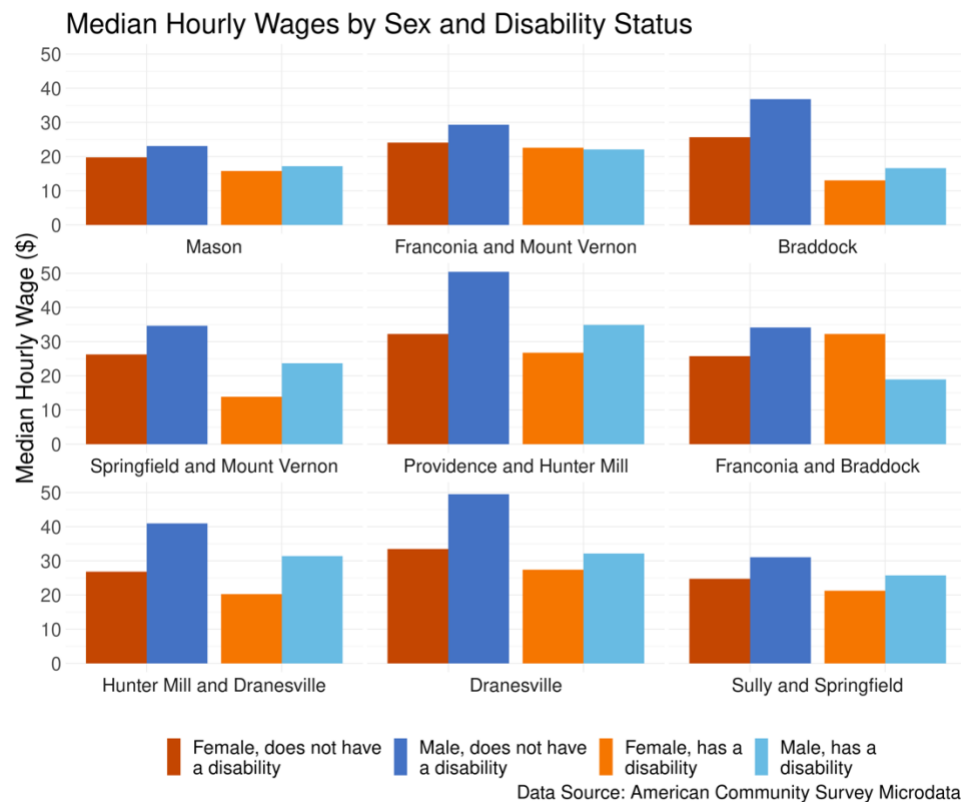
Data Source: American Community Survey Microdata

Individuals over age 16 in the workforce, Fairfax County, Virginia, PUMAs, 2021

**Exhibit A6. Wage Gap by Sex and Single Parenthood.**

Note: Values are calculated using survey weights to represent the population.

Exhibit A7 shows the wage gap by sex and disability status. We find that, in aggregate, the wage gap for women with a disability is close to the wage gap for women without a disability. The Census Bureau has found that, nationally, in most occupations, people with disabilities earn about the same as people without disabilities (Cheeseman Day & Taylor, 2019). Many people with disabilities work part-time or are not in the workforce. People with disabilities are more likely to be poor nationally, and their ability to receive adequate health care is often tied to low-income eligibility (Stapleton et al., 2006). People with disabilities also likely have increased health care costs. In other words, while a substantial wage gap for women with disabilities does not exist in Fairfax County, women with disabilities may be economically vulnerable for other reasons.



Individuals over age 16 in the workforce, Fairfax County, Virginia, PUMAs, 2021

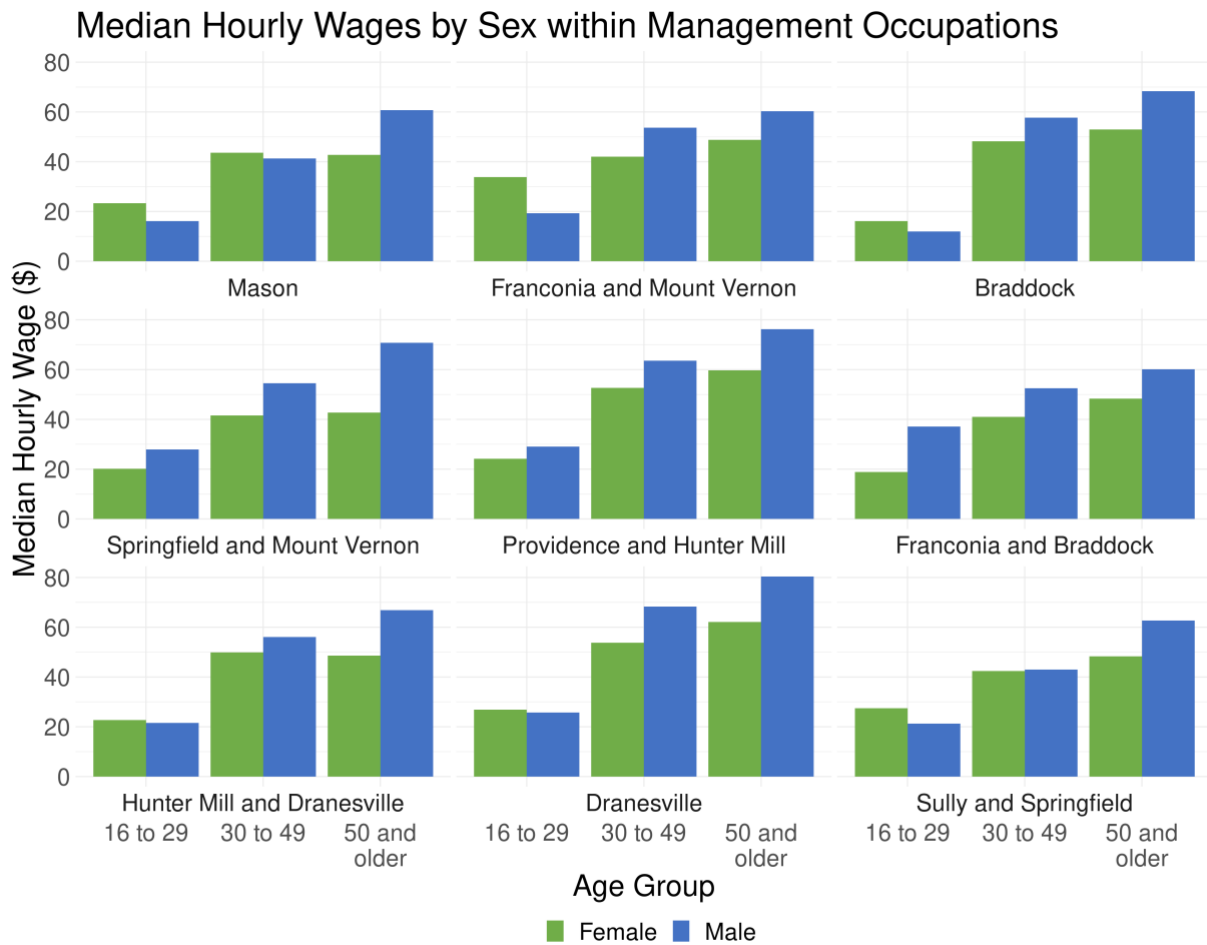
Exhibit A7. Median Hourly Wages by Sex and Disability Status.

Note: Values are calculated based on survey weights to represent the population.

