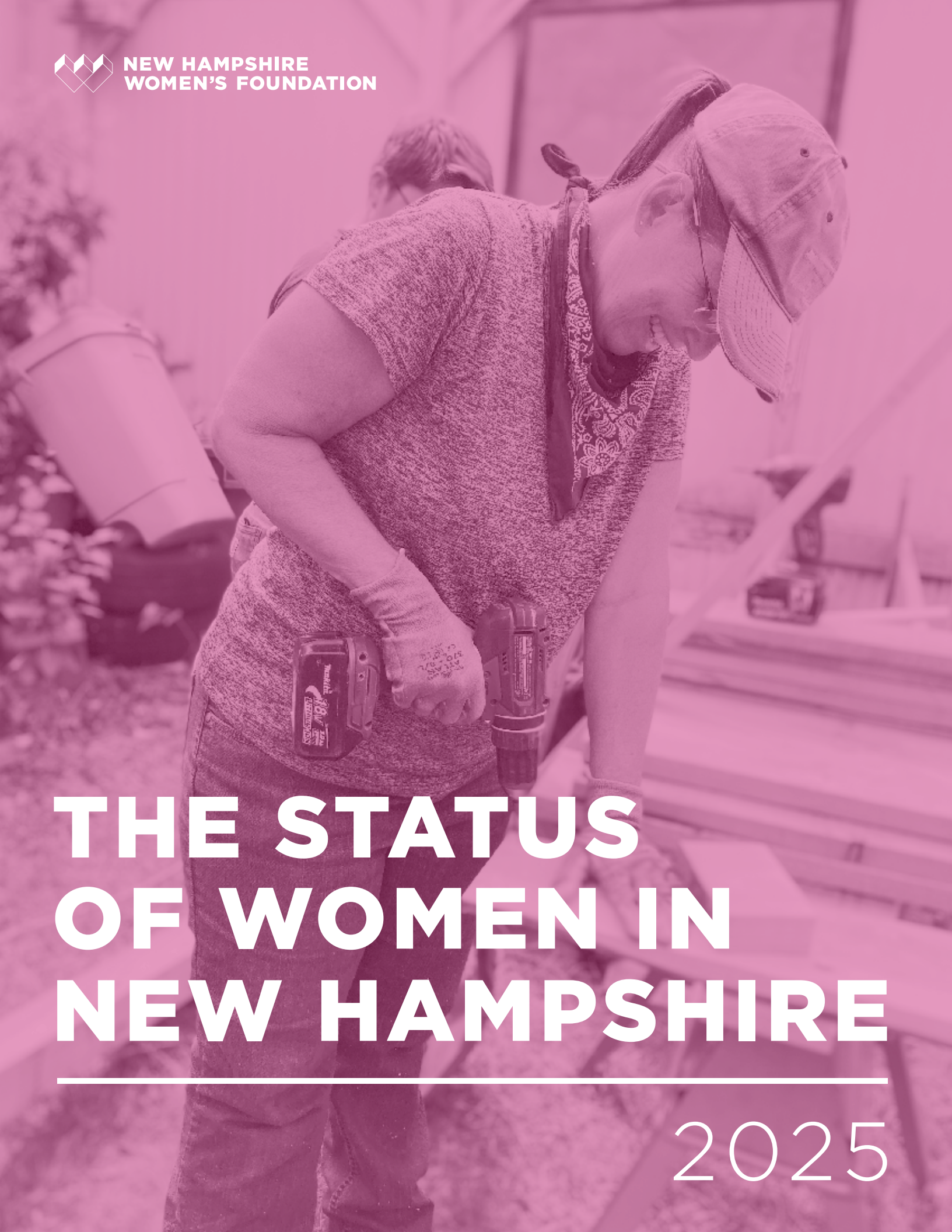
NEW HAMPSHIRE
WOMEN'S FOUNDATION



THE STATUS OF WOMEN IN NEW HAMPSHIRE

2025

WELCOME!

The New Hampshire Women's Foundation is pleased to present the third edition of *The Status of Women in New Hampshire*. Our flagship publications, *The Status of Women* and *The Status of Girls* are released consecutively, every other year to provide consistent data and insight on the status of women and girls in the state.

This report is the most comprehensive compilation of data on women in the Granite State. It includes 83 indicators of women's well-being in health, safety, economic security, and leadership. These indicators highlight a hardworking, resilient, and diversifying population of women. However, the data also enumerates many social, economic, and political barriers facing women and compounding inequities by race, ethnicity, geography, age, and parenting status. These disparities are due to historic, political, economic, and social inequities and present opportunities for New Hampshire to shift investment in women for a more vibrant and prosperous future.

Major highlights of the report include economic disparity and high cost of living for women; the need for mental, maternal, and reproductive health care; and a lack of women's elected representation in state and municipal government.

Data in this report is collected from a variety of sources including the U.S. Census Bureau American Community Survey; public reports, dashboards, and individual data requests from state agencies and departments; and other state, national, and academic sources. This report is limited to the data collected by our sources, thus we were not able to report, in many cases, data that reflects gender expansive identities, inclusive sexual identities, and self-determining race and ethnic identity. The New Hampshire Women's Foundation strongly supports policies and opportunities to expand data collection to provide a more inclusive understanding of the experience of women and girls in our state.

Data alone cannot provide a complete snapshot of New Hampshire women. We've also included the voices of women throughout the report to show the courage, confidence, ambition, and resilience they experience. You'll find their stories in four Spotlights, where we also highlight our nonprofit grantees and legislative efforts to support and empower New Hampshire women. We encourage you to learn more about these organizations and legislative efforts and join us in investing in women.

With you in spirit and in action,

Tanna

Tanna Clews
President and CEO

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ACKNOWLEDGMENTS

This report was researched, written, and edited by Ila Bartenstein, Research Assistant, and Devan Quinn, Director of Policy, New Hampshire Women's Foundation. Additional research was provided by Sam Lucius, Program Assistant, New Hampshire Women's Foundation, and Carolyn Musyimi-Kamau, Doctoral Student, Pepperdine University. Jodi Spencer Design, of Greenland, NH, designed this report. RAM Companies of East Hampstead, NH, printed it. Mary Ellen Hettinger provided copyediting. The Women's Foundation gratefully acknowledges the support of numerous individuals who provided data coordination and analysis including: Michael Rogers, Administrative Assistant, NH Bureau of Alcohol and Drug Services; Meghan Morrow Raftery, HMIS Manager, Institute for Community Alliances; Robyn Malchanoff, System Administrator,Institute for Community Alliances; Lyn Spain, Program Assistant II, Bureau of Adult and Aging Services; Pamela Keilig, Public Policy Specialist, NHCADSV; Carolyn Nyamasege, Maternal and Child Health Epidemiologist, NHDHHS - Division of Public Health; Allison Power, Perinatal Nurse Consultant, NHDHHS - Division of Public Health; Margaret M.L. Byrnes, Executive Director, New Hampshire Municipal Association. The Women's Foundation would also like to thank the following people for their subject matter expertise and insight: Pascale Graham, Executive Director, The Center for Safer Communities; Nicole Heller, Senior Policy Analyst, New Hampshire Fiscal Policy Institute; Jessica Williams, Policy Analyst, New Hampshire Fiscal Policy Institute; Jessica Vaughn-Martin, Executive Director, Thrive Survivor Support Center; Linda Douglas, Assistant Director, Overcomers Refugee Services; Jinelle Hall, Executive Director, Equality Health Center; Jessica Goff, Education and Training Director, New Hampshire Outright; Henry Harris, Managing Director, International Institute of New England; Megan Fellows, Response: Domestic and Sexual Violence Support Center, and Liz Canada, Planned Parenthood of Northern New England.

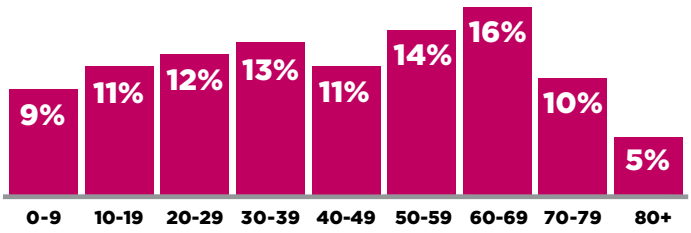
Cover photo courtesy of COVER Home Repair and Store

THESE ARE THE WOMEN OF NEW HAMPSHIRE

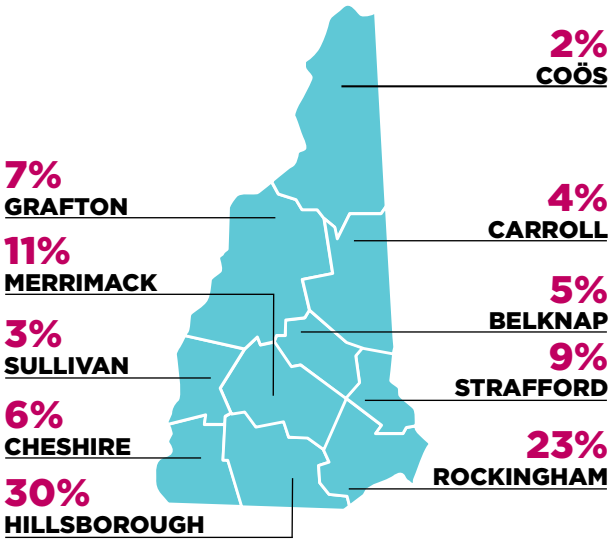
New Hampshire has a population of 1.4 million people, half of whom are women.[1]

AGE DISTRIBUTION OF WOMEN

Note: Numbers may add to more than 100% due to rounding

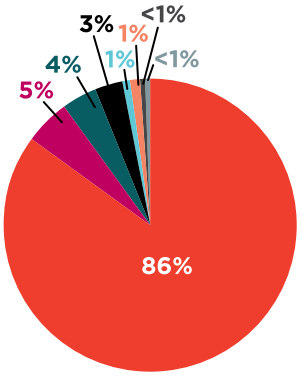


WOMEN BY COUNTY



RACE AND ETHNICITY OF WOMEN

- WHITE
- TWO OR MORE RACES
- HISPANIC/LATINA
- ASIAN
- BLACK OR AFRICAN AMERICAN
- SOME OTHER RACE
- AMERICAN INDIAN AND ALASKA NATIVE
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER



GENDER IDENTITY

CISGENDER WOMEN 52%

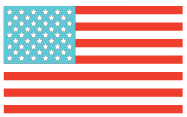
CISGENDER MEN 47%

NONBINARY 1%

TRANSGENDER WOMEN <1%

TRANSGENDER MEN <1%

VETERAN POPULATION



WOMEN: 9%

MEN: 91%

IN THE LABOR FORCE

WOMEN: 63%

MEN: 70%

SEXUAL ORIENTATION

STRAIGHT WOMEN **88%** MEN **89%**

BISEXUAL WOMEN **7%** MEN **4%**

GAY OR LESBIAN WOMEN **2%** MEN **4%**

SOMETHING ELSE WOMEN **3%** MEN **3%**

See "Additional Notes" Section at the end of the report titled "Gender Identity" for further details.

U.S. Census Bureau, American Community Survey 2023, 5-Year Estimates Tables B01001A-I and S0101..
U.S. Census Bureau, American Community Survey 2023, 1-Year Estimates Tables S0101, B23001, S2101.
U.S. Census Bureau, Household Pulse Survey, Phase 4.0-4.2, January 2024-September 2024.

