THE STATUS OF WOMEN IN THE SOUTH

STATUS OF WOMEN IN THE STATES

INSTITUTE FOR WOMEN'S POLICY RESEARCH
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About This Report

The Status of Women in the South builds on IWPR's long-standing analyses and reports, *The Status of Women in the States*, that have provided data on the status of women nationally and for all 50 states plus the District of Columbia since 1996. *The Status of Women in the South* uses data from U.S. government and other sources to analyze women's status in the southern United States, including Alabama, Arkansas, the District of Columbia, Florida Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas, Virginia, and West Virginia. States are ranked and graded on a set of indicators for six topical areas and, whenever possible, data is disaggregated by race and ethnicity to allow closer examination of the status of women of color in the South. Like all *Status of Women in the States* reports, *The Status of Women in the South* can be used to highlight women's progress and the obstacles they continue to face and to encourage policy and programmatic changes that can improve women's opportunities. This report is funded by the Ford Foundation, the American Federation of Teachers, and the Women's Funding Network. Additional funding was provided by a variety of state and national partners. With advice and guidance from the Status of Women in the South Advisory Committee, this report has been informed by *The Status of Women in the States: 2015*, which also benefited from the expertise of its National Advisory Committee.

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The Institute for Women's Policy Research (IWPR) conducts rigorous research and disseminates its findings to address the needs of women, promote public dialogue, and strengthen families, communities, and societies. The Institute's research strives to give voice to the needs of women from diverse ethnic and racial backgrounds across the income spectrum and to ensure that their perspectives enter the public debate on ending discrimination and inequality, improving opportunity, and increasing economic security for women and families. The Institute works with policymakers, scholars, and public interest groups to design, execute, and disseminate research and to build a diverse network of individuals and organizations that conduct and use womenoriented policy research. IWPR's work is supported by foundation grants, government grants and contracts, donations from individuals, and contributions from organizations and corporations. IWPR is a 501(c)(3) tax-exempt organization that also works in affiliation with the women's studies and public policy and public administration programs at The George Washington University.

Institute for Women's Policy Research
1200 18th Street NW, Suite 301 | Washington, DC 20036
202.785.5100 | iwpr@iwpr.org
www.iwpr.org
www.statusofwomendata.org

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The Status of Women in the South

Julie Anderson, M.A., Elyse Shaw, M.A., Chandra Childers, Ph.D.,
Jessica Milli, Ph.D., and Asha DuMonthier

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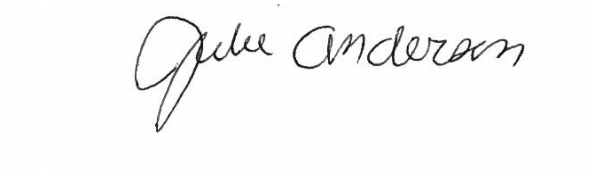
We have been gratified by the national conversation sparked by the May 2015 release of *The Status of Women in the States* and the numerous meaningful ways in which advocacy organizations, policymakers, foundations, and scholars have used the data to inform their work. We are grateful for the opportunity to provide a comprehensive report on *The Status of Women in the South*, with a particular focus on women of color, and are hopeful that we will see positive changes for them, their families, and their communities.

Julie Anderson, M.A.
Project Director and Research Associate



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Introduction

Why *The Status of Women in the South*?

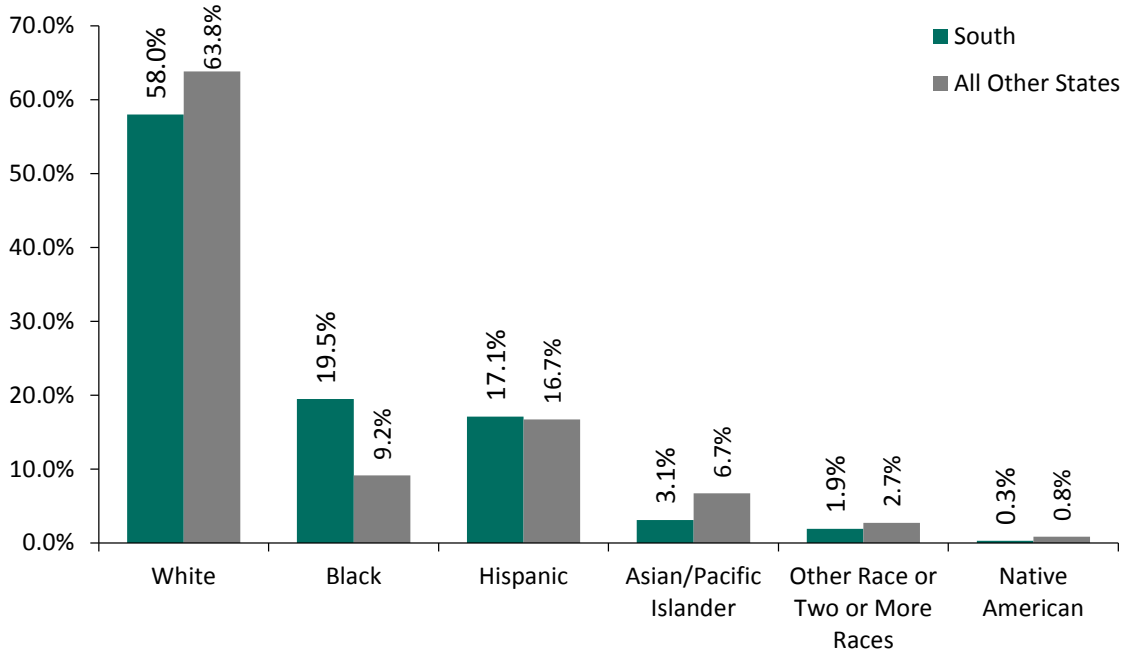
The southern United States is a dynamic and influential region marked by innovation and economic opportunities for women, yet also a region where inequalities persist and many women—especially women of color and those who are immigrants—face challenges such as high unemployment, a large gender wage gap, abuse of their reproductive rights, and low levels of political representation. This complex picture of the South as a region where both opportunities and disparities exist is often lost by those who either romanticize the South's positive qualities or exaggerate its negative aspects. Between these two views of the southern United States—both of which are at least partially based in reality—this report relies on empirical data to provide a balanced understanding of the status of women in the South today.

Women in this region are living in a place that is rapidly changing. New employment opportunities are opening up, due in part to a return of manufacturing, the growth of technology and banking firms, and an increasing number of corporations locating their headquarters in the South, often drawn by lower taxes for businesses and a lower cost of living for employees (Grantmakers for Southern Progress 2015). Partly as a result of these changes, the South is growing: between 2010 and 2015, the population of the 14 southern states included in this report grew by 6.2 million (5.9 percent), nearly as much as all other states in the nation combined (6.5 million, or 3.2 percent; Institute for Women's Policy Research 2015).[1] Some newcomers to the region are immigrants, while others are those with southern roots who are returning in what has been called the "New Great Migration" (Frey 2004). As of 2014, the South was home to 55.5 million of the country's 162.0 million girls and women, over one third of the nation's female population.

The new employment and economic opportunities that the South offers its growing number of women (and men) are not, however, equally shared. Disparities in opportunities based on gender and race persist, the lasting consequences of the nation's historical subjugation of women and people of color as well as the South's distinctive legacy of displacement, slavery, and Jim Crow. Black, Hispanic, and Native American women in the South—who are located at the intersection of multiple systems of oppression based on their

Figure A.1.

Distribution of Women of All Ages, by Race/Ethnicity and South/Non-South, 2014



Notes: Racial categories are non-Hispanic. Hispanics may be of any race or two or more races.
Source: IWPR analysis of American Community Survey microdata (Integrated Public Use Microdata Series, Version 6.0).

[1] In this report, southern states include Alabama, Arkansas, the District of Columbia, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas, Virginia, and West Virginia. Throughout the report, the District of Columbia may be referred to as a state, although it is technically a jurisdiction.

gender and race—have especially low earnings and high poverty rates, as well as high rates of victimization from violence and certain adverse health conditions. The incarceration of women and men of color, strict voter ID laws, anti-union legislation, and restrictions on access to reproductive rights reinforce the marginalization that women in the South have long faced, especially black women, who make up a higher share of the population in Southern states than in the rest of the nation (Figure A.1).

About the Report

In recent years, scholarship on the South has grown (e.g., Grantmakers for Southern Progress 2015; MDC 2014; Smith and Harper 2015; Southern Rural Black Women's Initiative 2015), yet few studies have specifically examined the circumstances of women in this region. Building on IWPR's long-standing report series, *The Status of Women in the States*—which since 1996 has provided data on women nationally and for all 50 states and the District of Columbia—this report aims to address this gap by exploring the challenges and opportunities that women in the South face, with a focus on women of color. Following The Institute for Southern Studies' and MDC's definition of the South, it provides data on Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas, Virginia, and West Virginia in its definition of the South.[2] In addition, IWPR's analysis of the South includes the District of Columbia, referring to it throughout the report as a "state" for the sake of simplicity.

This report analyzes data for these 14 states across seven topical areas that affect women's lives: political participation, employment and earnings, work and family, poverty and opportunity, reproductive rights, health and well-being, and violence and safety. For each topic except violence and safety, a composite index is calculated based upon that state's scores on component indicators; the states are then ranked from best to worst and a letter grade is assigned based on the difference between a state's performance in that area and goals established by IWPR (as detailed in Appendix A of each chapter). Basic demographic data for each state are provided, and data are disaggregated by race and ethnicity whenever possible. In addition, the report includes data on various population groups—older women, millennial women, rural women, women with disabilities, immigrant women, and LGBT women—and concludes with a set of recommendations to improve the status of women in the U.S. South.

The Status of Women in the South highlights differences between women in this region and the rest of the country, with attention to variations by race and ethnicity. Providing critical data to identify disparities that women face in the South and pinpoint possible solutions is essential for developing community investments, programs, and public policies that can lead to positive changes for women and families.

Key Findings

The *Status of Women in the South* identifies a number of key findings:

- Women in the South are significantly underrepresented relative to their share of the population at all levels of government. For example, women from southern states hold just 12.2 percent of seats in the U.S. House of Representatives and 18.4 percent of seats in southern state legislatures. Only 4.8 percent of U.S. Representatives of southern states are women of color, yet the percent of southern state legislators who are women of color (6.7 percent) is higher than the national average.

- If progress continues at the rate of change since 1975, Arkansas and Georgia will be the first Southern states to have gender parity in their state legislature (both in 2066). Two Southern states—South Carolina and West Virginia—will have to wait over 200 years for parity.

- In every state in the South, as in the nation overall, women who work full-time, year-round earn less than similarly-employed men. In the South as a whole, women earn 79.5 cents on the dollar compared with their male counterparts, while women in all other states earn 80.0 cents on the dollar compared with men. Hispanic women in the South have the lowest median annual earnings of any racial or ethnic group ($26,000) and Asian/Pacific Islander women have the highest ($44,500).

[2] See http://www.southernstudies.org/iss for the Institute for Southern Studies' research on the South, and http://www.mdcinc.org/resources/state-of-the-south for MDC's flagship ***State of the South*** reports.

- If all working women in the South aged 18 and older were paid the same as comparable men—men of the same age, level of education, and urban/rural residence, and who work the same number of hours—women's average earnings in this region would increase from $35,788 to $42,180 ($6,392 or 17.9 percent) annually. Added up across all working women in the South, this would amount to an earnings increase of $155.4 billion, or 2.8 percent of the southern states' combined gross domestic product (GDP) in 2014.

- For black, Hispanic, and Asian/Pacific Islander women, the difference in earnings between those with a high school diploma and those with a bachelor's degree or higher is greater for women in the South than for women in other states. Asian/Pacific Islander women in the South with a bachelor's degree or higher earn more than two and a half times what Asian women with a high school diploma do (the median annual earnings are $65,000 for those with a college degree and $25,000 for those with a high school diploma); black and Hispanic women with a bachelor's degree or higher nearly double their earnings (from $24,700 to $48,000 for black women and from $24,000 to $47,000 for Hispanic women).

- The median weekly earnings of women in the South employed full-time, year-round who are represented by a union are $205 (or 31.3 percent) more than earnings of full-time employed women in the South who are not represented by a union. Unionized black and Hispanic women in the South have a greater earnings advantage over their non-union counterparts (with wage advantages of 34.5 and 59.5 percent, respectively) than do black and Hispanic women in other states (who still have a wage advantage of 28.2 and 44.4 percent, respectively).

- In half of all families with children younger than 18 in the South, mothers are breadwinners in their families, meaning they are either a sole provider or a married mother who earns at least 40 percent of the couple's total earnings. Among the largest racial and ethnic groups, black mothers in the South are the most likely to be breadwinners (79.6 percent). There are more breadwinner mothers in the South who are black (1.6 million) than in all other states combined (1.5 million).

- Women in the South tend to have better access to quality, affordable child care when compared with the United States overall. West Virginia ranks first in the South and the nation on an index that includes the cost of infant center care as a proportion of the median annual earnings of women; the percent of four-year-olds enrolled in state Pre-K, preschool special education, and state and federal Head Start programs; and the number of quality indicators met by the state's Pre-K programs. Half of the 14 southern states rank in the top ten nationally on the child care index.

- In the South, the poverty rate among women overall (16.4 percent) is higher than in all other states outside the South (13.7 percent). Women in Mississippi have the highest poverty rate in the nation; more than one in five women aged 18 and older in the state (21.5 percent) have family incomes placing them below the federal poverty line. Among women from the largest racial and ethnic groups in the South, black women have the highest poverty rate at 25.5 percent, followed by Hispanic (23.4 percent) and Native American women (20.9 percent).

- In the South, if working women aged 18 and older were paid the same as comparable men, the poverty rate among all working women would fall by more than half, from 9.4 to 4.6 percent. In six states—Alabama, Florida, Louisiana, South Carolina, Texas, and Virginia—the poverty rate would also decrease by more than half. The poverty rate among working single mothers in the South would drop by nearly half, from 30.8 to 15.9 percent, if they earned the same as comparable men, with the greatest reduction in Louisiana, where it would decrease from 43.5 percent to 16.8 percent.

- Women's business ownership is one area in which the southern states perform particularly well. Of the 14 southern states, nine have shares of women-owned businesses that are higher than the national average. The District of Columbia leads the South in women's business ownership with 42.7 percent of businesses owned by women, the highest share in the nation. Georgia also has a particularly high share of businesses that are

women-owned (40.5 percent), earning it the rank of second both regionally and nationally. Women of color have experienced a substantial increase in entrepreneurship. Nationally, the percentage of businesses owned by women of color grew from 17 percent in 1997 to 38 percent in 2012. Further, women of color are much closer to achieving an equal balance of businesses owned by men and women within their own racial/ethnic group than white women are. In 2012, for example, black women owned nearly 60 percent of all black-owned businesses, compared with white women, who owned only 33 percent of all white-owned businesses.

- As of January 2016, nine southern states had extended family planning services to individuals who were otherwise ineligible, either through a waiver or through a State Plan Amendment (including Texas, which had an expansion funded solely by the state). Of these nine states, Florida is the only state that provided these benefits to women who lose Medicaid coverage for any reason, rather than basing eligibility only on income. Three southern states—Arkansas, Kentucky, and West Virginia—and the District of Columbia had expanded the Medicaid program overall but did not have a family planning eligibility expansion. Louisiana was the only southern state to both adopt the Medicaid expansion and have a family planning eligibility expansion.

- As of December 2015, 13 states in the South had statutes requiring mandatory waiting periods for obtaining an abortion and enforced these statutes, with waiting periods ranging from 24 to 72 hours. Thirteen southern states also had parental consent or notification laws that require parents of a minor seeking an abortion to consent to the procedure or be notified; the District of Columbia has neither. While 17 states nationally fund abortions for low-income women who were eligible for Medicaid in all or most medically necessary circumstances, West Virginia was the only southern state to do so.

- Women in the South are as likely or are more likely than women in the rest of the country to have been screened for cholesterol, had a mammogram, and to have ever been tested for HIV. A higher proportion of women in the South have been screened for cholesterol in the past five years than women in other regions (64.2 percent compared with 60.2 percent). About four in five women over the age of 50, in the South and in the other states, have had a mammogram in the past two years. Nationally, black women are the racial and ethnic group with the highest share who have had a mammogram (85.5 percent), which is especially positive given that they have the highest rates of breast cancer mortality. More than four in ten women in the southern states have ever been tested for HIV (41.4 percent), exceeding the proportion outside the South (35.6 percent). Among the major racial and ethnic groups, black women are the most likely to have been tested for HIV, which is a positive sign since they have much higher rates of HIV than other women.

- Compared with women in other parts of the country, women in many southern states have higher rates of heart disease and breast cancer mortality, greater incidence of diabetes and AIDS, and a higher average number of days per month when mental health is not good and days when poor mental or physical health limits their activities.

- As of June 2014, four of the thirteen southern states (Louisiana, Tennessee, Texas, and West Virginia) and the District of Columbia had barred those convicted of misdemeanor domestic violence crimes from gun possession. In the District of Columbia, Tennessee, and West Virginia, the ban included crimes against "dating partners." In Tennessee, individuals with misdemeanor domestic violence convictions were required to surrender certain firearms.

- Black women are two and a half times more likely to be murdered by men than are white women. The eleven southern states for which there are data accounted for over one third of all female homicides by a man in 2013 (571 of the 1,615 victims). South Carolina had the highest murder rate in the country at 2.32 per 100,000 women—nearly double the national rate. Although over half (53 percent) of homicides of women by men are committed using a firearm, South Carolina is one of seven southern states that has no statutes restricting gun possession for those convicted of misdemeanor domestic violence, sex, or stalking crimes, or those subject to domestic violence protection orders.

Women in the South also experience disparities by age, immigrant status, rural residence, sexual orientation, and disability status.

- Southern millennial women aged 25-34 are more likely to have a bachelor's degree (33.6 percent) than southern millennial men (25.4 percent), but less likely than millennial women in all other states (39.5 percent). Though Hispanic millennial women in the South have the lowest proportion of women with bachelor's degrees when compared with other racial and ethnic groups in the South (19.2 percent), they are more likely to hold advanced degrees than Hispanic millennial women in all other states (17.6 percent).

- Women in the South aged 65 and older have a higher poverty rate (11.8 percent) than older women in all other states (10.2 percent). Among older women in the South, more than one in five Native American, Hispanic, and black women live in poverty (22.1, 21.7, and 21.5 percent, respectively). Southern white women aged 65 and older have the lowest poverty rate at 8.8 percent.

- Median annual earnings for U.S.-born women are 28.2 percent higher than earnings for immigrant women across the south ($35,900 and $28,000, respectively). In the South, immigrant women from India and China have the highest median annual earnings ($60,000 and $50,000, respectively), while women from Guatemala and Honduras have the lowest ($20,000 each).

- Almost one in five women in rural areas of the South live below the poverty line (19.1 percent). Rural black women are the most likely to live in poverty (32.9 percent), followed by Hispanic women (27.1 percent), Native American women (25.0 percent), white women (15.3 percent), and Asian/Pacific Islander women (14.3 percent).

- In the South, 72.9 percent of women aged 16 and older living with a same-sex partner participate in the labor force, compared with 56.9 percent of southern women married to men. Women in the South living with a same-sex partner and working full-time year-round also have higher median annual earnings ($42,000) and lower rates of poverty than women in the South in other types of households.

- In the South, 3.8 million women between the ages of 21 and 64 have a disability that may include cognitive, ambulatory, sight, hearing, and self-care or independent living difficulties. The proportion of women with a disability is higher for those living in the South than for those in all other states (12.0 percent compared with 10.3 percent, respectively). In the South, the percentage of women with a disability is highest among Native American women (24.0 percent), followed by women of another race or two or more races (14.5 percent), black women (14.4 percent), and white women (12.5 percent). Asian/Pacific Islander (4.2 percent) and Hispanic women (8.2 percent) are the least likely to have a disability.

- Women in the South aged 18 and older with disabilities are more likely to live in poverty (24.1 percent) than southern women without disabilities (14.9 percent). Yet, the poverty rates of black, Hispanic, Asian/Pacific Islander, and Native American women with disabilities is lower for those living in a southern state compared with those in other regions.

Letter Grades in the South

Women's status in the South varies across the various topical areas examined in this report (Table A.1.). The southern states earn their highest grades on the Reproductive Rights Composite Index; on this Index, 10 of the 14 southern states receive grades above D and none of the states receives an F. The region also performs relatively well on the Work & Family Composite Index, with six states receiving either B's or C's and none of the states receiving failing grades. The results are not as good for the Poverty & Opportunity Composite Index; only three states are graded above a D and two states receive F's. There is a wide range of grades on the Employment & Earnings Composite Index—six states receive an A, B, or C, yet five states fail. The composite indices with the consistently lowest grades for southern states are Political Participation and Health & Well-Being. Only one of the 13 southern states (the District of Columbia is not included) receives a grade above D on the Political Participation Composite Index and three states earn F's. The South receives the worst grades on the Health & Well-Being Composite Index. Three states of 14 receive F's and just two earn grades above D.

Best and Worst States in the South

Best and Worst States in the South			
State	Average GPA	Rank based on Average GPA	Overall Grade
District of Columbia	3.00	1	B
Virginia	1.78	2	C–
North Carolina	1.67	3	C–
Georgia	1.56	4	C–
Florida	1.28	5	D+
Texas	1.28	5	D+
Kentucky	1.17	7	D+
South Carolina	1.17	7	D+
Tennessee	1.00	9	D
West Virginia	1.00	9	D
Louisiana	0.84	11	D
Arkansas	0.61	12	D–
Mississippi	0.61	12	D–
Alabama	0.50	14	D–

The status of women in the South varies across states. To determine the best and worst states for women in this region, IWPR calculated a GPA for every state by assigning converting the letter grades for each of the six topical areas to a point value and then computing the average of these values to arrive at an overall GPA and letter grade.[3] The District of Columbia, which received an A or B in all areas except for Health & Well-Being, has an overall GPA of 3.00 and a letter grade of B, making it the best place in the South for women. Virginia, North Carolina, and Georgia rank 2nd through 4th, respectively, and receive a grade of C-. The worst state for women in the South is Alabama, which ranks last with an overall GPA of 0.50 and a grade of D–. Mississippi and Arkansas tie for 12th place, or second worst state for women, also earning grades of D–.

[3]The letter grades for each composite index were converted to a GPA using this scale: A=4.00, A–=3.67, B+=3.33, B=3.00, B–=2.67, C+=2.33, C=2.00, C–=1.67, D+=1.33, D=1.00, D–=0.67, F=0 ("GPA to Letter Grade Conversion Calculator" 2016). To determine the overall grade based on the average GPA, each state was assigned the closest grade to the GPA value.

Table A.1.

Letter Grades on Composite Indices for Southern States

Grade on Composite Indices									
State	Political Participation	Employment & Earnings	Work & Family	Poverty & Opportunity	Reproductive Rights	Health & Well-Being	Average GPA (rounded)	Rank based on Average GPA	Overall Grade
Alabama	D–	F	D–	D–	D	F	0.50	14	D–
Arkansas	F	F	C+	F	D+	F	0.61	12	D–
District of Columbia	N/A	A	B	A–	A–	D–	3.00	1	B
Florida	D+	D+	D–	D+	C–	D+	1.28	5	D+
Georgia	D–	C	C	C–	C	D	1.56	4	C–
Kentucky	D	D+	D+	D–	C	D–	1.17	7	D+
Louisiana	D–	F	C	D–	D	D–	0.84	11	D
Mississippi	D+	F	D-	F	C–	F	0.61	12	D–
North Carolina	C–	C+	D+	D+	C	D+	1.67	3	C–
South Carolina	D-	D	C-	D	C	D–	1.17	7	D+
Tennessee	D–	C–	D	D	D	D–	1.00	9	D
Texas	F	C	D+	D	C–	C–	1.28	5	D+
Virginia	D–	B	D–	B–	C–	C	1.78	2	C–
West Virginia	F	F	C–	D–	B	D–	1.00	9	D
Average Score	0.72	1.33	1.45	1.17	1.83	0.81			

Note: For the methodology to determine grades for a composite index, see Appendix A for each corresponding chapter.

About the Indicators and the Data

The Selection of Indicators

IWPR referred to several sources for guidelines on what to include in *The Status of Women in the States* reports when developing the project in the mid-1990s. The Beijing Declaration and Platform for Action from the U.N. Fourth World Conference on Women guided some of IWPR's choices of indicators. This document, the result of an official convocation of delegates from around the world, outlines issues of concern to women, rights fundamental to achieving equality and autonomy, and remaining obstacles to women's advancement. IWPR also worked with state advisory committees between 1996 and 2004 to produce a report for each of the 50 states and the District of Columbia; these committees reviewed their state's report and provided input for improving the project as a whole. Finally, IWPR staff consulted experts in each subject area for input about the most critical issues affecting the lives of women across the nation and in the South.

Ultimately, IWPR selected indicators by using several principles: relevance, representativeness, reliability, efficiency, and comparability of data across all the states and the District of Columbia. Many of the indicators presented in IWPR's earlier reports (1996, 1998, 2000, 2002, 2004, and 2015) are also presented here; this continuity allows for comparisons across time. Since the publication of IWPR's most recent status of women report, *The Status of Women in the States: 2015*, one composite index was changed; an indicator on same-sex marriage or second-parent adoption was omitted from the Reproductive Rights Composite Index following the June 2015 Supreme Court decision legalizing same-sex marriage throughout the United States.[4] (For more on changes to indicators occurring between the 2004 and 2015 reports, see Hess et al. 2015).

To facilitate comparisons among states, IWPR uses only data collected in the same way for each state. Much of the data are from federal government agencies, including the Census Bureau, the Bureau of Labor Statistics, and the Centers for Disease Control and Prevention. Nonprofit and research organizations also provided data that are used in this report. Whenever possible, data are disaggregated by gender and by race and ethnicity.