### Appendix III: Wage Gap Analysis by Occupation

**Error! Reference source not found.** shows the wage gap by geography and age group subset by management occupations, which has a relatively equal representation of males and females. Similar to overall patterns in Fairfax County, women in the youngest age cohort are most likely to have wage parity and, in some cases, earn more than men on average. In Mason, Franconia, Mount Vernon, and Braddock, the management occupation wage gap is narrow, especially for the older age cohorts.

**Key Takeaway:** The wage gap exists within occupational groups with relatively equal gender representation, like management occupations.



Data Source: American Community Survey Microdata

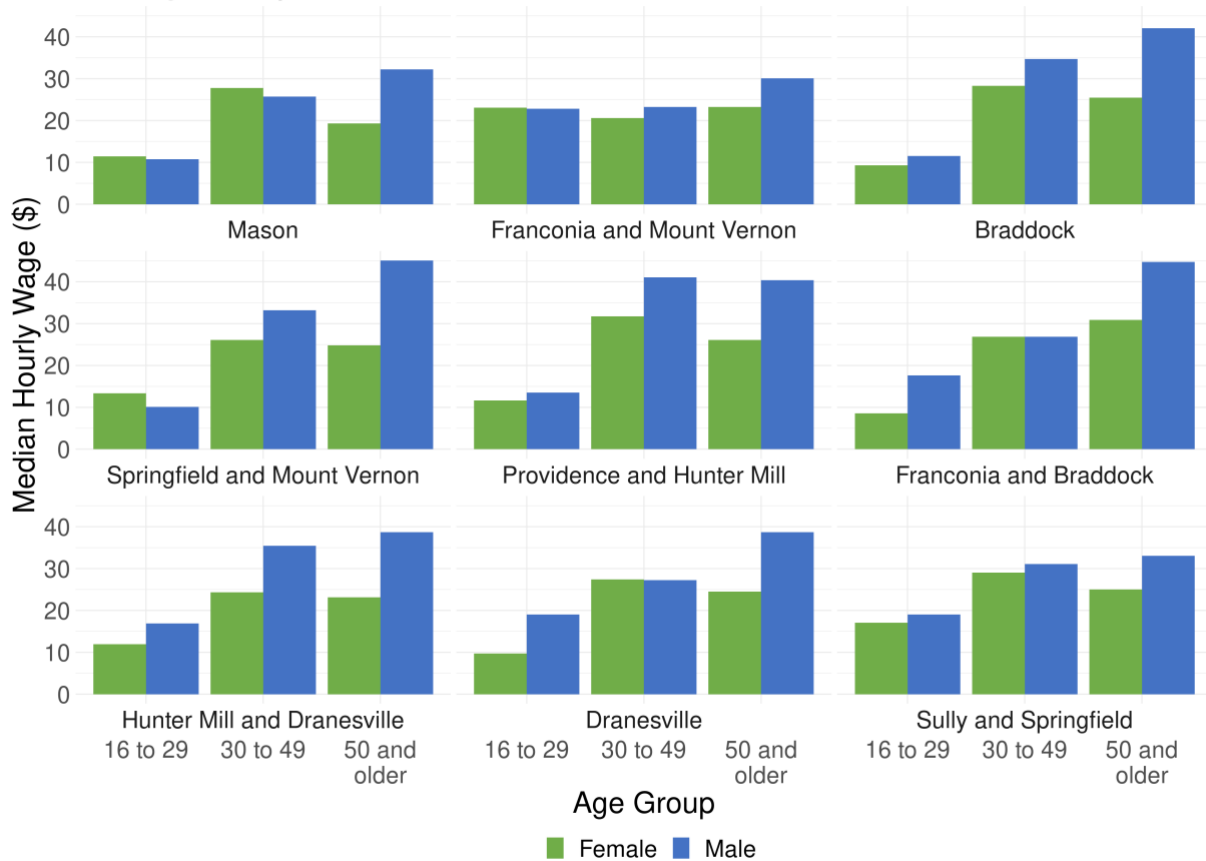
Individuals over age 16 in the workforce working in management occupations, Fairfax County, Virginia, PUMAs, 2021

**Exhibit A8. Wage gap in Management Occupations by Sex by PUMAs by Age Groups**

Exhibit A9 shows the wage gap subset to the Educational Instruction and Library occupation group, which a majority female occupation group. Within this occupation group, we also note the larger trend of younger women experiencing the smallest wage gap. Interestingly, the over-50 age group experiences a notably larger wage gap except in Franconia, Mount Vernon, and Braddock. The wage gap is consequential, given the number of women employed in this occupation.

**Key Takeaway:** The wage gap exists within women-dominated occupational groups, like educational instruction and library occupations.

### Median Hourly Wage by Sex within Educational Instruction and Library Occupations



Data Source: American Community Survey Microdata

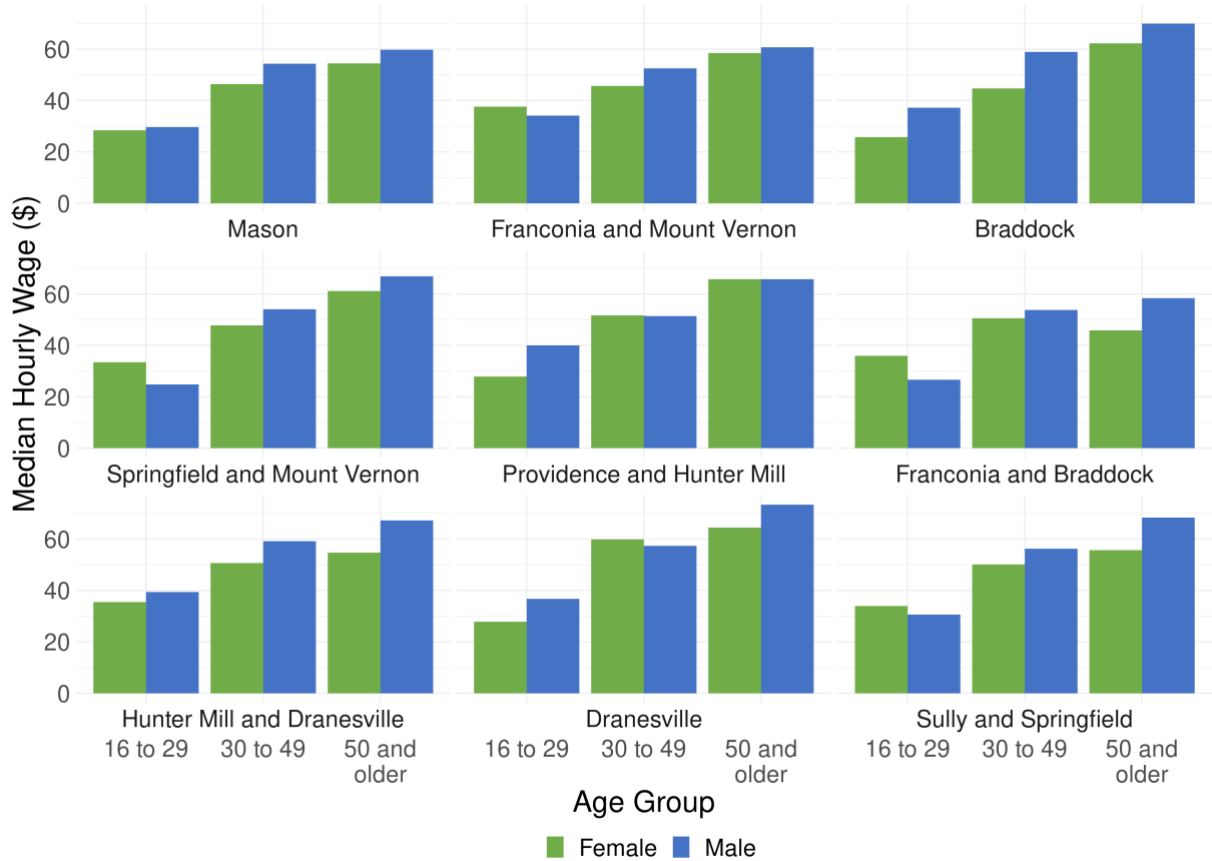
Individuals over age 16 in the workforce working in management occupations, Fairfax County, Virginia, PUMAs, 2021