EDUCATIONAL ATTAINMENT

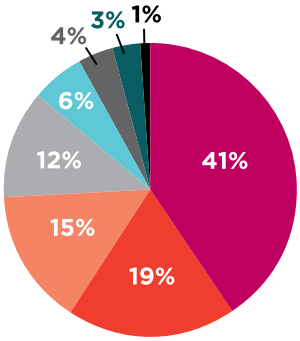
- LESS THAN HIGH SCHOOL DIPLOMA
- HIGH SCHOOL DIPLOMA
- SOME COLLEGE
- ASSOCIATE'S
- BACHELOR'S
- GRADUATE OR PROFESSIONAL

WOMEN:

MEN:

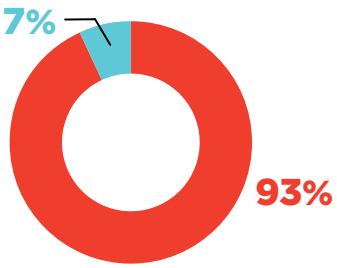
HOUSEHOLD STATUS

- COUPLE WITH NO CHILDREN
- COUPLE WITH CHILDREN
- WOMAN LIVING ALONE
- MAN LIVING ALONE
- WOMAN WITH ROOMMATE(S)
- MAN WITH ROOMMATE(S)
- SINGLE MOTHER
- SINGLE FATHER



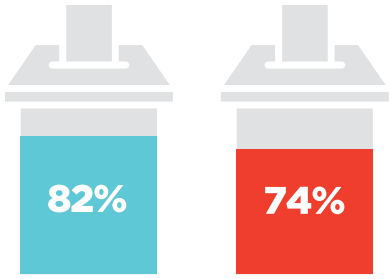
STATE PRISON RESIDENTS

- WOMEN
- MEN



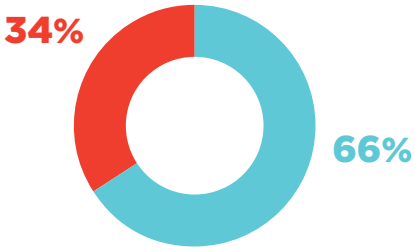
ELIGIBLE VOTERS REGISTERED TO VOTE BY NOVEMBER 2024 ELECTION

- WOMEN
- MEN



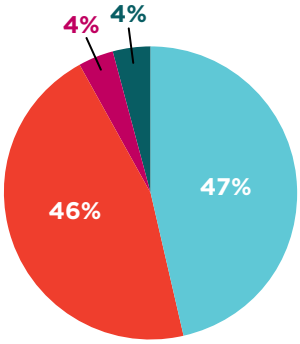
NURSING FACILITY RESIDENTS

- WOMEN
- MEN



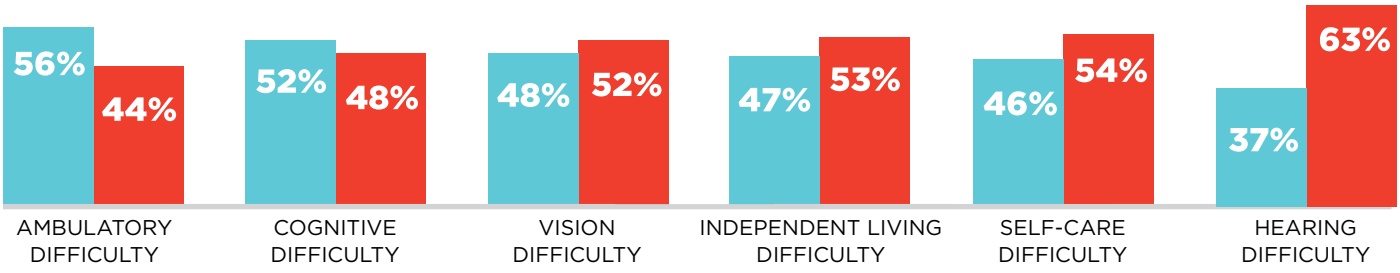
IMMIGRANT POPULATION

- NATIVE-BORN WOMEN
- NATIVE-BORN MEN
- IMMIGRANT WOMEN
- IMMIGRANT MEN



PEOPLE WITH DISABILITIES

WOMEN MEN **TOTAL WOMEN:** 14% **TOTAL MEN:** 14%



See "Additional Notes" Section at the end of the report titled "Immigrant Population" for further details.

U.S. Census Bureau, American Community Survey 2023 1-Year Estimates, Table DP01, B18101, and Microdata Tables.
U.S. Census Bureau, American Community Survey 2023 5-Year Estimates, Table B15001.
U.S. Census Bureau. (2025). *Table 4b. Reported Voting and Registration of the Total Voting-Age Population, by Sex, Race and Hispanic Origin, for States: November 2024.* Voting and Registration in the Election of November 2024.
New Hampshire Department of Corrections. (2025). *2023 Annual Report.*
Human Services Research Institute. (2024). *New Hampshire Home- and Community-Based Services System Assessment and Gaps Analysis.* New Hampshire Department of Health and Human Services.

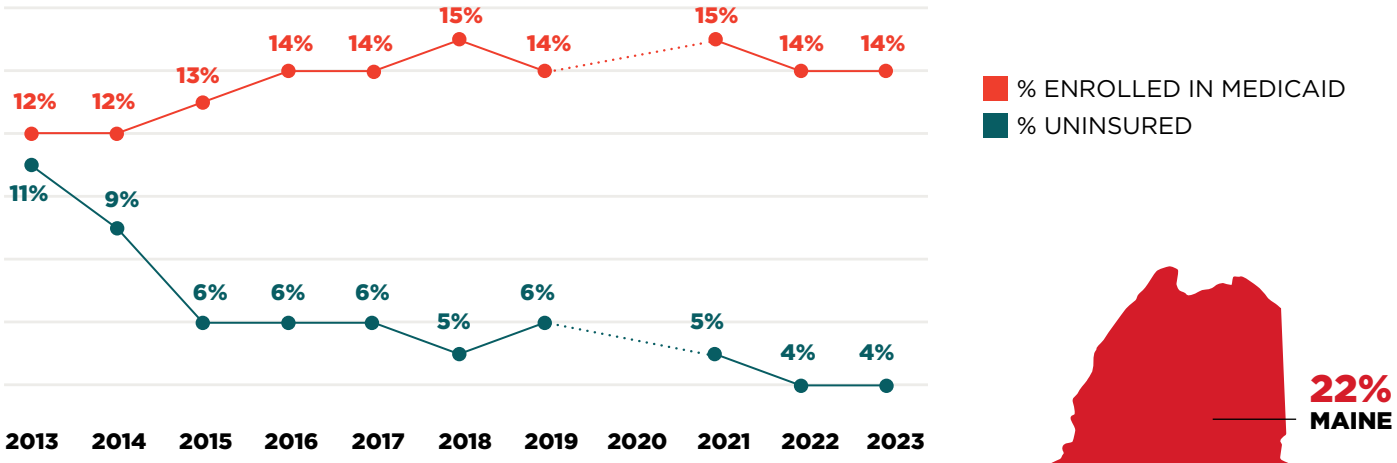
HEALTH

Health and access to adequate healthcare have profound implications for women's ability to reach their full economic, social, and political potential. **New Hampshire women face adversity** in mental health, oral health, and reproductive and sexual health.[2,3,4] **Disparities are further exacerbated by race and ethnicity.**[5,6]

HEALTH INSURANCE COVERAGE

New Hampshire ranks 6th in the nation for lowest rate of uninsured adult women under the age of 65, with only 5% uninsured (compared to 10% nationally).[7]

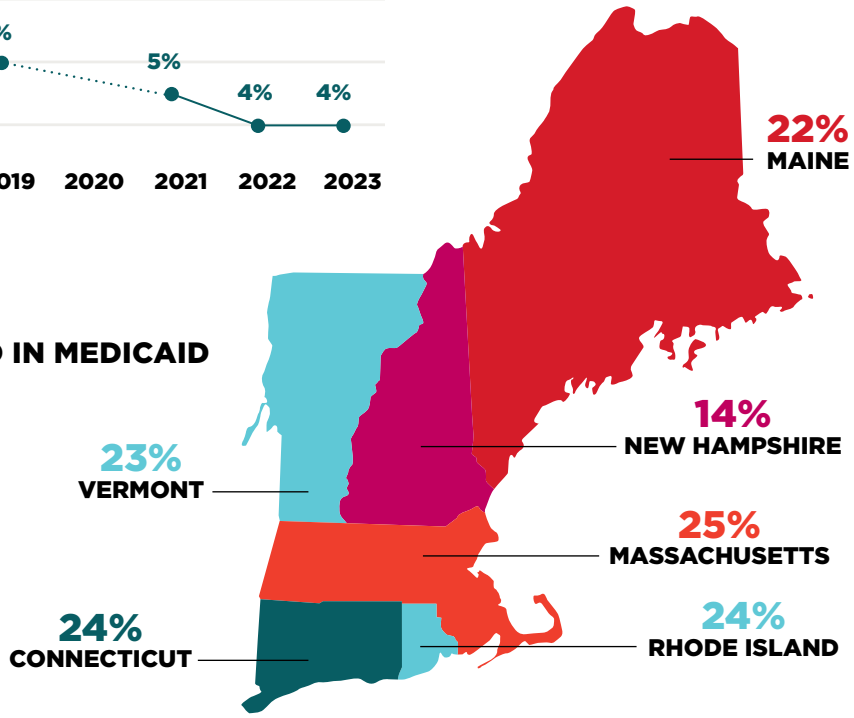
WOMEN UNINSURED AND ENROLLED IN MEDICAID OVER TIME



NEW ENGLAND WOMEN ENROLLED IN MEDICAID

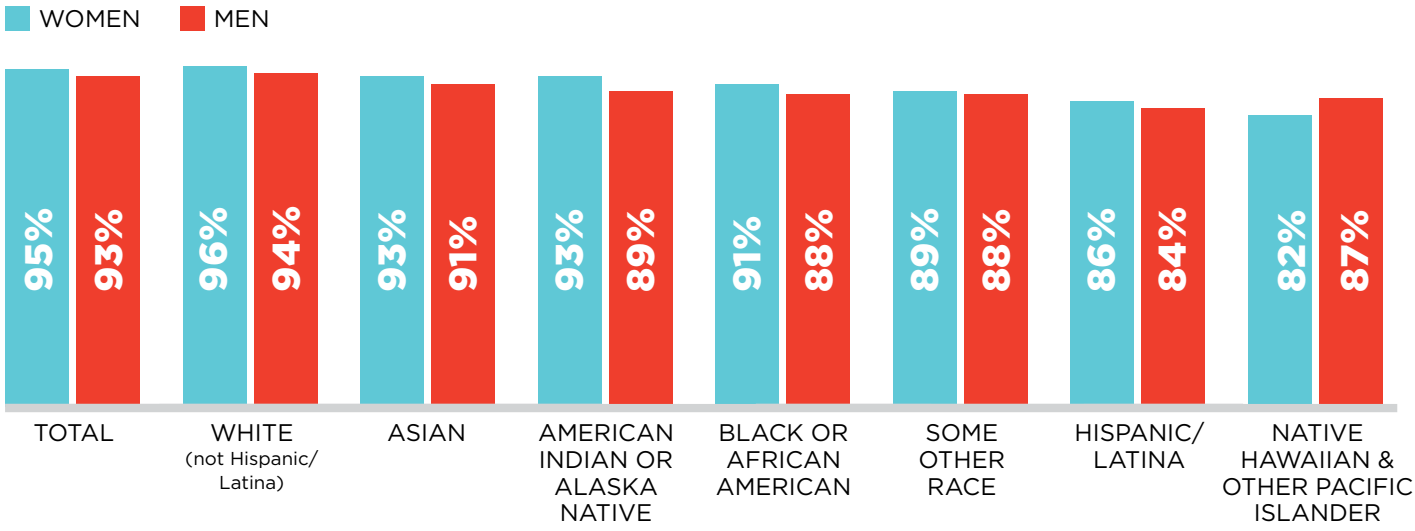
NH WOMEN: 14%

NH MEN: 12%



U.S. Census Bureau, American Community Survey 2013-2023 1-Year Estimates, Table B27001 and Table B27007
U.S. Census Bureau, American Community Survey 2023 1-Year Estimates, Table 27007