American Community Survey Data

Prior to 2015, IWPR used the Current Population Survey (CPS), a monthly survey of a nationally representative sample of households conducted jointly by the U.S. Census Bureau and the Bureau of Labor Statistics, to produce statistics for major economic indices and rankings. Since 2015, the reports rely primarily on the American Community Survey (ACS) from the Minnesota Population Center's Integrated Public Use Microdata Series. The ACS is a large annual survey conducted by the U.S. Census Bureau of a representative sample of the entire resident population in the United States, including both households and group quarter (GQ) facilities. The ACS's larger sample sizes compared with the Current Population Survey make it possible to provide data on women disaggregated by race/ethnicity and age at the state level. For this report, IWPR used 2014 data, the most recent available, for most indicators and combined three years of data (2012, 2013, and 2014) when necessary to ensure sufficient sample sizes. For more information on the differences between the CPS and ACS and their impact on economic measures, see Appendices A2 and A4.

Identifying and reporting on geographic areas within states (cities or counties) were beyond the scope of this project, which means that differences in women's status across substate areas are not reflected. While IWPR has addressed such differences in other recent *Status of Women in the States* reports, addressing them was not possible here due to space limitations and resource constraints.

Some of the differences reported between two states—or between a state and the nation—for a given indicator are likely to be statistically significant. That is, they are unlikely to have occurred by chance and probably represent a true difference between two states or the state and the country as a whole. In other cases, these differences are too small to be statistically significant and are likely to have occurred by chance. IWPR did not calculate or report measures of statistical significance. Generally, the larger a difference

[4] In order to maintain a Reproductive Rights composite score that is roughly comparable to the historical composites, allowing comparisons over time, while also preserving the relative importance of each indicator, IWPR used a simple multiplier (of 7/6.5) for each composite index score to achieve values similar to those in previous years.

between two values (for any given sample size or distribution), the more likely it is that the difference is statistically significant. Sample sizes differ among the indicators analyzed.

How *The Status of Women in the States* Reports Are Used

The Status of Women in the States reports have three primary goals: 1) to analyze and disseminate information about women's progress in achieving rights and opportunities; 2) to identify and measure the remaining barriers to equality; and 3) to provide baseline measures for monitoring women's progress. The reports have been used throughout the country to highlight remaining obstacles facing women in the United States and to encourage policy changes designed to improve women's status. IWPR's state and local partners use the reports to educate the public on issues related to women's well-being; inform policies and programs; make the case for changes that benefit women, including establishing commissions for women, expanding child care subsidies for low-income women, encouraging women to vote and run for office, strengthening supports for women-owned businesses, developing training programs for women to enter nontraditional occupations, and increasing women's access to health care; establish investment priorities; and inspire community efforts to strengthen area economies by increasing the participation of women and improving women's status.

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CHAPTER 1 | Political Participation

Introduction

The equal participation of women in politics and government is integral to building strong communities and a vibrant democracy in which women and men can thrive. By voting, running for office, and engaging in civil society as leaders and activists, women shape laws, policies, and decision-making in ways that reflect their interests and needs, as well as those of their families and communities. Voters' and candidates' voting behaviors, political party identification, and policy priorities differ by race and gender (Brown-Dean et al. 2015; Dittmar 2014). A report by the Joint Center for Political and Economic Studies found that race is a more significant factor in voter decision-making than party identification, political ideology, income level, or education level (Brown-Dean et al. 2015). Public opinion polling also shows that women express different political preferences from men, even in the context of the recent recession and recovery when the economy and jobs topped the list of priorities for both women and men. A poll conducted by the Pew Research Center (2012) found that women express concern about issues such as education, health care, birth control, abortion, the environment, and Medicare at higher rates than men.

Women of color's engagement in the political process—both through voting and running for office—is essential to ensuring that issues are addressed in ways that reflect their needs. Research indicates that women in elected office make the concerns of women, children, and families integral to their policy agendas (Gerrity, Osborn, and Mendez 2007; Swers 2013). Similarly, research suggests that elected officials belonging to minority racial and ethnic groups are more likely than their white counterparts to emphasize the interests of women and minorities in their discussions of public policies (Fraga et al. 2006; Gershon 2008; Orey et al. 2006). Two studies have found that legislators who are women of color are more likely to introduce and successfully pass progressive policy bills that center the needs of minority groups and women than other legislators (Fraga et al. 2006; Orey et al. 2006).

The continued population growth in the South brings with it a growing significance in national politics, with the South's share of seats in the U.S. House of Representatives growing from 35.4 percent of total seats in 2000 to 37 percent after the 2010 Census (compared with 18 percent for the Northeast, 22 percent for the Midwest, and 23 percent for the West; Burnett 2011).[1]

1 The Census defines the South as Alabama, Arkansas, Delaware, the District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia and West Virginia, which is different from how the South is defined in this report.

Women in the South, however, have low levels of political participation overall, especially when it comes to the number of women and women of color in elected office. Southern women do generally have higher rates of voter registration and turnout when compared with women nationally and black women voted at higher rates than women of any other race or ethnicity in the 2012 elections.

Women of color in the southern United States, however, have historically faced barriers to equal political participation.[2] Until the Voting Rights Act of 1965, black women in the South were often legally prevented from voting through poll taxes, literacy tests, and other racialized measures to prevent equal participation (Brown-Dean et al. 2015).

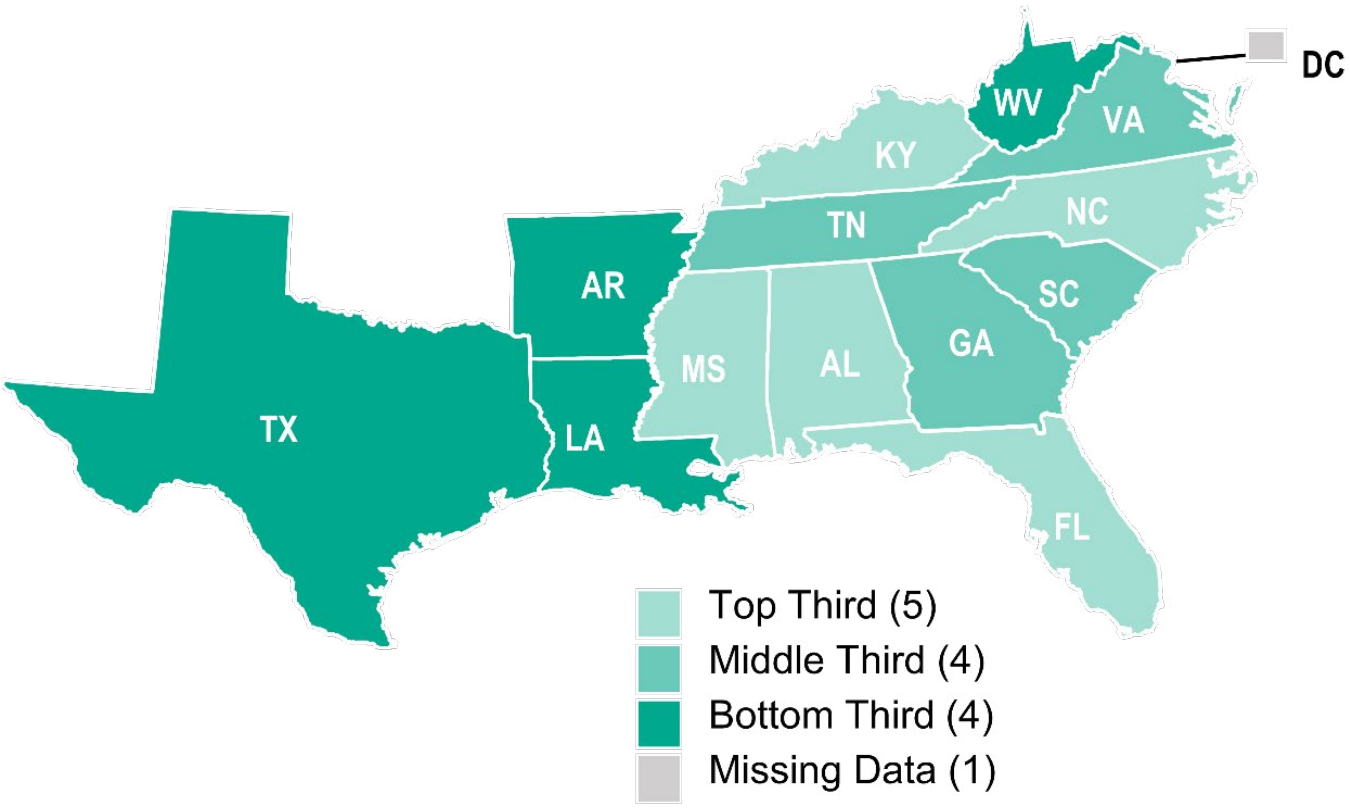
Today, women of color constitute a growing force in the electorate and inform policymaking at all levels of government. Yet, women of color continue to be significantly underrepresented in government throughout the entire nation, especially in the South. This chapter presents data on several aspects of women of color's involvement in the political process in the South.

The Political Participation Composite Score

The Political Participation Composite Index combines four component indicators of women's political status: voter registration, voter turnout, representation in elected office, and women's institutional resources. Across the 13 southern states, composite scores range from a high of 1.56 to a low of -5.99 (Table 1.1), with higher scores reflecting a stronger performance in

Map 1.1

Political Participation Composite Index—South



Note: For methodology and sources, see Appendix A1.
Calculated by the Institute for Women's Policy Research.

2 In this report, southern states include Alabama, Arkansas, the District of Columbia, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas, Virginia, and West Virginia. Throughout the report, the District of Columbia will be referred to as a state, although it is technically a jurisdiction.

3 The District of Columbia is excluded from the Composite Index because it is excluded from the women in elected office index, due to its city council not adequately reflecting state offices and to its lack of national representatives with full voting power.

this area of women's status and receiving higher letter grades.[3] No state in the South receives a grade higher than a C-.

- Among the southern states, North Carolina has the best score (1.56) for women's overall levels of political participation. It also ranks first in the South (but just 25th in the nation overall) for women in elected office and is in the top one-third among the southern states for all other component indicators. North Carolina ranks 14th in the nation overall on the Political Participation Composite Index and receives C- for its grade (Map 1.1).
- Arkansas has the lowest levels of women's political participation in the South. Though it comes in third regionally for women in elected office, it ranks in the bottom third for women's voter registration, women's voter turnout, and institutional resources in the state. Arkansas ranks 49th in the nation overall on the Political Participation Composite Index.
- Generally, the southern states have low levels of women's political participation, with nine of the 13 southern states ranked in the bottom third of all states nationally.

Table 1.1

How the South Measures Up: Women's Status on the Political Participation Composite Index and Its Components

	Composite Index				Women in Elected Office Index			Percent of Women Registered to Vote, 2012/2014 Average			Percent of Women Who Voted, 2012/2014 Average			Women's Institutional Resources Index		
State	Score	National Rank	Regional Rank	Grade	Score	National Rank	Regional Rank	Percent	National Rank	Regional Rank	Percent	National Rank	Regional Rank	Score	National Rank	Regional Rank
Alabama	-3.30	36	5	D–	1.22	44	9	69.7%	16	7	51.6%	25	7	1.50	10	5
Arkansas	-5.99	49	13	F	1.46	38	3	63.0%	41	12	44.9%	41	12	0.50	38	14
District of Columbia	N/A	N/A	N/A	N/A	N/A	N/A	N/A	70.9%	15	6	57.8%	11	3	1.00	27	10
Florida	-0.51	23	2	D+	1.95	26	2	60.0%	43	13	48.8%	37	10	2.00	1	1
Georgia	-4.25	42	8	D–	1.03	49	12	65.0%	34	11	51.3%	27	9	2.00	1	1
Kentucky	-2.52	34	4	D	1.09	47	11	71.9%	9	3	53.1%	21	6	2.00	1	1
Louisiana	-4.68	45	10	D–	0.56	50	13	75.3%	3	2	59.6%	7	1	1.50	10	5
Mississippi	-1.05	26	3	D+	1.24	42	7	80.8%	1	1	59.6%	7	1	1.00	27	10
North Carolina	1.56	14	1	C–	1.98	25	1	71.2%	12	5	55.3%	13	4	1.50	10	5
South Carolina	-3.35	37	6	D–	1.24	42	8	71.5%	11	4	54.6%	16	5	1.00	27	10
Tennessee	-3.45	39	7	D–	1.40	39	4	67.7%	24	8	46.8%	38	11	1.50	10	5
Texas	-5.87	47	11	F	1.27	41	6	56.9%	46	14	40.9%	48	13	2.00	1	1
Virginia	-4.44	43	9	D–	1.10	46	10	66.9%	26	9	51.6%	25	7	1.50	10	5
West Virginia	-5.91	48	12	F	1.36	40	5	65.2%	32	10	40.6%	49	14	1.00	27	10
United States								**64.1%**			**49.1%**			**1.50**	**(median)**	

Notes: N/A: The District of Columbia is not included in the women in elected office index and Composite Index ranking. Women's voter registration and turnout is the average percent (for the presidential and congressional elections of 2012 and 2014) of all women aged 18 and older (in the civilian noninstitutionalized population) who reported registering and voting, including noncitizens who are ineligible. IWPR selected the larger population base for this indicator because the inability of noncitizens to register accurately reflects the lack of political voice for this population. See Appendix A1 for methodology and sources.
Calculated by the Institute for Women's Policy Research.

Trends in Women's Political Participation

Between 2004 and 2015, the number and share of women of color in elected office increased in many states. In some states, this increase surpassed the increase in the number of women in elected office overall (Dittmar 2014).

Rates of women's voter registration and turnout have also fluctuated over time. For example, the percentages of women who registered to vote and who voted in the combined 2012/2014 elections were lower than in the combined 1998/2000 elections (Caiazza et al. 2004).[4] However, women's voter turnout increased across racial and ethnic groups and was higher in the 2012 presidential election than in 2000 (Center for American Women and Politics 2015a). This increase was greatest among black women's voter turnout, which was 59.7 percent in 2000 and 70.1 percent in 2012 (Center for American Women and Politics 2015a). The importance of women of color's voter registration and turnout is an emerging focus in the political arena as women of color comprise a growing share of potential American voters. Women of color represent 74 percent of the growth in eligible women voters since 2000 (Harris 2014).

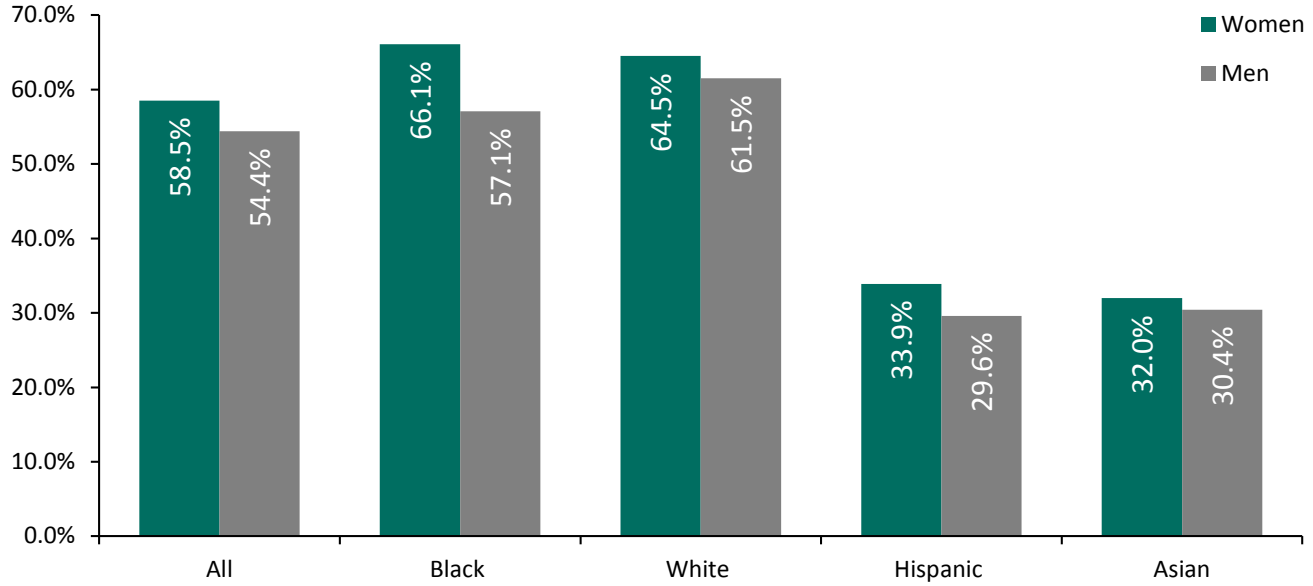
Voter Registration and Turnout

Voting is a critical way for women to express their concerns and ensure that their priorities are taken into account in public policy debates and decisions. Although women in the United States were denied the right to vote until 1920 and many black women were denied the right to vote until 1965, women and women of color have a significant voice in deciding the outcomes of U.S. political elections today (Harris 2014).

In the nation as a whole, women make up a majority of registered voters and have voted since 1980 at higher rates in presidential elections than men (Center for American Women and Politics 2015a). In the 2012 general election, 67.0 percent of women were registered to vote and 58.5 percent voted, compared with 63.1 percent and 54.4 percent of men (U.S. Department of Commerce 2013).[5] Registration and

Figure 1.1.

Voter Turnout for Women and Men by Race and Ethnicity, United States, 2012



Note: White does not include individuals of Hispanic origin. Black and Asian may include individuals of Hispanic origin. Hispanic includes individuals of all races. Asians do not include Pacific Islanders. Published rates from the U.S. Census Bureau are not available for Native American women.
Source: U.S. Department of Commerce (2013).

4 For a more in-depth look at trends in voter registration and turnout nationally, see Hess et al. (2015).

5 In this chapter, women's voter registration and turnout is the average percent (for the presidential and congressional elections of 2012 and 2014) of all women aged 18 and older (in the civilian noninstitutionalized population) who reported registering and voting, including noncitizens who are ineligible. IWPR selected the larger population base for this indicator because the inability of noncitizens to register accurately reflects the lack of political voice for this population.

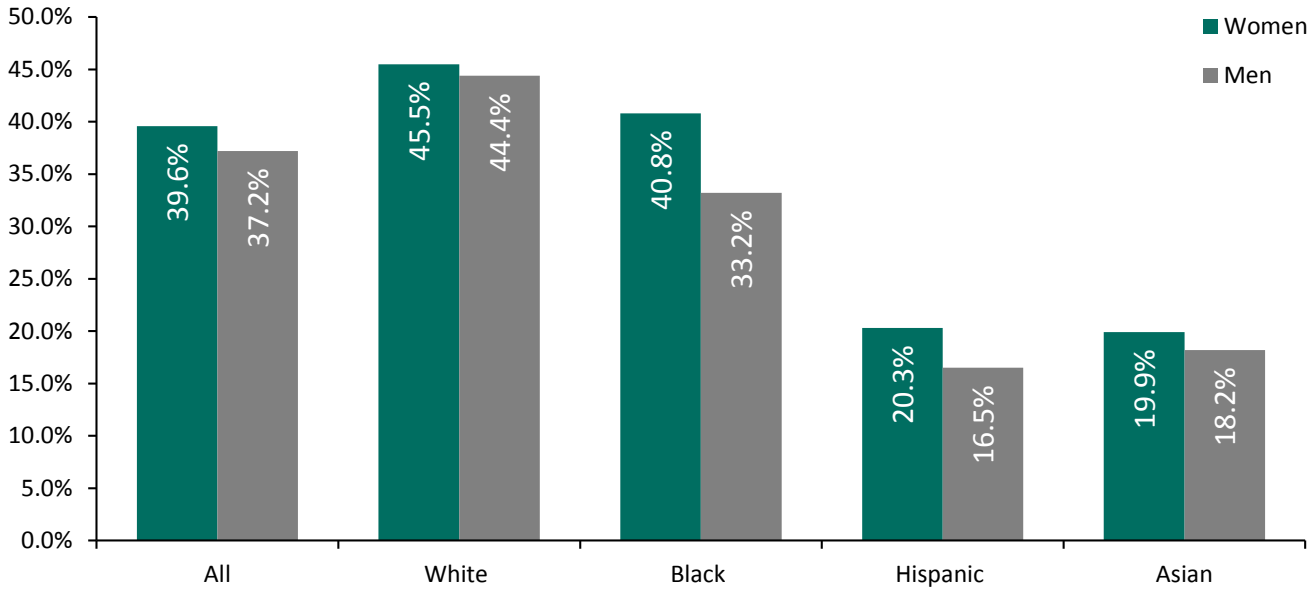
turnout are higher for both women and men in presidential election years than in midterm election years: nationally in the 2014 midterm election, 61.2 percent of women were registered to vote and 39.6 percent voted, compared with 57.2 percent of men who registered to vote and 37.2 percent who cast a ballot (U.S. Department of Commerce 2015).

Women's voter registration and turnout also vary by race and ethnicity nationally.[6] In the last two presidential elections, black women had the highest voting rate among women from all racial and ethnic groups.

In the 2014 midterm elections, non-Hispanic white women had the highest voter turnout rate among women of each racial and ethnic group at 45.5 percent, followed by black women (40.8 percent). Hispanic women and Asian women voted at rates about half as high as black women (20.3 percent and 19.9 percent, respectively). In both the 2012 and 2014 elections, women of each racial and ethnic group voted at higher rates than their male counterparts (Figures 1.1 and 1.2).

Figure 1.2.

Voter Turnout for Women and Men by Race and Ethnicity, United States, 2014



Note: White does not include individuals of Hispanic origin. Black and Asian may include individuals of Hispanic origin. Hispanic includes individuals of all races. Asians do not include Pacific Islanders. Published rates from the U.S. Census Bureau are not available for Native American women.
Source: U.S. Department of Commerce (2015).

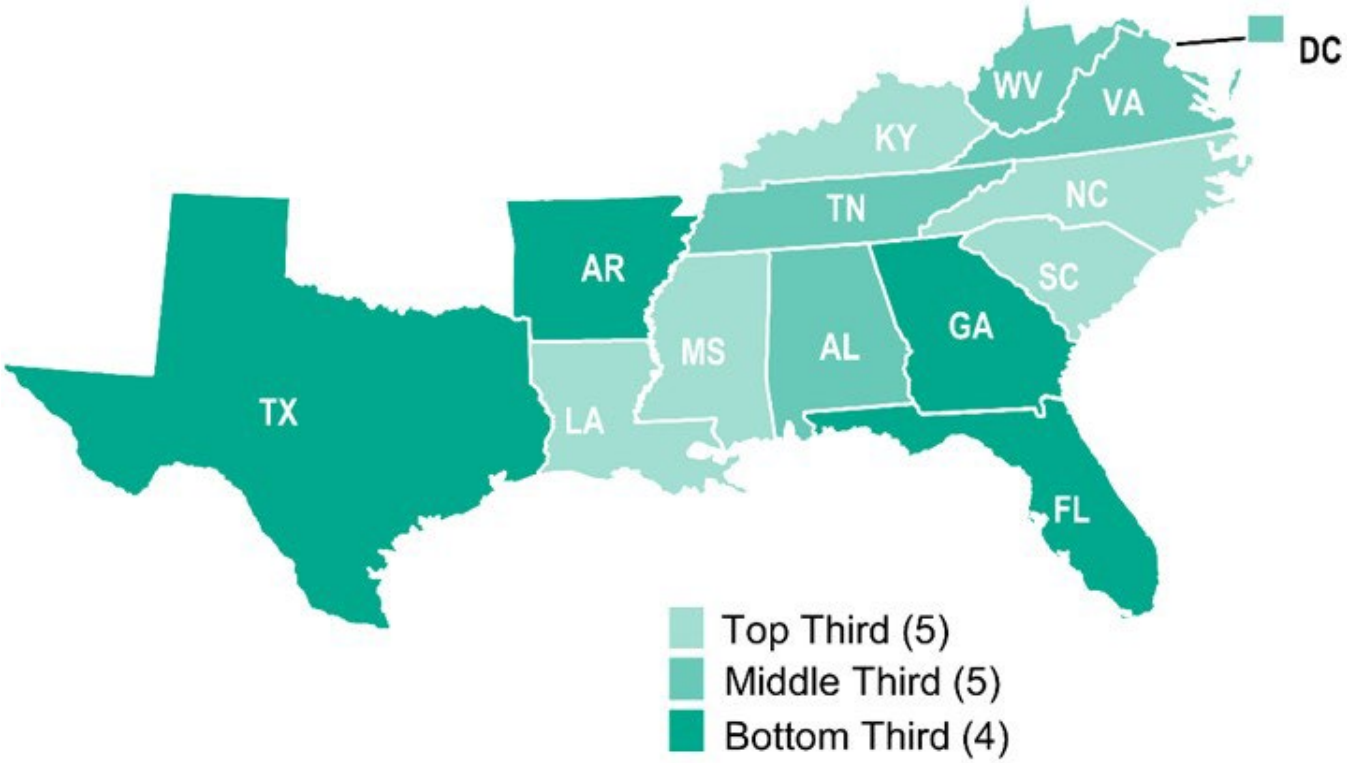
Women's voter registration rates also vary across the southern states (Map 1.2).

- Mississippi has the highest voter registration rates both nationally and in the South for women in 2012 and 2014 combined (80.8 percent; Table 1.1). Louisiana and Kentucky also have high voter registration rates for women in 2012 and 2014 combined (75.3 percent and 71.9 percent respectively), ranking second and third in the South and also placing within the top ten states nationally.
- Seven of the southern states rank in the top third nationally for voter registration and 11 have higher rates of women who are registered to vote than the national average (64.1 percent) for 2012 and 2014 combined.
- The bottom three southern states, Texas, Florida, and Arkansas, all place among the ten states nationally with the lowest voter registration rates for women in 2012 and 2014 combined.

6 Unfortunately, data on voter registration and turnout by gender and race and ethnicity are not available by state or region. All data on voter registration and turnout by gender and race/ethnicity are national data. Asian does not include Pacific Islanders.

Map 1.2.

Women's Voter Registration in the South, 2012 and 2014 Combined



Note: Average percent of all women aged 18 and older who reported registering for the congressional and presidential elections of 2012 and 2014.
Source: U.S. Department of Commerce (2013; 2015).
Compiled by the Institute of Women's Policy Research.

Women's voter turnout also varies among the southern states (Map 1.3).

- At 59.6 percent, Louisiana and Mississippi have the highest women's voter turnout in 2012/2014 and place within the top ten states nationally. They are closely followed by the District of Columbia (57.8 percent), which ranks 11th nationally.
- West Virginia has the lowest voter turnout rate among women during 2012/2014 in the South and the second lowest in the country (40.6 percent). Texas and Arkansas also place at the bottom both regionally and nationally with some of the lowest voter turnout among women in 2012/2014 (40.9 and 44.9 percent, respectively).
- Overall, 10 of the southern states have higher women's voter turnout than the United States average (49.1 percent).