**Exhibit A9. Wage Gap in Educational Instruction and Library Occupations by Sex by PUMAs by Age Groups**

Exhibit A10 shows the wage gap subset for the Computer and Mathematical Occupation group, a majority male occupation group. Due to occupational segregation, more men are employed in this occupation than women. Overall, the wage gap in this occupation category is narrow, yet it still exists. Consistent with previous findings and the literature, we see that women in the youngest age cohort are more likely to have wage parity and, in some cases, earn more than men on average. We hypothesize that this could be because of the increasing education gains of women. However, it is important to note that previous evidence has pointed to a persistent wage gap despite this trend (England et al., 2020).

**Key Takeaway:** The wage gap exists but is narrower within men-dominated occupational groups, like computer and mathematical occupations.

### Median Hourly Wages by Sex within Computer and Mathematical Occupations



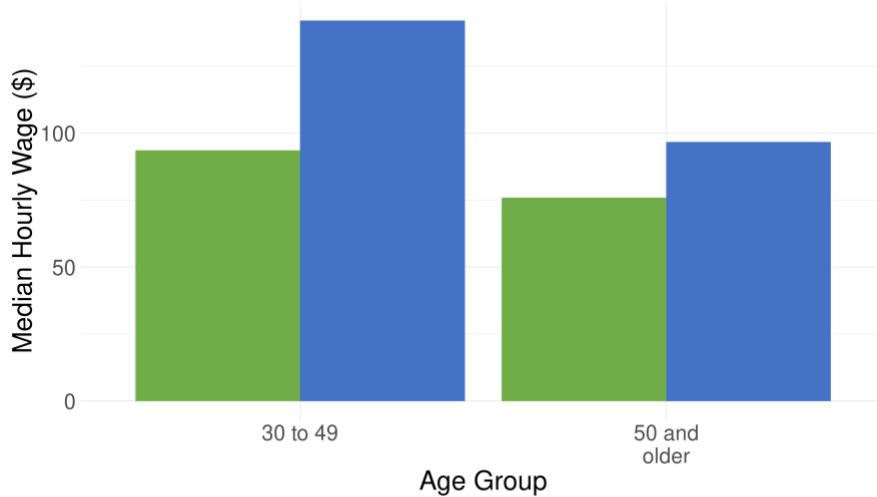
Data Source: American Community Survey Microdata

Individuals over age 16 in the workforce working in computer and mathematical occupations, Fairfax County, Virginia, PUMAs, 2021

**Exhibit A10. Wage Gap in Computer and Mathematical Occupations by Sex by PUMAs by Age Groups**

Key Takeaway: The wage gap exists within salaried occupations, like physicians, but is less prominent in wage-earning occupations, like retail cashiers.

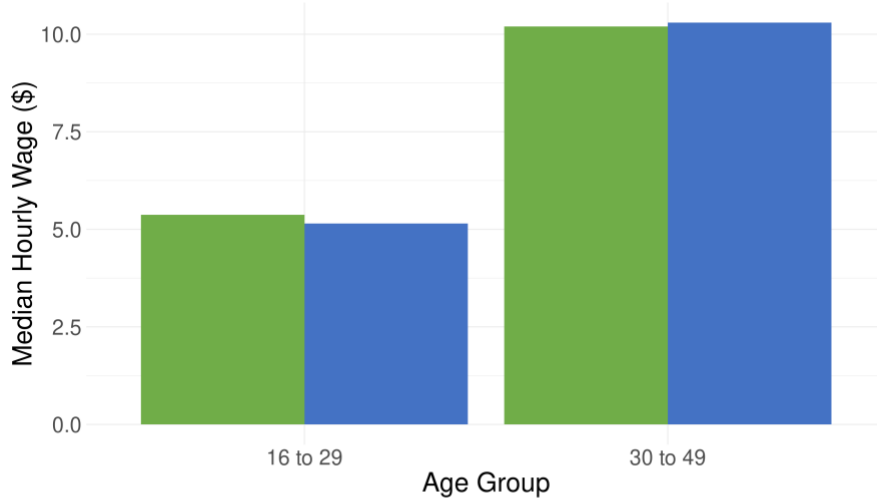
### Median Hourly Wages by Sex for Physicians



Legend: Female (green), Male (blue)  
Data Source: American Community Survey Microdata

Individuals over age 29 in the workforce working as physicians, Fairfax County, Virginia, PUMAs, 2021

### Median Hourly Wages by Sex for Retail Cashiers



Legend: Female (green), Male (blue)  
Data Source: American Community Survey Microdata

Individuals over age 16 and under age 50 in the workforce working as retail cashiers, Fairfax County, Virginia, PUMAs, 2021

**Exhibit A11. Wage Gap by PUMA and Age Group, subset to physicians (top) and retail cashiers (bottom)**

**Note: For Physicians, we did not include the 16 to 29 and Over 50 age groups due to small sample size. These y-axes are very different than the other exhibits.**

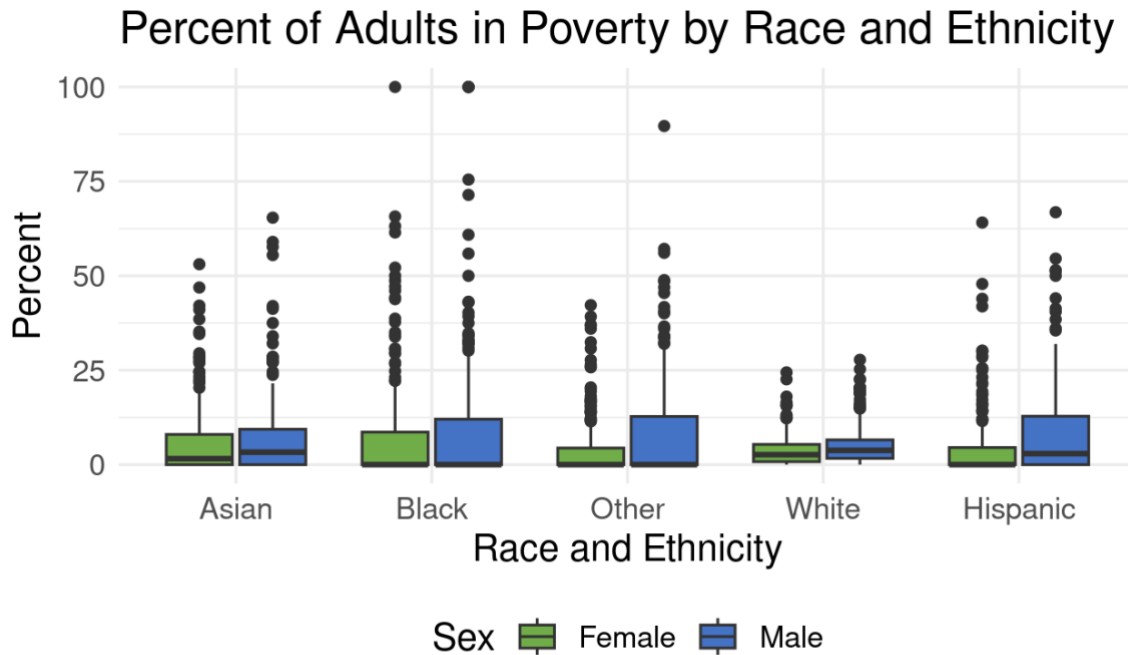
The previous examples illustrate the wage gap within occupational categories. Occupational segregation may still exist because there are a range of occupations within an occupational category. Exhibit A11 (top) shows the wage gap subset to physicians. Because of the small sample size, the margins of error (not shown) are larger for the youngest age group. Women over age 50 working as physicians earn 67% of what male physicians over age 50 earn in Fairfax County. Exhibit A11 (bottom) shows the wage gap for retail cashiers. Women in this profession are likelier to earn close to wage parity, i.e., the wage gap is near zero. The wage gap is almost zero for the 16-29 and 30-49 age groups.



