

MAINE'S PERMANENT COMMISSION ON THE STATUS OF WOMEN

COUNT US IN: MAINE WOMEN,⁽¹⁾ DATA, AND THE CARE ECONOMY

Since March 2020, the COVID-19 pandemic has taken a heavy toll on Maine women, especially those with a high school education or less. (2) Women, after all, are more likely to be caregivers, even though they are often not compensated for this work. Women play a larger role in caring for young children, family members with disabilities and aging parents. They are disproportionately represented in frontline jobs such as teaching, childcare, health care, hospitality, and other public facing roles. As sole or significant contributors to their family's income, they have had to continue working despite the risks of a deadly virus. Women left the workforce to tend to their family's needs because they no longer had child or elder care, or they needed to support their children with remote learning. The long-term effects of having stepped out of the workforce are likely to be significant for women's career paths, earning power, and, ultimately, their retirement income.

We know these things to be true, from research and our own experiences. After all, the economic effects of the pandemic have been dubbed the "shecession." (3) Yet we often lack the data to answer more nuanced questions. Are there some areas of Maine in which women are more negatively impacted than others? What do we know about the race, ethnicity, age, disability or other characteristics of women most affected?

This report is an attempt to capture what we know - and what we don't know - about people who identify as women in the care economy, whether they depend on it in order to work outside the home, earn income from it, or provide uncompensated care for their children or other family members in need. Recognizing that they are often left out of these larger conversations, we are focusing this report particularly on women of color, women with disabilities, and older women.

The commission recognizes the full spectrum of self-identified women in the state of Maine.



Commissioners must be a resident of the state who has knowledge of the problems facing women in the state, has experience in advocacy relating to women's issues, and provides leadership in programs or activities that improve opportunities for women.

- Rebecca Austin, Safe Voices
- Jill Barkley Roy, EMERGE America
- Darylen Cote, Retired Educator, ME DOL State Workforce Board Women's Employment Committee
- Maulian Dana, Penobscot Nation Tribal Ambassador
- Kate Elmes, Trekkers (*Commission Chair*)
- Anne Gass, Independent Historian
- Moriah Geer, Maine Equal Justice
- Fatuma Hussein, Immigrant Resource Center of Maine
- Dr. Ruth Kermish-Allen, Maine Math and Science Alliance
- Samantha Lott Hale, Girl Scouts of Maine
- Sue Mackey Andrews, Facilitator, Helping Hands with Heart/Maine Highlands Investment Partnership
- Kim Moody, Disability Rights Maine
- Bonnie Porta, Juvenile Justice Advisory Board
- Jill Randall, Legal Services for the Elderly
- Honorable Meredith Strang Burgess, Burgess Advertising & Marketing, former Maine State Legislator
- Jennifer Wilkey, Woodworker at Woodhull of Maine, former educator & nonprofit communications coordinator

The stories shared in this report have been collected from Commissioners with the intention of highlighting personal lived experiences. Some are first person accounts and others shared throughout the report are client stories that we have been granted permission to share, with names changed to protect anonymity. We invite more women to share their stories and challenges in and accessing the care economy by emailing womenscommission@maine.gov.



INTRODUCTION



The COVID-19 pandemic has taken a heavy toll on Maine women, who are more likely to be caregivers for their families, and to work in the care economy. What do we know about the precise impacts the pandemic has had on women across Maine, whether they live in larger cities or small rural towns? Can we measure how the pandemic has had different effects on women based on disability, race, ethnicity, or refugee status?

In order to better understand the state of data collection and reporting in Maine, the Permanent Commission on the Status of Women (PCSW) held three focus groups in October-November 2021. We invited representatives from 35 women and girl-serving organizations statewide.

Focus group attendees told us that the data being collected generally does not reflect the impact of the COVID-19 pandemic upon women's experience. There are also structural barriers that limit the ability to gather and report data; examples include privacy concerns (especially in rural areas), and lack of uniformity in the way data are collected. In some cases we simply are not tracking the right information; for example we have inadequate data on women who are unable to join or return to the workforce because their children are excluded from school, because they are waiting for adequate in-home supports and services for their children with disabilities, or who have care obligations for older family members or young children. Finally, program "silos" often present barriers to participation in services by requiring women to share personal information in repetitive and duplicative ways, often with intake workers with whom they are not familiar.