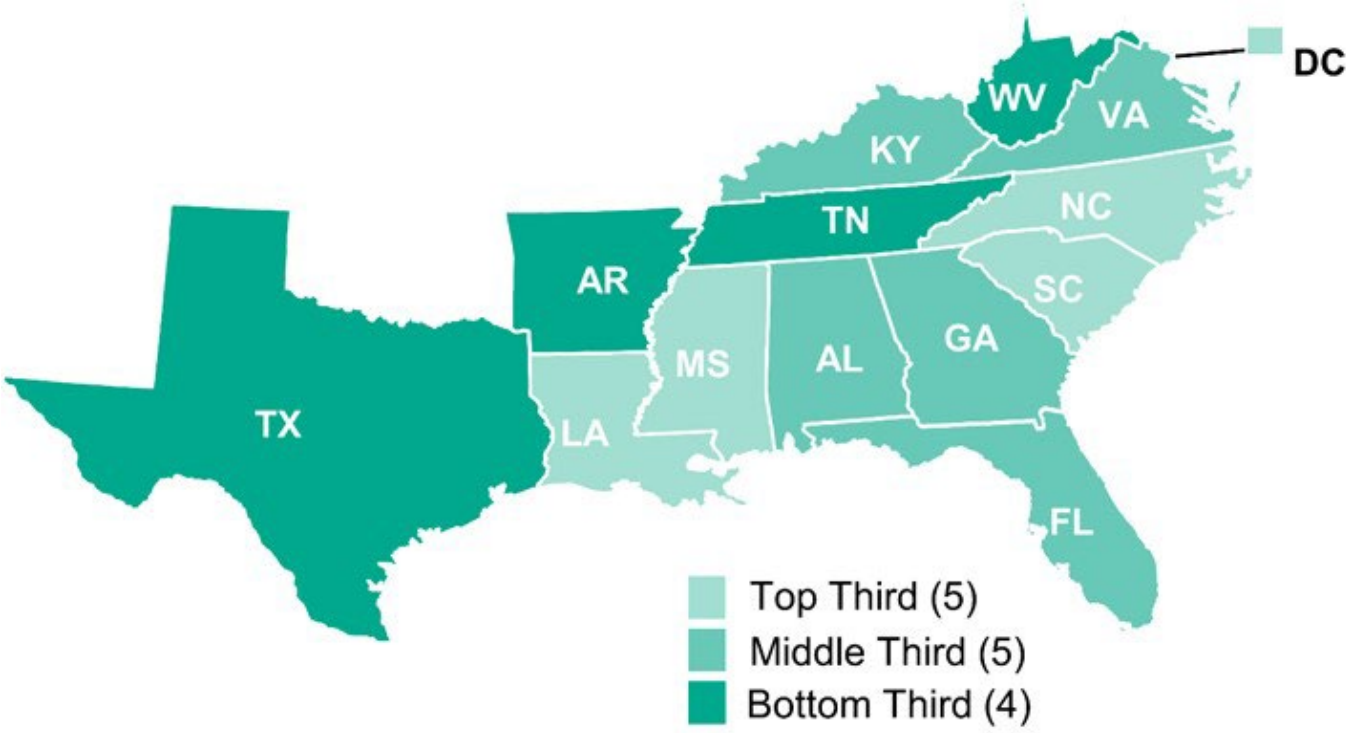
The Women in Elected Office Index

Women of Color in Elected Office

- The interests of women of color tend to be prioritized most when women and communities of color are represented in political office (Fraga et al. 2006; Orey et al. 2006). Although women of color have become increasingly active in U.S. politics, they continue to be underrepresented relative to their share of the overall population. Women of color constitute approximately 18 percent of the population aged 18 and older, but hold only 6.2 percent of seats in Congress, 5.4 percent of seats in state legislatures, and 2.6 percent of statewide elective executive positions (Center for American Women and Politics 2015b).

Map 1.3.

Women's Voter Turnout in the South, 2012 and 2014 Combined



Note: Average percent of all women aged 18 and older who reported registering for the congressional and presidential elections of 2012 and 2014.
Source: U.S. Department of Commerce (2013; 2015).
Compiled by the Institute of Women's Policy Research.

- In 2015, only one member of the U.S. Senate out of 20 female members and 100 members is a woman of color (Senator Mazie Hirono from Hawaii; (Center for American Women and Politics 2015b; Center for American Women and Politics 2015c). In 2004, there were no women of color in the U.S. Senate (Caiazza et al. 2004).
- Out of the 435 members of the U.S. House of Representatives in 2015, 84 members are women (19.3 percent) and 32 are women of color (7.4 percent; (Center for American Women and Politics 2015b; Center for American Women and Politics 2015c). This reflects a slight increase since 2004, when women held 13.8 percent of seats in the U.S. House of Representatives and women of color held 4.1 percent (Caiazza et al. 2004; Center for American Women and Politics 2015b).
- In 2015, women held 24.4 percent of seats in state legislatures across the country, compared with 22.5 percent in 2004 (Caiazza et al. 2004; Center for American Women and Politics 2015b). The share of seats held by women of color has also increased, from 4.1 percent (306 of 7,383 seats) in 2004 to 5.4 percent in 2015 (396 of 7,383 seats).[7]
- In 2015, eight women of color held statewide elected executive office positions across the country (2.6 percent), compared with only five women of color (1.6 percent) in 2004 (Caiazza et al. 2004; Center for American Women and Politics 2015b).

How the Southern States Compare: Women in Elected Office

The Women in Elected Office Index measures women's representation at state and national levels of gov-

7 For the purpose of calculating the share, the total number of women of color in state legislatures (396) includes 5 women who identify as multiracial (Center for American Women and Politics 2015b).

FOCUS ON: The Impact of Voter Identification Laws on Women in the South

Though the right to vote has been regarded as one of the fundamental principles of American democracy, many states have recently introduced and passed a variety of voting restrictions, including new state voter identification laws. Although these laws are passed under the guise of decreasing in-person voter fraud, actual instances of voter fraud are often greatly exaggerated (Levitt 2007). In reality, voter identification laws make it more difficult for some citizens to vote, especially those who are low income, older, minorities, and/or married women who have changed their names (Brennan Center for Social Justice 2006; Gaskins and Iyer 2012; Sobel 2014).

Though voter identification laws have only recently garnered national attention, efforts to suppress the vote in the South — especially of minority populations — can be traced back to the late 1800s. Southern states passed a variety of laws such as poll taxes, literacy tests, and record-keeping requirements between 1890 and 1910 that effectively disenfranchised the majority of the black population. Many of these laws were in place until the Voting Rights Act of 1965 was passed (Brown-Dean et al. 2015; Kousser 1974), one year after the Equal Rights Act of 1964 and Fannie Lou Hamer's historic campaign at the Democratic Convention in Atlantic City in 1964, where Hamer brought national attention to both the obstacles African Americans faced when attempting to register to vote and the civil rights struggle in Mississippi.

In 2005, both Georgia and Indiana introduced the country's first strict voter identification laws, requiring identification to vote rather than requesting it. Since then, the number of states that have imposed strict identification laws — for both non-photo and photo identification — has grown to 11 (National Conference of State Legislatures 2015). This likely has to do with the Supreme Court's decision in 2013 that struck down Section 4 of the Voting Rights Act, which was meant to prevent racial discrimination in voting by requiring states to receive federal approval before changing election laws (Liptak 2013). Without Section 4, states can change their election laws without oversight.

As of 2016, 36 states have passed voter identification laws, 33 of which are in effect. Of the 14 southern states, 11 have state voter identification laws that were in effect as of 2014: Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, South Carolina, Tennessee, Texas, and Virginia (National Conference of State Legislatures 2015):

- In 2013, Alabama state legislators introduced a voter identification law that requires an ID with a photo. If a voter does not have a photo ID, they can cast only a provisional ballot unless identified by two election officials as an eligible voter. However, in November 2015, Alabama lawmakers severely restricted access to 31 Department of Motor Vehicle offices throughout the state — mostly concentrated in rural, mostly black counties — by limiting their hours of operation to only one day each month. This is problematic because most Alabama voters use their driver's license to vote. Though there are other options to get identification, such as from each county's Board of Registrar's office or from a mobile identification unit, these alternatives often do not accommodate individuals with full-time jobs or those who do not have easy access to transportation (Ollstein 2015).

- In North Carolina, voters must show an unexpired North Carolina driver's license, a North Carolina special identification card, a U.S. passport, or a U.S. military identification card in order to vote. While this law is scheduled to go into effect in 2016 (National Conference of State Legislatures 2015), a lawsuit challenging the new rule is still pending in federal court (Blinder and Otterbourg 2016; Horwitz 2016).

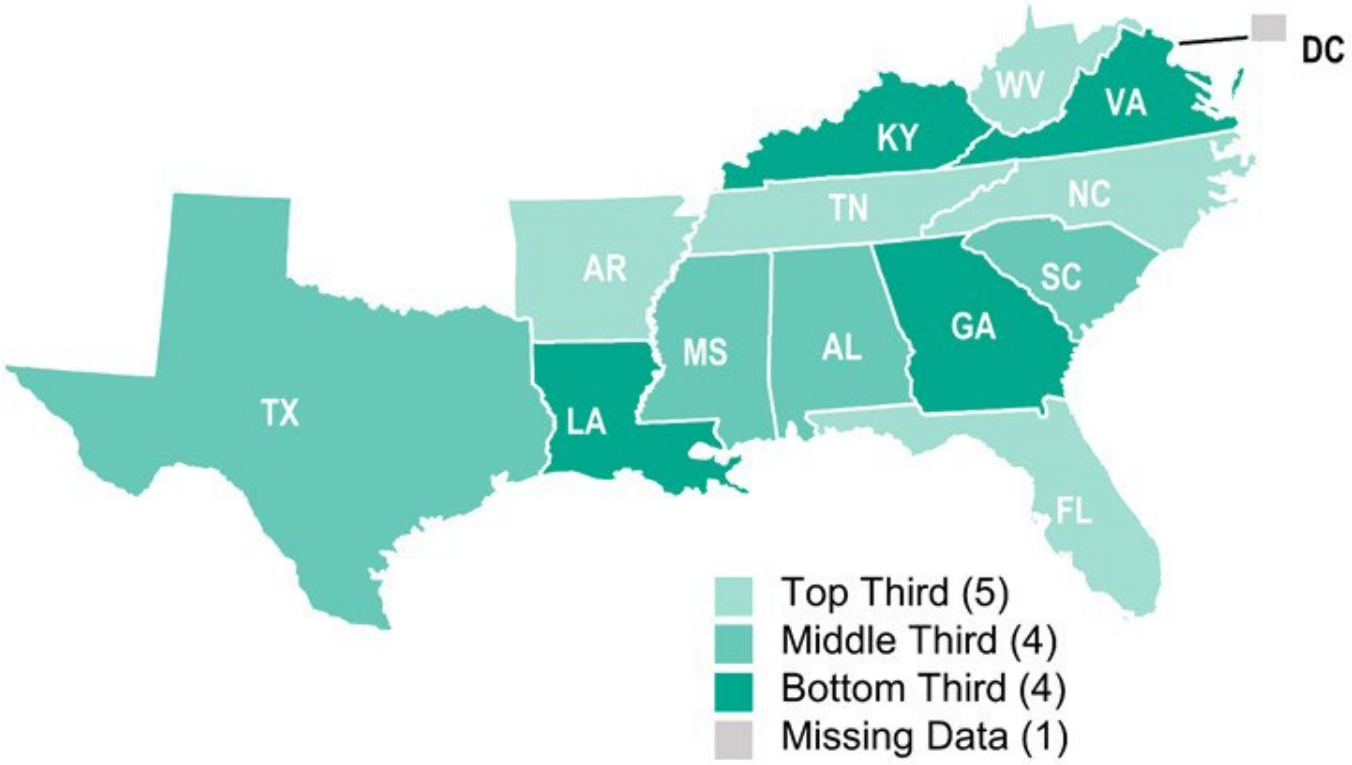
- In Texas, a federal district court determined that Texas's voter identification law intentionally discriminated against black and Latino voters. The court found that supporters of the law knew it would disproportionately affect voters of color, but a court of appeals — though it affirmed the district court's decision — challenged the notion that supporters knew the law was discriminatory. The appeals court ruled that part of the voter identification law cannot be enforced (Smith 2015).

ernment: the U.S. Congress, statewide elective offices, and state legislatures.

- North Carolina has the highest regional score on the elected office index. However, it places only 25th overall in the nation (Table 1.1; Map 1.4).
- The states with the worst scores on women in elected office are concentrated in the South, with all of the southern states ranking in the bottom third nationally.
- Louisiana has both the lowest score in the South and in the nation, followed by Georgia. Six additional southern states (Alabama, Kentucky, Mississippi, South Carolina, Texas, and Virginia) place within the bottom ten for women in elected office in the country.

Map 1.4.

Women in Elected Office in the South, 2015



Note: Index of share of state and national elected officials who are women, 2015.
Sources: Center for American Women and Politics (2015b; 2015c; 2015d; 2015e).
Calculated by the Institute for Women's Policy Research.

Women in the U.S. Congress

As of November 2015, women held 104 of 535 seats in the U.S. Congress (19.4 percent), and women of color held 33 of 535 seats (6.2 percent; Center for American Women and Politics 2015b; Center for American Women and Politics 2015b). Only one of the 20 women in the U.S. Senate is a woman of color; 32 of the 84 women in the U.S. House of Representatives are women of color (Center for American Women and Politics 2015c). The numbers of women of color in the U.S. House of Representatives from the southern states are especially low.

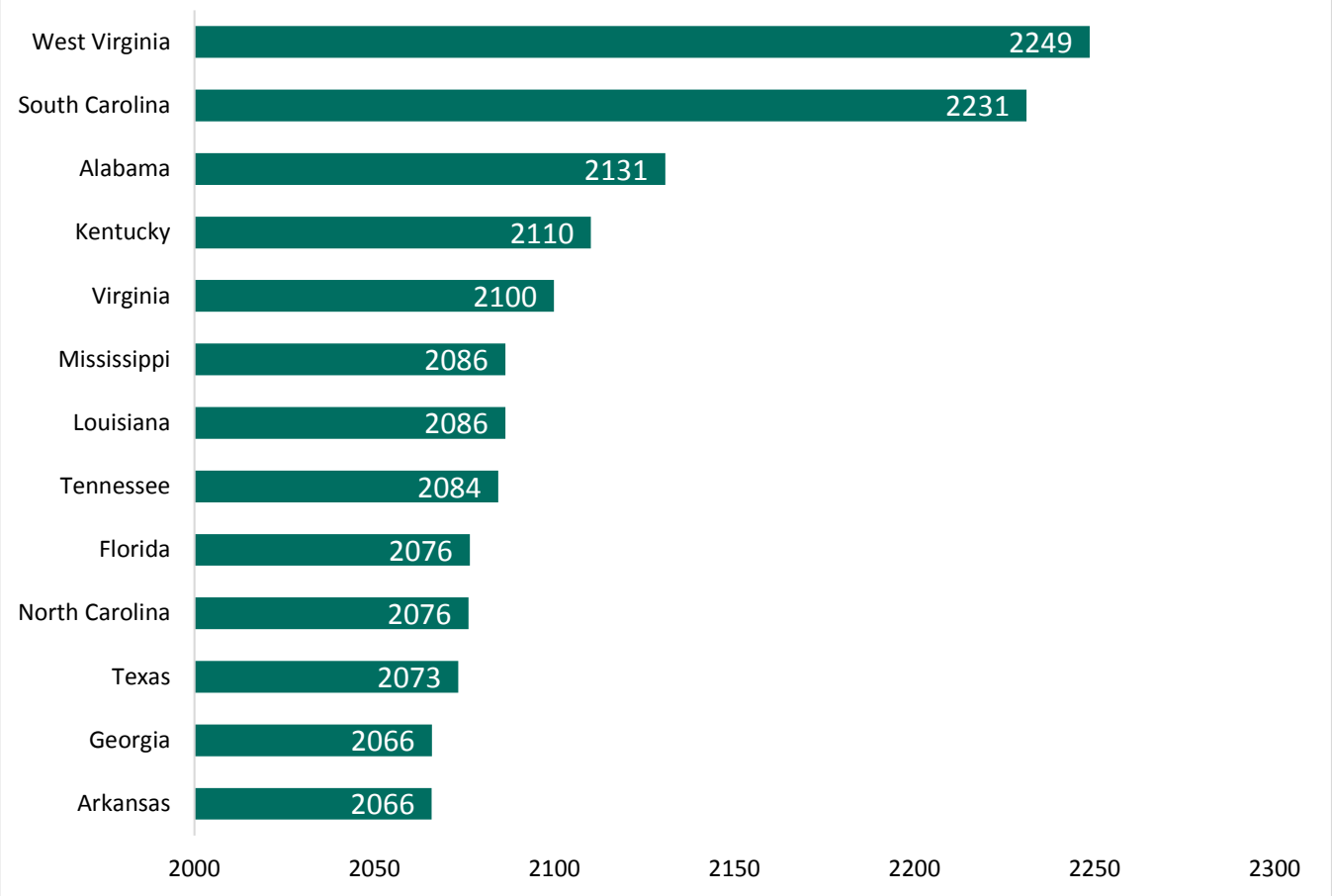
- Arkansas, Georgia, Kentucky, Louisiana, Mississippi, South Carolina, and West Virginia have no representatives who are women in the U.S. House of Representatives (Appendix Table B1.1; Appendix Table B1.3).
- Women constitute just 12.2 percent of representatives to the U.S. House of Representatives from the southern states (Appendix Table B1.3). In all other states, women constitute 22.9 percent of representatives.
- Among the southern states, only Alabama, Florida, North Carolina, and Texas have representatives to the U.S. House of Representatives who are women of color. Though women of color account for at least half of the female representatives to the U.S. House of Representatives in Alabama and Texas,

FOCUS ON: Projected Year When Parity in State Legislatures Will Be Achieved in the South

In 2015, women held 19.4 percent of seats (104 of 535) in the U.S. Congress, representing an all-time high for the United States (Center for American Women and Politics 2015d). Yet, women are still significantly underrepresented relative to their share of the population. If progress in equal gender representation in Congress continues to move at the current rate of change since 1960, women will not achieve equal representation until 2117 (Hess et al. 2015). As shown in Figure 1.3, progress in parity in state legislatures in the South varies widely from state to state. At the rate of change since 1975, Arkansas and Georgia are projected to reach parity within their respective state legislatures first (both in 2066), followed by Texas in 2073 and North Carolina and Florida in 2076. Ten of the 13 southern states are projected to achieve parity in their state legislatures before parity is reached in the U.S. Congress. However, if progress in West Virginia and South Carolina continues at the same rate, both will have to wait over 200 years to reach parity in their state legislatures.

Figure 1.3.

Projected Year for Reaching Political Parity in State Legislatures in the South



Note: Linear projection for states based on the rates of progress reaching parity since 1975.
Source: IWPR calculations based on Center for American Women and Politics (2015e).

these two states only have three women of color representatives combined. In the southern states, only 4.8 percent of state representatives to the U.S. House of Representatives are women of color, which is lower than the United States average or the non-South average (7.4 and 8.7 percent, respectively).

- Out of the 20 women in the U.S. Senate, only one is from a southern state (West Virginia; Appendix Table B1.1).

- Only two women of color have ever served in the U.S. Senate (Center for American Women and Politics 2015f). No southern state has ever elected a woman of color to the U.S. Senate.

Women in State Legislatures

Women's representation in state legislatures is progressing at different speeds in states across the nation. As of 2015, there were no states in which women held half of the seats in either the state senate or the state house or assembly.

While nationally 24.4 percent of state legislators are women, women account for only 18.4 percent of state legislators in the southern states (Appendix Table B1.4). Florida is the only southern state in which women hold a higher share of seats in state legislatures (25 percent) than the national average (24.4 percent). In the non-southern states, 26.8 percent of state legislators are women. Seven out of the ten worst states in terms of women's share of state legislators are in the South (Center for American Women and Politics 2015e).

- While only 5.4 percent of representatives in state legislatures are women of color nationally, 6.7 percent of representatives in state legislatures in the southern states are women of color. In the non-southern states, women of color make up only 4.8 percent of state legislators. The southern states with the largest share of women of color in state legislatures include Georgia (11.9 percent), Texas (9.9 percent), and Alabama and Mississippi (8.6 percent; Center for American Women and Politics 2015g).

- Among the southern states, Kentucky—which has no women of color in the state legislature—has the lowest proportion of seats held by women of color, followed by West Virginia, where women of color hold only 0.7 percent of all seats in the state legislature (Center for American Women and Politics 2015g).

- Nearly half (48 percent) of black female state legislators in the United States serve in the southern states (Center for American Women and Politics 2015g).

Women in Statewide Elected Executive Office

- As of November 2015, six women serve as governors across the country (Appendix Table B1.2). One is from South Carolina and is also one of the first of two women of color to serve as a governor in the United States (Center for American Women and Politics 2015h).

- Excluding governors, women hold 27.1 percent of statewide elected executive offices in the United States (Appendix Table B1.2). Among the southern states, women hold 20.7 percent of statewide elected executive offices, aside from governorships. Three of the 10 states in the nation that do not have women in statewide elected executive office positions are southern states: Georgia, Louisiana, and Virginia (Center for American Women and Politics 2015d).[8]

- Nationally, there are six women of color in statewide elected executive office aside from governorships: two Hispanic women, one black woman, one Asian woman, one Native American woman, and one multiracial woman (Center for American Women and Politics 2015b). Among the southern states, there are no women of color in statewide elected executive offices aside from the South Carolina governorship.

8 These numbers do not include Maine, New Hampshire, and Tennessee, which do not have statewide elected executive offices aside from governorships. See Appendix A1: Methodology for a complete list of offices included and excluded from the statewide elected executive office data.

Women's Institutional Resources

In addition to women's voting and election to local, state, and federal offices, institutional resources dedicated to helping women succeed in the political arena and to promoting and prioritizing women's policy issues play a key role in connecting women constituents to policymakers. Such resources include campaign trainings for women, women's Political Action Committees (PACs), women's commissions, and state chapters of the National Women's Political Caucus (NWPC). These institutional resources serve to amplify the voices of women in government and increase the access of women, their families, and their communities to decision makers on the policy issues that matter most to them. Institutional resources and statewide associations also provide peer support systems for female elected officials and establish informal networks that can help them navigate a political system that remains predominantly male (Strimling 1986).

Women of color have even more limited access to supports that would help them run for office, severely restricting their political participation and leadership throughout the United States (Carroll and Sanbonmatsu 2013; Dittmar 2015). While institutional resources geared toward recruiting and supporting women of color in particular can help improve their political representation, there are few supports targeted specifically at increasing the political representation of women of color. The Center for Women in Politics runs three national programs—Elección Latina, Run Sister Run, and Rising Stars—as part of their diversity initiative of Ready to Run that are specifically geared toward supporting Latina, black, and Asian women (Center for American Women and Politics 2016). Additionally, Higher Heights for America and its sister organization, Higher Heights Leadership Fund, work to analyze and support black women's leadership and political engagement at all levels (Higher Heights for America 2016). Other organizations, such as YWCA and the Black Women's Health Imperative, do important work on issues of central importance to women of color within the policy world in addition to their work on the general empowerment of women of color in the South.

Campaign trainings for women provide valuable insight into running a successful campaign and strengthen the pipeline to higher office. One study found that nine in ten women who participated in a training before running found it extremely helpful; many also believed that campaign trainings should be expanded to be more women-centric so as to address the issue of "campaigning-while-female" (Baer and Hartmann 2014). Experienced women candidates also expressed a need for a range of candidate training, from running for one's first office to running for a seat in one's congressional delegation, which as a national office requires the candidate to learn a new range of skills. Most training, however, seems to be aimed at encouraging women to run for their first office.

Political action committees (PACs) raise and spend money for the purpose of electing and defeating candidates. A PAC may give directly to a candidate committee, a national party committee, or another PAC, within the contribution limits (Open Secrets 2015). A women's PAC may be critical to supplying a female candidate with the campaign contributions she needs to launch a successful campaign. A women's PAC may also bolster candidates who support women-friendly policy and legislation. In 2015, there were 23 national and 67 state or local PACs or donor networks that either gave money primarily to women candidates or had a primarily female donor base (Center for American Women and Politics 2015i).

A commission for women is typically established by legislation or executive order and works to prioritize issues that may disproportionately affect women's lives (National Conference of State Legislatures 2014). In many states across the nation, women's commissions—which can operate at the city, county, or state level—strive to identify inequities in laws, policies, and practices and recommend changes to address them. Women's commissions may engage in a variety of activities to benefit women in their geographic areas, such as conducting research on issues affecting the lives of women and families, holding briefings to educate the public and legislators on these issues, developing a legislative agenda, and advocating for gender balance in leadership throughout both the public and private sectors (Cecilia Zamora, National Association of Com-

FOCUS ON: Representation2020's Gender Parity Index

Representation2020, a non-profit organization housed by FairVote, works to improve the fairness and functionality of U.S. elections. Representation2020 recently released their report, *The State of Women's Representation 2015-2016*, which contains its 2015 Gender Parity Scores for all 50 U.S. states (not including the District of Columbia; Representation2020 2015). The Gender Parity Index is designed to show how well women are represented in each state's statewide and local elected offices.

Their Gender Parity Index combines scores calculated for each state's women's representation in U.S. Congress, state executive office, state legislature, and local executives. Scores for each of these categories are weighted evenly, with the exception of the local executive score, which is weighted as one third of the other scores. Scores for each of these categories are determined by the proportion of women currently serving in those elected seats and by examining how many of those seats are available in that state. The scores also give credit based on multiple past election results.