#### Appendix IV: Additional Poverty Figures

Exhibit A12 compares poverty rates by census tract for women and men by race and ethnicity. We see that a disproportionate number of Hispanic women and women of other races are below the poverty line compared to men. Generally, White women have the lowest poverty rates in the county. Still, tract-level poverty rates for women are consistently higher than for men across the county.

Key Takeaway: Women, particularly Hispanic women, are more likely than men to be in poverty.



Data Source: American Community Survey  
Adults (18 and older), Fairfax County, Virginia, Census tracts, 2021

**Exhibit A12. Poverty by Race and Ethnicity by Sex for Adults (18 and older).**

**Note:** See Intersectionality and Data Limitations for more information on race and ethnicity definitions. Other includes American Indian, Alaskan Native, Native Hawaiian, Other Pacific Islander, Some Other Race, Two or More Races.

**Appendix V: Additional Health Figures**

Exhibit A13 shows the location of various types of urgent care and health clinics across the region.

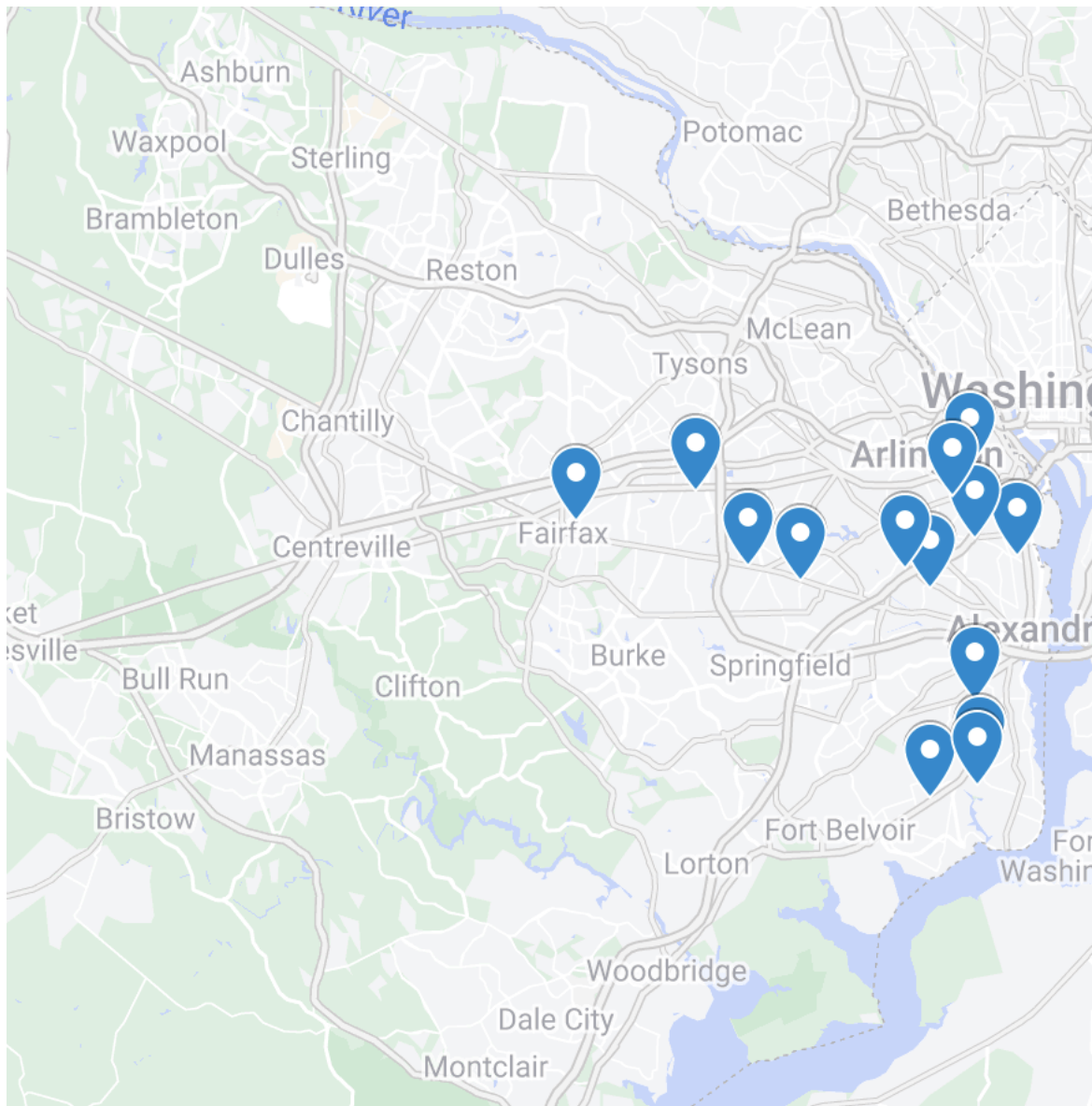


Exhibit A13. Locations of Neighborhood Health Clinics in Northern Virginia

Source: <https://neighborhoodhealthva.org/our-locations/>

Exhibit A14 shows the percentage of women 21-65 who have had a cervical cancer screening.

Exhibit A15 shows the percentage of women ages 50-74 who are up to date on having a mammogram in the last two years.

Exhibit A16 shows the percentage of women ages 65+ who are up to date on receiving core preventive health services.