CONNECTING TO SERVICES

"My 15 year old son has autism and struggles with an anxiety disorder. During the pandemic he got to the point where just leaving the house would cause a panic attack. He wasn't able to go to school and needed mental health support. It took months of treatment and support before he was able to get back on track.

I have a chronic illness that was already making it difficult to work full time, and supporting him took so much time I was forced to move to part-time. I got behind on our rent and had to apply for the Emergency Rental Assistance (ERA) program. For six weeks I heard nothing, and when they did finally call me the person I spoke with didn't think I was eligible. After quite a bit of anxiety on my part she finally admitted that she didn't know the program that well. She consulted with her supervisor and then told me that I was eligible and they could pay my back rent and 3 months forward.

It took several more weeks before my landlord received the first check and, by then, I was 3 months behind in the rent.

The ERA program has been a lifesaver for my family during this time, but it shouldn't have been so hard to access. We came very close to homelessness because of the lack of responsiveness of the safety-net."

INTRODUCTION



Based on what we heard on the focus groups, and learned from various reports, the PCSW recommends the following steps:

The 131st Maine Legislature must create a process to review legislation's impact on gender and collect more data, particularly centering marginalized women and girls.

[Note: Similar bills have been enacted recently in seeking racial equality, particularly around health.]

Critical areas in which more data are needed include:

- The percentage of women who work in the care economy, who depend on these services in order to work, and who are providing uncompensated care for their families.
- These data should include BIPOC women, as well as those with disabilities or who are caring for family members with disabilities.
- The extent to which BIPOC women and women with disabilities are enrolled in social services or public assistance programs for which they are eligible, and the extent to which eligibility- and demand- for these programs compares to enrollment.
- Better data interoperability to improve our understanding of women's needs - and the extent to which they are being met - across systems, and throughout the state.

- Better data, and an improved ability to cross-correlate and compare multiple sets of data, are essential to plan, budget, execute and evaluate programs and policies that support women and their families.

WHY WE NEED MORE DATA ON MAINE WOMEN



In our [2020 report](#), the Permanent Commission on the Status of Women (PCSW) flagged our difficulty obtaining data on women's needs, especially BIPOC women and women with disabilities. Accurate and timely data are critical for informing public policy, expenditure decisions, state agency priorities, state and local program planning, and evaluation and marketing.

In October and November of 2021, the PCSW convened three virtual focus groups to learn from experts in Maine about the status of women in the care economy, inviting representatives from 35 women and girl-serving organizations statewide. With a particular concern about women in the care economy, we posed five questions:

- Do you currently collect/analyze/report data specific to women?
- Are you able to analyze and report your data by gender, BIPOC status, disability as well as by town/county, etc.?
- What data do you need that isn't being collected or that you haven't been able to locate?
- What obstacles do you encounter in sharing data with others, or using others' data?
- How can Maine improve the data we collect/analyze/report/share on the needs of women, including those who are most at risk?

The conversations were rich and wide-ranging. Some of the most important and relevant insights included:

- Across the board, the data being collected generally does not reflect the impact of the COVID-19 pandemic upon women's experience.
- In order to protect privacy, providers may not report or share data on women who have disabilities, who are people of color, or who are aging. This is particularly true in Maine's more rural areas, where their numbers may be lower. It is certainly the case with Maine reporting systems and the US Census. When we exclude those who are smaller proportions of the whole, we lose their voices.
- Lack of good data sometimes means that we don't know the depth and breadth of issues women face. For example, we have no data on women who are eligible for, but not receiving MaineCare (especially among senior citizens), as well as for other assistance programs. Waiting lists for nursing homes are also not available in the aggregate, although women are more likely to live longer, and to live alone later in life, and thus have a higher need for nursing home care. To what extent are women's needs not being met? Similarly, we have inadequate data on women who are unable to join or return to the workforce because their children are excluded from school, because they are waiting for adequate in-home supports and services for their children with disabilities, or who have care obligations for older family members or young children.