With the exception of North Carolina and South Carolina, all of the southern states ranked in the bottom half of all U.S. states in 2015, with most in the bottom 10:

13. North Carolina
22. South Carolina
28. Florida
36. Arkansas
38. West Virginia
39. Louisiana
40. Alabama
42. Texas
43. Tennessee
44. Kentucky
48. Virginia
49. Georgia
50. Mississippi

Because Representation2020 gives credit to states that elected women to office based on past election results, their Gender Parity Index differs somewhat from the rankings for southern states in this report. Though the southern states generally rank at the bottom nationally on both the Gender Parity Index and the Women in Elected Office Index, some southern states—most notably Louisiana and South Carolina—are ranked much higher on the Gender Parity Index than on the Women in Elected Office Index (see Table 1.1). Additionally, no southern state ranks in the top half nationally in IWPR's report. While the Gender Parity Index gives a broader understanding of how well women are represented in each state in recent years, this report gives a more immediate picture of the current state of women in elected office in the United States, so as to be able to accurately track the gains and losses of women in elected office by year in each state.

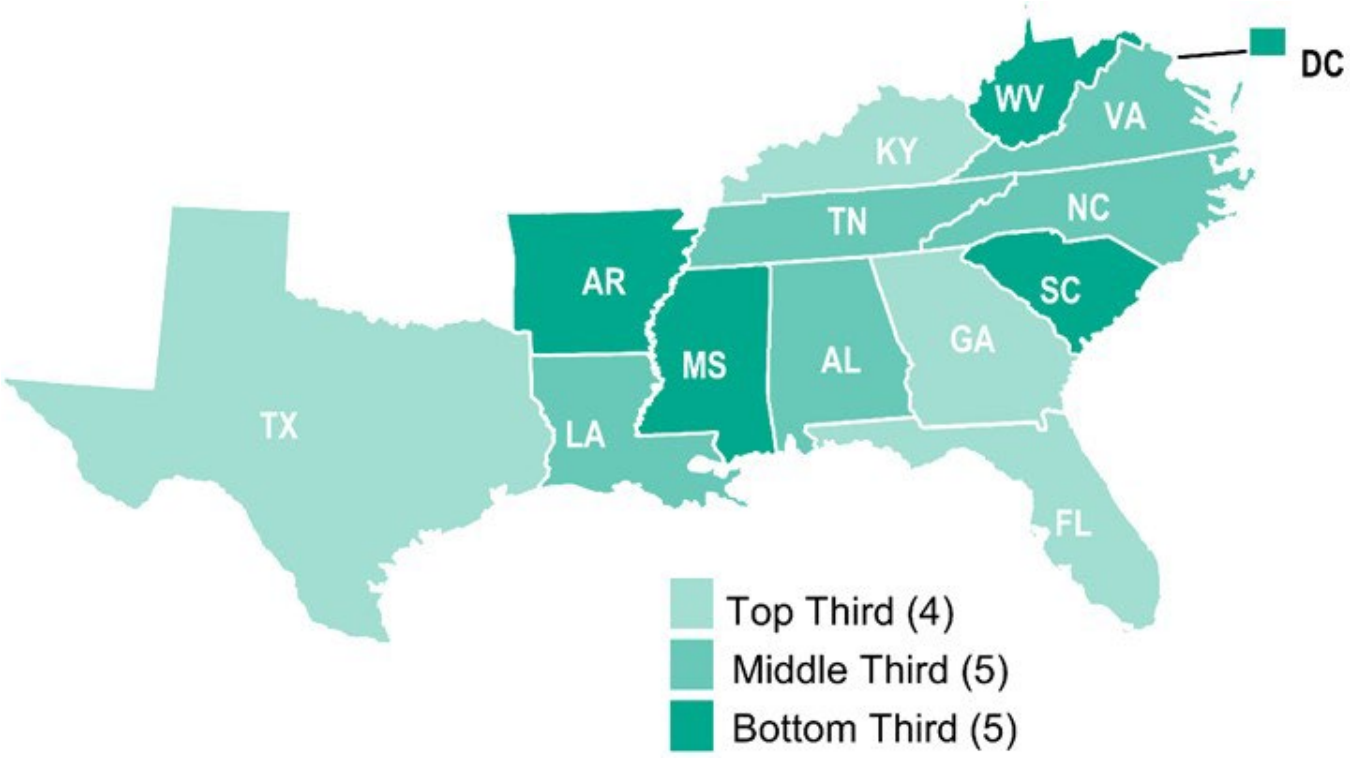
missions for Women, personal communication, May 1, 2015).

The National Women's Political Caucus (NWPC) is a multi-partisan, grassroots organization dedicated to increasing the number of women who run for office and who are elected or appointed into leadership positions (National Women's Political Caucus 2016). The NWPC has state and local chapters that work with women in their communities to provide institutional support by recruiting women to run for office, endorsing women candidates, helping them raise campaign contributions, and providing them with campaign trainings (National Women's Political Caucus 2016).

- Among the southern states, all states except Tennessee have state-level campaign trainings for women. Nine of the 14 southern states have a women's PAC and six have chapters of the National Women's Political Caucus. All of the southern states except Arkansas and Virginia have a women's commission.
- Florida, Georgia, Kentucky, and Texas all receive the highest score possible for institutional resources (2.00; Table 1.1; Map 1.5).
- While Arkansas is the only southern state to score a 0.50 (with only one institutional resource for

Map 1.5.

Women's Institutional Resources in the South



Note: Ranking of states based on their number of institutional resources for women.
Source: Center for American Women and Politics (2015i); National Conference of State Legislatures (2014); National Women's Political Caucus (2015).

Calculated by the Institute of Women's Policy Research.

women), The District of Columbia, Mississippi, South Carolina, and West Virginia also fall at the bottom of the regional (and national) rankings with only two institutional resources for women each.

Conclusion

Women, especially women of color, continue to lag behind men when it comes to political participation and leadership in the South. Although there are some resources available to promote women's civic engagement and political participation, progress in advancing women's political status continues to move at a glacial pace. This pace is even slower for women of color in the South, who—with the exception of voter registration and turnout—continue to be vastly underrepresented in government, especially in comparison to their share of the overall population. It is also not encouraging to note that the southern states are continuing to pass and enact voter identification laws that will only hinder the progress that has been made in this area. One way to further increase women of color's political voice in the South would be to increase pathways to citizenship for undocumented immigrants, increasing the ability of non-citizens to participate in political processes. Efforts to ensure equal access to electoral processes for all women, to recruit more women – especially women of color – to run for office, and to increase their success as candidates and office holders, will be crucial to increasing the representation of women in the South in the coming years.

Appendix A1:

Methodology

Calculating the Composite Index

This Composite Index reflects four areas of political participation: voter registration; voter turnout; women in elected office, including state legislatures, statewide elected office, and positions in the U.S. Congress; and institutional resources available to women, including a commission for women, a campaign training for women, a women's PAC, and a state chapter of the National Women's Political Caucus.

To construct this Composite Index, each of the component indicators was standardized to remove the effects of different units of measurement for each state's score on the resulting Composite Index. Each component was standardized by subtracting the mean value for all 50 states from the observed value for a state and dividing the difference by the standard deviation for the United States as a whole. The standardized scores were then given different weights. Voter registration and voter turnout were each given a weight of 1.0. The indicator for women in elected office is itself a composite reflecting different levels of office-holding and was given a weight of 4.0 (in the first two series of *Status of Women in the States* reports, published in 1996 and 1998, this indicator was given a weight of 3.0, but since 2000 it has been weighted at 4.0). The last component indicator, women's institutional resources, is also a composite of scores indicating the presence or absence of each of four resources, and received a weight of 1.0. The resulting weighted, standardized values for each of the four component indicators were summed for each state to create a composite score. The states were then ranked from the highest to the lowest score.

To grade the states on this Composite Index, values for each of the components were set at desired levels to produce an "ideal score." Women's voter registration and voter turnout were each set at the value of the highest state for these components; each component of the composite index for women in elected office was set as if 50 percent of elected officials were women; and scores for institutional resources for women assumed that the ideal state had each of the four resources. Each state's score was then compared with the ideal score to determine its grade.

WOMEN'S VOTER REGISTRATION: This component indicator is the average percent (for the presidential and congressional elections of 2012 and 2014) of all women aged 18 and older (in the civilian noninstitutionalized population) who reported registering, including noncitizens who are ineligible. IWPR selected the larger population base for this indicator because the inability of noncitizens to register accurately reflects the lack of political voice for this population. Source: U.S. Department of Commerce, Bureau of the Census 2013 and 2015, based on the Current Population Survey.

WOMEN'S VOTER TURNOUT: This component indicator is the average percent (for the presidential and congressional elections of 2012 and 2014) of all women aged 18 and older (in the civilian noninstitutionalized population) who reported voting, including noncitizens who are ineligible. IWPR selected the larger population base for this indicator because the lack of voting by noncitizens accurately reflects the lack of political voice for this population. Source: U.S. Department of Commerce, Bureau of the Census 2013 and 2015, based on the Current Population Survey.

WOMEN IN ELECTED OFFICE: This index has four components and reflects office-holding at the state and national levels as of December 2015. For each state, the proportion of office-holders who are women was computed for four levels: state representatives; state senators; statewide elected executive officials and U.S. representatives; and U.S. senators and governors. The percent values were then converted to scores that ranged from 0 to 1 by dividing the observed value for each state by the highest value for all states. The scores were then weighted according to the degree of political influence of the position: state representatives were given a weight of 1.0, state senators were given a weight of 1.25, statewide executive elected officials (except governors) and U.S. representatives were each given a weight of 1.5, and U.S. senators and state governors were each given a weight of 1.75.[9] The resulting weighted scores for the four components were added to yield the total score on this index for each state. The highest score of any

9 Data on statewide elective executive offices include: Attorney General, Secretary of State, State Treasurer/Chief Financial Offer, State Auditor, State Comptroller/Controller, Chief State Education Official (title varies from state to state), and Commissioners (of insurance, labor, corporation, agriculture and commerce, public service, public utilities, and railroad). Data do not include officials in appointive state cabinet-level positions; officials elected to executive posts by the legislature; officials elected as commissioners or board members from districts rather than statewide; members of the judicial branch; or elected members of university Boards of Trustees or Boards of Education.

state for this office-holding index is 4.58. These scores were then used to rank the states on the indicator for women in elected office. Sources: Data were compiled by IWPR from the Center for American Women and Politics (2015b; 2015c; 2015d; 2015e; 2015h).

WOMEN'S INSTITUTIONAL RESOURCES: This index measures the number of institutional resources for women available in the state from a maximum of four, including a commission for women (established by legislation or executive order), a campaign training program for women, a women's political action committee (PAC), and a state chapter of the National Women's Political Caucus (NWPC). In order to score the states, each of the four components for this indicator was weighted equally at 0.5 points, for a total of 2.0 points. These scores were then used to rank the states on the indicator for resources available to women. In 2002 and 2004, the institutional resources indicator measured whether a state had a commission for women (established by legislation or executive order) and a legislative caucus for women (organized by women legislators in either or both houses of the state legislature). In earlier years (1996 and 1998) a third resource, a women's economic agenda project, was also included in this indicator. Sources: Data were compiled by IWPR from the Center for American Women and Politics 2015i; National Conference of State Legislatures 2014; and National Women's Political Caucus 2015.

Appendix B1:

Political Participation Tables

Appendix Table B1.1.

Women in the U.S. Congress Representing the South, 2015

State	Number of U.S. Senators Who Are Women	Proportion of U.S. Representatives Who Are Women
Alabama	0	28.6%
Arkansas	0	0.0%
Florida	0	25.9%
Georgia	0	0.0%
Kentucky	0	0.0%
Louisiana	0	0.0%
Mississippi	0	0.0%
North Carolina	0	23.1%
South Carolina	0	0.0%
Tennessee	0	22.2%
Texas	0	8.3%
Virginia	0	9.1%
West Virginia	1	0.0%
United States	**20**	**19.3%**

Sources: Data on U.S. Senators are from Center for American Women and Politics (2015c). Data on U.S. Representatives are from Center for American Women and Politics (2015d).
Compiled by the Institute for Women's Policy Research.

Appendix Table B1.2.

Women in State Government in the South, 2015

State	Proportion of State Senators Who Are Women	Proportion of State Representatives Who Are Women	Proportion of Statewide Elected Executive Offices Held by Women	Number of Governors Who Are Women
Alabama	11.4%	15.2%	22.2%	0
Arkansas	20.0%	20.0%	33.3%	0
Florida	30.0%	23.3%	25.0%	0
Georgia	16.1%	26.1%	0.0%	0
Kentucky	10.5%	19.0%	33.3%	0
Louisiana	10.3%	12.4%	0.0%	0
Mississippi	15.4%	18.0%	28.6%	0
North Carolina	24.0%	21.7%	55.6%	0
South Carolina	4.3%	17.7%	12.5%	1
Tennessee	18.2%	17.2%	N/A	0
Texas	22.6%	19.3%	12.5%	0
Virginia	20.0%	16.0%	0.0%	0
West Virginia	2.9%	19.0%	20.0%	0
United States	**22.3%**	**25.2%**	**27.1%**	**6**

Notes: Data on women in statewide elected executive offices do not include governorships. Tennessee does not have a statewide elected executive office aside from the governorship.
Sources: Center for American Women and Politics (2015h; 2015e).
Compiled by the Institute for Women's Policy Research.

Appendix Table B1.3.

Women in the U.S. House of Representatives, by Race/Ethnicity, Southern State, and South/Non-South, 2015

State	Proportion Women	All Representatives	All Women	White	Hispanic	Black	Asian/ Pacific Islander	Native American	Other Race or Two or More Races
Alabama	28.6%	7	2	1	0	1	0	0	0
Arkansas	0.0%	4	0	0	0	0	0	0	0
Florida	25.9%	27	7	4	1	2	0	0	0
Georgia	0.0%	14	0	0	0	0	0	0	0
Kentucky	0.0%	6	0	0	0	0	0	0	0
Louisiana	0.0%	6	0	0	0	0	0	0	0
Mississippi	0.0%	4	0	0	0	0	0	0	0
North Carolina	23.1%	13	3	2	0	1	0	0	0
South Carolina	0.0%	7	0	0	0	0	0	0	0
Tennessee	22.2%	9	2	2	0	0	0	0	0
Texas	8.3%	36	3	1	0	2	0	0	0
Virginia	9.1%	11	1	1	0	0	0	0	0
West Virginia	0.0%	3	0	0	0	0	0	0	0
Southern States	**12.2%**	**147**	**18**	**11**	**1**	**6**	**0**	**0**	**0**
All Other States	**22.9%**	**288**	**66**	**41**	**8**	**12**	**5**	**0**	**0**
United States	**19.3%**	**435**	**84**	**52**	**9**	**18**	**5**	**0**	**0**

Sources: Data on women of color are from Center for American Women and Politics (2015b); data on all women are from Center for American Women and Politics (2015b).
Compiled by the Institute for Women's Policy Research.

Appendix Table B1.4.

Women in State Legislatures, by Race/ Ethnicity, Southern State, and South/Non-South, 2015

State	Proportion Women	All Legislators	All Women	White	Hispanic	Black	Asian/ Pacific Islander	Native American	Other Race or Two or More Races
Alabama	14.3%	140	20	8	0	12	0	0	0
Arkansas	20.0%	135	27	23	0	4	0	0	0
Florida	25.0%	160	40	27	3	10	0	0	0
Georgia	23.7%	236	56	28	0	28	0	0	0
Kentucky	16.7%	138	23	23	0	0	0	0	0
Louisiana	11.8%	144	17	8	0	9	0	0	0
Mississippi	17.2%	174	30	15	0	15	0	0	0
North Carolina	22.4%	170	38	25	1	12	0	0	0
South Carolina	14.1%	170	24	17	0	7	0	0	0
Tennessee	17.4%	132	23	15	1	7	0	0	0
Texas	19.9%	181	36	18	9	8	1	0	0
Virginia	17.1%	140	24	14	0	10	0	0	0
West Virginia	14.9%	134	20	19	0	1	0	0	0
Southern States	18.4%	2,054	378	240	14	123	1	0	0
All Other States	26.8%	5,329	1,426	1,167	73	134	36	11	5
United States	24.4%	7,383	1,804	1,407	88	257	38	13	5

Sources: Data on women of color are from Center for American Women and Politics (2015g); data on all women are from Center for American Women and Politics 2015e.
Compiled by the institute for Women's Policy Research.

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Millennial Women

Millennial women[1] face a variety of unique challenges as a result of their coming of age at a time when student debt reached all-time highs and employment opportunities were in short supply, resulting in a generation of women who are highly educated, but still economically vulnerable. This is equally true for millennial women, especially women of color, in the South, making it exceedingly difficult for millennial women to become economically stable. While the millennial generation is faring better than their predecessors in some respects—such as gender earnings equality—in other areas—such as unemployment—millennial women in the South are faring worse, leaving many millennial women and millennial women of color in poverty.

In the southern states, 31.4 percent of women are under the age of 35, a similar share to that in all other states (31.5 percent; see Appendix Table 8.1 for state data).[2] The proportion of women under 35 also varies by race and ethnicity in the South; 47.7 percent of women of another race or two or more races and 41.5 percent of Hispanic women in the South are under the age of 35, while just 27.0 percent of white southern women are under age 35.

- Millennial women in the South have a lower labor force participation rate (66.1 percent) compared with millennial women in all other states (69 percent) and southern millennial men (72.1 percent). The gap in labor force participation between millennial women and men in the South (6 percentage points) is also greater than the gap between millennial women and men in all other states (4.7 percentage points). Black millennial women have the highest labor force participation rate among all southern millennial women (69.7 percent), while Native American millennial women have the lowest (54.3 percent).

- Millennial women in the South work in managerial or professional occupations (33.4 percent) at similar rates to millennial women in all other states (34.9 percent). In the South, a greater proportion of millennial women work in managerial or professional occupations compared with millennial men (23.6 percent). Among southern millennial women, Hispanic women have the lowest share of women working in managerial or professional occupations (23.5 percent), followed by black women (25.7 percent). Millennial Asian/Pacific Islander women have the highest percentage of women working in managerial or professional occupations in the South (50.0 percent), followed by white women (38.7 percent).

- Millennial women in the South fare better than millennial women in all other states when it comes to the gender wage gap. Millennial women working full-time year-round in the South earn 93.8 percent of southern millennial men's earnings, compared with millennial women in all other states who earn 88.9 percent of non-southern millennial men's earnings. Gender differences in earnings also exist across racial and ethnic groups. Millennial Asian/Pacific Islander women in the South actually earn 119.2 percent of southern white millennial men's earnings. On the other hand, the largest wage gap among all racial and ethnic groups of women in the South can be seen between Hispanic and black millennial women and white millennial men (both earn 69.6 cents on the dollar compared with white millennial men). Though the wage gap is narrower between southern millennial women and men, millennial women and men in the South earn less than their counterparts in all other states ($30,000 and $32,000, respectively versus $32,000 and $36,000, respectively).[3]

[1] Millennials are defined here as those aged 16-34 as of 2014 unless otherwise noted.

[2] In this report, southern states include Alabama, Arkansas, the District of Columbia, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas, Virginia, and West Virginia. Earnings, labor force participation, poverty, and health insurance are IWPR calculations based on 2014, and for data by race/ethnicity, 2012-2014 American Community Survey microdata. Health data are IWPR analysis of 2014 and, for data by race/ethnicity, 2012-2014 Behavioral Risk Factor Surveillance System microdata.

[3] Based on the median annual earnings for those who work full-time year-round.

[4] For all health data, millennial women are defined as those aged 18-34 as of 2014.

- Southern millennial women aged 25-34 are more likely to have a bachelor's degree (33.6 percent) compared with southern millennial men (25.4 percent), but less likely compared with millennial women in all other states (39.5 percent). Though Hispanic millennial women in the South have the lowest proportion of women with bachelor's degrees when compared with other racial and ethnic groups in the South (19.2 percent), they are more likely to hold advanced degrees than Hispanic millennial women in all other states (17.6 percent). Fewer white and black millennial women in the South have bachelor's degrees (40.3 and 23.2 percent, respectively) than their counterparts in other states (46.1 and 25.7 percent, respectively). Asian/Pacific Islander millennial women have the highest proportion of women with bachelor's degrees both in the South and in all other states (65.7 and 62.9 percent, respectively).

- Millennial women in the South are much more likely to live in poverty (23.3 percent) than both their male counterparts (16.2 percent) and millennial women in all other states (19.8 percent). Among all millennial women in the South, black women have the highest poverty rate (32.7 percent), followed by Hispanic women (27.5 percent). Asian/Pacific Islander women and white women have the lowest rates of poverty among southern millennial women (15.7 percent and 18.3 percent, respectively). White, Hispanic, and black millennial women in the south also have higher poverty rates than their female counterparts in all other states (16.0, 25.6, and 30.2 percent, respectively for millennial women in all other states).

- Millennial women[4] in the South carry health insurance at considerably lower levels than millennial women in all other states (76.6 percent and 85.5 percent, respectively). Additionally, the percentage of millennial women with health insurance in the South (76.6 percent) is lower than the overall percentage of southern women with health insurance (78.0 percent for women aged 18-64). Among all racial and ethnic groups of millennial women in the South, white women have the highest rate of health insurance coverage (83.3 percent), followed by Asian/Pacific Islander women (82.1 percent). Hispanic women have substantially lower health insurance coverage, at 58.3 percent.

- Younger women tend to fare better on indicators of health than older women. Among southern women aged 18 to 34, two percent of millennial women in the South have ever been told they have diabetes, compared with 11.4 percent of all southern women. On the other hand, just 1.7 percent of millennial women in all other states have been told they have diabetes, and 1.5 percent of millennial men in the South have been told they have diabetes. Native American women and black women have the highest incidence rates of diabetes (3.3 percent and 2.9 percent, respectively), while Asian/Pacific Islander women have the lowest rate (0.2 percent). Additionally, when it comes to HIV prevention, millennial women in the South are much more likely to be tested for HIV (56.6 percent) compared with millennial women from all other states (46.9 percent).

- Smoking is more common among millennial women in the South (18.8 percent) than among millennial women in all other states (16.1 percent). Among southern millennial women, Native American women, white women, and women who identify as another race or two or more races have the highest percentages of women who currently smoke (31.7 percent, 25.2 percent, and 23.1 percent, respectively).

- On a positive note, binge drinking is less common among millennial women in the South (16.4 percent), compared with millennial women in all other states (20.4 percent). Among southern millennial women, the percentage of women who binge drink is highest among white women (18.6 percent) and women who identify as another race or two or more races (17.7 percent). The percentage of millennial women who binge drink is lowest among black women (12.5 percent) and Native American women (12.8 percent).

CHAPTER 2 | Employment & Earnings

Introduction

As is true with women across the nation, southern women's earnings are critical to the economic well-being and security of their families. Women in the South, compared with the rest of the country, tend to have less favorable employment and earnings outcomes, despite the fact that they make up a large share of the workforce. In 2014, women were 47.1 percent of all workers in the southern United States (Appendix Table B2.7).[1]

Both women's and men's earnings in the South are lower than for workers in the rest of the country. Wages declined between 1999-2014 in the South as a whole for all workers except Asian/Pacific Islander workers and white women (Figure 2.3). As is true in the nation as a whole, Hispanic, black, and Native American women in the South who work full time, year-round, earn much less than women of other racial/ethnic groups (Figure 2.2).

The wage gap for women in the South is slightly larger than in the rest of the country. Women in the southern states working full-time, year-round earn just 79.5 percent of men's earnings (Table 2.1), compared with a gap of 80.5 percent in the rest of the country.[2]

In addition to experiencing a larger gender wage gap, women in the South are less likely than women elsewhere to be employed or to work in managerial and professional occupations (Table 2.1).

Across the key indicators scored in this report, nine southern states saw an overall worsening in women's employment and earnings between 2002 and 2014, three states saw improvements and two experienced little change (Caiazza et al. 2004; Table 2.1).

While women in the South face critical barriers to improving their economic status, they also encounter important opportunities, such as those afforded by access to higher education and by union membership. In the South, having a bachelor's degree brings an even larger boost in percent income to black, Hispanic, and Asian/Pacific Islander women than it does in the rest of the country.

Unionized women in the South have higher wages than those who aren't in unions, and among black and Hispanic women workers, the union wage advantage is greater in the South than in the rest of the country. Eleven of the 14 southern states, however, have right-to-work laws that limit the ability of unions to bargain (Table 2.5).

[1] In this report, southern states include Alabama, Arkansas, the District of Columbia, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas, Virginia, and West Virginia. Throughout the report, the District of Columbia will be referred to as a state, although it is technically a jurisdiction.

[2] For data on men's earnings, see Appendix Table B2.1.

This chapter focuses on the employment and earnings of women in the southern United States with an emphasis on the employment and earnings of women from diverse racial and ethnic backgrounds. It compares states based on the Employment & Earnings Composite, designed to capture differences between states on key aspects of women's equality and economic security. It examines women's earnings and the gender wage gap, the union wage advantage for women, labor force participation rates, and the share of employed women in professional and managerial jobs, highlighting where women in the South are making progress and where challenges remain.