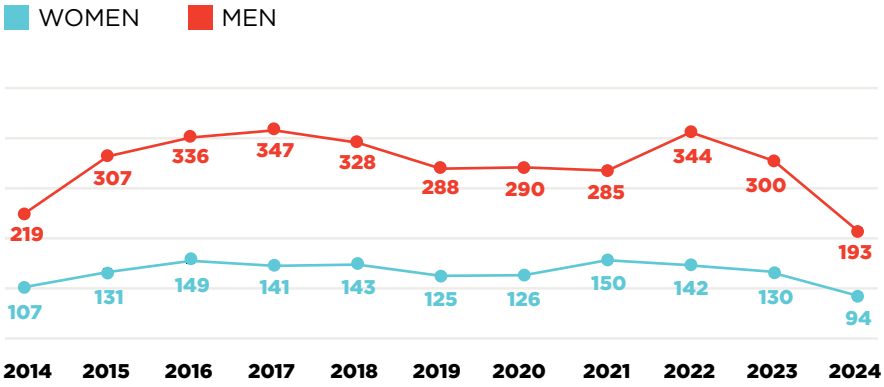
HEALTH INSURANCE COVERAGE RATES BY GENDER AND RACE AND ETHNICITY



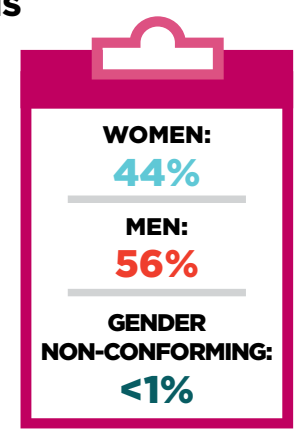
SUBSTANCE USE

Substance overdose deaths of New Hampshire women have decreased by 28%, from 2023 to 2024, and women's treatment admissions for opioids, methamphetamine, and cocaine have decreased by 14%.[3,8]

DRUG OVERDOSE DEATHS OVER TIME



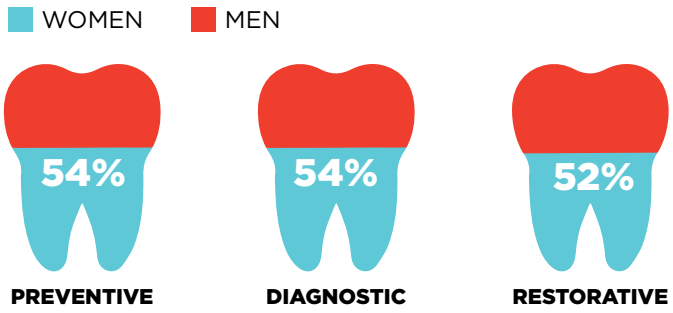
SUBSTANCE USE TREATMENT ADMISSIONS



ORAL HEALTH

Although **women receive more preventive oral health care than men**, changes in hormone levels as a result of pregnancy, menopause, menstrual cycles, and birth control create **heightened risk of dental problems**.[9,10] As a result, New Hampshire women make up a higher percentage of dental insurance claims for diagnostic and restorative services.[11]

ORAL HEALTHCARE PRIVATE INSURANCE CLAIMS



See "Additional Notes" Section at the end of the report titled "Substance Use" for further details.

U.S. Census Bureau, American Community Survey 2023 5-Year Estimates, Microdata Tables
New Hampshire Information & Analysis Center. (2025). *June 2025 Drug Monitoring Initiative Report*. New Hampshire Department of Health and Human Services.
Center for Health Analytics and Informatics. (2022). *New Hampshire Oral Health Report Suite*. University of New Hampshire Institute for Health Policy in Practice.

MENTAL HEALTH

New Hampshire women are more likely than men to suffer from poor mental health. Research suggests that women are exposed to unique stressors, such as pregnancy and the postpartum period, a greater likelihood of experiencing sexual and domestic violence, caring for children and aging parents, and increased stress related to work and home responsibilities, which disproportionately put them at risk of poor mental health.[12,13]

ANXIETY AND DEPRESSION BY GENDER

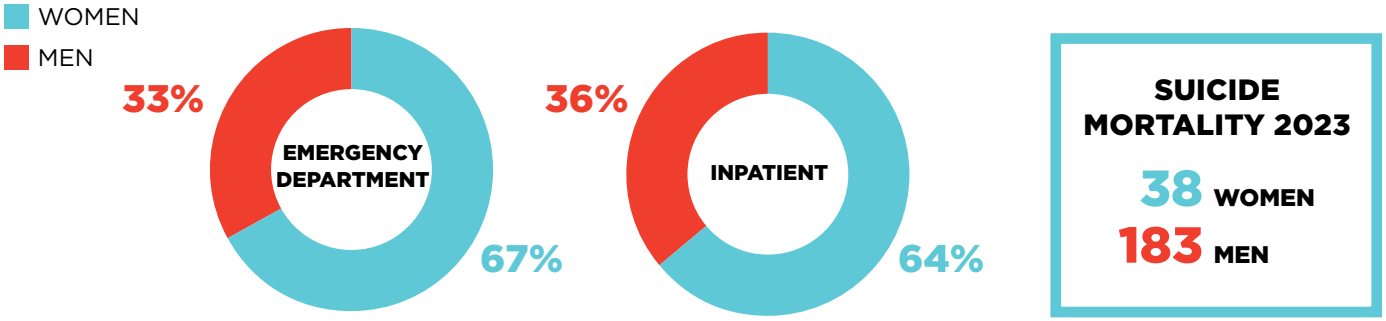
ANXIETY

WOMEN: 54% **MEN:** 40%

DEPRESSION

WOMEN: 35% **MEN:** 32%

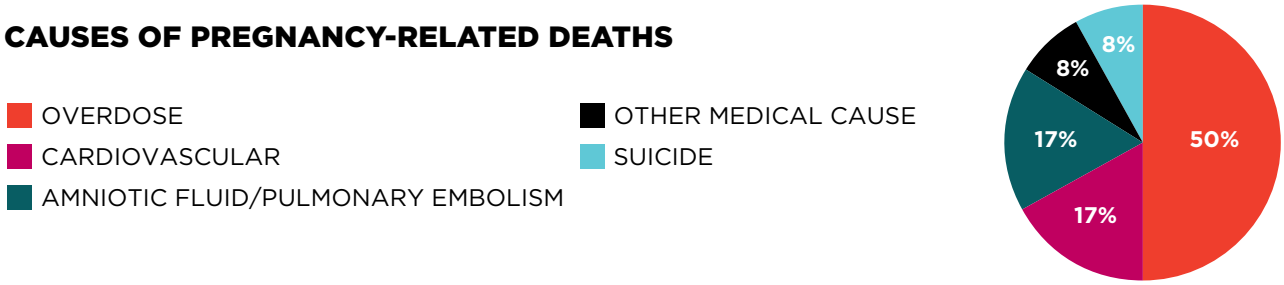
SUICIDE OR SELF-HARM HOSPITALIZATIONS



MATERNAL HEALTH

Maternal mortality is on the rise nationally, and 84% of maternal deaths are thought to be preventable.[14] Early and equitable access to prenatal care is vital to the well-being of mothers and their families.[14,15] However, New Hampshire women face disparities in access to care by race, ethnicity, income, and geography.[16,17] New Hampshire women who experience depression report visiting their OB/GYN 22% less than women who don't, and **mental health conditions contribute to over half of maternal fatalities**.[18,19] As more labor and delivery units close across the state, the median driving time to access care increases, disproportionately affecting women in rural communities.[17] Birthing people face additional costs, as **pregnancy with delivery is the highest out-of-pocket cost** paid by those who are commercially insured in New Hampshire.[20]

CAUSES OF PREGNANCY-RELATED DEATHS

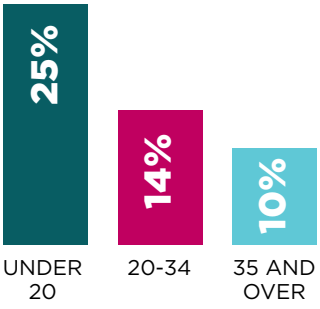


See "Additional Notes" Section at the end of the report titled "Anxiety and Depression" for further details.

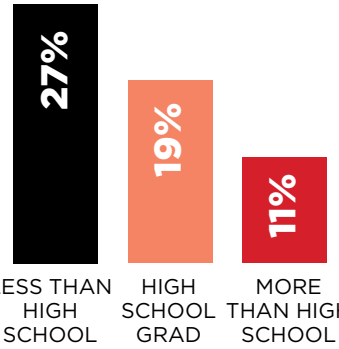
U.S. Census Bureau, Household Pulse Survey, 2024, Phases 4.0-4.1 Cycles 1-7
New Hampshire Department of Health and Human Services. (2016-2021). *Suicide or Self-Harm Hospital Visits and Hospitalizations.* DHHS Data Portal.
New Hampshire Department of Health and Human Services. (2023). *Suicide Mortality by Year.* DHHS Data Portal.
New Hampshire Maternal Mortality Committee. (2025). *2024 Annual Review on Maternal Mortality*. New Hampshire Department of Health and Human Services.

DIAGNOSED POSTPARTUM DEPRESSION

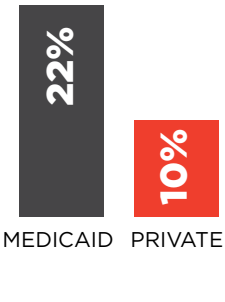
BY AGE



BY EDUCATION

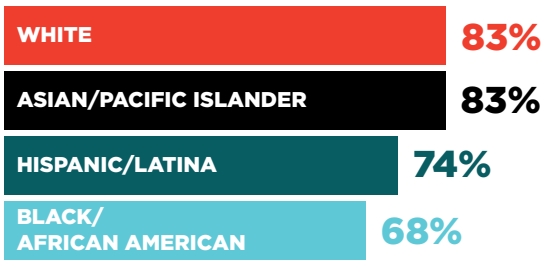


BY INSURANCE TYPE



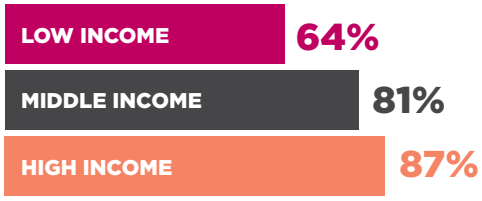
ADEQUATE PRENATAL CARE

BY RACE AND ETHNICITY



NATIONAL: 75% TOTAL NH: 82%

BY INCOME



NEW HAMPSHIRE LABOR AND DELIVERY UNIT CLOSURES

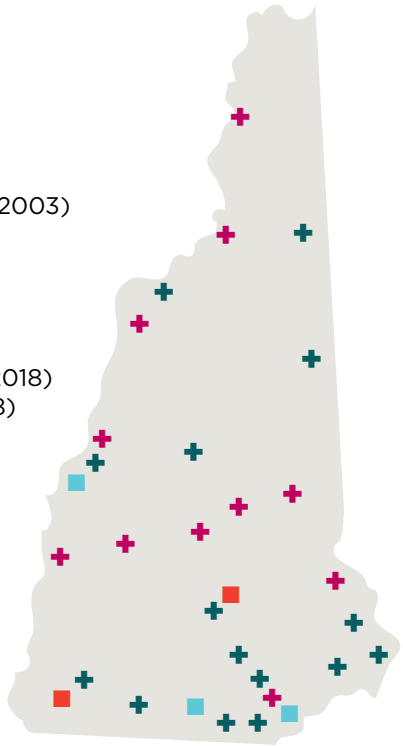
CLOSED (SINCE 2000)

HOSPITALS +

- New London Hospital (2002)
- Upper Connecticut Valley Hospital (2003)
- Franklin Regional Hospital (2005)
- Weeks Medical Center (2008)
- Huggins Hospital (2009)
- Valley Regional Hospital (2012)
- Cottage Hospital (2014)
- Alice Peck Day Memorial Hospital (2018)
- Lakes Region General Hospital (2018)
- Parkland Medical Center (2020)
- Frisbee Memorial Hospital (2022)

BIRTH CENTERS ■

- Concord Birth Center (2023)
- Monadnock Birth Center (2024)



OPEN

HOSPITALS +

- Androscoggin Valley Hospital
- Littleton Regional Healthcare
- Memorial Hospital
- Speare Memorial Hospital
- Dartmouth Health Medical Center
- Concord Hospital
- Wentworth-Douglass Hospital
- Portsmouth Regional Hospital
- Catholic Medical Center
- Elliot Hospital
- Exeter Hospital
- Cheshire Medical Center
- Monadnock Community Hospital
- St. Joseph Hospital
- Southern New Hampshire Medical Center