### Cervical Cancer Screening: 21-65

Census Tract

Measurement Period: 2020  
Data Source: CDC - PLACES

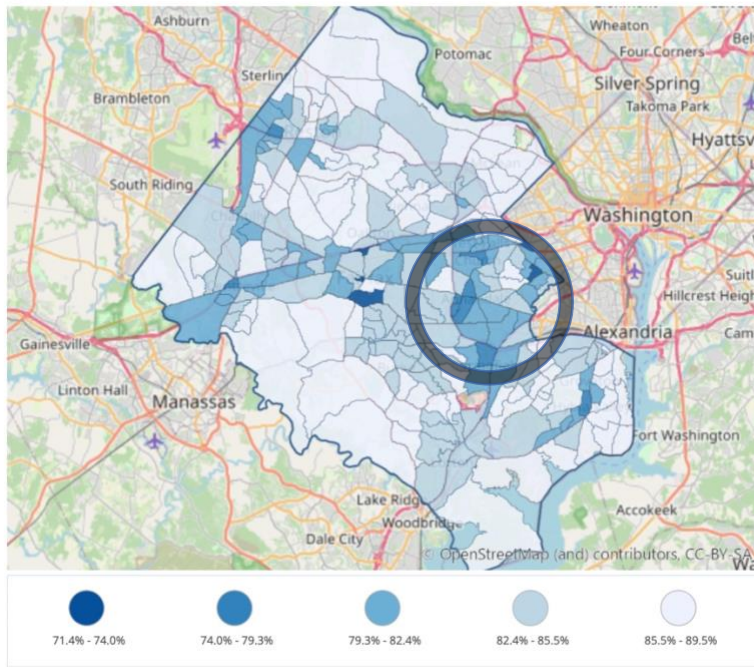


Exhibit A14. Cervical Cancer Screening: 21 to 65

Source: CDC PLACES via Fairfax Live Healthy Dashboard, 2020

### Mammogram in Past 2 Years: 50-74

Census Tract

Measurement Period: 2020  
Data Source: CDC - PLACES

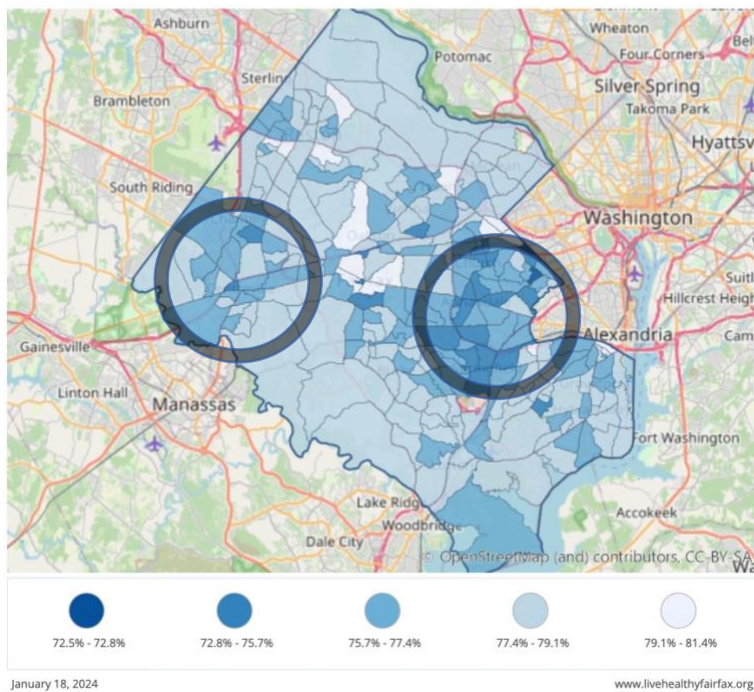


Exhibit A15. Mammogram in the Past 2 Years: 50 to 74  
 Source: CDC PLACES via Fairfax Live Healthy Dashboard, 2020

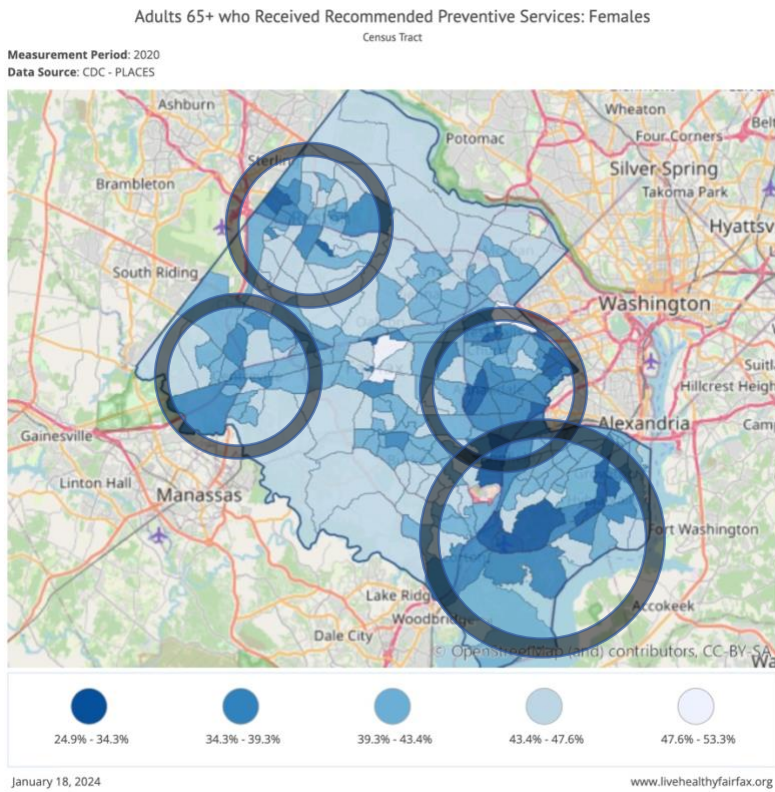


Exhibit A16. Adults 65+ who Received Recommended Preventative Services (Females)  
 Source: CDC PLACES via Fairfax Live Healthy Dashboard, 2020

The above three maps show similar trends in areas with lower rates of women who are up to date. Lower rates are most apparent in the Mason district but also appear in the Sully and Mount Vernon districts. Women in the Mason, Sully, and Mount Vernon districts are more likely to be behind on preventive health checkups. These findings align with areas with high rates of uninsured economically vulnerable households as defined by the Household Living Budget, indicating that these women face systemic and financial barriers to accessing necessary preventive health care.

Exhibit A17 shows the count and percentage of women over age 65 without health insurance. Because these women qualify for Medicaid, the uninsured rate is low. Mason has some of the highest counts and percentages of women without health insurance in this age cohort.