- There is a **lack of data interoperability**, defined broadly as the ability to share data across providers using common software and terminology. This creates data “silos” so, for example, we may not easily be able to determine what percentage of women with low incomes receive services such as in-home supports or housing assistance, or if they have disabilities. While there are legitimate privacy concerns, data collection is often dictated by local, state, foundation, and corporate funders that require different time frames, definitions, data to be collected, and software, hampering data sharing. As a result, while there is an enormous amount of data being collected, everyone has a piece of the proverbial elephant, not the whole picture. In addition, funders may not require data collection on BIPOC, trans, non-binary, older women, women with disabilities, or women within the correctional system.
- Finally, these program “silos” often present barriers to participation in services by requiring women to share personal information in repetitive and duplicative ways, often with intake workers with whom they are not familiar. Having to repeatedly give personal information to strangers is exhausting and often intrusive, and may drive women to opt out of services they need.

MISSED OPPORTUNITIES

Recently I worked with a mom who was living in a hotel room with her four kids. She'd gotten behind on her rent when she was laid off during Covid, and no one told her that there was a rental assistance program. She got a new job and worked out an arrangement with her landlord.

She worked hard to pay her current and back rent, and then disaster struck. She was in a car accident and needed surgery. She couldn't work and wasn't eligible for disability pay through her job, so she got behind on her rent again.

This time she was evicted from her apartment, and with such little warning that she had to leave most of their belongings behind. No one had told her that there were programs that could have helped until it was too late.



The COVID-19 pandemic has been hard on everyone, but has had a disproportionate impact on women who are dependent on the care economy (child or other family care) in order to work, and/or who are employed in the care economy. The care economy includes childcare, elder care, education, healthcare, and personal, social and domestic supports and services that are provided in both paid and unpaid forms and within formal and informal sectors. **It's important to note that women may be affected in multiple ways;** in other words, a teacher or a health care worker may have dependent children who must have childcare in order for her to work. Other examples include a group home manager for adults with developmental disabilities with two children with autism who suddenly receive significantly shortened school days so she must quit her job to take care of them and to deal with the special education issues, or a teacher who must leave the workforce to assist an aging parent who is not eligible for in-home or nursing care - assuming that care is even available.

We know this anecdotally, and hard data exists, but the issues outlined in Section 1 make it difficult to get a comprehensive picture for BIPOC women, seniors, and women with disabilities. The next two sections will examine what we do know about women and the care economy.

WOMEN DEPENDENT ON THE CARE ECONOMY IN ORDER TO WORK

In April 2020, when non-essential businesses were shuttered due to the pandemic, unemployment claims data show that 55% of 74,000 Mainers who filed continuing unemployment claims were women, a disproportionately high number. (4)

THE CARE ECONOMY

Includes childcare, elder care, education, healthcare, and personal, social and domestic supports and services that are provided in both paid and unpaid forms and within formal and informal sectors

While both men and women have dropped out of the workforce since the start of the pandemic, women's workforce participation in 2021 was, on average, around 55 percent. (5) This is the lowest it has been in 30 years. Part-time workers in Maine are almost twice as likely to be women as men (83,000 vs. 42,000) while full-time workers are more likely to be men (289,000 versus 229,000 for women). (6)

Child care availability is near the top of the list of challenges facing Maine's female workforce. A report from the Council for a Strong America revealed that 141 childcare providers around Maine closed permanently during the pandemic, and many more closed temporarily. Those that did re-open have often reduced their capacity either due to difficulty finding workers or to COVID protocols. (7) This left working women scrambling to find care. In addition, since the childcare workforce is almost all female, the closures meant many women were out of a job. The low wages childcare workers are paid means that this sector will continue struggling to retain existing and attract new, qualified workers.

In October 2020, the Maine PCSW hosted a webinar, "A Spotlight on the Childcare Needs of Maine Women of Color," with panelists representing refugee and immigrant, tribal, Black, and Hispanic communities. **All panelists rated the availability of**



childcare as critical to their ability to achieve economic independence, and identified as a tremendous barrier the almost complete absence in their communities of affordable, culturally responsive childcare. This became especially critical during the early months of the pandemic, when many women of color were working in direct care, retail, and related jobs that had to be done in-person, and childcare providers were closing their businesses or running at reduced capacity. As many BIPOC women in Maine are undereducated they have fewer employment opportunities that pay a living wage.