BIRTH CENTERS ■

- Gentle Landing Birth Center
- Birth Cottage of Milford
- Birth Cottage of Salem

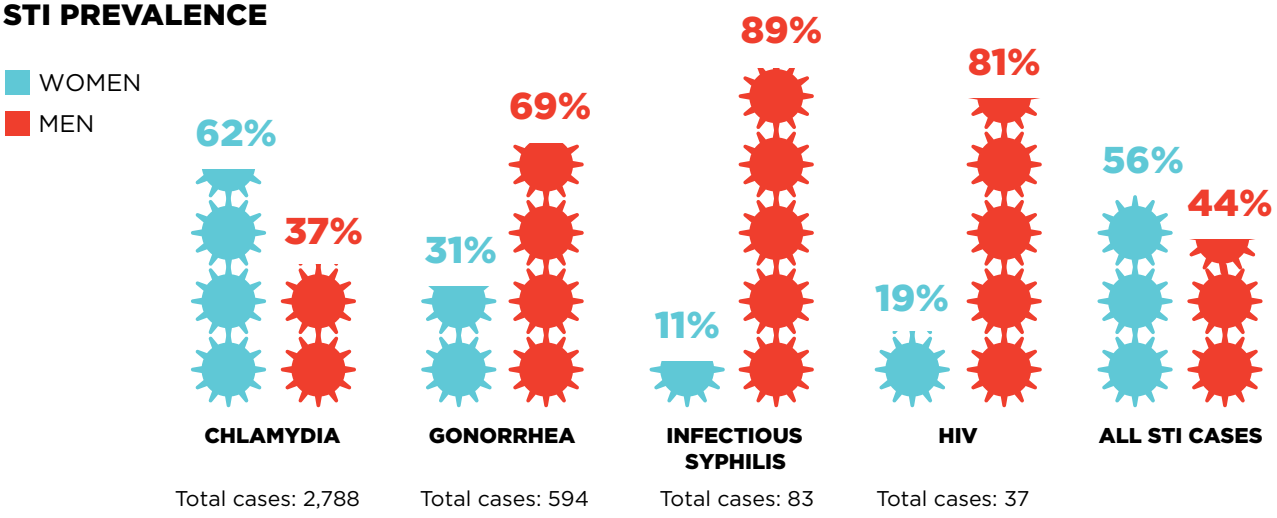
See "Additional Notes" Section at the end of the report titled "Prenatal Care" for further details.

New Hampshire Pregnancy Risk Assessment Monitoring System. (2022). *Maternal Depression around the time of Pregnancy*. New Hampshire Division of Public Health Services.
March of Dimes. (2024). *Adequate/adeq+ Prenatal Care by Race: New Hampshire, 2021-2023 Average.*
Centers for Disease Control. (2022). *Pregnancy Risk Assessment Monitoring System, Phase 8* [Dataset]. CDC.
Laflamme, D.J. (2025). *Northern New England Obstetric Unit Closures*. Tableau Public.

SEXUAL HEALTH

Access to reproductive and sexual health care includes essential services such as treatment for sexually transmitted infections (STIs). Women in New Hampshire contract chlamydia at higher rates than men, which, when left untreated, has ramifications for their sexual health, potentially leading to chronic pelvic pain, pregnancy complications, and infertility.[4,21]

STI PREVALENCE



ABORTION ACCESS

New Hampshire is still the only state in New England that has not protected the right to abortion in state law.[22] Within the first full year following the overturn of Roe v. Wade, an estimated 2,500 abortions were provided in New Hampshire, 68% of which were medication abortion.[23,24]

ABORTION LAWS IN NEW ENGLAND

	ABORTION LAWS	CT	ME	MA	NH	RI	VT
HOSTILE LAWS	Abortion Ban at 24 Weeks	No	No	Yes	Yes	No	No
	Abortion Ban at Viability	Yes	Yes	No	No	Yes	No
	Parental Involvement Required	No	Yes	Yes	Yes	Yes	No
SUPPORTIVE LAWS	State Law Protects Right to Abortion	Yes	Yes	Yes	No	Yes	Yes
	Constitutional Amendment to Protect Right to Abortion	No	No	No	No	No	Yes
	Medicaid Coverage for All or Most Medically Necessary Abortions	Yes	Yes	Yes	No	Yes	Yes
	Private Health Insurance Plans Must Cover Abortion	No	Yes	Yes	No	No	Yes
	Buffer Zone / Patient Safety Zone	No	Yes	Yes	Yes	No	Yes
	Shield Law: Provider Protection from Other States	Yes	Yes	Yes	No	Yes	Yes

New Hampshire Infectious Disease Surveillance Section. *(2025). STI/HIV Data Summary Report 2019-2023.* New Hampshire Department of Health and Human Services.
Guttmacher Institute. *(2025). Interactive Map: US Abortion Policies and Access After Roe.*

PROGRAM SPOTLIGHT

SUPPORT OUR MOMS

The Women's Foundation championed and advocated for a legislative package of maternal health investments and policy actions, affectionately referred to as "Momnibus 2.0," to improve maternal mental health, strengthen workforce protections, expand family supports, and assist moms across New Hampshire. The bill would train EMS providers in rural communities on labor and delivery emergencies, ensure job security for parents attending postpartum and pediatric appointments, and expand access to home visits for new parents. The legislation builds off the success of Momnibus 1.0 and was co-sponsored by a bipartisan group of women in the New Hampshire Senate and House of Representatives.

Momnibus 2.0 passed after OB-GYNs, mental health advocates, and moms spoke up and shared their stories of struggle and resilience.

"Too many mothers struggle in silence, unsure of where to turn for help. We have an opportunity to make real change and support moms before they reach a crisis point. Strong moms mean strong families." — Heather Martin, Lead Perinatal Navigator, NH Mom Hub

"I struggled in silence, saying little to my healthcare team or even my fellow nurses. As a nurse myself, I felt like I should have been prepared — after all, I had planned for this moment over four separate times. But nothing prepared me for postpartum depression." — Marcy Doyle, President, New Hampshire Nurses Association

The New Hampshire Women's Foundation supported maternal health legislation, Momnibus 2.0, and advocacy efforts through its Research, Policy, and Advocacy program.

Photo courtesy of Nick Desiderio

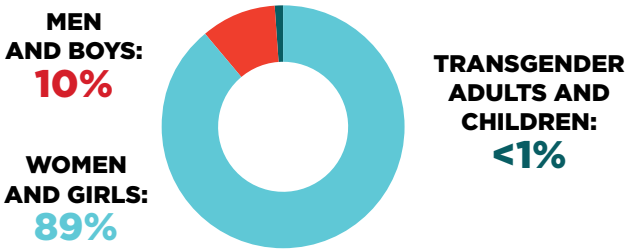
SAFETY

Women experience domestic and sexual violence at a significantly higher rate than men.[25] However, between 2020 and 2021, for the first time, the majorities of both victims and perpetrators of domestic violence fatalities were men.[26] In 2023, **New Hampshire domestic and sexual violence crisis centers served 11,805 individuals**, including 888 stalking survivors, a 36% increase from 2022, and 81 human trafficking survivors, a 40% increase since 2022.[27]

DOMESTIC VIOLENCE AND HOUSING

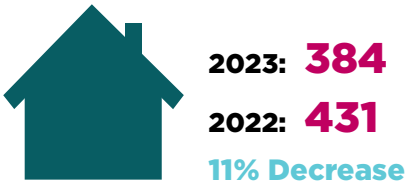
In 2023, due to limited housing availability across New Hampshire, fewer individuals were provided shelter by New Hampshire domestic and sexual violence crisis centers because **shelter guests were spending more nights on average in shelters waiting for transitional or permanent housing to become available.**[28]

DOMESTIC VIOLENCE SURVIVORS SERVED BY CRISIS CENTERS BY GENDER

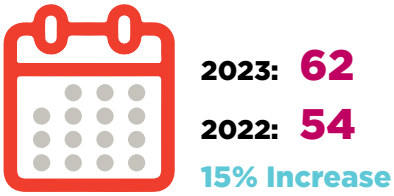


HOTLINE CALLS RECEIVED BY CRISIS CENTERS IN A 24-HOUR PERIOD

INDIVIDUALS PROVIDED SHELTER BY DOMESTIC AND SEXUAL VIOLENCE CRISIS CENTERS



AVERAGE NUMBER OF NIGHTS STAYED PER PERSON



See "Additional Notes" Section at the end of the report titled "Domestic Violence Fatalities" and "Hotline Contacts" for further details.
New Hampshire Coalition Against Domestic and Sexual Violence. (2023). *Statewide Stats* [Dataset].
National Network to End Domestic Violence. (2025). *19th Annual Domestic Violence Counts Report: New Hampshire Summary.*

Most data used on this page is from the New Hampshire Coalition Against Domestic and Sexual Violence (NHCADSV) affiliated programs. Consequently, the data represents only those survivors who seek services.

PROGRAM SPOTLIGHT

THE CENTER FOR SAFER COMMUNITIES CREATES TRANSFORMATIVE CHANGE

The Center for Safer Communities, formerly known as Turning Points Network, is the only organization in Sullivan County, NH providing shelter, advocacy, and long-term support to survivors of domestic and sexual violence, stalking, and sex trafficking, with women and girls comprising the vast majority of those served. Their comprehensive prevention education programming specifically focuses on empowering women and girls through age-appropriate curriculum that builds awareness of healthy relationships, personal safety, and recognizing warning signs of abuse.

The Center for Safer Communities creates transformative change for women and girls in the community by providing the safety, space, and support they need to heal from violence and reclaim control over their lives, while their prevention programming empowers young women with knowledge and tools to break cycles of violence before they begin. Whether through emergency shelter, trauma-informed advocacy, or education that builds confidence and critical thinking skills, The Center for Safer Communities' services meet women and girls where they are with dignity, specialized care, and hope for healthier futures.

"With the help The Center for Safer Communities gave me, we were able to rebuild our lives and have a chance at a normal, healthy life. My advocate helped me to learn about the cycle of abuse and healthy relationships, so I could make educated choices. I'm beyond grateful for the support they've given me and my children — it's empowered me to be the mom I've always wanted to be." — Aubrey, survivor

The New Hampshire Women's Foundation supported The Center for Safer Communities with a Community Grant.