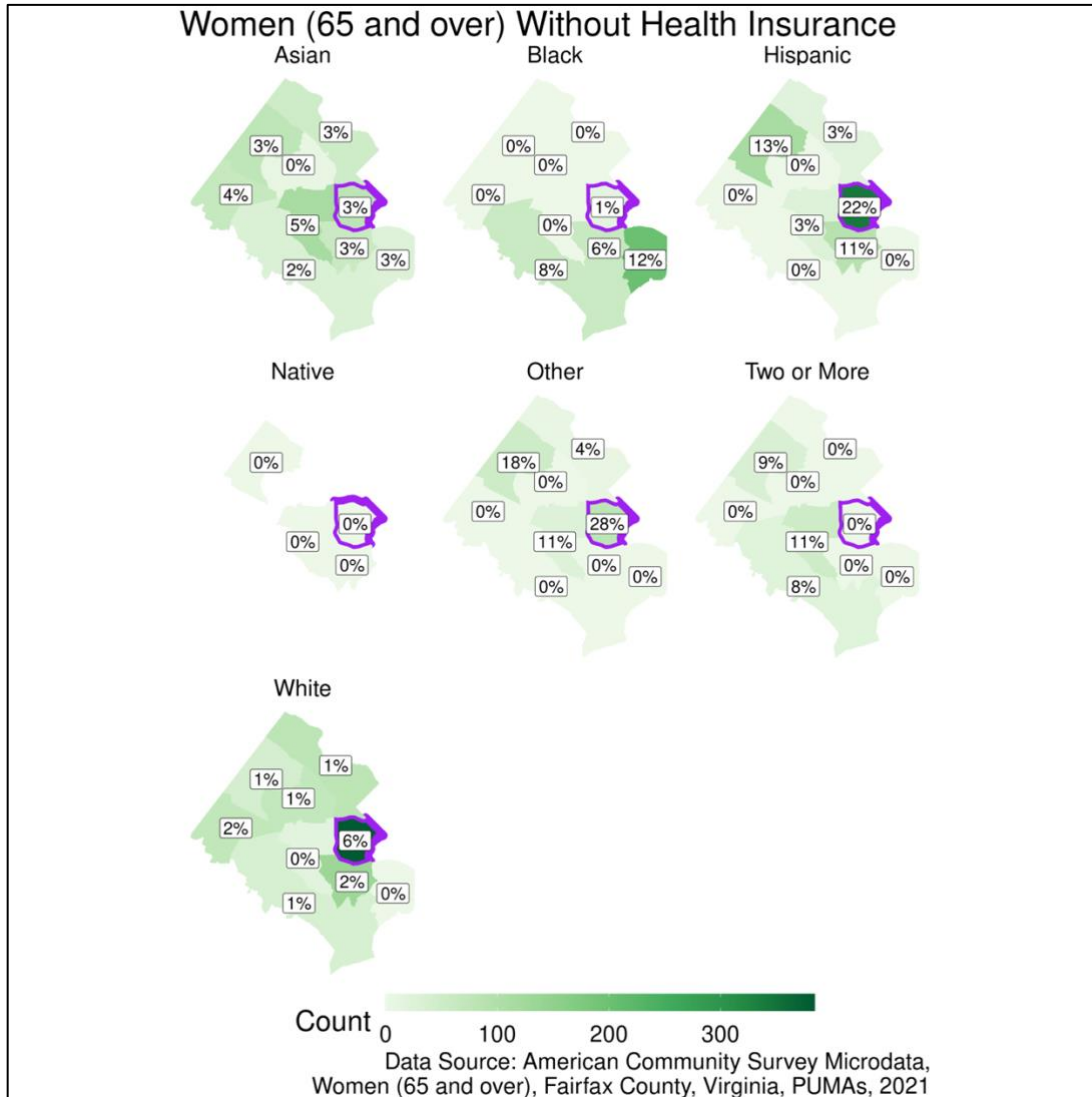


Exhibit A17. Count and percentage of women in Fairfax County age 65 and over who do not have health insurance.

Note: For more information on race and ethnicity definitions, see Intersectionality and Data Limitations. Natives include American Indians, Alaska Natives, Native Hawaiians, and other Pacific Islanders.

Exhibit A18 shows the count and percentage of girls under age 18 without health insurance. Because girls have more government assistance programs they are eligible for, like CHIP, they are less likely to be uninsured than the 18 to 64 cohort. Still, high counts and rates of uninsured exist in some areas, including Mason.

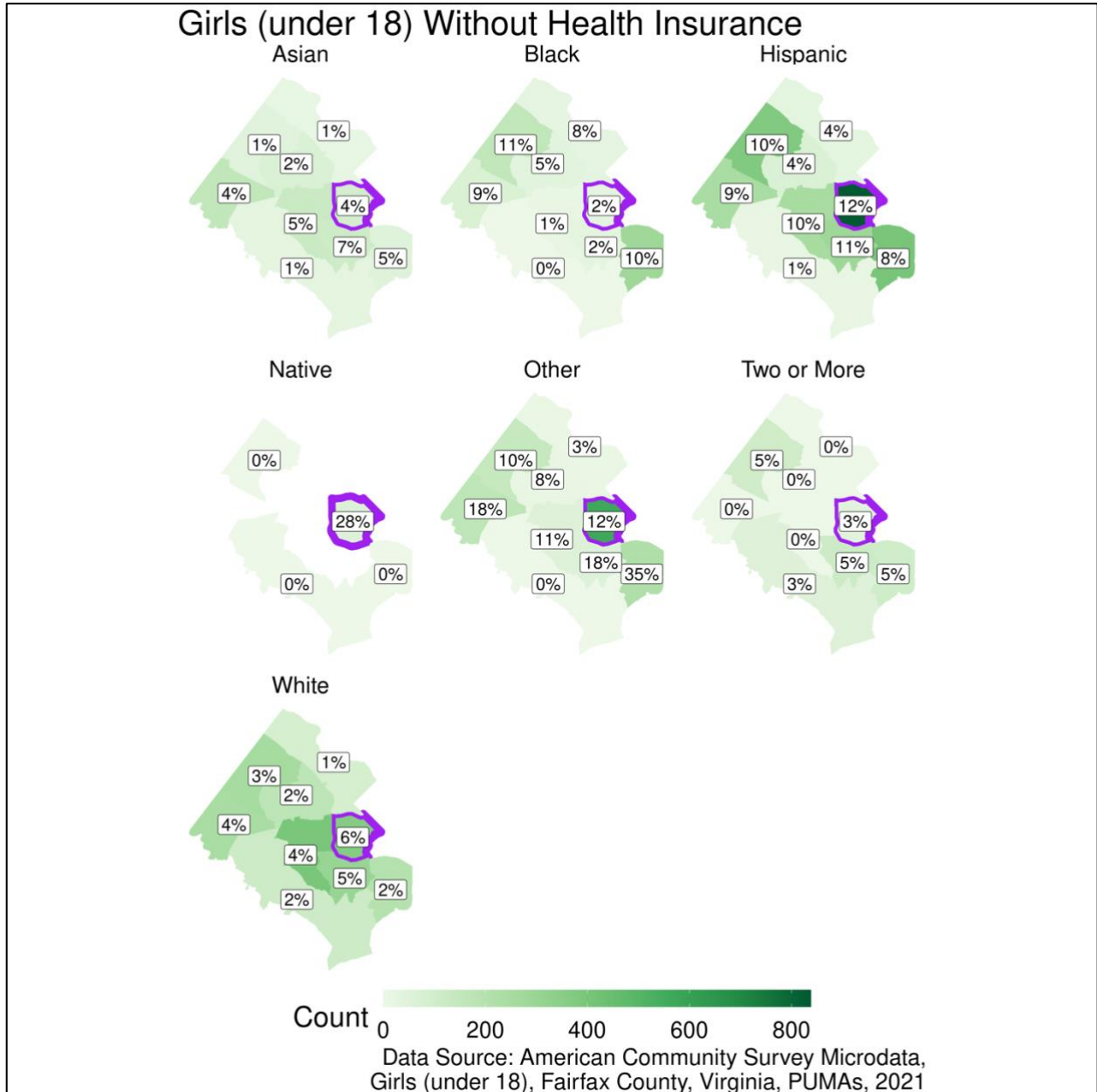


Exhibit A18. Count and percentage of women in Fairfax County under age 18 who do not have health insurance.

Note: For more information on race and ethnicity definitions, see Intersectionality and Data Limitations. Natives include American Indians, Alaska Natives, Native Hawaiians, and other Pacific Islanders.

Exhibit A19 compares the source of health care coverage for men and women and boys and girls.