Two years into the pandemic, childcare shortages and the high cost of childcare continue to hamper women's return to work. Even pre-pandemic, the childcare industry was facing a financial crisis due to high costs, low availability, and (in some cases) limited quality. The average annual cost of center-based childcare for one infant is roughly equivalent to one-year of in-state college tuition, a staggering amount for families who are also struggling with the high cost of housing, health insurance/health care, transportation, and (often) student loans. (8) Since childcare workers are woefully underpaid, wages must increase; this will, in turn, increase the cost of childcare. In the summer of 2020, 80% of childcare programs in Maine were open, but they operated at an average of 65% capacity. (9) In the spring of 2021, 43% of Maine childcare providers revealed growing wait lists. (10) Fifty-eight percent of childcare centers reported they were understaffed. Many childcare owners and directors report operating at a financial loss in order to support their communities, and feeling enormous physical and mental stress due to long hours and the need to keep everyone safe from a deadly virus.

Parents of children with disabilities often have difficulty finding childcare that will accept their children, especially when those disabilities are severe. Paradoxically, the PCSW heard from one focus group attendee that these mothers may be shamed for not trying hard enough, a double blow for families trying to do the best they can with children who have special needs.

Schools requiring remote or hybrid education also make it difficult for working parents. Most jobs in the care economy require employees to be in-person, such as hospitals, schools, group homes, nursing homes, and the entire hospitality sector. This means that women who must have childcare coverage in order to work are in a tough place when schools go remote. Even for those able to work at home, many jobs do not allow the flexibility needed to, for example, supervise a six-year old's schoolwork on a computer or try to provide the therapies needed by the twelve-year old with spina bifida. The unreliability of the school schedule pushed many women out of the workforce.

Yet we don't have good data on the number of women who left the workforce or were forced to work part-time due to the inability to find care for children or older family members. We also have no information on the race, ethnicity, disability or other demographics of the women, children or other household members who rely on this daily care.

WOMEN WORKING IN THE CARE ECONOMY

A common refrain these days is that employers are having difficulty finding employees "because people don't want to work." This judgment belies the realities of our current economy.



The median hourly wage for Maine direct care workers, defined as workers who provide home care services, such as certified nursing assistants, home health aides, personal care aides, caregivers, and companions is \$2.36 lower than occupations with similar entry level requirements, such as janitors, retail salespeople, or customer service representatives and we expect this gap to widen as the private sector responds to worker shortages by raising hourly wages. It's also ten cents an hour lower than occupations with lower entry level requirements, such as housekeepers, groundskeepers, and food preparation workers. (11) **Thus, women are faced with the untenable choice of continuing to work for poverty wages, finding other work, or leaving the workforce entirely.** With the threat of exposure to a deadly virus, as well as the soaring costs of housing, health insurance/health care, transportation, and other basic needs, exiting the caregiving workforce might just be a woman's only choice.

In Maine, 86% of care workers are women, and 10% are people of color; 6% are immigrants. (12) Their annual median earnings are about \$20,200, about 39% work part-time (meaning they get no benefits) and 43% are at or near the federal poverty level. (13) The Maine Center for Economic Policy reported in 2021 that Mainers who worked in-person were 50 percent more likely to contract COVID-19 than remote workers. Despite being identified as "essential workers" during the pandemic, these workers were less likely to have paid sick leave, health insurance, or access to PPE. (15)

The federal jobs classification doesn't include an occupational code for direct support professionals, making it hard to obtain good data on the workers in this sector.

DIRECT CARE WORKERS

defined as workers who provide home care services, such as certified nursing assistants, home health aides, personal care aides, caregivers, and companions

This pandemic has hit women especially hard, for all of the reasons we have discussed throughout this Report. For many though, it has provided a lesson in establishing priorities and really thinking about personal values and "what is important." We see many women across the age spectrum choosing to leave their current jobs or not return to jobs they had prior to the pandemic. This out-migration has actually increased over the last year, even as the pandemic eases. McKinsey & Company, in their publication entitled "The State of Women in America" found that 42% of women said that they were "often" or "almost always" burned out in 2021, up from 32% from 2020. In contrast, fewer men (28% in 2020 and 32% in 2021) complained of burnout. (16) These data were even worse for women of color. We know that burnout is a contributing factor to women leaving the workforce or stepping into part-time or lower stress positions.