Photo courtesy of The Center for Safer Communities

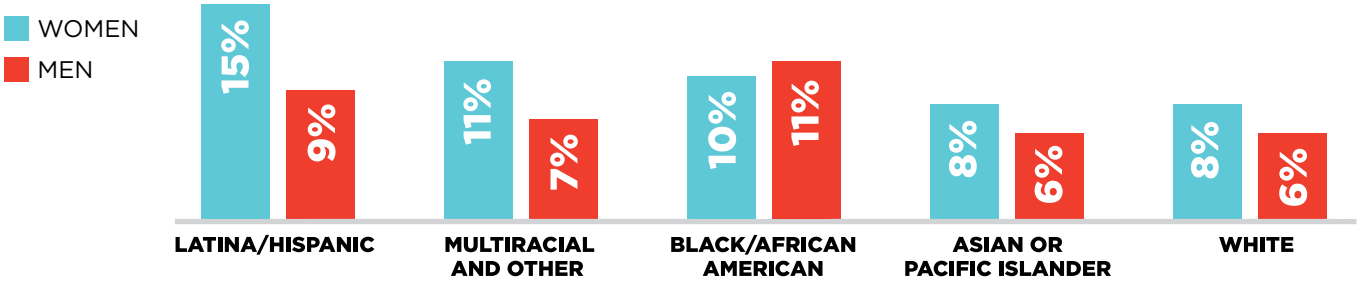
ECONOMIC SECURITY

Economic security means the ability to provide for basic needs.[29] Women's economic security has ripple effects for their families, communities, and the economy. **New Hampshire currently has the lowest poverty rate in the country at just 7%.**[30] Women, particularly women of color, women living in more rural counties, older women, mothers, and formerly incarcerated women continue to face substantial economic disparities compared to men, and face inequity in the workforce due to the gender wage gap, limited employment benefits, and access to affordable child care.[31,32,33]

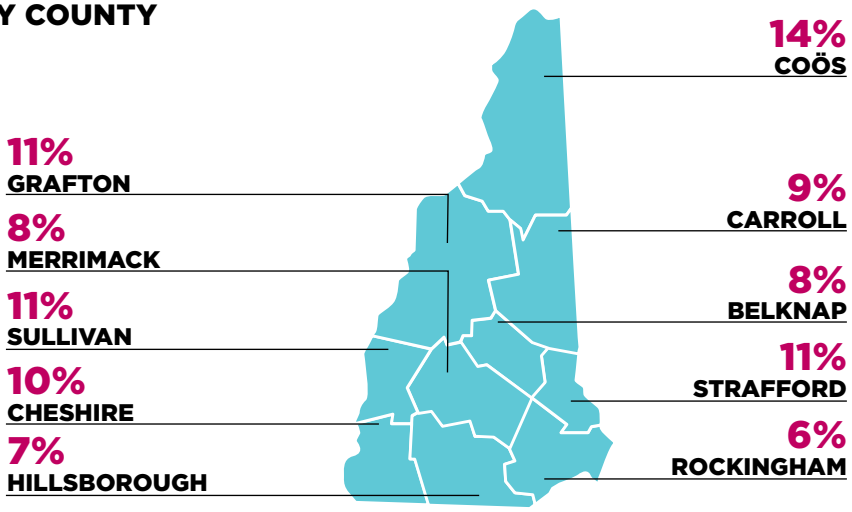
POVERTY

In New Hampshire, 7% of women and 6% of men experience poverty.[30] However, the supplemental poverty measure, which accounts for the cost of food, utilities, and housing in each state, adjusts the Granite State's poverty ranking to 11th lowest in the nation due to higher costs of living.[34,35] **Disparities persist among women of color**, particularly for Latina/Hispanic women who are twice as likely to live in poverty as White women.[36]

POVERTY BY RACE AND ETHNICITY

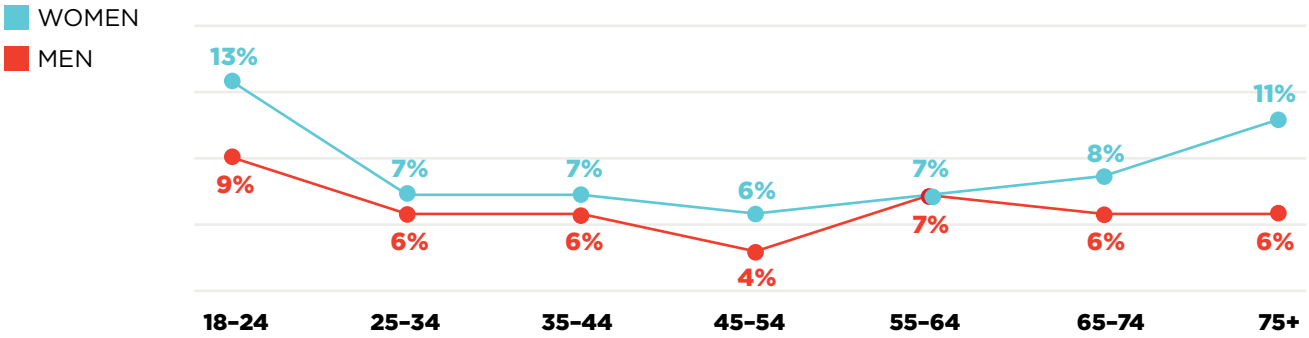


WOMEN'S POVERTY BY COUNTY

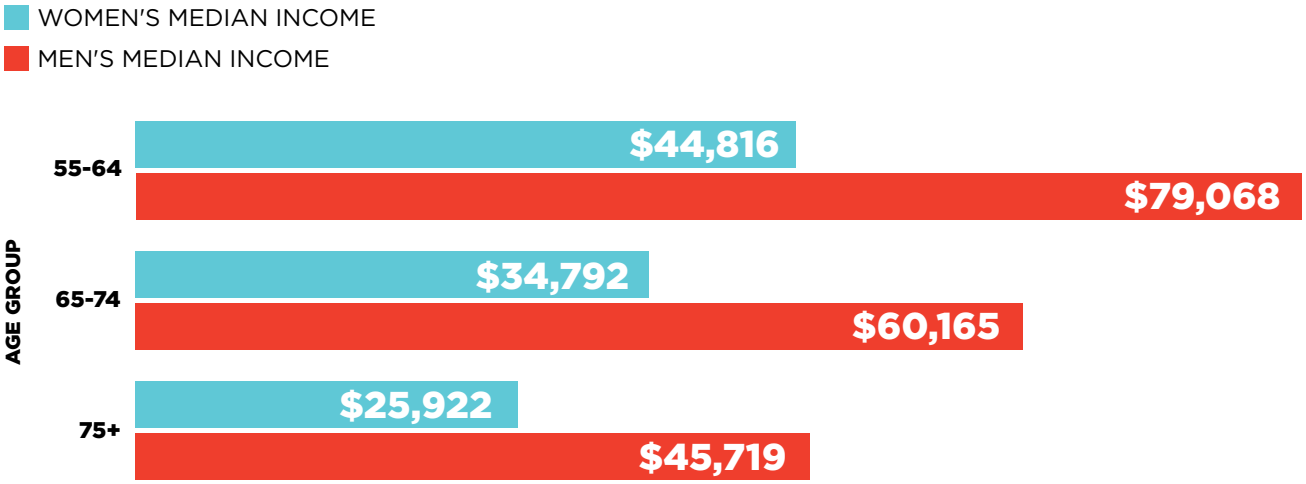


U.S. Census Bureau, American Community Survey 2023 5-Year Estimates, Table B17001, A-I

POVERTY BY AGE AND GENDER



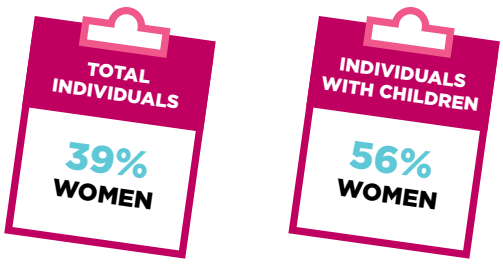
ANNUAL INCOME OF OLDER ADULTS BY GENDER



UNHOUSED AND HOMELESS INDIVIDUALS BY GENDER FOR THOSE WITH AND WITHOUT CHILDREN

SEEKING EMERGENCY HOUSING SERVICES

RECEIVING STREET OUTREACH SERVICES



See "Additional Notes" Section at the end of the report titled "Unhoused Population" for further details.

U.S. Census Bureau, American Community Survey 2023 1-Year Estimates, Table B17001

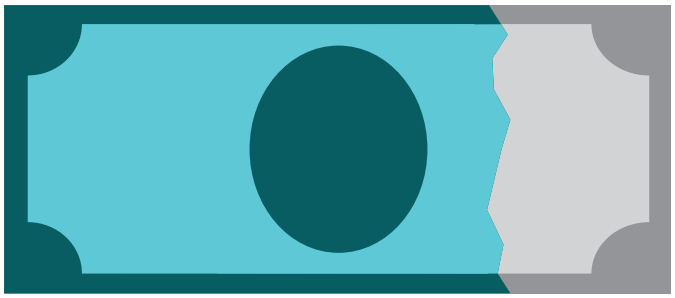
U.S. Census Bureau, American Community Survey 2023 5-Year Estimates, Microdata Tables

Institute for Community Alliances. (2024). *ESG CAPER Report*. New Hampshire Homeless Management Information System.

THE GENDER WAGE GAP

Earnings from paid work are a crucial driver of women's economic security. In New Hampshire, as in all 50 states, **women earn less than men do**. New Hampshire women who work full-time, year-round, earn **76 cents for every one dollar men earn**.[31] Nationally, the gender wage gap ranges from 58 cents to 94 cents for every one dollar men earn.[37] Women experience additional disparities in wages based on race and ethnicity, age, education, industry, and motherhood status, also known as "motherhood wage penalty."[38,39,40,41]

THE GENDER WAGE GAP IN NEW HAMPSHIRE

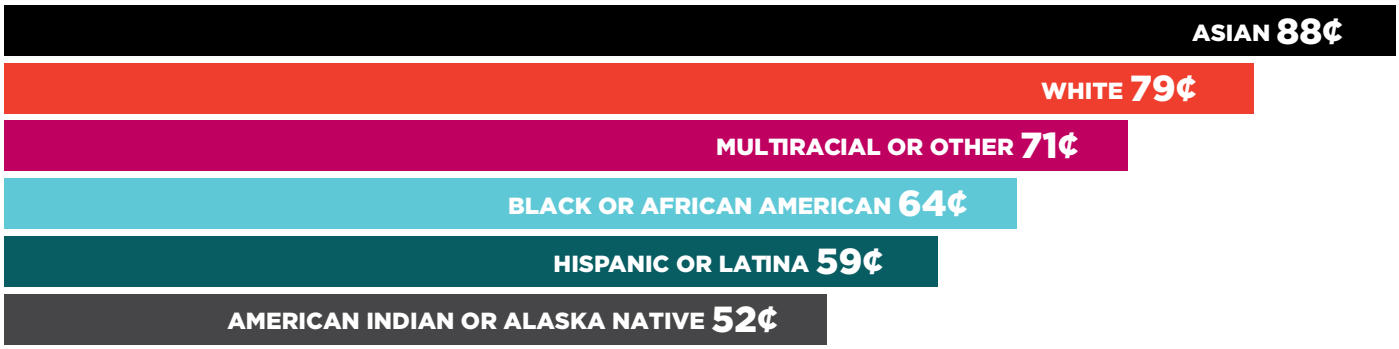


NEW HAMPSHIRE WOMEN EARN 76¢

FOR EVERY $1 MEN EARN

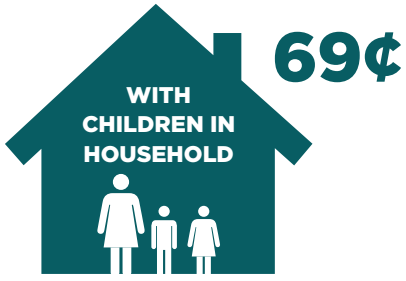
Median Earnings: Women $57,296 and Men $75,700

WOMEN'S WAGE GAP (TO WHITE MEN) BY RACE AND ETHNICITY



THE GENDER WAGE GAP BY PARENTHOOD STATUS

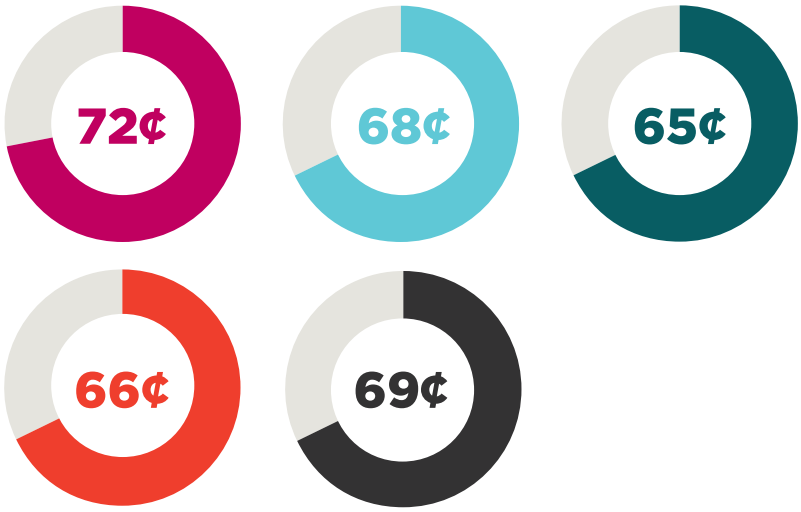
"Children in Household" means an individual's own children in household.