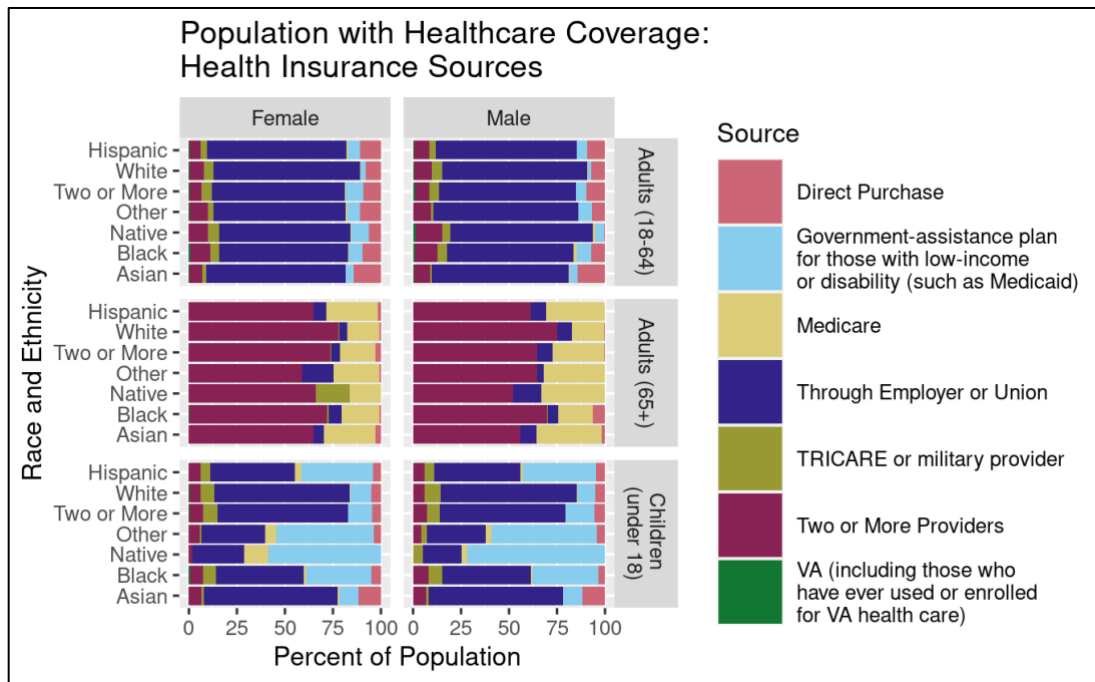


Exhibit A19. Population with health care coverage by race and ethnicity by age by type of coverage. Note: See Intersectionality and Data Limitations for more information on the definitions of race and ethnicity. Natives include American Indians, Alaska Natives, Native Hawaiians, and other Pacific Islanders.

Exhibit A20 compares the sources of coverage for adults in the oldest age group (65 and over) with more than one provider. In both analyses, we do not find substantial differences between the insurance sources of men and women or boys and girls.

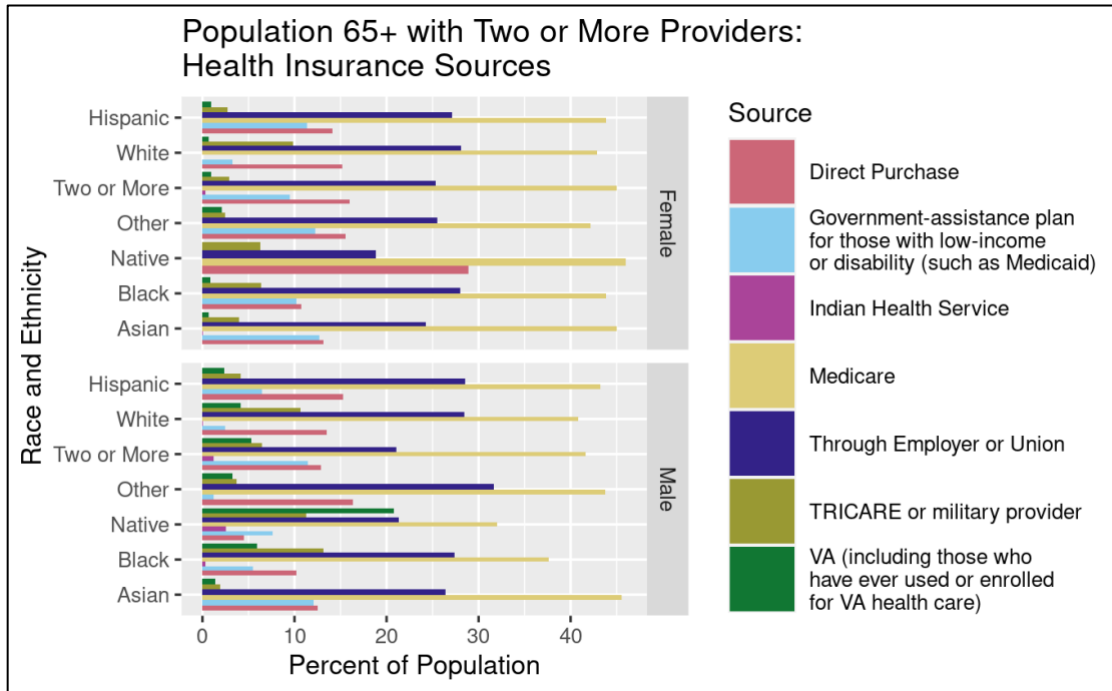


Exhibit A20. Population age 65 and over with health care coverage by race and ethnicity by sex by type of coverage.

Note: See Intersectionality and Data Limitations for more information on race and ethnicity definitions. Natives include American Indians, Alaska Natives, Native Hawaiians, and other Pacific Islanders.



## Appendix VI: Community Conversation Materials (Recruitment Letters, Survey Questions, Facilitator Guides, and Summary Demographics)

### Script

The script for the Community Conversations is below. The specific questions by type of group (professional women, women with diverse backgrounds, and teen girls) are below this script.

#### **I. Welcome and Introductions (5 minutes)**

After everyone has settled (maybe 3-5 minutes after the hour), the Facilitator should introduce themselves, state their role, and thank everyone for agreeing to participate in the discussion. Each volunteer should then introduce themselves and their role and add their welcome. The facilitator should then go around ZOOM and ask the women to introduce themselves and explain why they agreed to participate in the discussion.

#### **II. Survey Completion (10 minutes)**

A note-taker should drop the survey link into chat while the Facilitator explains the purpose of the discussion and the survey. Participants should be given time to complete the survey before the discussion begins. Participants should be told that the survey should take no more than 10 minutes to complete. The purpose is to give us an idea of whose voices are represented. Participants should be told that surveys are anonymous.

The survey link: <https://fairfaxcounty.opinio.net/s?s=1388>

#### **III. Pre-Script (Get permission to record the session to capture themes and responses. Assure participants that the recording will be erased once general themes are captured, and no identifying information will be included in the report.)**

##### **Pre-script**

Thank you for agreeing to participate in this discussion. We would like to discuss how you balance work and home life. According to the American Time Use Survey, nationally full-time employed women report spending about 35 more minutes on an average workday performing household activities and caring for household members than men. We want to understand the challenges preventing you from achieving your ideal work-life balance. What supports do you currently have that help you achieve your ideal work-life balance, and what supports would you ideally have to help you achieve your ideal work-life balance? Your insights and thoughts will go into a report and help us learn more about what we can do in Fairfax County to support women and girls. General themes about what you and others say will be included, but you will not be identified in the report.