The Employment & Earnings Composite Score

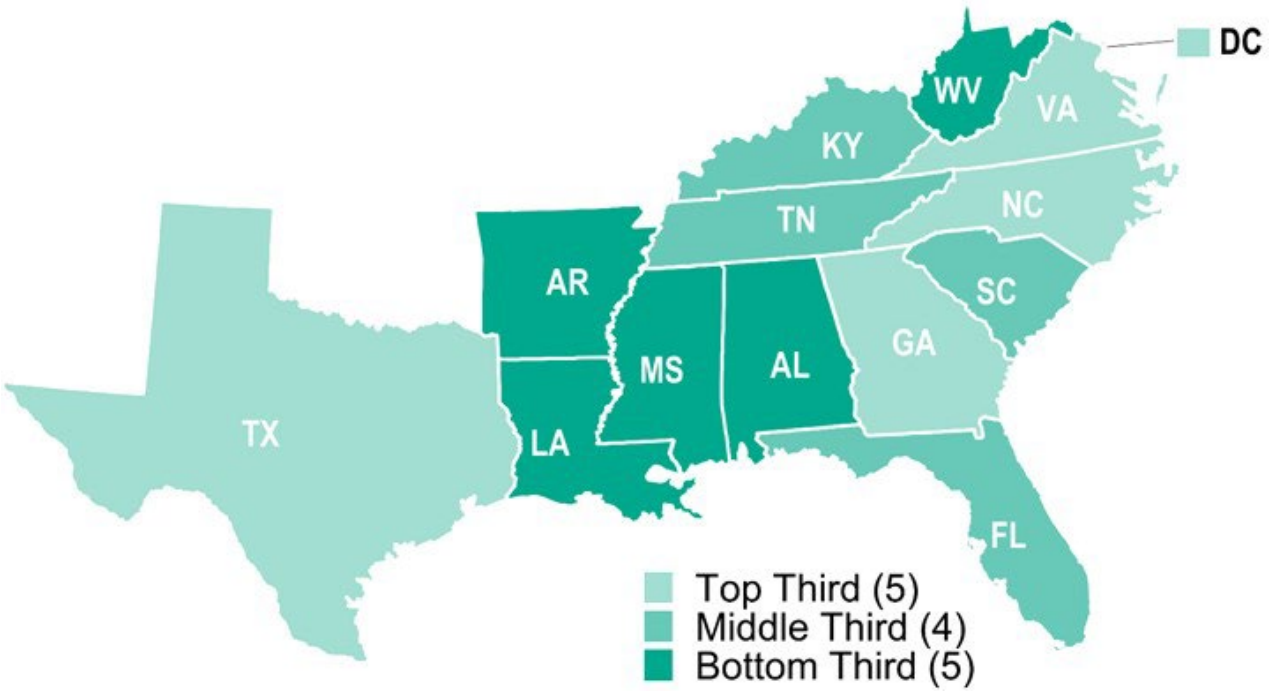
The Employment & Earnings Composite Index compares the states' performance on four key component indicators of women's status in the domain of employment and earnings: median annual earnings for women who work full-time, year-round; the gender earnings ratio among full-time, year-round workers; women's labor force participation; and the percent of employed women who work in managerial or professional occupations. Composite scores across the South range from a high of 5.51 to a low of 3.47, with higher scores reflecting a stronger performance in the area of employment and earnings (Table 2.1; Map 2.1; for information on how scoring was determined, see Appendix A2).

- The District of Columbia has the highest score of all southern states on the Employment & Earnings Composite Index, ranking number one on all four component indicators, with Virginia coming in second. More than six in ten employed women in the District work in managerial or professional occupations and women's median earnings are more than 80 percent higher than the median for all southern states. In Virginia over 60 percent of women are in the labor force (compared with 56.3 percent for the South as a whole) and 45 percent of these women work in managerial or professional jobs (compared with 39.6 percent for all southern states).

- West Virginia has the lowest rank on the Employment & Earnings Composite Index both in the South and the nation. West Virginia ranks last regionally for the percent of women in the labor force, second to last on the gender earnings ratio, and in the bottom third for women's median earnings.

Map 2.1.

Employment & Earnings Composite Index—South



Note: For methodology and sources, see Appendix A2.
Calculated by the Institute for Women's Policy Research.

- Among the southern states, the District of Columbia is the only jurisdiction to receive an A on the Employment & Earnings Composite Index and Virginia is the only state to receive a B. Five states—Alabama, Arkansas, Louisiana, Mississippi, and West Virginia—received an F while the remaining seven states received C's and D's (for information on how grades were determined, see Appendix A2).

Trends in Employment & Earnings

Progress on women's employment and earnings in southern states can be tracked by comparing current composite scores to those of a decade ago (Caiazza et al. 2004). This comparison shows:

- Only three of the states in Table 2.1 had an improvement in their overall composite score between 2004 and 2014—the District of Columbia, North Carolina, and Tennessee. All three states improved on the gender earnings ratio and the share of employed women in managerial and professional occupations.

- Two states showed no change (South Carolina and Texas) in their composite scores, and nine states showed a decline in their scores. Of the states whose composite score declined, the largest declines were in Arkansas and Mississippi, with both states showing declines in women's labor force participation and in the gender earnings ratio.

Table 2.1.

How the South Measures Up: Women's Status on the Employment & Earnings Composite Index and Its Components, 2014

	Composite Index				Median Annual Earnings for Women Employed Full-Time, Year-Round			Earnings Ratio Between Women and Men Employed Full-Time, Year-Round			Percent of Women in the Labor Force			Percent of All Employed Women in Managerial or Professional Occupations		
State	Score	National Rank	Regional Rank	Grade	Dollars	National Rank	Regional Rank	Percent	National Rank	Regional Rank	Percent	National Rank	Regional Rank	Percent	National Rank	Regional Rank
Alabama	3.55	46	10	F	$32,000	42	10	72.7%	43	12	52.5%	50	13	37.2%	45	12
Arkansas	3.55	46	10	F	$30,000	49	13	75.0%	38	10	52.6%	49	12	38.1%	40	8
District of Columbia	5.51	1	1	A	$64,000	1	1	95.5%	1	1	67.2%	1	1	61.1%	1	1
Florida	3.83	34	7	D+	$34,500	37	6	86.3%	6	3	54.1%	46	10	37.8%	43	10
Georgia	3.94	25	4	C	$36,000	24	3	81.8%	15	5	57.5%	34	4	40.7%	20	4
Kentucky	3.76	38	8	D+	$34,000	39	7	79.1%	27	8	54.2%	45	9	39.2%	32	7
Louisiana	3.50	49	13	F	$31,200	46	11	65.0%	51	14	55.8%	42	8	37.3%	44	11
Mississippi	3.55	46	10	F	$30,000	49	13	75.0%	38	10	53.9%	47	11	37.2%	45	12
North Carolina	3.99	20	3	C+	$35,000	29	5	87.5%	4	2	57.2%	35	5	40.8%	19	3
South Carolina	3.72	41	9	D	$33,000	41	9	78.6%	29	9	56.4%	39	6	37.2%	45	12
Tennessee	3.84	31	6	C-	$34,000	39	7	85.0%	8	4	56.1%	40	7	37.9%	42	9
Texas	3.89	28	5	C	$35,900	28	4	79.8%	25	7	57.8%	33	3	39.5%	28	5
Virginia	4.26	9	2	B	$42,000	8	2	80.8%	16	6	61.3%	16	2	45.0%	7	2
West Virginia	3.47	51	14	F	$31,200	46	11	69.3%	48	13	48.3%	51	14	39.3%	31	6
Southern States					**$35,000**			**79.5%**			**56.3%**			**39.6%**		
All Other States					**$40,000**			**80.0%**			**59.2%**			**41.5%**		
United States					**$38,400**			**80.0%**			**58.2%**			**40.9%**		

Note: Aged 16 and older.
Source: IWPR analysis of American Community Survey Microdata (Integrated Public Use Microdata Series, Version 6.0). For methodology, see Appendix A2.

Earnings and the Gender Wage Gap

Median Annual Earnings

Nationally, in 2014 the median annual earnings of women working full-time, year-round were $38,400 (Table 2.1), with women in the southern states earning less than those living in other regions ($35,000 and $40,000, respectively). There is considerable variation in women's earnings across the states, including the southern states (Table 2.1; Map 2.2).

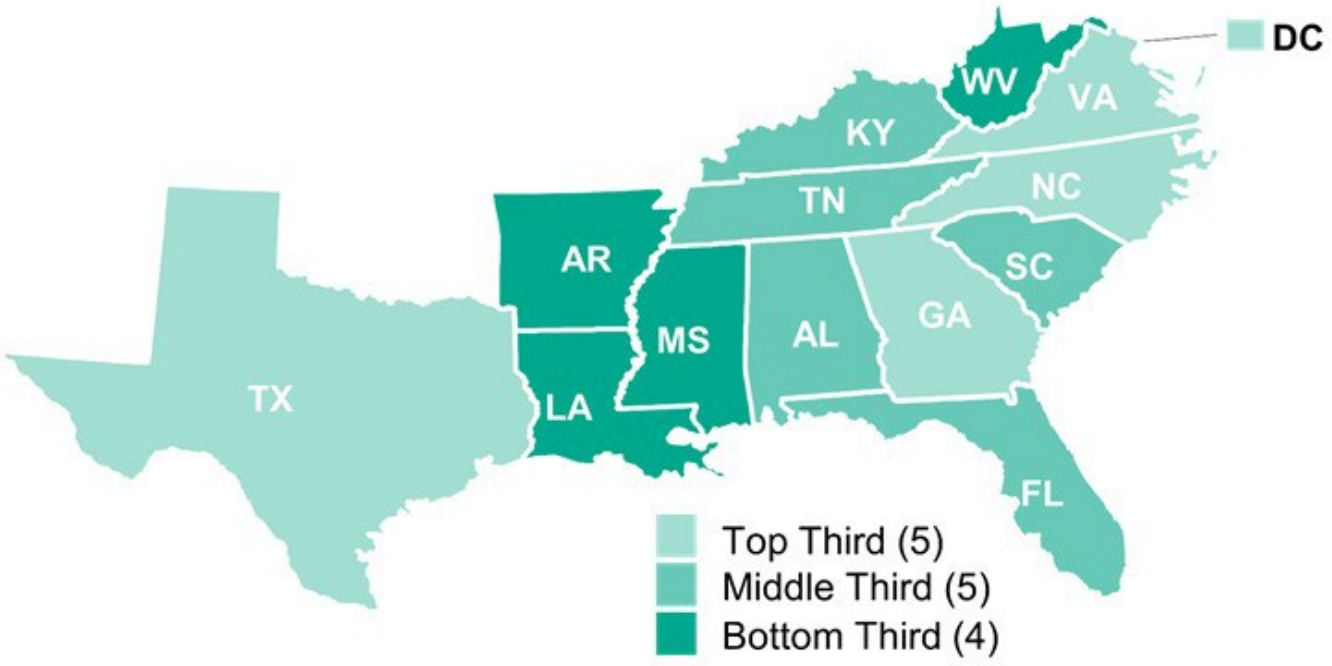
- Women working full-time, year-round in the District of Columbia had median annual earnings of $64,000 in 2014, the highest of women in any other jurisdiction in the South or in the United States. Women in Virginia had median annual earnings of $42,000, the second highest among the southern states.

- In Arkansas and Mississippi women had median annual earnings of $30,000, the lowest in the nation. Women in West Virginia and Louisiana had the second lowest median annual earnings among the southern states, at $31,200.

There are considerable differences across states in the degree to which women's and men's earnings have increased or declined (Hess et al. 2015). Between 1999 and 2014 the real median earnings of women increased in five southern states—Arkansas, the District of Columbia, Kentucky, Virginia, and West Virginia—while men's increased in only two southern states (Appendix Table B2.4). Women's real earnings declined in nine states, with the largest percentage declines in Georgia (6.2 percent), Mississippi (3.2 percent) and South Carolina (3.2 percent).[3] Of these nine states, eight either have no state minimum wage (five states) or have a state minimum wage lower than or equal to the federal minimum wage (three states; United States Department of Labor, Wage and Hour Division 2016). Changes in the real earnings of workers between 1999 and 2014 reflect wage laws, the decline in unionized jobs, and a slack labor market during the recession that reduced workers' ability to negotiate higher wages (Gould 2015; Wisman 2013).

Map 2.2.

Median Annual Earnings for Women in the South Employed Full-Time, Year-Round, 2014

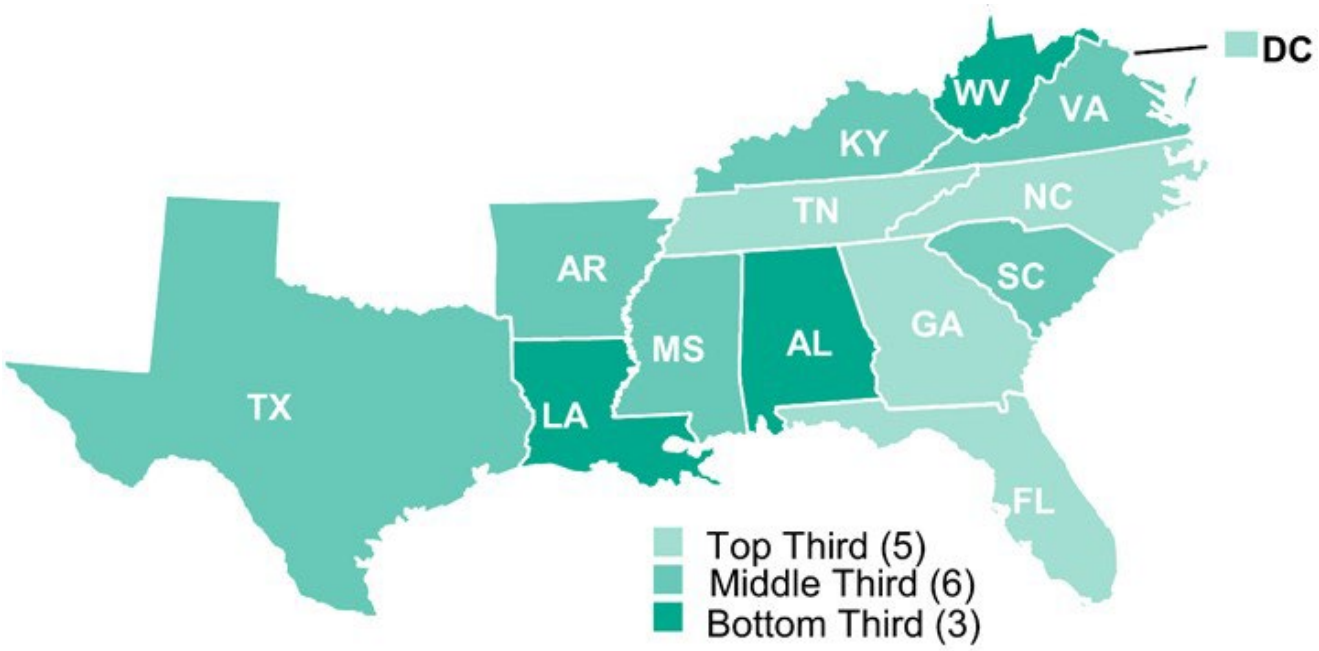


Note: Median annual earnings for full-time, year-round workers aged 16 and older.
Source: IWPR analysis of American Community Survey microdata (Integrated Public Use Microdata Series, Version 6.0).

[3] The nine southern states in which women's median annual earnings declined were Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, and Texas. For the amount of declines for women and men in dollar amounts and percentages, see Appendix Table B2.4.

Map 2.3.

Earnings Ratio Between Women and Men in the South Employed Full-Time, Year-Round, 2014



Note: Ratio of women's to men's median annual earnings (full-time, year-round workers) aged 16 and older.
Source: IWPR analysis of American Community Survey microdata (Integrated Public Use Microdata Series, Version 6.0).

The Gender Earnings Ratio

As is true in every state in the nation, women earn less than men in all fourteen southern jurisdictions (Table 2.1; Map 2.3). Nationally, the gender earnings ratio narrowed between 1980 and 2014, with 40 percent of the decline attributed to the stagnation of men's wages (Davis and Gould 2015). Important factors contributing to the maintenance of the gender earnings gap are women's and men's continued concentration in different occupations and industries, women's greater caregiving responsibilities (and consequent workforce interruptions), and discrimination in the labor market (Blau and Kahn 2016; Appendix Table B2.7).

- In 2014, the District of Columbia had the highest gender earnings ratio, at 95.5 percent, followed by three states with gender earnings ratios of 85 percent or higher (87.5 percent in North Carolina, 86.3 percent in Florida, and 85.0 percent in Tennessee; Table 2.1).
- In Louisiana, where the gender earnings ratio is the lowest, women earned just 65.0 percent of what men earned, and in West Virginia, they earned just 69.3 cents for every dollar men earned.

Equal Pay and the Economy

Closing the gender wage gap would help many women and families, and particularly single women and mothers, achieve economic security. If all working women in the South aged 18 and older were paid the same as comparable men—men of the same age, level of education, and urban/rural residence, and who work the same number of hours—women's average annual

earnings would increase from $35,788 to $42,180 (an increase of $6,392 or 17.9 percent; Table 2.2). Added up across all working women in the South, this would amount to an earnings increase of $155.4 billion, or 2.8 percent of the southern states' combined gross domestic product (GDP) in 2014 (see Figure 2.1 for state-by-state data).[4]

Closing the gender wage gap would increase women's earnings and the family incomes of working women living in various household formations.

- If married working women in the South aged 18 and older were paid the same as comparable men, their average annual earnings would increase from $40,359 to $46,913, or 16.2 percent. This translates into an average of $6,554 more in earnings per year for each family, which would raise the average annual family income for married couples in the South from $110,540 to $117,356. This increase would result in $77.6 billion in total income gains across the southern states.[5]
- For southern single mothers aged 18 and older, receiving equal pay would amount to an average annual increase in earnings of $6,592 (or 21.8 percent), from $30,200 to $36,792. Average annual incomes for families headed by single mothers would increase from $37,009 to $44,004.
- If southern women aged 18 and older who are single and live independently were paid the same as comparable men, they would earn 15.4 percent more, or an average of $6,016 per year. Their

Table 2.2

Mean Annual Earnings and Family Income if Working Women in the South Earned the Same as Comparable Men, 2014 Average

	All Working Women	Single Mothers	Single, Living Independently	Married Women
Population Size in the South	24,307,331	2,632,994	4,979,833	11,837,652
Annual Hours Worked	1,760	1,752	1,847	1,805
Women's Annual Earnings in the South				
Current	$35,788	$30,200	$39,129	$40,359
After Pay Adjustment	$42,180	$36,792	$45,145	$46,913
Percent Adjusted	60.3%	66.2%	55.2%	57.3%
Average Increase (including zeros)	$6,392	$6,592	$6,016	$6,554
Percent Increase	17.9%	21.8%	15.4%	16.2%
Annual Family Income in the South				
Current	$80,914	$37,009	$43,470	$110,540
After Pay Adjustment	$88,105	$44,004	$49,486	$117,356
Total Income Gains in the South				
Total Income Gains ($ billions)	$155.4	$17.4	$30.0	$77.6
Increase in Income as Percentage of 2014 GDP	2.8%	0.3%	0.5%	1.4%

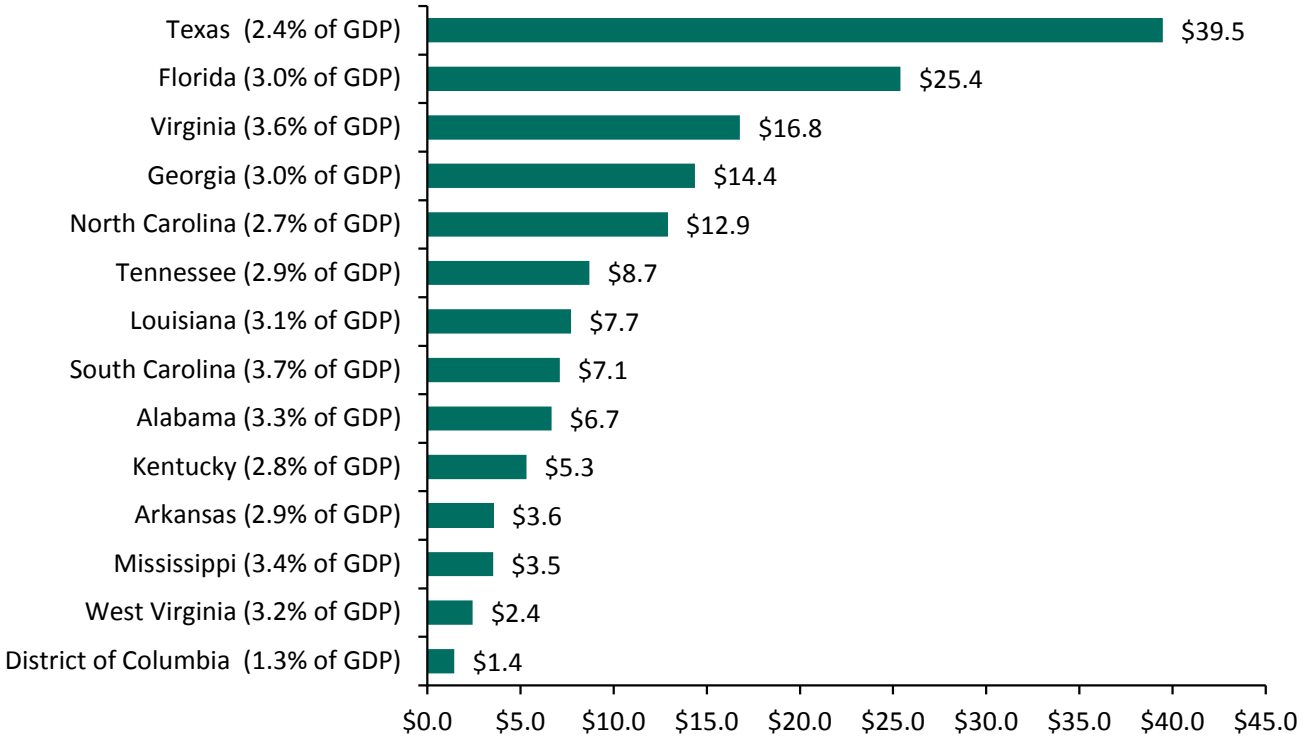
Notes: Includes zeros for women who currently earn more than if they were paid in the same way as men. Family income includes not only earnings from jobs held by women and any other family members but also income from other sources, such as investments, retirement funds, Social Security, and government benefits. Because some families may have more than one female earner, the average change in family income may be greater than the average change in women's earnings. Not all women are represented in the three family types shown.
Source: IWPR calculations based on the Current Population Survey Annual Social and Economic supplements based on Flood et al., 2013–2015 (for calendar years 2012–2014), Integrated Public Use Microdata Series, Version 4.0. (Flood et al. 2015; Institute for Women's Policy Research 2015a). GDP data are from the U.S. Department of Commerce, Bureau of Economic Analysis (2015).

[4] This estimated growth in GDP is likely an underestimate, since women's work hours, educational achievement, and occupation attainment were not increased in the statistical model producing this estimate; higher wages would likely increase women's work hours and educational and occupational attainment. Women's higher wages and the resulting increase in family income would also have multiplier effects, also omitted from the estimate model, including an increase in demand for goods and services and a subsequent increase in production. Equal pay would also dramatically decrease poverty among women (see the Poverty and Opportunity Chapter).

[5] Family income includes not only earnings from jobs held by women and any other family members but also income from other sources, such as investments, retirement funds, Social Security, and government benefits. Because some families may have more than one female earner, the average change in family income may be greater than the average change in women's earnings.

Figure 2.1

Increase in GDP if Working Women in the South Had Equal Pay with Comparable Men, by State, 2014 (in billions)



Notes: Includes zeros for women who currently earn more than if they were paid in the same way as men. Family income includes not only earnings from jobs held by women and any other family members but also income from other sources, such as investments, retirement funds, Social Security, and government benefits. Because some families may have more than one female earner, the average change in family income may be greater than the average change in women's earnings.
Source: IWPR calculations based on the Current Population Survey Annual Social and Economic supplements based on Flood et al., 2013–2015 (for calendar years 2012–2014), Integrated Public Use Microdata Series, Version 4.0. (Flood et al. 2015; Institute for Women's Policy Research 2015a). GDP data are from the U.S. Department of Commerce, Bureau of Economic Analysis (2015).

earnings would increase from $39,129 to $45,145, and their average annual family incomes would rise from $43,470 to $49,486, resulting in a total income gain for the South of $30 billion.

Earnings and the Gender Wage Gap for Women of Color

Women's earnings in the South, and nationally, differ considerably by race and ethnicity. Women in states outside the South earn, on average, about $5,000 more per year than women in the South (Table 2.1). The largest difference between the South and the rest of the country among racial and ethnic groups, is for black women, whose earnings outside the South are $8,000 higher than black women living in southern states. Native American women and white women living outside the South have the smallest earnings advantage over their same-race southern counterparts ($1,200 and $3,000, respectively; Figure 2.2).

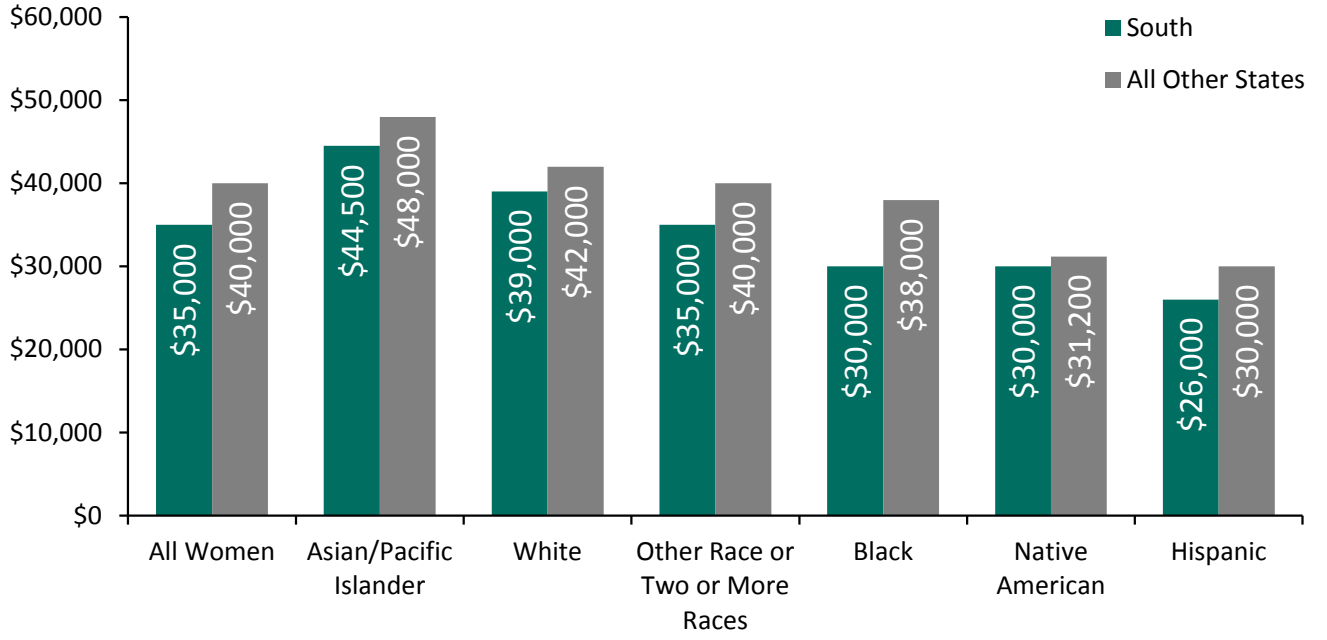
Within the larger racial and ethnic groups, there are further differences in women's earnings. Among Asian/Pacific Islander women in the South, for example, the median annual earnings of Indian women are $60,000, while Cambodian and Laotian women in the South have annual earnings of $28,000 and $29,000, respectively, less than half that of their Indian counterparts. Among Hispanic women in the South, women of Spanish descent have median earnings of $39,000, while women from Guatemala and Honduras each have earnings of just $20,000 (Appendix Table B2.6).[6]

There is considerable variation across the southern states in women's earnings by race and ethnicity (Ap-

[6] Although data are available for many additional races and ethnicities nationally (see Hess et al. 2015), sample sizes for those residing in southern states are inadequate for several groups.