But the female out-migration persists even as we see the "end" of this pandemic tunnel. Interviews conducted independently of this Report revealed that people identifying as men were more likely to state that the pandemic didn't affect their lives at all. In contrast, people identifying as women were more likely to say they missed seeing friends and family or that they were more stressed. This stress level was significantly higher for persons with less than a college degree. When asked what they



enjoyed during the pandemic, nearly 40% reported that having more time with family, particularly dinner together, was now possible. This has influenced the decision of at least some of the women who have recently left the workforce. As one woman reported, matter of factly, “I realize now that I don’t have to work at the local convenience store for the rest of my life. There are more important things.”

Looking ahead, Maine has about 340,012 younger women as compared to 394,575 older adults, which could render untenable the current system of relying on women to provide care, whether paid or unpaid; there simply won’t be enough caregivers for those who need them. (17) Between 2018 and 2028 there will be a projected 38,000 direct care job openings in Maine. (18)

JOBS AND CAREERS

I asked a group of 6th grade students in a rural northern Maine community if anyone could tell me the difference between a “job” and a “career.” Two hands went up. I invited one young man to answer the question and he responded, “A job is what someone gives you; a career is something you choose to do and you can take it with you - anywhere you want to go.” From the mouths of babes!

- From a PCSW Commissioner

OTHER FACTORS AFFECTING WOMEN



PAY EQUITY

Typically, women earn less money than men. In 2020, women with full-time jobs made 80 cents on the dollar compared with men. (19) The pay gap is even starker for women of color; nationally, Black women typically earn just 63 cents, Native American women 60 cents, Hispanic 55 cents, and Asian American and Pacific Islander women earn 87 cents for every dollar earned by White, non-Hispanic men. (20) This can make it especially challenging for women who are the sole financial source of support for their families.

This pattern extends throughout women's earning careers, and is especially pronounced during the peak earning years of ages 35-65. The median annual income for women aged 35-44 is \$50,100 compared to \$62,750 for men, a \$12,650 difference, and increases to a roughly \$14,000 gap between the ages of 45-64. Consider the long term effect of earning an average of \$10,000 a year less than men; over a period of just 10 years, women would have earned \$100,000 less. This means less money for monthly expenses but also more difficulty adding money to savings or to retirement. (21)

Pay inequality is still a major factor for women. In February 2022, a woman psychologist in Maine won a landmark lawsuit against her employer, who had been paying her almost half what her male colleagues were earning, although they had similar training and did substantially similar work. Across the United States, women still make almost a dollar per hour less than men in low-wage jobs such as teaching assistants, receptionists, healthcare, housekeeping, and personal care aides, even as women make up a disproportionate share of employees in those sectors. (23) These patterns are

replicated in Maine as well.

Pay inequity throughout their lifetimes contributes to older Maine women being at an economic disadvantage compared to men. The median income for Maine women age 65+ who live alone is \$22,059, compared to \$27,008 for men. (24) It is estimated that half of older Maine women who live alone would have difficulty covering their basic needs for food, housing, transportation, healthcare, and other miscellaneous expenditures, especially if they were renters and in less than excellent health or did not own their own home. (25) Over twice as many women ages 65+ live alone (50,000) compared to men (23,400), meaning they have only their own income to cover expenses. (26) A lifetime of "stay at home" women caring for others, or low wage, part time jobs that permitted flexibility to care for others, does directly affect a disproportionately high percentage of women in their older years.

Maine women report that they leave work entirely or work part-time to care for their families; part-time work often lacks benefits such as health insurance and employer-sponsored retirement plans. As a result, women struggle to amass wealth through savings or other investment vehicles, leaving them poorer in retirement. Across all age groups, women of color are more likely to live in poverty (20% as compared to 12% of White women). (27)

DOMESTIC VIOLENCE

Maine has seen an increase in domestic violence during the pandemic, primarily against women. COVID-19 quarantines have increased women's

OTHER FACTORS AFFECTING WOMEN



isolation, strengthening the control their abusers seek to have over them. At the same time, courts are struggling to stay staffed and open; one county court was open only 5 days in January 2022. The legal system is moving so slowly that cases from 2019 are only now being adjudicated. Due to the backlog, the courts are pushing to clear cases quickly, resulting in more plea agreements; abusers are less likely to go to jail.