Do you have any questions before we begin?

|  |                      |                                     |
|--|----------------------|-------------------------------------|
| Discussion Date:   | <input type="text"/> |                                     |
| Facilitator:   | <input type="text"/> | Note-taker(s): <input type="text"/> |
| Brief description of participants (i.e., number, representation, etc.) |                      |                                     |
| <input type="text"/>   |                      |                                     |

#### IV. **Discussion Questions (45 minutes)**

The facilitator begins to ask questions. (Note to note-takers: conversations may flow so that a question may be answered in response to another question. It's OK if you don't have an answer to every question. The point is to capture themes and link if multiple people mention a theme)

The questions for each group are below:

- Professional women
- Women with diverse backgrounds
- Teen girls

#### V. **Thank you and Wrap-up (5 minutes)**

Facilitator thanks everyone for their time and lets them know how they are helping to give voice to the experiences of women in Fairfax County. Also, let them know the timeframe for the report's completion and that they will receive a copy and be invited to an event on March 22<sup>nd</sup>, when the key findings will be presented to a general audience.

VI. **After all participants leave, the facilitator and note-takers should remain to discuss reactions, general themes, and how the researchers will collect their notes.**

#### Professional Women Discussion Guide

##### 1. **Work-Life Balance results.**

We find that 8.7% of women in Fairfax County report working in paid employment for 50 or more hours per week. On average, these women earn higher wages than women working less than 50 hours per week.

- A. Do these findings resonate with you and your experience? Why or why not?
- B. If you do currently or did at any point work over 50 hours a week, how many jobs did you have?

2. We investigated the presence of **single-parent and multigenerational family** households in Fairfax County. We hypothesize that women in single-parent family households may have more challenges achieving an ideal work-life balance, while women in multigenerational family households may have more support.

- A. Do these hypotheses resonate with you and your experience? Why or why not?
- B. What support is needed to help women achieve an ideal work-life balance?

**3. Have you used any Fairfax County Government programs? Why or why not?**

**4. What Fairfax County Government policies or programs are you aware of that support achieving an ideal work-life balance?**

5. There will be an opportunity to discuss additional topics and ask questions (e.g., work hours, unpaid labor, childcare, affordability, etc.).

**Women with Diverse Backgrounds Discussion Guide**

1. Describe your typical workday.
  - What type of job do you have? Is it flexible? Is it stressful?
  - Do you work online, in-person, or hybrid?
  - What are your responsibilities outside of paid employment? (e.g., taking children to and from school, performing household tasks like cooking or cleaning)
  - Do you engage in any community activities?
  - Are community activities closely tied to your children (e.g., involved in the child's school)
  - Do you engage in any leisure activities? (i.e., things you do just for fun)
2. Describe your day when you don't have to work (in paid employment)
  - What are your responsibilities? (e.g., taking children to and from school, performing household tasks like cooking or cleaning)
  - Do you engage in any community activities?
    - Are community activities closely tied to your children (e.g., involved in the child's school)
  - Do you engage in any leisure activities (i.e., things you do just for fun)?
  - Do you face childcare/daycare challenges?
3. What are your challenges to achieving your ideal work-life balance? (e.g., long commute, many household and caregiving tasks, expensive daycare)
4. What are the supports that help you achieve your ideal work-life balance? (e.g., equally split household and caregiving tasks with a partner, relative-provided daycare, childcare available at work)

## Teen Girls Discussion Guide

### *Employment and Other Activities*

1. If you are employed, describe your job.
2. Why do you work?
3. Do you like your job?
4. How does your job impact the rest of your life?
  - Is it easy or difficult to balance your school and work?
  - Is it easy or difficult to balance your social life and work?
  - Did you have to give up any activities so that you had time to work?
5. Do you have more than one job?
6. What is your dream job?
7. How do you spend your time when not taking classes in school or doing homework? (e.g., work, volunteer, participate in clubs or sports, hang out with friends)
8. How much time do you generally spend on a given activity?
9. Why do you participate in a given activity (e.g., to earn money, for fun, to spend time with friends)
10. Opportunity to discuss additional topics and ask questions (e.g., work-life balance, homework, stress, etc.)

### **Mental Health and support**

11. Do you have someone you can talk to about personal safety issues?
  - If yes, what is your relationship to this person?
  - If yes, why is this person someone you feel comfortable talking to?
  - Can you think of more than one person?
  - If you don't feel like you have someone you can talk to, why do you think that is?
12. Have you ever had a conversation about personal safety with someone?
  - If yes, how did it go?
13. Are you or others you know subject to bad behavior (e.g., bullying)?
  - If yes, does your school or others step in to stop this?

## Summary Demographics - Community Conversation Participants.

### **Women (41 of the 44 women answered)**

#### **Age of Community Conversation Participants**

|              |     |
|--------------|-----|
| Ages 25-34   | 20% |
| Ages 35-44   | 32% |
| Ages 45-54   | 27% |
| Ages 55-64   | 15% |
| Ages 65-74   | 2%  |
| Not answered | 4%  |

#### **Household Income**

|                       |     |
|-----------------------|-----|
| Less than \$10,000    | 17% |
| \$10,000 - \$14,999   | 2%  |
| \$15,000 - \$24,999   | 7%  |
| \$25,000 - \$34,999   | 5%  |
| \$35,000 - \$49,999   | 10% |
| \$50,000 - \$74,999   | 7%  |
| \$100,000 - \$149,999 | 2%  |
| \$150,000- \$199,000  | 5%  |
| \$200,000 or more     | 30% |
| Not answered          | 15% |

\*No responses for the \$75,000-\$99,999 income group; therefore, they are not shown.

#### **Who Lives at Home with You?**

|   |     |
|---|-----|
| Live Alone  | 9%  |
| Live with spouse, boyfriend, or girlfriend                          | 49% |
| Live with roommate that's not a spouse,<br>boyfriend, or girlfriend | 4%  |
| Live with other relative  | 25% |
| Other   | 11% |
| Not answered  | 2%  |
| Number of participants  | 41  |

**If you live with another person, do you?**

|  |     |
|--|-----|
| Take care of adults that you live with   | 10% |
| Take care of children that you live with | 65% |
| Other                                    | 25% |

**On an average workday, how many hours do you work?**

|              |     |
|--------------|-----|
| zero         | 13% |
| 4-6          | 33% |
| 7-8          | 28% |
| 9-14         | 15% |
| Not answered | 11% |

**How many jobs do you have?**

|              |     |
|--------------|-----|
| zero         | 15% |
| 1            | 71% |
| 2            | 5%  |
| 3            | 2%  |
| Not answered | 7%  |

**Teen Girls (15 of the 18 girls responded to the survey)****Age**

|              |     |
|--------------|-----|
| 14           | 46% |
| 15           | 27% |
| 16           | 13% |
| 17           | 7%  |
| Not answered | 7%  |

**Are you employed?**

|              |     |
|--------------|-----|
| Yes*         | 20% |
| No           | 73% |
| Not answered | 7%  |

\*Formal (get paid job with a company check or direct deposit) and is in person.

**On a day you work, how many hours do you typically work?**

|         |     |
|---------|-----|
| 2 hours | 7%  |
| 4 hours | 13% |

\*The 20% that report they are in a formal (get paid job with a company check or direct deposit) and is in person.

**How much do you make hourly?**

|                    |         |
|--------------------|---------|
| \$10 to \$10.20    | 13%     |
| \$11.80 to \$12.00 | 7%      |
| Average            | \$10.67 |

\*The 20% that report they are in a formal (get paid job with a company check or direct deposit) and is in person.