Figure 2.2.

Median Annual Earnings for Women Employed Full-Time,Year-Round, by Race/Ethnicity and South/Non-South, 2014



Note: Earnings are for full-time, year-round women workers aged 16 and older. Racial categories are non-Hispanic. Hispanics may be of any race or two or more races.
Source: IWPR analysis of American Community Survey microdata (Integrated Public Use Microdata Series, Version 6.0).

pendix Table B2.2). The highest earnings for women from all of the largest racial and ethnic groups are in the District of Columbia ($64,000 for all women), but there is great variability between groups within the states with the lowest median earnings. Of the 14 southern states in Appendix Table B2.2, Hispanic women have the lowest median earnings of any group in 12 states; African American women have the lowest earnings of women (compared with all groups) in one state—Louisiana.

- Hispanic women's median earnings are highest in the District of Columbia ($47,000) and Virginia ($30,000) and lowest in Alabama ($21,000) and Arkansas ($22,000).

- Black women have the highest earnings in the District of Columbia ($48,000), with Texas and Virginia tied for the second highest earnings at $35,000. Louisiana and Mississippi, where black women's earnings are $25,000, tied for the lowest earnings for black women.

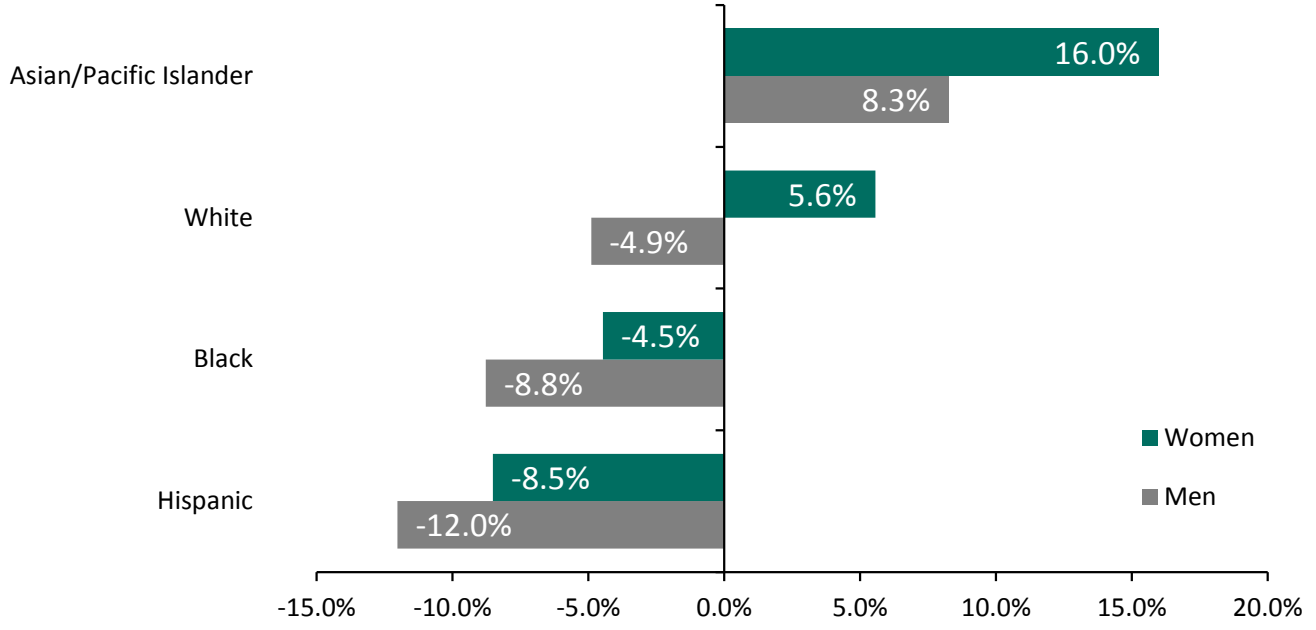
- Asian/Pacific Islander women's earnings are highest in the District of Columbia ($60,000) and Virginia ($50,000); their earnings are lowest in Arkansas ($29,000) and Mississippi ($30,000).

- White women's median earnings were highest in the District of Columbia ($74,000) and Virginia ($45,000) and they were lowest in West Virginia ($30,000) and Arkansas ($32,000). White women's median earnings were highest of all racial/ethnic groups in eight of the 14 states (Appendix Table B2.2).

Between 1999 and 2014, women's and men's earnings fell across a number of southern states, with men's earnings falling at a faster pace than women's (Appendix Table B2.4). There were substantial differences by race and ethnicity, however. Hispanic and black men and women experienced declines in median earnings in the southern states overall and across most jurisdictions in the South. The drop in Hispanic and black men's earnings outpaced the decline in Hispanic and black women's earnings, narrowing the corresponding pay gaps between Hispanic and black men and women. White women's real earnings increased but white men's fell, and both Asian/Pacific Islander women and Asian/Pacific Islander men had increased real earnings, but Asian/Pacific Islander women's earnings outpaced those of Asian/Pacific Islander men (Figure 2.3).

Figure 2.3.

Change in Real Median Annual Earnings for Full-Time, Year-Round Workers in the South, by Gender and Race/Ethnicity, 1999-2014



Note: Earnings are for full-time, year-round workers aged 16 and older. Racial categories are non-Hispanic. Hispanics may be of any race or two or more races.
Source: IWPR Analysis of 2000 Decennial Census (for calendar year 1999) in 2014 dollars and 2014 American Community Survey micro-data (Integrated Public Use Microdata Series, Version 6.0).

Table 2.3.

Median Annual Earnings and the Gender Earnings Ratio for Women and Men Employed Full-Time, Year-Round, by Race/Ethnicity, Southern States and United States, 2014

	Southern States				United States			
	Women	Men	Ratio of Women's Earnings to Men's of the Same Racial/ Ethnic Group	Ratio of Women's Earnings to White Men's Earnings	Women	Men	Ratio of Women's Earnings to Men's of the Same Racial/ Ethnic Group	Ratio of Women's Earnings to White Men's Earnings
All Women	$35,000	$44,000	79.5%	70.0%	$38,400	$48,000	80.0%	72.5%
White	$39,000	$50,000	78.0%	78.0%	$40,000	$53,000	75.5%	75.5%
Hispanic	$26,000	$30,000	86.7%	52.0%	$28,600	$32,000	89.4%	54.0%
Black	$30,000	$35,000	85.7%	60.0%	$34,000	$38,000	89.5%	64.2%
Asian/Pacific Islander	$44,500	$60,000	74.2%	89.0%	$47,000	$60,000	78.3%	88.7%
Native American	$30,000	$40,000	75.0%	60.0%	$31,000	$38,000	81.6%	58.5%
Other Race or Two or More Races	$35,000	$45,000	77.8%	70.0%	$38,400	$45,000	85.3%	72.5%

Notes: For women and men aged 16 and older. Racial categories are non-Hispanic. Hispanics may be of any race or two or more races.
Source: IWPR analysis of American Community Survey microdata (Integrated Public Use Microdata Series, Version 6.0).

Across all racial and ethnic groups in the South and in the country as a whole, women earned less than their male counterparts (Table 2.3, Appendix Table B2.6). In the South, this disparity was even greater. Only white workers had a smaller gender earnings gap in the South than in the nation as a whole.

In the South, the gender wage gap within racial and ethnic groups is smallest for Hispanic (86.7) and black (85.7 percent) workers, due in part to the lower relative earnings of Hispanic and black men. Asian/Pacific Islander (74.2 percent) and Native American women (75.0 percent) have the largest wage gap with same-race men.

The gender wage gap for women of color and white men was larger than the wage gap with same race men for all groups of women except Asian/Pacific Islander women and white women. Hispanic, Native American, and black women experience the largest gaps with white men; women of all three groups have median earnings 60 percent or less of white men's earnings in the South (Table 2.3).[7] Asian/Pacific Islander women have the smallest earnings gap with white men but still earned only 89.0 percent of white men's earnings in the South (Table 2.3).

Educational Attainment and Earnings

Education increases women's earnings and educational attainment and is an important factor in earnings differences between groups of workers in the United States. In 2014, women in the South aged 25 and older with at least a bachelor's degree working full-time, year-round, earned almost twice as much as women with only a high school diploma ($50,000 compared with $27,000), a difference in earnings of $23,000 per year (Table 2.4, Figures 2.4 and 2.5).

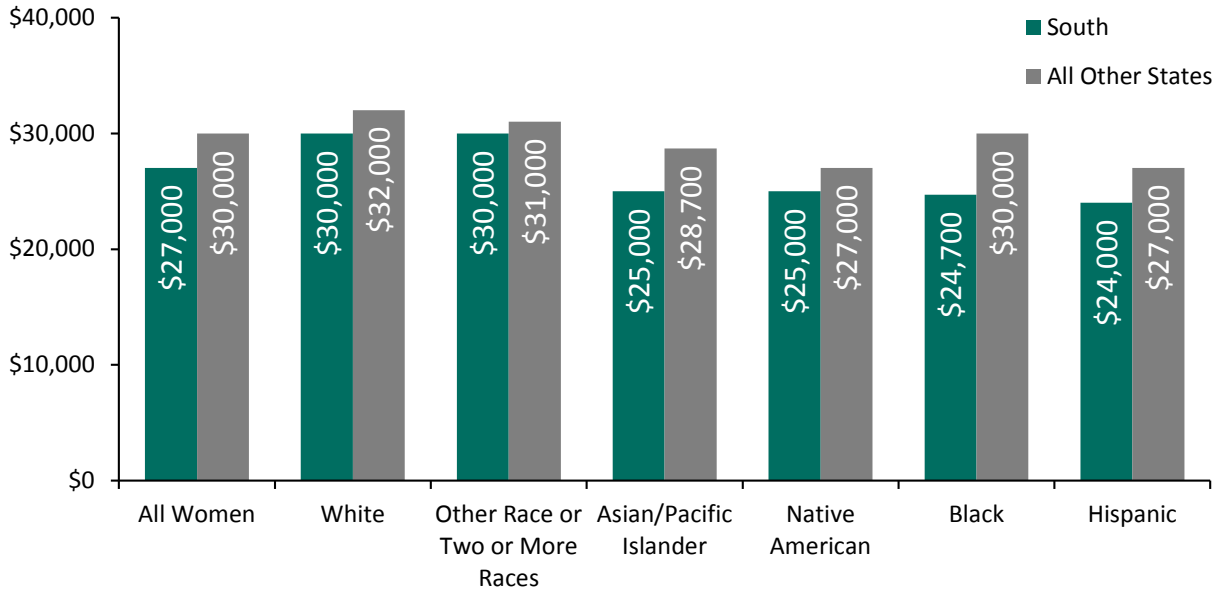
Among Hispanic, black, and Asian/Pacific Islander women, bachelor's degrees bring greater relative earnings gains in the South than in other regions (Table 2.4).

- White women living in states outside the South had greater returns to their education than did white women living within the southern states. Southern white women with only a high school diploma had annual earnings of $30,000, while those with at least a bachelor's degree had earnings of $52,000, a difference of 73.3 percent. For white women living outside the South a bachelor's degree or more raised earnings by 87.5 percent.
- Hispanic women in the South had greater returns to their education than their counterparts in the rest of the country. Southern Hispanic women with only a high school diploma had median earnings of $24,000, the lowest of any group of women. Those with at least a bachelor's degree, however, had earnings that were 95.8 percent higher. For Hispanic women outside the South, the increased earnings associated with a bachelor's degree was smaller, at 85.2 percent (Table 2.4).
- Black women with only a high school diploma living in the South also had very low earnings, at $24,700, while southern black women with at least a bachelor's degree had earnings that were 94.3 percent higher ($48,000). Black women outside the South with a bachelor's degree or more had an earnings increase of 83.3 percent over black women with a high school diploma (Table 2.4).
- Asian/Pacific Islander women who attained a bachelor's degree or more had even larger earnings increases over their high-school only counterparts in the South than in states outside the South. Asian/Pacific Islander women with a bachelor's degree or more had earnings that were 130 percent higher than their high school only counterparts in states outside the South, and their earnings were 160 percent higher in the southern states (Table 2.4).
- Native American women experience the benefits of higher education equally both in the South and in states outside the South. The earnings increase associated with going from a high school diploma only to a bachelor's degree or more was 78.0 percent in the South and 77.8 percent in all other states (Table 2.4).

[7] See Appendix Table B2.3 for comparisons by southern state, for the South and all other states, and the United States.

Figure 2.4.

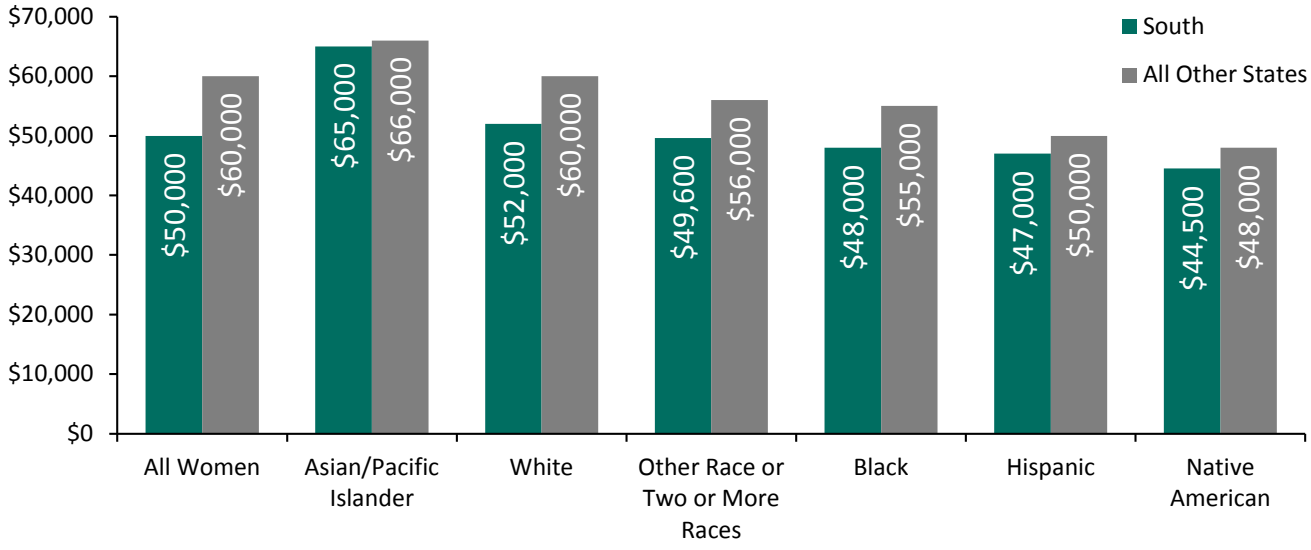
Median Annual Earnings for Women Employed Full-Time,Year-Round with a High School Diploma Only, by Race/Ethnicity and South/Non-South, 2014



Note: Earnings are for full-time, year-round women workers aged 25 and older. Racial categories are non-Hispanic. Hispanics may be of any race or two or more races.
Source: IWPR analysis of American Community Survey microdata (Integrated Public Use Microdata Series, Version 6.0).

Figure 2.5.

Median Annual Earnings for Women Employed Full-Time,Year-Round with a Bachelor's Degree or Higher, by Race/Ethnicity and South/Non-South, 2014



Note: Earnings are for full-time, year-round women workers aged 25 and older. Racial categories are non-Hispanic. Hispanics may be of any race or two or more races.
Source: IWPR analysis of American Community Survey microdata (Integrated Public Use Microdata Series, Version 6.0)

Table 2.4.

Differences in Median Annual Earnings for Women Employed Full-Time, Year-Round with a High School Only and Women with a Bachelor's Degree or More, by Race/Ethnicity and South/Non-South, 2014

State	Women's Median Earnings by Education and Region				Earnings Differences for Women with Only a High School Diploma and Women with a Bachelor's Degree or more, in Dollars		Earnings Difference for Women with Only a High School Diploma and Women with a Bachelor's Degree or more, in Percent	
	South		All Other States		South	All Other States	South	All Other States
	High School Only	Bachelor's Degree or Higher	High School Only	Bachelor's Degree or Higher				
All Women	$27,000	$50,000	$30,000	$60,000	$23,000	$30,000	85.2%	100.0%
White	$30,000	$52,000	$32,000	$60,000	$22,000	$28,000	73.3%	87.5%
Hispanic	$24,000	$47,000	$27,000	$50,000	$23,000	$23,000	95.8%	85.2%
Black	$24,700	$48,000	$30,000	$55,000	$23,300	$25,000	94.3%	83.3%
Asian/Pacific Islander	$25,000	$65,000	$28,700	$66,000	$40,000	$37,300	160.0%	130.0%
Native American	$25,000	$44,500	$27,000	$48,000	$19,500	$21,000	78.0%	77.8%
Other Race or Two or More Races	$30,000	$49,600	$31,000	$56,000	$19,600	$25,000	65.3%	80.6%

Note: Earnings are for full-time, year-round women workers aged 25 and older. Racial categories are non-Hispanic. Hispanics may be of any race or two or more races.
Source: IWPR analysis of American Community Survey microdata (Integrated Public Use Microdata Series, Version 6.0).

The Union Advantage for Women in the South

Women across the South have a union representation rate that is half that of the nation as a whole (5.7 percent compared with 11.5 percent).[8] Union representation is important because it helps ensure that employers set wages based on objective criteria, such as skill, effort, and responsibility. Research shows that workers represented by labor unions tend to have better wages and benefits, especially among those in the middle and at the bottom of the wage distribution, where workers are disproportionately female (Jones, Schmitt, and Woo 2014). Among full-time workers aged 16 and older across the country, women represented by labor unions earn a weekly average of $217, or 31.3 percent, more than women in nonunion jobs (Table 2.5).[9]

Southern states are more than twice as likely as states in other regions to have "right-to-work" laws in place that make it harder for unions to negotiate contracts on behalf of workers. Eleven of the 14 southern states have "right-to-work" laws. These laws are associated with lower wages for all workers, whether or not they are unionized, but especially women (Gould and Shierholz 2011). In right-to-work states, wages are about 4.4 percent lower for full-time, year round female workers and 1.7 percent lower for full-time, year-round male workers than in non-right-to-work states (Gould and Shierholz 2011),[10] suggesting that right-to-work legislation is particularly detrimental to women.

The union wage advantage is greater for women in the South than outside of the South.

- The median weekly earnings of women in the South employed full-time, year-round and represented by a union are $861, which is $205 or 31.3 percent more than full-time employed women who are not represented by a union. In states out-

[8] IWPR analysis of Current Population Survey (CPS) data.

[9] The earnings data in this section are calculated for all workers and do not control for age, education, or industry; when these factors are controlled for, the union advantage is smaller but still significant, especially for women and minorities (Jones, Schmitt, and Woo 2014).

[10] Estimates are controlled for individual demographic and socioeconomic variables (including age, gender, race/ethnicity, marital status, education, urbanicity, union status, industry, occupation, whether a worker is an hourly worker, and whether a worker is a full-time worker), as well as state macroeconomic differences, including cost-of-living measures and the unemployment rate (Gould and Shierholz 2011; see also Gould and Kimball 2015).

Table 2.5.

Median Weekly Earnings for Women Employed Full-Time, by Union Status, Southern State, South/Non-South, and United States, 2014

State	Union	Nonunion	Union Wage Advantage (dollars)	Union Wage Advantage (in Percent)	Right-to-Work State
Alabama	$826	$618	$208	33.6%	Yes
Arkansas	$817	$603	$214	35.4%	Yes
District of Columbia	$1,124	$1,076	$48	4.4%	No
Florida	$830	$688	$143	20.7%	Yes
Georgia	$878	$674	$204	30.3%	Yes
Kentucky	$744	$610	$134	22.0%	No
Louisiana	$851	$599	$251	42.0%	Yes
Mississippi	$753	$599	$154	25.7%	Yes
North Carolina	$787	$657	$131	19.9%	Yes
South Carolina	$896	$613	$283	46.3%	Yes
Tennessee	$800	$621	$178	28.7%	Yes
Texas	$896	$637	$260	40.8%	Yes
Virginia	$1,099	$796	$304	38.2%	Yes
West Virginia	$782	$606	$176	29.0%	No
Southern States	**$861**	**$656**	**$205**	**31.3%**	**78.6% are Right to Work**
All Other States	**$924**	**$716**	**$208**	**29.0%**	**35.1% are Right to Work**
United States	**$911**	**$694**	**$217**	**31.3%**	**47.1% are Right to Work**

Notes: Data are four-year (2011-2014) averages. Earnings are for full-time women workers aged 16 and older. Racial categories are non-Hispanic. Hispanics may be of any race or two or more races.
Source: IWPR analysis of Current Population Survey Outgoing Rotation Groups data, Version 2.0.1 (Center for Economic Policy Research 2015; Institute for Women's Policy Research 2015b). National Conference of State Legislatures (2015).

side the South, unionized women earn a median of $924 a week, which is $208 or 29.0 percent more than non-unionized women (Table 2.5).

The union wage advantage for women is present in all southern states, and varies in size across states.

- Unionized women who work full-time have higher median weekly earnings than their nonunionized counterparts across all southern states (Table 2.5).
- Women in South Carolina, Louisiana, and Texas have the largest union wage advantage compared with their nonunionized counterparts, with weekly earnings that are 46.3, 42.0, and 40.8 percent higher, respectively.
- The jurisdictions with the smallest union wage advantage are the District of Columbia (4.4 percent), North Carolina (19.9 percent), and Florida (20.7 percent).

Across all racial and ethnic groups in Table 2.6, unionized women earn more than non-unionized women. The union advantage does differ, however, by race, ethnicity, and region.[11]

- White women have a larger union advantage in states outside the South, with unionized white women earning 27.5 percent higher weekly earnings than their nonunion counterparts. In southern states, unionized white women's earnings are 24.7 percent higher than their nonunion counterpart (Table 2.6).
- Hispanic women experience greater benefits of unionization in the South, where unionized Hispanic women's earnings are 59.5 percent greater

[11] Sample size for southern Asian/Pacific Islander women in unions was too small to allow calculation of reliable estimates of earnings.

Table 2.6.

Median Weekly Earnings for Women by Race/Ethnicity and Union Status, South/Non-South, and United States, 2014

	All Women			White Women			Hispanic Women			Black Women		
Region	Union	Nonunion	Union Advantage (Percent)	Union	Nonunion	Union Advantage (Percent)	Union	Nonunion	Union Advantage (Percent)	Union	Nonunion	Union Advantage (Percent)
Southern States	$861	$656	31.3%	$904	$725	24.7%	$815	$511	59.5%	$779	$579	34.5%
All Other States	$924	$716	29.0%	$978	$767	27.5%	$766	$531	44.4%	$796	$621	28.2%
United States	$911	$694	31.3%	$963	$753	27.9%	$774	$522	48.3%	$790	$598	32.2%

Notes: Data are four-year (2011-2014) averages. Earnings are for full-time women workers aged 16 and older. Racial categories are non-Hispanic. Hispanics may be of any race or two or more races. Sample sizes for southern Asian/Pacific Islander women too small to allow reliable calculation of earnings, so they are omitted from table 2.6.
Source: IWPR analysis of Current Population Survey Outgoing Rotation Groups data, Version 2.0.1 (Center for Economic Policy Research 2015; Institute for Women's Policy Research 2015b).

than nonunionized southern Hispanic women. The difference in earnings between unionized and nonunionized Hispanic women outside the South was a smaller, yet still notable, 44.4 percent.

- Black women also experience a substantial earnings boost from unionization which is also more pronounced in the South. Unionized southern black women's earnings were 34.5 percent greater than nonunionized southern black women (the difference for states outside the South was 28.2 percent).

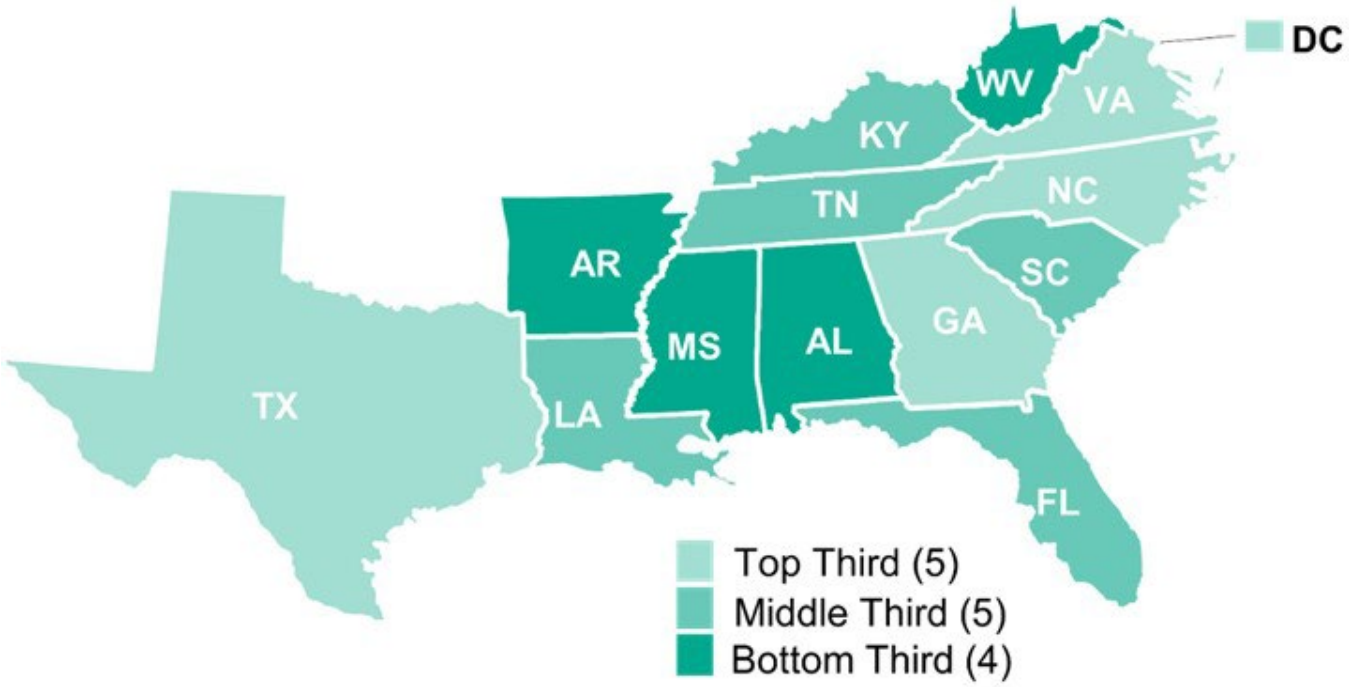
Women's Labor Force Participation

Women's increased labor force participation represents a significant change in the U.S. economy since 1950. In 1950 only one in three women aged 16 and older was in the labor force. By 2014, almost six in ten women aged 16 and older were in the labor force (57.0 percent, U.S. Bureau of Labor Statistics 2015), and women made up almost half (46.8 percent) of the total U.S. workforce (U.S. Bureau of Labor Statistics 2015). There are, however, substantial differences in women's labor force participation rates by state, and by race and ethnicity, between the South and all other states (Map 2.4; Table 2.1; Appendix Table B2.5).