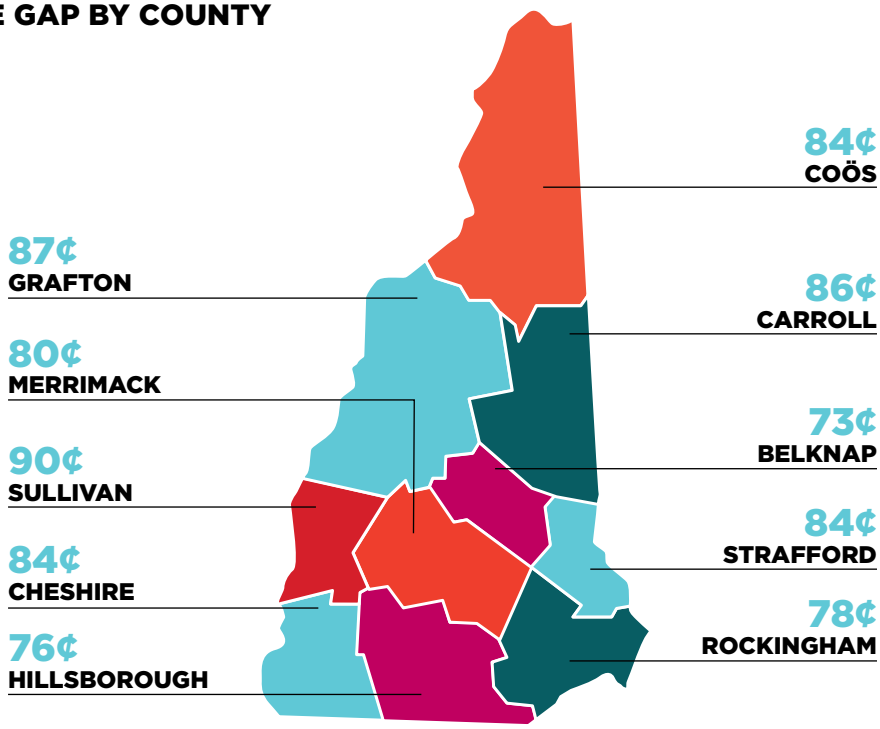
U.S. Census Bureau, American Community Survey 2023 1-Year Estimates, Table S2412
U.S. Census Bureau, American Community Survey 2023 5-Year Estimates, Table B20017 A,B,C,D,G,I
U.S. Census Bureau, American Community Survey 2023 5-Year Estimates, accessed through IPUMS

THE GENDER WAGE GAP BY EDUCATIONAL ATTAINMENT

- NOT COMPLETED HIGH SCHOOL
- HIGH SCHOOL DIPLOMA
- SOME COLLEGE OR ASSOCIATE'S DEGREE
- BACHELOR'S DEGREE
- GRADUATE OR PROFESSIONAL DEGREE



THE GENDER WAGE GAP BY COUNTY



THE GENDER WAGE GAP BY FIELD OF STUDY FOR BACHELOR'S DEGREE

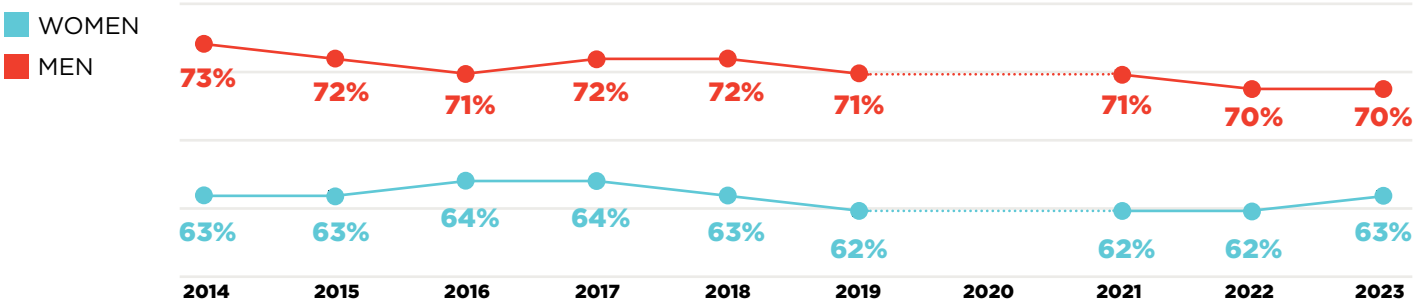
SCIENCE AND ENGINEERING	79¢
BUSINESS	75¢
EDUCATION	84¢
ARTS AND HUMANITIES	75¢

U.S. Census Bureau, American Community Survey 2023 5-Year Estimates, Tables B20004, B15013, and S2412.

WORKFORCE

Women, especially mothers, face barriers to workforce re-entry, often securing lower-paying positions than men.[42] In 2022, Granite State mothers with children between the ages of 6-17 had the lowest labor-force participation rate among women ages 20-64.[44] Women are less likely to thrive economically when their workplaces discriminate against employees, lack leadership diversity, or do not have family-friendly policies.[45] **Jobs that provide flexibility in hours and work location, paid leave for caretaking, and comprehensive health benefits are more likely to attract and retain women.[32]**

LABOR-FORCE PARTICIPATION OVER TIME



WORKPLACE MODEL

WOMEN
REMOTE: 30%
HYBRID: 32%
IN-PERSON: 38%

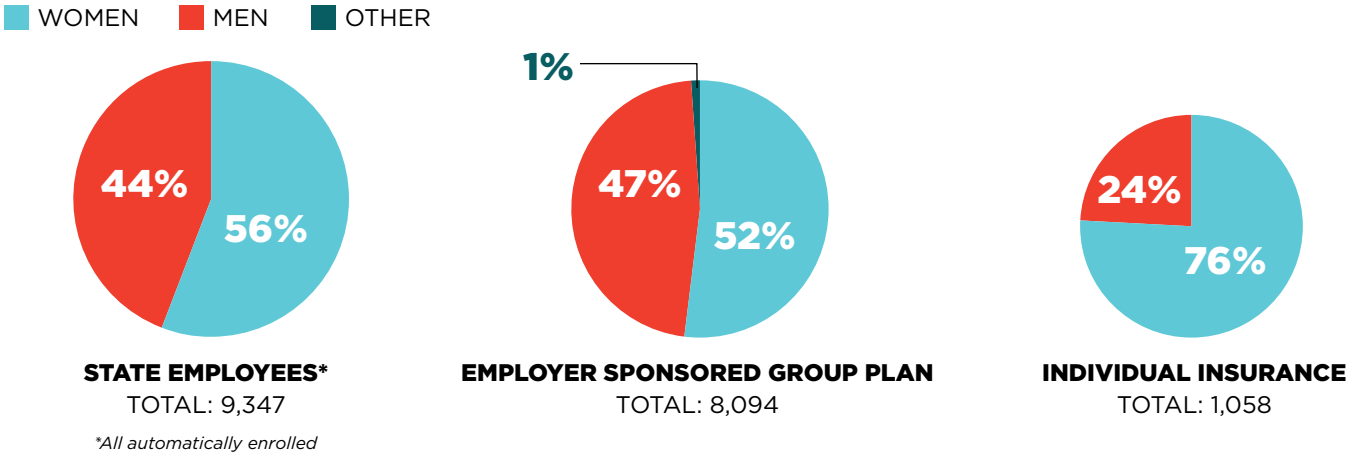
MEN
REMOTE: 31%
HYBRID: 28%
IN-PERSON: 41%

TOP INDUSTRIES EMPLOYING WOMEN AND MEN, AND MEDIAN EARNINGS

WOMEN	MEN
HEALTHCARE AND SOCIAL ASSISTANCE: 76%; **$59,683**	CONSTRUCTION: 91%; **$61,961**
EDUCATIONAL SERVICES: 66%; **$60,945**	MINING, QUARRYING, AND OIL AND GAS EXTRACTION: 78%; **$76,931**
FINANCE AND INSURANCE: 55%; **$66,687**	TRANSPORTATION AND WAREHOUSING: 75%; **$67,434**
REAL ESTATE AND RENTAL AND LEASING: 48%; **$62,191**	WHOLESALE TRADE: 72%; **$76,879**
ARTS, ENTERTAINMENT, AND RECREATION: 46%; **$52,054**	UTILITIES: 72%; **$88,554**

U.S. Census Bureau, American Community Survey 2014-2023 1-Year Estimates, Table B23001
U.S. Census Bureau, Household Pulse Survey, Phase 4.0-4.1, January 2024-July 2024
U.S. Census Bureau, American Community Survey 2023 1-Year Estimates, Tables S2404 and S2414

NEW HAMPSHIRE PAID FAMILY MEDICAL LEAVE ENROLLMENT (STATE-REGULATED PLAN)



STATE EMPLOYEES*
TOTAL: 9,347

**All automatically enrolled*

EMPLOYER SPONSORED GROUP PLAN
TOTAL: 8,094

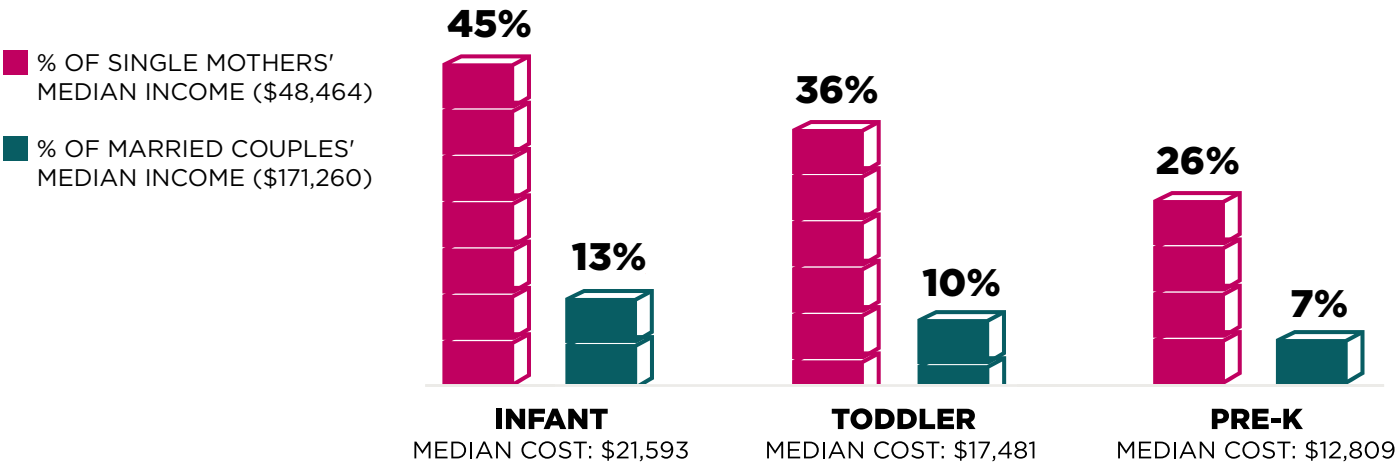
INDIVIDUAL INSURANCE
TOTAL: 1,058

CHILD CARE

Women provide a disproportionate share of child care duties and this has significant negative implications on their economic security and well-being.[46] Despite a 6% increase in licensed child care capacity in New Hampshire, the state's count of licensed providers decreased by 13%, with closures disproportionately affecting less-populous towns.[33] Furthermore, the yearly median cost of child care in New Hampshire for an infant is $21,593, **a cost that consumes nearly half of a single mother's annual income.**[47] Child care accessibility and affordability does not exclusively affect parents; grandparents, particularly grandmothers, are also affected by lack of child care access and will often change work hours to accommodate child care responsibilities.[48,49]

CHILD CARE AFFORDABILITY

Median income listed below is for single mother/married couple with a child under the age of 18 years old.[50]