This means that women are caring for their children in homes where they are unsafe. For women to obtain legal assistance they need schools to be open, affordable and available childcare, and for the legal system to be hearing their cases in a timely way.

FOOD INSECURITY

One consequence of lower incomes, whether due to pay inequities, lack of child or family care that keep women out of the workforce, or other factors, is food insecurity. Put simply, economic insecurity can result in food insecurity. Food insecurity rates are up to four times higher among African immigrants, (51.6%); single-parent households (42%); people with a disability that prevents them from working (39%); and for all people of color (28.3%). (28)



LONG TERM IMPACTS

For over ten years “Alma” has been caring for her two grandchildren, whom she has adopted. She is now in her late 50s, and the effects of working two and three jobs to support these children and herself over these many years are showing. She recently asked for help as her vehicle needed service and she had no money and no other options. One of her grandchildren has a major health condition and she has to have transportation should he need to go to the doctor, as happens frequently. She spends much of her day monitoring his health electronically while he is at school; she is always on call and frequently has to bring him home early. Between her disabilities and the care of her grandchildren, she is unable to work, and all three of them now live on her disability check of \$1,400/month.

A brief relationship a few years ago resulted in significant domestic violence. This served to retraumatize the children as they recalled brutal child abuse from early childhood (before coming to live with Alma). Alma's attempts to protect her children from this person resulted in court charges and a fine; a Protection Order was issued which was promptly violated with no response. She lives in fear and has little protection for herself, her children, or her property.

Alma is physically and mentally exhausted. The family lives in a cobbled-together trailer and are frequently the targets of vandalism to their vehicle or out-buildings.

On this particular day when she asked for help, it was only because she had no options. She was desperate. Community resources were able to help her with her car and to put \$250 in her fuel tank. She refuses to approach DHHS for SNAP benefits because of the way she was treated the last time and their many demands for information and documentation, which make her feel worthless. She has done everything for her grandchildren and is immensely proud of them. They are both honor roll students and her plan is for them both to go to college.

The Permanent Commission on the Status of Women is energized and inspired by the work done this session to center data in recovering from the COVID-19 pandemic. We are particularly grateful for the work of the Permanent Commission on the Status of Racial, Indigenous, and Maine Tribal Populations and those involved in the creation of the Economic Security of Older Women in Maine.

Looking forward to the 131st Legislature, reliable, accurate, and timely data is needed to guide public

dialogue, executive and legislative decision making and priorities, and the utilization of resources.

While data exist for some of these issues broadly at the local, state, and national levels, we lack comprehensive data on the issues facing women in Maine, especially when they work in and/or rely on the care economy.

The 131st Maine Legislature must create a process to review legislation's impact on gender and

CONCLUSIONS AND RECOMMENDATIONS



collect more data, particularly centering marginalized women and girls. [Note: Similar bills have been enacted recently in seeking racial equality, particularly around health.]

Critical areas in which more data are needed include:

- The percentage of women who work in the care economy, who depend on these services in order to work, and who are providing uncompensated care for their families.
 - These data should include BIPOC women, as well as those with disabilities or who are caring for family members with disabilities.
- The extent to which BIPOC women and women with disabilities are enrolled in social services or public assistance programs for which they are eligible, and the extent to which eligibility- and demand- for these programs compares to enrollment.
- Better data interoperability to improve our understanding of women's needs - and the extent to which they are being met - across systems, and throughout the state.

Better data, and an improved ability to cross-correlate and compare multiple sets of data, are essential to plan, budget, execute and evaluate programs and policies that support women and their families. The data available in Maine are not reflective of the needs of women, especially women of color, BIPOC and women with disabilities. As Maine moves out of the pandemic and works to recover and further stabilize its economy, greater attention to the realities and needs of Maine

women needs to be a priority. Creative solutions, driven by qualitative and quantitative data, can be found and implemented which will correct the challenges within the Care Economy particularly as they affect the lives and health of women and their families.

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