- Women in states outside of the South have a labor force participation rate that is 2.9 percentage points higher than the overall rate for all southern states (59.2 percent compared with 56.3 percent, respectively; Table 2.1).
- Across jurisdictions in the South, women's labor force participation rates are highest in the District of Columbia (67.2 percent), Virginia (61.3 percent), and Texas (57.8 percent; Table 2.1). Women's labor force participation rates are lowest in West Virginia (48.3 percent), Alabama (52.5 percent), and Arkansas (52.6 percent).
- Among women from the largest racial and ethnic groups in the South, black women have the highest labor force participation rate (62.4 percent), followed by women of another race or two or more races (60.1 percent), then Asian/Pacific Islander women (58.8 percent). Native American women have the lowest labor force participation rate (50.4 percent), followed by white women (54.3 percent; Appendix Table B2.5).
- Outside the South the labor force participation rates of white (59.2 percent), Native American (54.7 percent), and women another race or two or more races (62.9 percent) are considerably higher than their same-race counterparts in the South (Appendix Table B2.5).

Map 2.4.

Labor Force Participation of Women in the South, 2014



Note: Percent of all women aged 16 and older who were employed or looking for work in 2014.
Source: IWPR analysis of American Community Survey microdata (Integrated Public Use Microdata Series, Version 6.0).

Women in Managerial or Professional Occupations

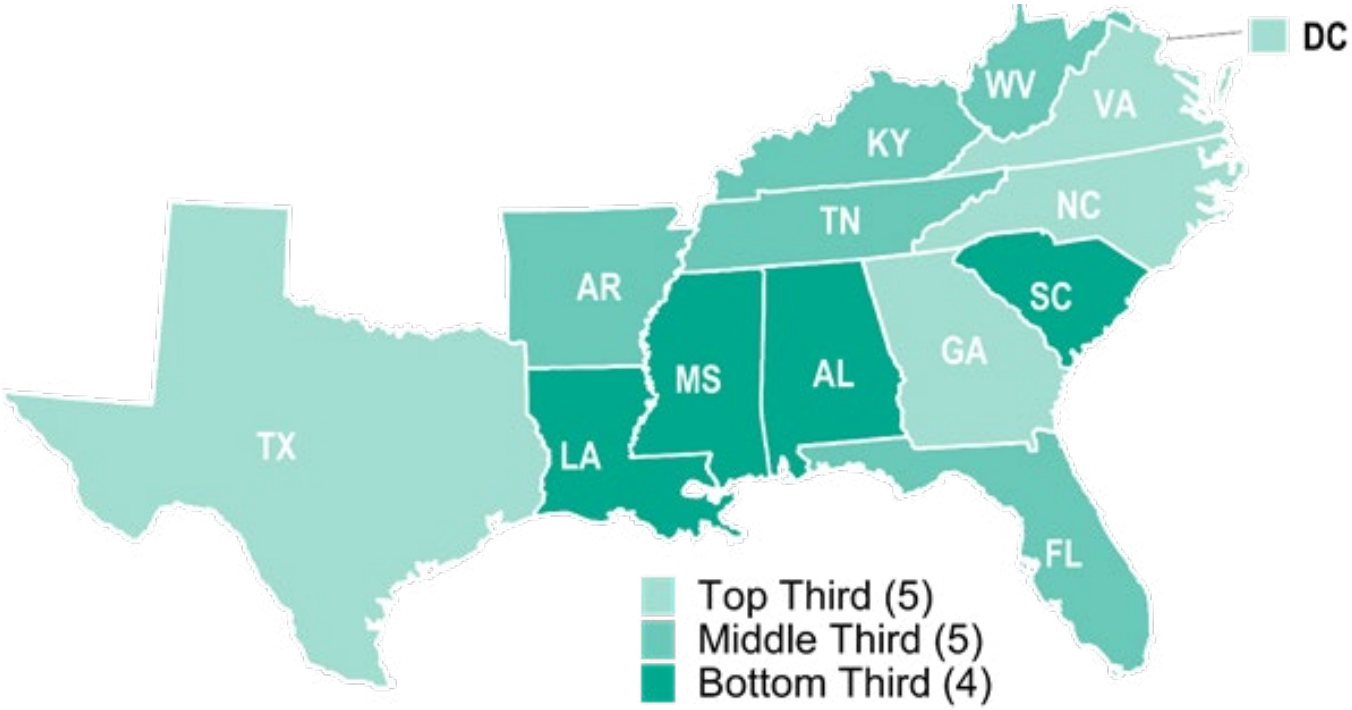
Professional and managerial occupations include occupations such as managers, lawyers, doctors, nurses, teachers, accountants, and engineers. These occupations generally require at least a college degree and provide opportunities for higher earnings (Bureau of Labor Statistics, U.S. Department of Labor, The Economics Daily 2011). Nationally, the percentage of employed women in these occupations has increased from 33.2 percent of working women in 2001 (Caiazza et al. 2004), to 40.9 percent in 2014 (Appendix Table B2.8).

- Among the southern states, the District of Columbia has the highest percentage of employed women working in managerial or professional occupations, with nearly three-fifths of working women in these occupations (61.1 percent; Table 2.1; Map 2.5). Virginia ranks second in the South, with 45.0 percent of working women in managerial or professional occupations. Alabama, Mississippi, and South Carolina have the smallest percentages of managerial and professional women (all at 37.2 percent; Appendix Table B2.8).

- In the South, as is true in the nation as a whole, Asian/Pacific Islander women are more likely than women of other racial/ethnic backgrounds to work in management and professional occupations (47.7 percent), followed closely by white women (45.0 percent; Figure 2.6). Just over one-third of southern Native American (34.5 percent) and black (32.5 percent) women work in professional and management occupations. Southern Hispanic women are least likely, among the largest racial/ethnic groups, to work in management and professional occupations (26.4 percent), although they are more likely to work in such positions in the South than they are elsewhere in the country (Figure 2.6).

Map 2.5.

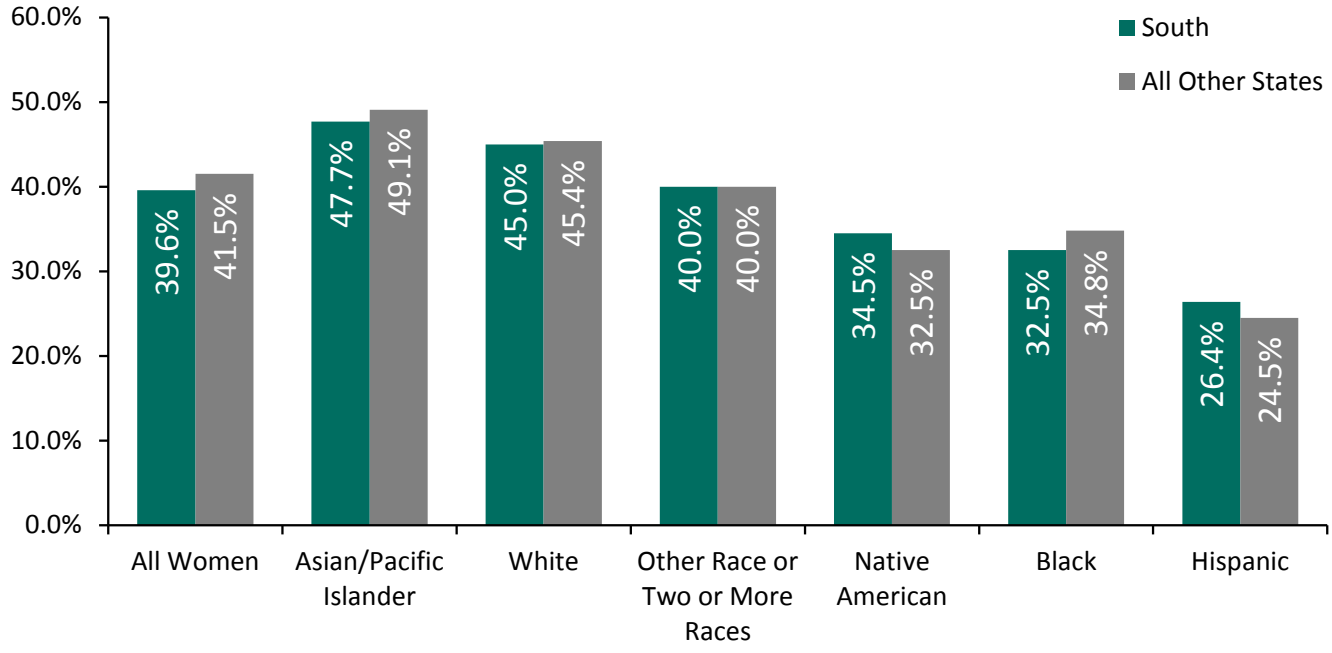
Employed Women in the South in Managerial or Professional Occupations, 2014



Note: Percent of all employed women aged 16 and older who were in executive, administrative, managerial, or professional specialty occupations in 2014.
Source: IWPR analysis of American Community Survey microdata (Integrated Public Use Microdata Series, Version 6.0).

Figure 2.6.

Share of Employed Women in Managerial or Professional Occupations, by Race/Ethnicity and South/ Non-South, 2014



Note: Aged 16 and older.
Source: IWPR analysis of American Community Survey microdata (Integrated Public Use Microdata Series, Version 6.0.

Conclusion

In the American South women continue to lag behind women in all other states in terms of labor force participation, earnings, the wage gap, union rights, and the share of women working in professional and managerial jobs. Black, Hispanic, and Native American women in the South feel these disparities even more intensely, with earnings that fall considerably below those of white and Asian/Pacific Islander women. While college education brings significant earnings gains to southern women, racial/ethnic disparities persist among college-educated women as well.

Economic inequalities by race and ethnicity, and between the South and the rest of the nation highlight the need for policies and practices that improve the quality of jobs and that provide all women in the South, and especially women of color, access to education and to jobs that pay family-sustaining wages. Increases in the minimum wage, pay equity legislation, the right and ability to form unions, and anti-discrimination laws, can all help to improve employment and economic opportunity for women across the South.

Appendix A2:

Methodology

To analyze the status of women, IWPR selected indicators that highlight key issues that are integral to women's lives and that allow for comparisons between each state and the United States as a whole. Selection of indicators was based on published research, available data, and advice from a committee of topical and social indicators experts. The data in IWPR's *Status of Women in the South* report come from federal government agencies and other sources; much of the analysis relies on data from the U.S. Census Bureau's American Community Survey (ACS), from the Minnesota Population Center's Integrated Public Use Microdata Series (IPUMS; Institute for Women's Policy Research 2015c; Ruggles et al. 2015).

The tables and figures present data for individuals, often disaggregated by race and ethnicity. In general, race and ethnicity are self-identified; the person providing the information on the survey form determines the group to which he or she (and other household members) belongs. People who identify as Hispanic or Latino may be of any race; to prevent double counting, IWPR's analysis of American Community Survey microdata separates Hispanics from racial categories—including white, black (which includes those who identified as black or African American), Asian/Pacific Islander (which includes those who identified as Chinese, Japanese, and Other Asian or Pacific Islander, including Native Hawaiians), or Native American (which includes those who identified as American Indian or Alaska Native). The ACS also allows respondents to identify with more specific racial categories and/or Hispanic origins. Detailed racial/ethnic information is available for American Indians and Alaska Natives, Asian/Pacific Islanders, and Hispanics, but not for blacks or whites. IWPR conducted analysis of selected indicators for the groups for which detailed information is available (when sample sizes were not large enough, detailed races/ethnicities were combined into "other" categories based on their corresponding major racial or ethnic group).

When analyzing state- and national-level ACS microdata, IWPR used 2014 data, the most recent available, for most indicators. When disaggregating data by race and ethnicity and analyzing the employment and earnings of women by detailed racial and ethnic group, IWPR combined three years of data (2012, 2013, and 2014) to ensure sufficient sample sizes.

In a few places in this chapter, current data for 2014 based on the American Community Survey (ACS) are compared with data from IWPR's 2004 *Status of Women in the States* report, which relied on the Current Population Survey (CPS). The differences between the ACS and CPS and their impact on measures of employment and earnings are described in detail in Hess et al. (2015). The data on current union status are available only in the Current Population Survey (CPS).

When combining multiple years of data, dollar values for each data set are adjusted to their 2014 equivalents using the Consumer Price Index for All Urban Consumers, and averaging the sample weights to represent the average population during the three-year period.

IWPR used personal weights to obtain nationally representative statistics for person-level analyses. Weights included with the IPUMS ACS for person-level data adjust for the mixed geographic sampling rates, nonresponses, and individual sampling probabilities. Estimates from IPUMS ACS samples may not be consistent with summary table ACS estimates available from the U.S. Census Bureau due to the additional sampling error and the fact that over time, the Census Bureau changes the definitions and classifications for some variables. The IPUMS project provides harmonized data to maximize comparability over time; updates and corrections to the microdata released by the Census Bureau and IPUMS may result in minor variations in future analyses.

Calculating the Composite Index

To construct the Employment & Earnings Composite Index, each of the four component indicators (see below) was first standardized. For each of the indicators the observed value for the state was divided by the comparable value for the entire United States. The resulting values were summed for each state to create a composite score. Each of the four component indicators has equal weight. The states were ranked from the highest to the lowest scores.

To grade the states on this Composite Index, values for each of the components were set at desired levels to provide an "ideal score." Women's earnings were set

at the median annual earnings for men in the United States overall; the wage ratio was set at 100 percent, as if women earned as much as men; women's labor force participation was set at the national number for men; and women in managerial or professional occupations was set at the highest score for all states. Each state's score was compared with the ideal score to determine the state's grade.

WOMEN'S MEDIAN ANNUAL EARNINGS: Median annual earnings of women aged 16 and older who worked full-time, year-round (50 or more weeks per year and 35 or more hours per week) in 2014. The sample size for women ranged from 1,317 in the District of Columbia to 34,867 in Texas. Source: Calculations of 2014 American Community Survey microdata as provided by the Integrated Public Use Microdata Series (IPUMS) at the Minnesota Population Center.

RATIO OF WOMEN'S TO MEN'S EARNINGS: Median annual earnings of women aged 16 and older who worked full-time, year-round (50 or more weeks per year and 35 or more hours per week) in 2014 divided by the median annual earnings of men aged 16 and older who worked full-time, year-round in 2014. Sample sizes ranged from 1,317 in the District of Columbia to 34,867 in Texas for women's earnings and from 1,341 in the District of Columbia to 48,195 in Texas for men's earnings. Source: Calculations of 2014 American Community Survey microdata as provided by the Integrated Public Use Microdata Series (IPUMS) at the Minnesota Population Center.

WOMEN'S LABOR FORCE PARTICIPATION: Percent of women aged 16 and older who were employed or looking for work in 2014. This includes those employed full-time, those employed part-time, and those who are unemployed but looking for work. Source: Calculations of 2014 American Community Survey microdata as provided by the Integrated Public Use Microdata Series (IPUMS) at the Minnesota Population Center.

WOMEN IN MANAGERIAL AND PROFESSIONAL OCCUPATIONS: Percent of women aged 16 and older who were employed in executive, administrative, managerial or professional specialty occupations in 2014. Source: Calculation of 2014 American Community Survey microdata as provided by the Integrated Public Use Microdata Series (IPUMS) at the Minnesota Population Center.

Calculating Other Indicators

UNION WAGE ADVANTAGE: When analyzing data on the median weekly earnings of women by union status for the South and all other states, the Current Population Survey is used and four years of data (2011, 2012, 2013, and 2014) are combined, to ensure sufficient sample size. IWPR constructed multi-year files by selecting the relevant datasets (2012, 2013, and 2014 for state level analyses and racial ethnic analyses; 2011, 2012, 2013 and 2014 for analysis of earnings by union status).

EQUAL PAY AND GDP ESTIMATES: This analysis uses the Current Population Survey Annual Social and Economic supplements based on Flood et al., 2013-2015 (for calendar years 2012-2014). GDP data are from the U.S. Department of Commerce, Bureau of Economic Analysis (2015). The analysis of women's and family earnings gains is based on a model that predicts women's earnings as if they were not subject to wage inequality. This model controls for many factors that contribute to wage differences and then corrects women's earnings as if the unexplained portion of the wage gap did not exist. An ordinary least squares (OLS) model is run separately for each southern state and is used to control for differences between men and women in age, education, annual hours of work, metropolitan residence, and region of the country.

Appendix B2:

Employment & Earnings Tables

Appendix Table B2.1.

Data and Rankings on Employment & Earnings Among Men in the South, 2014

	Median Annual Earnings for Men Employed Full-Time, Year-Round			Percent of Men in the Labor Force			Percent of Employed Men in Managerial and Professional Occupations		
State	Dollars	National Rank	Regional Rank	Percent	National Rank	Regional Rank	Percent	National Rank	Regional Rank
Alabama	$44,000	37	6	63.4%	48	11	28.1%	43	8
Arkansas	$40,000	46	10	63.9%	47	10	27.4%	46	10
District of Columbia	$67,000	1	1	72.3%	12	1	60.1%	1	1
Florida	$40,000	46	10	63.3%	49	12	30.9%	35	6
Georgia	$44,000	37	6	67.4%	32	5	31.8%	28	3
Kentucky	$43,000	41	8	64.6%	44	9	27.3%	48	12
Louisiana	$48,000	22	3	65.4%	42	8	27.4%	46	10
Mississippi	$40,000	46	10	62.3%	50	13	24.9%	50	14
North Carolina	$40,000	46	10	67.7%	30	4	31.2%	34	5
South Carolina	$42,000	43	9	65.6%	41	7	28.0%	44	9
Tennessee	$40,000	46	10	65.8%	40	6	29.0%	40	7
Texas	$45,000	29	4	71.6%	17	2	31.7%	29	4
Virginia	$52,000	9	2	71.3%	18	3	40.1%	4	2
West Virginia	$45,000	29	4	58.6%	51	14	25.2%	49	13
Southern States	**$44,000**			**67.1%**			**31.2%**		
All Other States	**$50,000**			**69.4%**			**34.3%**		
United States	**$48,000**			**68.6%**			**33.3%**		

Note: Aged 16 and Older.
Source: IWPR analysis of American Community Survey Microdata (Integrated Public Use Microdata Series, Version 6.0).

Appendix Table B2.2.

Median Annual Earnings for Women Employed Full-Time,Year-Round, by Race/Ethnicity, Southern State, South/Non-South, and United States, 2014

State	All Women	White	Hispanic	Black	Asian/ Pacific Islander	Native American	Other Race or Two or More Races
Alabama	$32,000	$35,000	$21,000	$28,000	$38,000	N/A	$40,000
Arkansas	$30,000	$32,000	$22,000	$27,900	$29,000	N/A	$28,000
District of Columbia	$64,000	$74,000	$47,000	$48,000	$60,000	N/A	N/A
Florida	$34,500	$38,000	$28,000	$30,000	$36,000	$33,700	$33,300
Georgia	$36,000	$40,000	$24,000	$32,000	$38,000	N/A	$35,000
Kentucky	$34,000	$34,000	$26,000	$29,000	$31,200	N/A	$39,000
Louisiana	$31,200	$36,000	$28,000	$25,000	$32,000	N/A	$35,000
Mississippi	$30,000	$34,000	$24,000	$25,000	$30,000	N/A	N/A
North Carolina	$35,000	$37,000	$23,000	$30,000	$35,000	$28,000	$32,000
South Carolina	$33,000	$36,000	$26,000	$27,000	$34,000	N/A	$31,000
Tennessee	$34,000	$35,000	$22,800	$30,000	$38,000	N/A	$30,000
Texas	$35,900	$42,000	$25,100	$35,000	$47,500	$35,000	$37,500
Virginia	$42,000	$45,000	$30,000	$35,000	$50,000	N/A	$40,000
West Virginia	$31,200	$30,000	N/A	$30,000	N/A	N/A	N/A
Southern States	**$35,000**	**$38,000**	**$26,000**	**$30,000**	**$42,000**	**$30,000**	**$35,000**
All Other States	**$40,000**	**$41,000**	**$30,000**	**$37,500**	**$46,100**	**$31,500**	**$39,000**
United States	**$38,400**	**$40,000**	**$28,000**	**$33,600**	**$45,000**	**$31,000**	**$38,000**

Notes: Data for all women are 2014 data; data by race/ethnicity are three-year (2012-2014) averages. Aged 16 and older. Racial categories are non-Hispanic. Hispanics may be of any race or two or more races. N/A=insufficient sample size.
Source: IWPR analysis of American Community Survey microdata (Integrated Public Use Microdata Series, Version 6.0).

Appendix Table B2.3.

Ratio of Women's Earnings to White Men's Earnings, by Race/Ethnicity, Southern State, South/Non-South, and United States, 2014

State	All Women	White	Hispanic	Black	Asian/ Pacific Islander	Native American	Other Race or Two or More Races
Alabama	65.3%	71.4%	42.9%	57.1%	77.6%	71.4%	81.6%
Arkansas	73.2%	78.0%	53.7%	68.0%	70.7%	68.3%	68.3%
District of Columbia	69.0%	85.1%	54.0%	55.2%	69.0%	92.0%	69.0%
Florida	70.8%	79.2%	58.3%	62.5%	75.0%	70.2%	69.4%
Georgia	70.0%	80.0%	48.0%	64.0%	76.0%	64.0%	70.0%
Kentucky	73.3%	75.6%	57.8%	64.4%	69.3%	55.6%	86.7%
Louisiana	58.3%	66.7%	51.9%	46.3%	59.3%	61.1%	64.8%
Mississippi	66.7%	75.6%	53.3%	55.6%	66.7%	48.9%	61.8%
North Carolina	74.5%	78.7%	48.9%	63.8%	74.5%	59.6%	68.1%
South Carolina	69.8%	76.6%	55.3%	57.4%	72.3%	55.3%	66.0%
Tennessee	73.3%	77.8%	50.7%	66.7%	84.4%	64.4%	66.7%
Texas	58.3%	70.0%	41.8%	58.3%	79.2%	58.3%	62.5%
Virginia	68.9%	75.6%	50.4%	58.8%	84.0%	63.9%	67.2%
West Virginia	66.7%	66.7%	59.7%	66.7%	91.1%	72.9%	71.1%
Southern States	**70.0%**	**76.0%**	**52.0%**	**60.0%**	**84.0%**	**60.0%**	**70.0%**
All Other States	**74.1%**	**75.9%**	**55.6%**	**69.4%**	**85.4%**	**58.3%**	**72.2%**
United States	**73.1%**	**76.9%**	**53.8%**	**64.6%**	**86.5%**	**59.6%**	**73.1%**

Notes: Data are three-year (2012-2014) averages. Data include full-time, year-round workers aged 16 and older. Racial categories are non-Hispanic. Hispanics may be of any race or two or more races. N/A=insufficient sample size.
Source: IWPR analysis of American Community Survey microdata (Integrated Public Use Microdata Series, Version 6.0).

Appendix Table B2.4.

Change in Real Median Annual Earnings for Full-Time, Year-Round Workers in the South, by Gender, by Southern State, South/Non-South, and United States, 1999-2014

	Median Annual Earnings, 1999 (in 2014 dollars)		Median Annual Earnings, 2014		Change in Median Annual Earnings, 1999 to 2014 (Dollars)		Change in Median Annual Earnings, 1999 to 2014 (Percent)	
State	Women	Men	Women	Men	Women	Men	Women	Men
Alabama	$32,683	$46,893	$32,000	$44,000	-$683	-$2,893	-2.1%	-6.2%
Arkansas	$29,841	$42,630	$30,000	$40,000	$159	-$2,630	0.5%	-6.2%
District of Columbia	$52,576	$56,839	$64,000	$67,000	$11,424	$10,161	21.7%	17.9%
Florida	$35,525	$46,893	$34,500	$40,000	-$1,025	-$6,893	-2.9%	-14.7%
Georgia	$38,367	$49,735	$36,000	$44,000	-$2,367	-$5,735	-6.2%	-11.5%
Kentucky	$33,677	$46,893	$34,000	$43,000	$323	-$3,893	1.0%	-8.3%
Louisiana	$31,262	$48,314	$31,200	$48,000	-$62	-$314	-0.2%	-0.6%
Mississippi	$30,978	$42,630	$30,000	$40,000	-$978	-$2,630	-3.2%	-6.2%
North Carolina	$35,525	$45,472	$35,000	$40,000	-$525	-$5,472	-1.5%	-12.0%
South Carolina	$34,104	$45,472	$33,000	$42,000	-$1,104	-$3,472	-3.2%	-7.6%
Tennessee	$34,104	$46,893	$34,000	$40,000	-$104	-$6,893	-0.3%	-14.7%
Texas	$36,946	$49,735	$35,900	$45,000	-$1,046	-$4,735	-2.8%	-9.5%
Virginia	$39,788	$54,424	$42,000	$52,000	$2,212	-$2,424	5.6%	-4.5%
West Virginia	$29,841	$44,548	$31,200	$45,000	$1,359	$452	4.6%	1.0%
Southern States	**$35,525**	**$48,314**	**$35,000**	**$44,000**	**-$525**	**-$4,314**	**-1.5%**	**-8.9%**
All Other States	**$41,209**	**$56,839**	**$40,000**	**$50,000**	**-$1,209**	**-$6,839**	**-2.9%**	**-12.0%**
United States	**$38,935**	**$53,429**	**$38,400**	**$48,000**	**-$535**	**-$5,429**	**-1.4%**	**-10.2%**

Notes: Aged 16 and older. Data from 1999 are in 2014 dollars.
Source: IWPR analysis of 2000 Decennial Census (for calendar year 1999) and 2014 American Community Survey microdata (Integrated Public Use Microdata Series, Version 6.0).