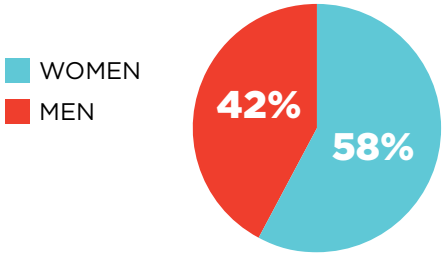


INFANT
MEDIAN COST: $21,593

TODDLER
MEDIAN COST: $17,481

PRE-K
MEDIAN COST: $12,809

GRANDPARENTS RESPONSIBLE FOR THEIR GRANDCHILD, BY GENDER



PFML Advisory Board. (2025). *New Hampshire Paid Family and Medical Leave* [Presentation].
New Hampshire Connections. (2024). *State of New Hampshire Child Care Market Rate Study and Narrow Cost Analysis.* Brodsky Research and Consulting.
U.S. Census Bureau, American Community Survey 2023 1-Year Estimates, Table B10056

FOOD SECURITY

Food security describes the ability of households to provide enough food for one or more members.[51] **Since 2021, the food insecure population in New Hampshire has grown by 59%**.[52] Though many Granite Staters qualify for food assistance programs, such as Women, Infants and Children (WIC), only 12,481, about half of those who are eligible, are enrolled.[53,54] New Hampshire women face increased barriers to enrollment in these critical programs, often exacerbated by race and disability, placing them at greater risk of food insecurity.[55]

PERCENT WHO QUALIFY FOR WIC WHO ARE ENROLLED

WOMEN: 57%
CHILDREN: 48%
INFANTS: 79%

WOMEN'S DIFFICULTY ACCESSING INFANT FORMULA, 2024

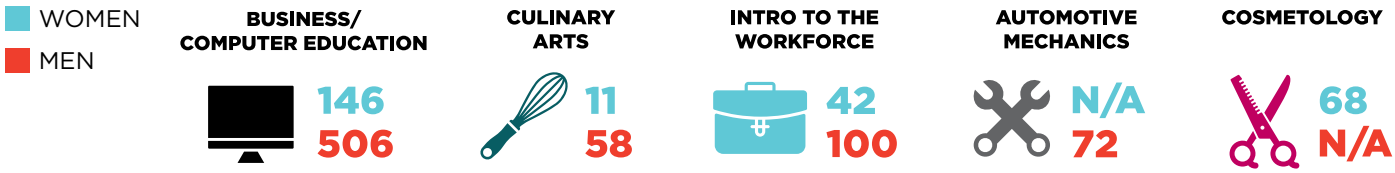
EXPERIENCED DIFFICULTY: 32%

DID NOT EXPERIENCE DIFFICULTY: 68%

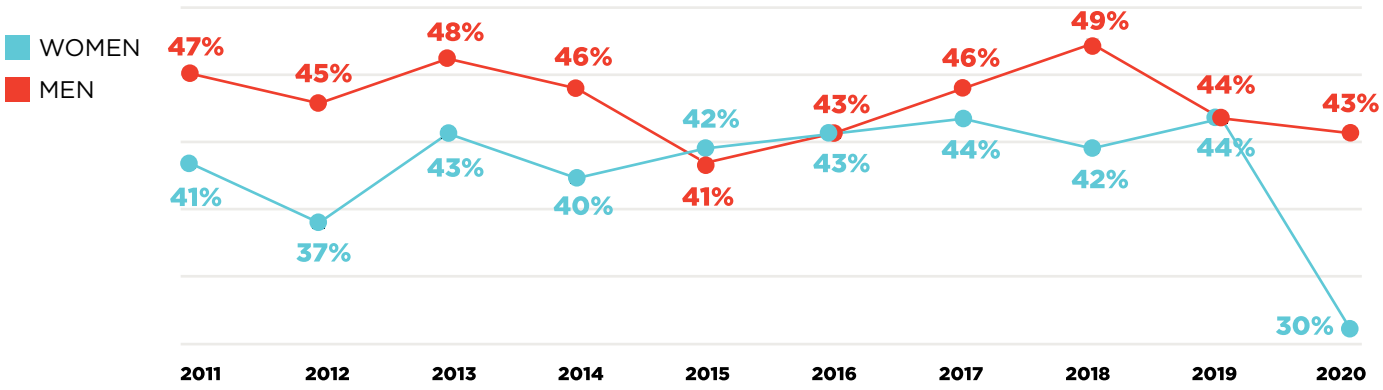
INCARCERATION AND RE-ENTRY

Women seeking to enter the workforce following incarceration face barriers to employment due to criminal records, limited access to skill-building opportunities, and adverse mental health. Investing in rehabilitation and re-entry programs, such as mental health services, substance use disorder treatment, and educational programming, can reduce recidivism rates, lower incarceration costs, and strengthen families and communities. However, incarcerated women still are subjected to stigmatization that affects their social, psychological, and economic well-being.[56]

PARTICIPATION IN CAREER AND TECHNICAL EDUCATION PROGRAMS IN STATE PRISONS



RECIDIVISM RATES BY GENDER



Food and Nutrition Service. (2021). *WIC Coverage Rates by State and Participant Category*. United States Department of Agriculture.
U.S. Census Bureau, Household Pulse Survey, Phase 4.0-4.1, January 2024-July 2024
New Hampshire Department of Corrections. (2025). *2023 Annual Report*.

PROGRAM SPOTLIGHT

INTERNATIONAL INSTITUTE OF NEW ENGLAND TRAINS REFUGEE AND IMMIGRANT WOMEN AS LICENSED NURSING ASSISTANTS

The International Institute of New England delivers a continuum of services to refugee and immigrant women, including trauma-informed case management, English instruction, employment support, legal services, and culturally appropriate programs that help women and girls connect with peers, get parenting support, and find safe learning spaces. One of the most impactful programs in advancing women's economic mobility is LNA for Success, which provides them with the skills, certifications, and supports needed to become Licensed Nursing Assistants in New Hampshire and enter healthcare career pathways.

Refugees and immigrant newcomers, including those who bring valuable experience working in healthcare in their countries of origin, often find themselves at a systemic disadvantage due to the lack of recognition of their credentials and multilingualism. LNA for Success is designed to eliminate barriers women face in preparing for and entering a growing field with importance to the regional economy. By addressing systemic obstacles, including program costs and language eligibility requirements, and offering trauma-informed, culturally responsive training, the program helps women gain confidence, independence, and long-term career mobility while filling critical gaps in New Hampshire's healthcare workforce.

"I am most proud of the improvements I have made with my English. I have previous experience working in the medical field, but none with the English language. Being able to better communicate in English is what I am most proud of." – Duka

"Sincerely speaking I can't think of anything else more important than being an LNA. I really feel I will do it with all my heart. I would love to challenge myself by being and giving the best to the world." – Umyhoza

The New Hampshire Women's Foundation supported IINE with a Community Grant.

Photo courtesy of International Institute of New England

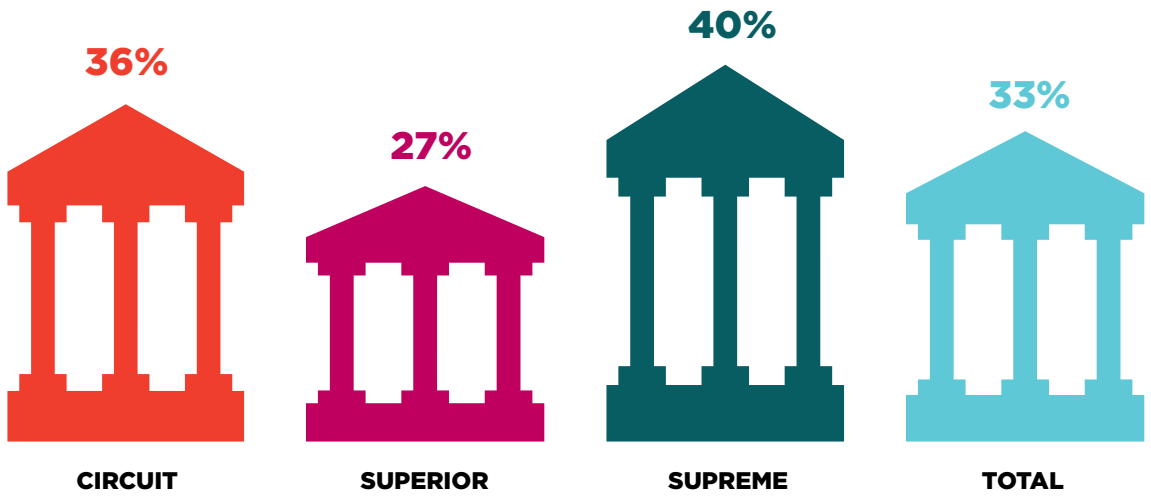
LEADERSHIP

Leadership in government and business is a key measure of New Hampshire women's access to power and resources, which can be harnessed to improve all women's health, safety, and economic security. **Although New Hampshire's highest leadership roles are dominated by women,** including both U.S. Senators, 50% of U.S. Congresspeople, and a woman Governor, women's representation decreases at local levels.[57] **Women represent 36% of New Hampshire state legislators, 40% of Executive Councilors, 41% of elected city officials, and 41% of elected town officials.**[58,59,60]

WOMEN IN THE JUDICIARY

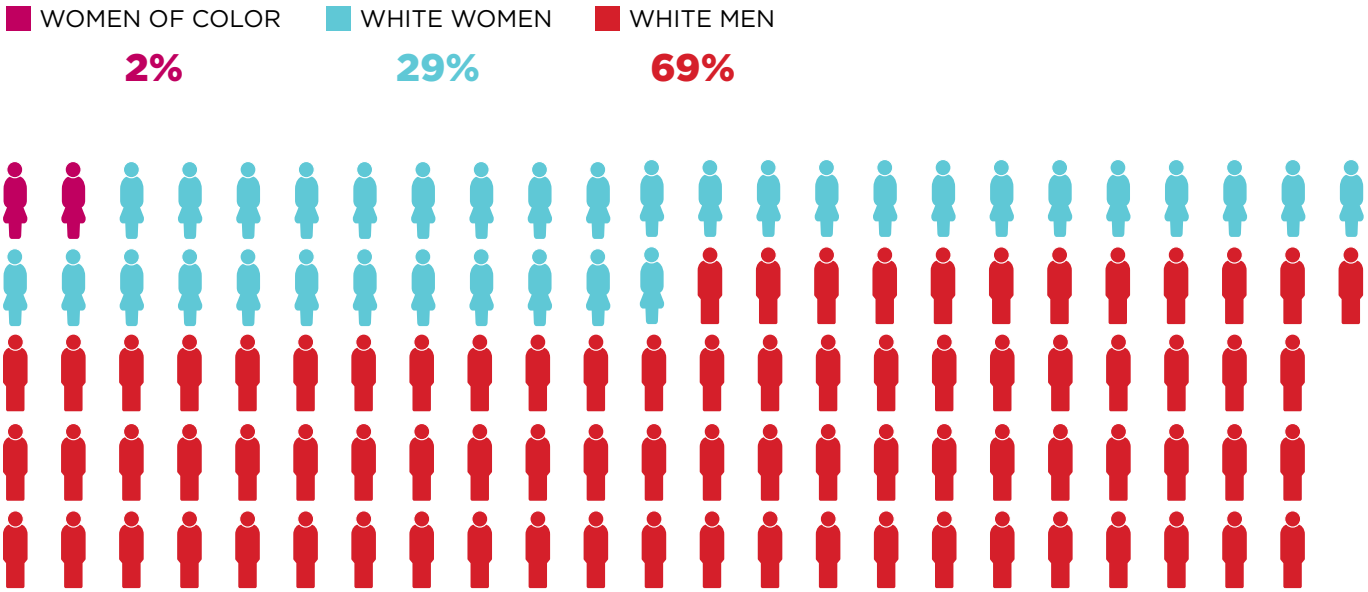
Representative government includes equitable gender and racial representation in the judicial branch. However, **only 33% of all New Hampshire state court judges are women, with smaller ratios of women judges in Superior Courts and Circuit Courts.**[61] There are currently only two people of color serving as judges at any level of the New Hampshire state judicial system, and both are women.[62]

WOMEN IN THE NEW HAMPSHIRE JUDICIARY BY COURT



New Hampshire Judicial Branch. (2025). *Our Courts.*

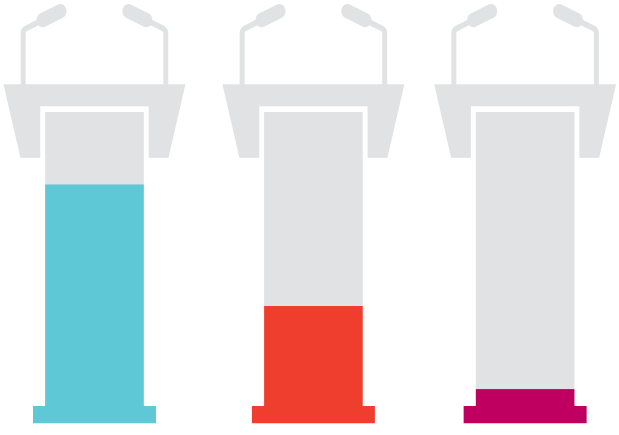
GENDER AND RACIAL DIVERSITY OF NEW HAMPSHIRE JUDGES



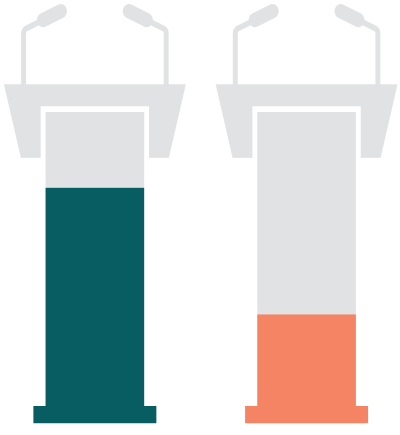
MUNICIPAL REPRESENTATION

There is a **significant gender gap in elected representation for women at the local level.** While school board positions are filled by a majority of women, the higher executive roles in towns and cities like mayor, city council, and select board are majority men. Notably, 39% percent of towns have zero women on their select board. Regardless of party, when women serve, they are more likely to support policies that benefit women and girls in their community. Women in elected office are more likely to seek bipartisanship and compromise than their male counterparts. From government to business to community, a diversity of perspectives leads to more robust discussion and better outcomes.[59,60]

WOMEN IN CITY GOVERNMENT



WOMEN IN TOWN GOVERNMENT

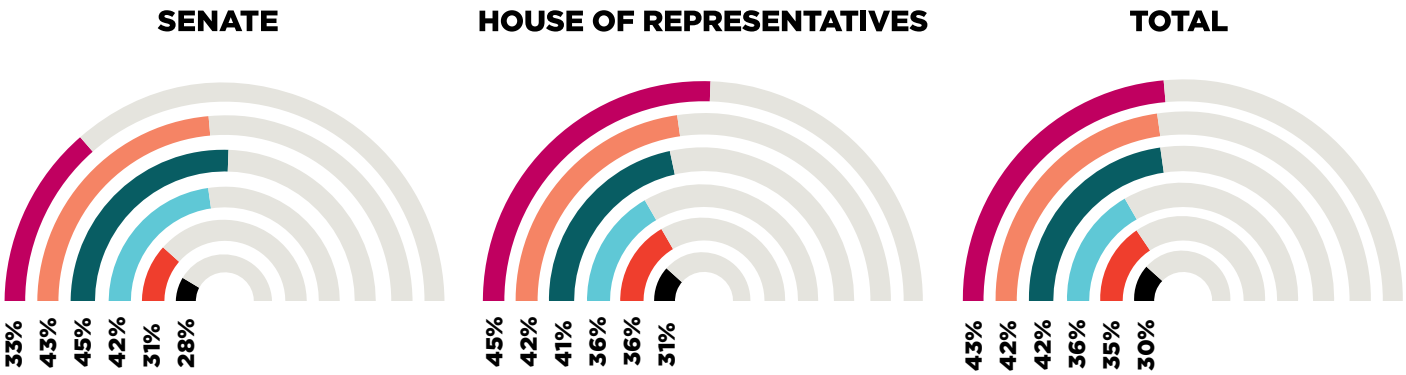


See "Additional Notes" Section at the end of the report titled "Women in the Judiciary," and "Women in Municipal Government," for further details.

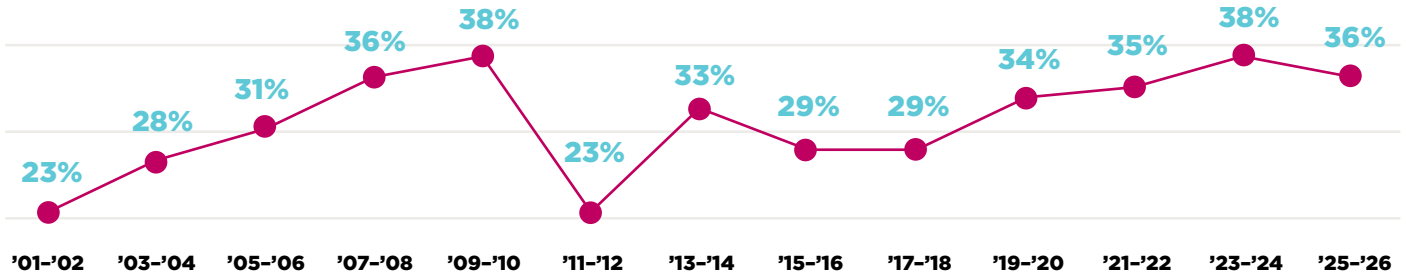
STATE LEGISLATIVE REPRESENTATION

The **New Hampshire Legislature has not yet achieved gender parity in political leadership** and falls behind other surrounding New England states in women's representation.[63]

PERCENT OF LEGISLATORS WHO ARE WOMEN (NEW ENGLAND STATES)



PERCENT OF WOMEN IN NEW HAMPSHIRE STATE LEGISLATURE OVER TIME



WORKFORCE LEADERSHIP

Women continue to face significant challenges in the workplace and are underrepresented in positions of leadership in the largest businesses in the state.[64]

EMPLOYERS WITH A WOMAN TOP EXECUTIVE

28% OF NEW HAMPSHIRE EMPLOYERS WITH 250+ EMPLOYEES HAVE A WOMAN CEO

29% OF NEW HAMPSHIRE EMPLOYERS WITH 1,000+ EMPLOYEES HAVE A WOMAN CEO

See "Additional Notes" Section at the end of the report titled "Women in Workforce Leadership" for further details.
Center for American Women and Politics. (2025). *Women in State Legislatures 2025*. Eagleton Institute of Politics.

PROGRAM SPOTLIGHT

WOMEN OF THE STATE HOUSE

Every two years, a roster of newly elected and re-elected legislators begin their service to our state on Organization Day when they are also invited to the Women's Foundation's Women of the State House Breakfast. The breakfast is an opportunity to gather before the biennium begins to make new connections and share words of wisdom with first-time legislators.

The breakfast happens before legislators attend Party caucuses that day, purposefully building camaraderie, respect, and mutual support at the beginning of the legislative session. Women leaders from both parties provide words of encouragement and advice to make the most of the next two years. Relationships are crucial to passing bipartisan solutions in New Hampshire and women, regardless of Party, are more likely to work across the aisle and they are more likely to support efforts that benefit women and girls.

"It's a great feeling of camaraderie to know there are so many women in the House who will support me as I juggle motherhood and public service." — Representative Carrie Sorenson, pictured above with her daughter, Tully, and her mother, Senator Cindy Rosenwald—the first mother-daughter duo to serve concurrently in the State House.

The New Hampshire Women's Foundation supports women's leadership at the state and local levels through its nonpartisan *Women Run* program.

Photos courtesy of Cheryl Senter

ABOUT US

MISSION

The New Hampshire Women's Foundation invests in opportunity and equality for women and girls in the Granite State through research, education, advocacy, grantmaking, and philanthropy. Our vision is economic, social, and political gender equality.

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ADDITIONAL NOTES

DEMOGRAPHICS

Gender Identity: In this report, we use data from the U.S. Census Bureau's Household Pulse Survey to generate gender identity estimates for New Hampshire residents. The cisgender identity language used in this report includes the U.S. Census Bureau's definition of individuals who are assigned male at birth and currently identify as male, or are assigned female at birth and currently identify as female. The transgender identity language used in this report includes either individuals who are assigned male at birth, but identify as female at the time of survey, assigned female at birth, but identify as male at the time of survey, or who are assigned female or male at birth and currently identify as transgender. The nonbinary identity language used in this report includes individuals who are assigned male or female at birth, but identify as nonbinary at the time of the survey.

Immigrant Population: In this report, we use microdata from the U.S. Census Bureau's American Community Survey to generate immigration estimates for New Hampshire residents. The data shown in this report is representative of the foreign-born population who are not of U.S. citizen parents, and does not encompass the varying levels of immigration status experienced by residents.

HEALTH

Substance Use: In this report, we use data from the New Hampshire Drug Monitoring Initiative to estimate treatment admissions. this data includes treatment admissions for opioids/opiates, methamphetamine, and crack/cocaine in state funded facilities.

Anxiety and Depression: Anxiety is considered answers of "Several days", "More than half of the days", or "Nearly every day" to the prompt "Frequency of feeling nervous, anxious, or on edge in the last two weeks." Depression is considered answers of "Several days", "More than half of the days", or "Nearly every day" to the prompt "Frequency of feeling down, depressed, or hopeless in the last two weeks."

Prenatal Care: Prenatal care visits involve the physician or other healthcare professional examining or counseling the pregnant woman for her pregnancy. In this report, inadequate prenatal care is defined as care that begins after the fourth month of pregnancy or care that includes less than 50% of the recommended number of visits. Intermediate care is defined as care that begins in the first 4 months of pregnancy and includes 50%–79% of the recommended number of visits. Adequate prenatal care is defined as care that begins in the first 4 months of pregnancy and includes at least 80%–109% of the recommended number of visits.

SAFETY

Domestic Violence Fatalities: Intimate partner homicides are committed by those in a current or prior intimate relationship, including spouses, unmarried cohabitants or in a dating relationship. Family member homicides are committed by and against family members but exclude intimate partners (e.g., when a parent kills a child). This also includes people not biologically related but are similarly situated as a family member, parent or guardian in the victim's life (i.e. step-parent, mother's boyfriend, etc.). Domestic violence related homicides are not committed by intimate partners or family members, but the homicide has some relationship to domestic violence (e.g., estranged husband kills wife's current intimate partner).

Hotline Contacts: In the last few years, some New Hampshire Crisis Centers have implemented additional text services, which are not accounted for in calls reports.

ECONOMIC SECURITY

Unhoused Population: Definitions for unhoused populations are as follows:

Street Outreach Projects: Projects or organizations in New Hampshire that serve clients actively in the homeless community, for example in a homeless encampment.

Emergency Shelter Projects: Projects or organizations in New Hampshire that serve clients that are physically staying in a bed at their shelter. An individual may be enrolled in a street outreach project or an emergency shelter project at the same time, so there may be overlap in those reports. Individuals are not double counted within the emergency shelter or street outreach projects. For example, if an individual is being served by multiple emergency shelters at a time, they will only be counted once in the system. If an individual is being served by multiple street outreach projects at a time, they will only be counted once in the system.

LEADERSHIP

Women in the Judiciary: Data on New Hampshire judges is recent as of July 2025 and was compiled and cross referenced from various sources, as there is no complete list of appointed New Hampshire judges by race, ethnicity, and gender for each year dating back to 1997. Race, ethnicity, and gender were found using The American Bench and, in the case where it was not listed, efforts were made by the researchers to determine this information using publicly available sources.

Women in Municipal Government: This indicator was produced conducting original research obtained from elected official listings published by each of the 13 cities and 221 towns in New Hampshire and accessing other public references to local elected officials that identify them by gender/sex. These data are current as of June 2025.

Women in Workforce Leadership: This data was determined by identifying all New Hampshire employers with 250 or more employees through the Department of Employment Security's "Granite Stats" site which can be accessed at: https://www.nhes.nh.gov/elmi/about-elmi/granitestats.htm. All employers were then individually researched through their websites, online searches, and through individual outreach via phone calls to determine the gender of the top New Hampshire executive in the organization. Data was collected between May and July 2025.

For references cited in this report, scan QR Code or visit NHWomensFoundation.org/status-of-women-nh/

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