Appendix Table B2.5.

Labor Force Participation Among Women, by Race/Ethnicity, Southern State, South/Non-South, and United States, 2014

State	All Women	White	Hispanic	Black	Asian/ Pacific Islander	Native American	Other Race or Two or More Races
Alabama	52.5%	50.7%	49.8%	58.2%	51.4%	47.2%	51.6%
Arkansas	52.6%	52.2%	57.2%	59.3%	57.6%	43.6%	54.5%
District of Columbia	67.2%	76.6%	72.1%	56.7%	74.1%	N/A	64.2%
Florida	54.1%	50.6%	58.5%	63.3%	57.6%	48.0%	63.3%
Georgia	57.5%	54.7%	58.5%	63.0%	55.7%	57.0%	58.7%
Kentucky	54.2%	53.8%	60.8%	62.7%	57.7%	55.1%	57.2%
Louisiana	55.8%	54.2%	60.5%	59.7%	57.1%	42.8%	55.5%
Mississippi	53.9%	51.2%	54.3%	59.2%	59.4%	54.2%	50.8%
North Carolina	57.2%	56.1%	59.5%	62.7%	58.9%	49.8%	61.0%
South Carolina	56.4%	54.7%	58.7%	60.6%	60.0%	50.5%	59.4%
Tennessee	56.1%	54.6%	55.9%	63.4%	58.0%	51.8%	56.6%
Texas	57.8%	56.8%	56.7%	65.2%	58.9%	53.8%	60.9%
Virginia	61.3%	59.3%	68.8%	65.1%	62.5%	59.6%	63.9%
West Virginia	48.3%	48.9%	50.1%	52.6%	49.4%	N/A	47.9%
Southern States	**56.3%**	**54.3%**	**57.9%**	**62.4%**	**58.8%**	**50.4%**	**60.1%**
All Other States	**59.2%**	**59.2%**	**59.7%**	**62.2%**	**58.7%**	**54.7%**	**62.9%**
United States	**58.2%**	**57.6%**	**59.1%**	**62.3%**	**58.7%**	**53.9%**	**62.2%**

Notes: Data for all women are for 2014; data by race/ethnicity are three-year (2012-2014) averages. Aged 16 and older. Racial categories are non-Hispanic. Hispanics may be of any race or two or more races. N/A=insufficient sample size.
Source: IWPR analysis of American Community Survey microdata (Integrated Public Use Microdata Series, Version 6.0).

Appendix Table B2.6.

Employment and Earnings Among Women in the South, by Detailed Racial and Ethnic Groups, 2014

	Median Annual Earnings for Women and Men Employed Full-Time, Year-Round		Ratio of Women's Earning to Men's Earnings of the Same Racial/Ethnic Group	Ratio of Women's Earning to White Men's Earnings	Women in the Labor Force	Employed Women in Managerial or Professional Occupations
Racial/Ethnic Group	Women	Men	Percent	Percent	Percent	Percent
WHITE	$38,000	$50,000	76.0%	76.0%	54.3%	44.2%
HISPANIC						
Mexican	$25,000	$30,000	83.3%	50.0%	56.1%	23.6%
Spaniard	$39,000	$50,000	78.0%	78.0%	55.1%	45.5%
Caribbean						
Cuban	$30,000	$33,300	90.1%	60.0%	55.5%	33.2%
Dominican	$28,000	$33,000	84.8%	56.0%	63.7%	26.0%
Puerto Rican	$31,000	$36,000	86.1%	62.0%	60.5%	34.3%
Central America						
Costa Rican	$32,000	$42,000	76.2%	64.0%	55.3%	34.1%
Guatemalan	$20,000	$22,000	90.9%	40.0%	57.7%	15.8%
Honduran	$20,000	$25,000	80.0%	40.0%	63.5%	12.9%
Nicaraguan	$25,000	$30,000	83.3%	50.0%	64.9%	23.9%
Panamanian	$34,000	$45,000	75.6%	68.0%	63.5%	31.7%
Salvadoran	$22,000	$28,000	78.6%	44.0%	66.6%	11.5%
South America						
Argentinean	$35,000	$45,000	77.8%	70.0%	63.1%	44.2%
Bolivian	$32,400	$37,000	87.6%	64.8%	73.8%	26.3%
Colombian	$30,000	$38,000	78.9%	60.0%	63.2%	34.3%
Ecuadorian	$30,000	$36,400	82.4%	60.0%	61.2%	31.6%
Peruvian	$28,000	$36,000	77.8%	56.0%	68.2%	30.1%
Venezuelan	$36,000	$48,000	75.0%	72.0%	61.6%	39.4%
Other South American		$39,000	74.6%	58.2%	60.7%	32.8%
Other Hispanic	$30,000	$36,000	83.3%	60.0%	56.9%	31.3%
ASIAN/PACIFIC ISLANDER						
East Asia						
Chinese	$50,000	$63,000	79.4%	100.0%	58.6%	59.2%
Japanese	$46,000	$68,000	67.6%	92.0%	44.3%	53.8%
Korean	$40,000	$50,000	80.0%	80.0%	50.3%	44.0%
South Central Asia						
Indian	$60,000	$80,000	75.0%	120.0%	55.0%	66.7%
Pakistani	$43,000	$49,500	86.9%	86.0%	44.3%	50.8%
South East Asia						
Cambodian	$28,000	$35,000	80.0%	56.0%	69.0%	24.7%
Filipino	$45,000	$50,000	90.0%	90.0%	66.4%	50.8%
Laotian	$29,000	$36,000	80.6%	58.0%	68.1%	26.9%
Thai	$33,000	$40,000	82.5%	66.0%	59.5%	32.5%
Vietnamese	$30,000	$37,000	81.1%	60.0%	65.7%	27.3%

Appendix Table B2.6. Continued

Employment and Earnings Among Women in the South,by Detailed Racial and Ethnic Groups, 2014

Other Asian	$29,300	$35,700	82.1%	58.6%	58.0%	31.5%
Pacific Islander	$30,000	$35,000	85.7%	60.0%	67.4%	28.9%
Two or More Asian/Pacific Islander Races	$40,300	$50,000	80.6%	80.6%	61.4%	47.1%
NATIVE AMERICAN						
Cherokee	$32,000	$43,000	74.4%	64.0%	47.6%	36.2%
Other American Indian Tribe	$30,000	$39,000	76.9%	60.0%	50.8%	33.0%
Two or More American Indian and/or Alaska Native Tribes	$32,000	$40,000	80.0%	64.0%	55.6%	33.8%

Notes: Data are three-year (2012-2014) averages. Aged 16 and older. Racial categories are non-Hispanic; Hispanics may be of any race.
Source: IWPR analysis of American Community Survey microdata (Integrated Public Use Microdata Series, Version 6.0).

Appendix Table B2.7.

Distribution Across Broad Occupational Groups, by Gender and South/Non-South, 2014

	Women (# in thousands)		Men (# in thousands)		Women's Share of All Workers		Share of Employed Women		Share of Employed Men	
Occupational Group	South	All Other States	South	All Other States	South	All Other States	South	All Other States	South	All Other States
Management, business, and financial	3,129	6,710	3,899	8,352	44.5%	44.6%	13.5%	14.2%	15.0%	15.9%
Professional and related	6,021	12,892	4,220	9,664	58.8%	57.2%	26.0%	27.3%	16.2%	18.4%
Service	5,008	10,190	3,884	7,921	56.3%	56.3%	21.6%	21.6%	14.9%	15.1%
Sales and related	2,851	5,106	2,640	5,229	51.9%	49.4%	12.3%	10.8%	10.1%	9.9%
Office and administrative support	4,563	9,205	1,811	3,674	71.6%	71.5%	19.7%	19.5%	7.0%	7.0%
Natural resources, construction, and maintenance	201	442	4,561	8,058	4.2%	5.2%	0.9%	0.9%	17.5%	15.3%
Production, transportation, and material moving	1,333	2,668	4,785	9,444	21.8%	22.0%	5.8%	5.6%	18.4%	18.0%
Armed Forces	29	28	217	226	11.9%	11.0%	0.1%	0.1%	0.8%	0.4%
TOTAL	**23,135**	**47,241**	**26,017**	**52,568**	**47.1%**	**47.3%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**

Note: Workers aged 16 and older.
Source: IWPR analysis of American Community Survey Microdata (Integrated Public Use Microdata Series, Version 6.0).

Appendix Table B2.8.

Percentage of Employed Women in Managerial or Professional Occupations, by Race/Ethnicity, Southern State, South/Non-South, and United States, 2014

State	All Women	White	Hispanic	Black	Asian/ Pacific Islander	Native American	Other Race or Two or More Races
Alabama	37.2%	41.3%	21.2%	29.2%	45.8%	N/A	43.5%
Arkansas	38.1%	39.3%	20.3%	32.5%	N/A	N/A	N/A
District of Columbia	61.1%	79.2%	42.4%	43.1%	71.8%	N/A	N/A
Florida	37.8%	41.9%	29.1%	31.0%	44.5%	33.0%	36.0%
Georgia	40.7%	45.8%	20.7%	33.5%	45.8%	N/A	35.1%
Kentucky	39.2%	39.2%	25.5%	27.0%	45.1%	N/A	39.7%
Louisiana	37.3%	42.5%	29.9%	28.3%	36.6%	N/A	38.0%
Mississippi	37.2%	42.0%	25.3%	29.4%	N/A	N/A	N/A
North Carolina	40.8%	45.2%	20.2%	32.2%	46.3%	32.1%	36.1%
South Carolina	37.2%	42.1%	23.2%	26.9%	39.3%	N/A	28.5%
Tennessee	37.9%	40.4%	22.1%	30.8%	45.5%	N/A	35.2%
Texas	39.5%	47.9%	25.5%	36.5%	51.8%	37.6%	42.6%
Virginia	45.0%	49.6%	27.1%	34.8%	50.1%	N/A	45.0%
West Virginia	39.3%	37.9%	N/A	33.8%	N/A	N/A	N/A
Southern States	**39.6%**	**44.2%**	**26.2%**	**32.2%**	**48.1%**	**33.6%**	**38.8%**
All Other States	**41.5%**	**44.3%**	**24.0%**	**34.0%**	**47.9%**	**32.6%**	**38.5%**
United States	**40.9%**	**44.2%**	**24.8%**	**33.0%**	**47.9%**	**32.8%**	**38.6%**

Notes: Data for all women are 2014 (1-year) data. Data by race and ethnicity are three-year (2012-2014) averages. Percent of all employed women aged 16 and older who were in executive, administrative, managerial, or professional specialty occupations in 2014. Racial categories are non-Hispanic; Hispanics may be of any race. N/A=insufficient sample size.
Source: IWPR analysis of American Community Survey microdata (Integrated Public Use Microdata Series, Version 6.0).

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Older Women

Due to women's longer average lifespan compared with men, the majority of older people (aged 65 and above) in the United States are women. Women are at a distinct disadvantage in retirement relative to men because of their unequal earnings as well as their concentration in jobs that do not offer retirement plans, factors that also heighten their risk of poverty (ERISA Advisory Council 2010). For women of color, these disparities are even more formidable (ERISA Advisory Council 2010). Since the Great Recession, the economic prospects of women over 65 in retirement have worsened. According to one IWPR survey, only 37 percent of women over age 60 believe that their retirement savings will be adequate to maintain their current standard of living (Hess, Hayes, and Hartmann 2011).

In the South, almost one in five women (19.9 percent) are aged 65 or older (Appendix Table 8.1).[1] White women are the racial/ethnic group with the largest proportion of women over 65 in the South (24.5 percent), followed by Native American women (16.5 percent), and black women (14.4 percent). Only 12.0 percent of Asian/Pacific Islander women and 11.3 percent of Hispanic women in the South are 65 or older, and 10.2 percent of women of another race or two ore more races.

- Older women in the South participate in the labor force at a lower rate (12.9 percent) compared with older women in the rest of the country (14.2 percent). This is true for all racial and ethnic groups except Asian/Pacific Islander women aged 65 and older in the South, who participate in the labor force at a higher rate (14.3 percent) compared with their counterparts in the rest of the country (13.3 percent).

- Older women in the South working full-time, year-round, earn 68.0 cents on the dollar compared with their male counterparts in the South. In comparison, older women in other states earn 72.7 cents for every dollar earned by an older mean.

- Among southern women aged 65 and older working full-time, year-round, Hispanic women have the lowest median annual earnings ($25,000) while women who are of another race or two or more races have the highest earnings ($38,500).

- Older women in the South have a higher poverty rate (11.8 percent) than older women in all other states (10.2 percent). However, older women in the South have a lower poverty rate compared with women of all ages in the South (16.4 percent). Among older women in the South, more than one in five Native American, Hispanic, and black women live in poverty (22.1, 21.7, and 21.5 percent, respectively). Southern white women aged 65 and older have the lowest poverty rate (8.8 percent).

- Because older Americans have access to Medicare coverage, they have high rates of health insurance coverage. Nearly 99 percent of older women in the South have health insurance coverage (98.8 percent) compared with 80.6 percent of southern women aged 18-64.

- In terms of health status, older women in the South are more likely to have been told they have diabetes (22.5 percent) compared with older women in all other states (19.9 percent). This is true for older white and black women, but older Hispanic, Native American, and women of another race or two or more races have lower rates of diabetes in the South than in the rest of the country. The rates of diabetes among Asian/Pacific Islander women are similar in both regions. Among older southern women, black women are the most likely to have been told they have diabetes (36.9 percent), followed by Hispanic women (30.9 percent), and Native American women (28.5 percent). Older white women are the least likely to have been told they have diabetes (18.4 percent).

[1] In this report, southern states include Alabama, Arkansas, the District of Columbia, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas, Virginia, and West Virginia. Earnings, labor force participation, poverty, and health insurance are IWPR calculations based on 2014 American Community Survey microdata. Health data are IWPR analysis of 2014 and, for data by race/ethnicity, 2012-2014 Behavioral Risk Factor Surveillance System microdata.

- Older women in the South report fewer average days of poor mental health compared with women overall in the South (2.8 days per month compared with 4.4 days per month). Among southern women aged 65 and older, Asian/Pacific Islander women report the fewest number of days per month with poor mental health (1.0 day), while Native American and Hispanic women report the most (3.8 and 3.7 days, respectively).

- Southern women aged 65 and older report an average 6.1 days per month when their activities are limited by poor mental or physical health; older women in other states report limited activities an average of 5.5 days per month. Older Asian/Pacific Islander women in the South report the fewest number of days that mental or physical health limited their activities (3.6 days per month), while women aged 65 and older who identified as of another race or two or more races reported the most days (8.0 days per month).

Finally, while data on the prevalence of violence against older women are limited, evidence suggests that older women are at risk of experiencing physical, emotional, and financial abuse at the hands of caretakers (Lachs and Pillemer 2015), as well as spouses and other family members (Dunlop et al. 2005).

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CHAPTER 3 | Work & Family

Introduction

With women constituting almost half of the workforce, few families have someone who can stay at home to take care of health emergencies, pick children up from school and supervise homework, or take an elderly parent to a doctor's appointment. In half of all families with children, women are the primary or co-breadwinner (Institute for Women's Policy Research 2015a).[1] Low-income families are particularly likely to have all parents in the labor force (Boushey 2014). Yet, as mothers' labor force participation has dramatically increased in the past decades (U.S. Bureau of Labor Statistics 2014a) and the number of women and men aged 50 and older who provide care for a parent has more than tripled between 1994 and 2008 (MetLife 2011), the development of an infrastructure to support workers with family caregiving responsibilities has been largely neglected.[2]

Though most workers in the South lack access to even the most basic supports such as earned sick days and job-protected paid parental leave, women in the South tend to have better access to quality, affordable child care when compared with the United States overall.[3] Quality child care however, is still out of reach for many, especially low-income women and rural women in the South and across the country, who often turn to family care for their children (Baker, Silverstein, and Putney 2008; De Marco 2008; Reschke et al. 2006). Women are not only the large majority of family caregivers, southern mothers are also more likely to be breadwinners than mothers in other states, with women of color making up the majority of all breadwinner mothers in the South (Figure 3.7).[4] In the absence of reliable family supports, too many women are forced to make difficult decisions between keeping their jobs and caring for their family members.

Investments in work-family supports not only improve women's economic security, but also contribute to economic growth (The Council of Economic Advisers 2014). This chapter examines available work-family supports at the state level. It begins with an overview of the Work & Family Composite Index and the overall ranking of states in this area of women's

[1] A primary or co-breadwinner is defined as a single mother, or as a married mother with children under 18 who earns at least 40 percent of a couple's total earnings; see Appendix A3 for a more detailed discussion of the breadwinner analysis.

[2] The large majority of family caregivers aged 50 to 64 are employed (MetLife 2011).

[3] In this report, southern states include Alabama, Arkansas, the District of Columbia, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas, Virginia, and West Virginia. Throughout the report, the District of Columbia will be referred to as a state, although it is technically a jurisdiction.

[4] In this chapter, the term "family caregiver" will be used to describe someone providing unpaid care to a family member. A person paid to provide such care will be described as a "domestic worker."

status. It then discusses the individual components of the composite, such as paid leave, elder and dependent care, and child care and preschool education. The chapter also discusses motherhood, work, and female breadwinners as well as differences in the time spent on paid and unpaid work between mothers and fathers and other components of the Work & Family Composite.

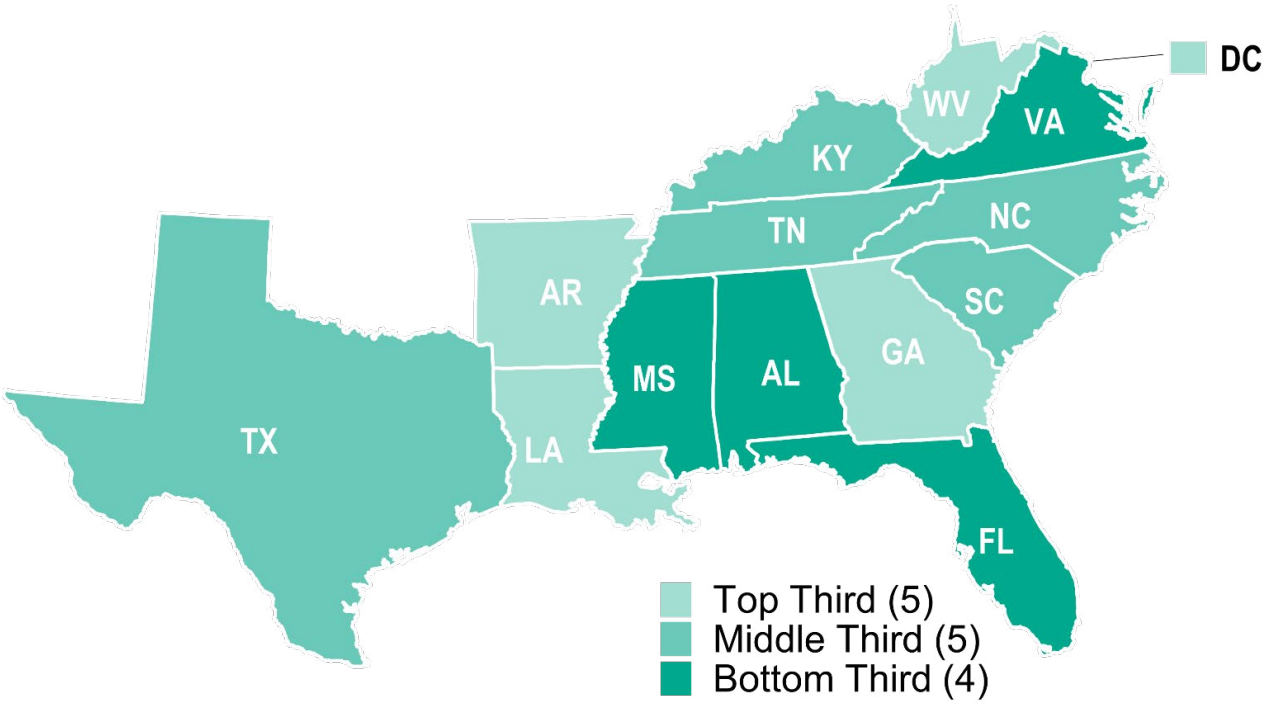
The Work & Family Composite Score

The Work & Family Composite compares southern states' performance across three components of work-family policy—paid leave, dependent and elder care, and child care—and a fourth component, the gender gap in the labor force participation of parents of children under six, an indicator that highlights gender inequality in family care of young children (Map 3.1; Table 3.1).

Each of the three policy components has a number of indicators within the composite, selected to represent the ease or difficulty of obtaining work family supports. The paid leave component includes state policies on Temporary Disability Insurance (TDI), paid family and medical leave, and paid sick days. For dependent and elder care, the component includes the availability of unemployment insurance benefits for a worker who has to leave employment for family care reasons; the availability and level of reimbursement of dependent care tax credits for the care of a dependent adult relative; and the delegation of long-term support services to domestic care agency staff (such delegation can lower the costs of providing care for a family member). The child care component includes three indicators: enrollment of four-year-olds in publicly funded pre-kindergarten (Pre-K), preschool special education, and state and federal Head Start programs; state systems to ensure quality of Pre-K education; and the cost of center-based infant care. The fourth component measures the difference in labor force participation rates of mothers and fathers of young children. The indicator selection is intended to provide a succinct portrait rather than a comprehensive catalogue of all aspects of work and family; the selection of indicators is also informed by the availability of data for state-by-state comparisons.

Map 3.1.

Work & Family Composite Index—South



Note: For methodology and sources, see Appendix A3.
Calculated by the Institute for Women's Policy Research.

Table 3.1.

How the South Measures Up: Women's Status on the Work & Family Composite Index and Its Components

	Composite Index				Paid Leave Legislation Index[1]			Elder and Dependent Care Index[2]			Child Care Index[3]			Gender Gap in Parents' Labor Force Participation Rates[4]		
State	Score	National Rank	Regional Rank	Grade	Score	National Rank	Regional Rank	Score	National Rank	Regional Rank	Score	National Rank	Regional Rank	Percentage Points	National Rank	Regional Rank
Alabama	3.02	41	11	D–	0.00	12	2	0.13	46	11	1.46	9	6	28.3%	36	12
Arkansas	4.75	8	2	C+	0.00	12	2	1.69	5	1	1.60	4	3	27.0%	29	8
District of Columbia	5.40	2	1	B	0.67	5	1	1.38	14	2	1.73	3	2	18.7%	6	1
Florida	2.84	43	12	D–	0.00	12	2	0.00	49	14	1.35	18	10	25.5%	18	3
Georgia	4.17	20	3	C	0.00	12	2	1.13	19	4	1.60	4	3	27.4%	32	11
Kentucky	3.46	33	7	D+	0.00	12	2	0.50	40	8	1.51	6	5	27.2%	31	10
Louisiana	4.13	21	4	C	0.00	12	2	1.19	18	3	1.45	10	7	25.5%	18	3
Mississippi	2.54	48	14	D–	0.00	12	2	0.19	44	10	0.79	42	14	21.8%	9	2
North Carolina	3.30	36	9	D+	0.00	12	2	0.38	43	9	1.44	11	8	26.0%	24	6
South Carolina	3.58	29	6	C–	0.00	12	2	0.81	27	6	1.28	23	11	25.5%	18	3
Tennessee	3.04	40	10	D	0.00	12	2	0.13	46	11	1.44	11	8	26.3%	25	7
Texas	3.33	35	8	D+	0.00	12	2	0.94	24	5	1.07	36	13	33.8%	48	14
Virginia	2.70	45	13	D–	0.00	12	2	0.13	46	11	1.12	32	12	27.2%	30	9
West Virginia	3.89	25	5	C–	0.00	12	2	0.69	34	7	1.83	1	1	31.3%	42	13

Notes: See Appendix A3 for methodology and sources. [1]For additional detail about this index by state see Appendix Table B3.1. [2]For additional detail about this index by state see Appendix Table B3.2. [3]For additional detail about this index see Appendix Table B3.3. [4]For mothers and fathers with children younger than age six. The gap is measured as fathers' labor force participation rate minus mothers' labor force participation rate. For additional detail about this indicator by state see Appendix Table B3.4.
Source: Calculated by the Institute for Women's Policy Research

Each of the four components of the Work & Family Composite Index is weighted equally.

Out of a maximum score of 8 across all components, southern state composite scores range from a low of 2.54 to a high of 5.40, with higher scores reflecting a stronger performance in this area of women's status and receiving higher letter grades (Table 3.1).

- The District of Columbia has the highest score on the Work & Family Composite Index for the South and is ranked first on two components—Paid Leave and Parental Labor Force Participation—and second on Elder and Dependent Care and Child Care. Indeed the District is ranked 2nd nationally and receives the highest grade given in the country (B). Arkansas is ranked 2nd in the South and 8th nationally (receiving a C+ grade), mostly as a result of its high scores on the Elder and Dependent Care and Child Care indices.
- Mississippi and Virginia have the worst scores on the Work & Family Composite Index in the South and they rank 48th and 45th nationally. Both receive a grade of D-.
- While half of the southern states rank in the bottom third nationally, five states are ranked in the middle third nationally; only the District of Columbia and Arkansas rank in the top third.

Paid Leave and Paid Sick Days

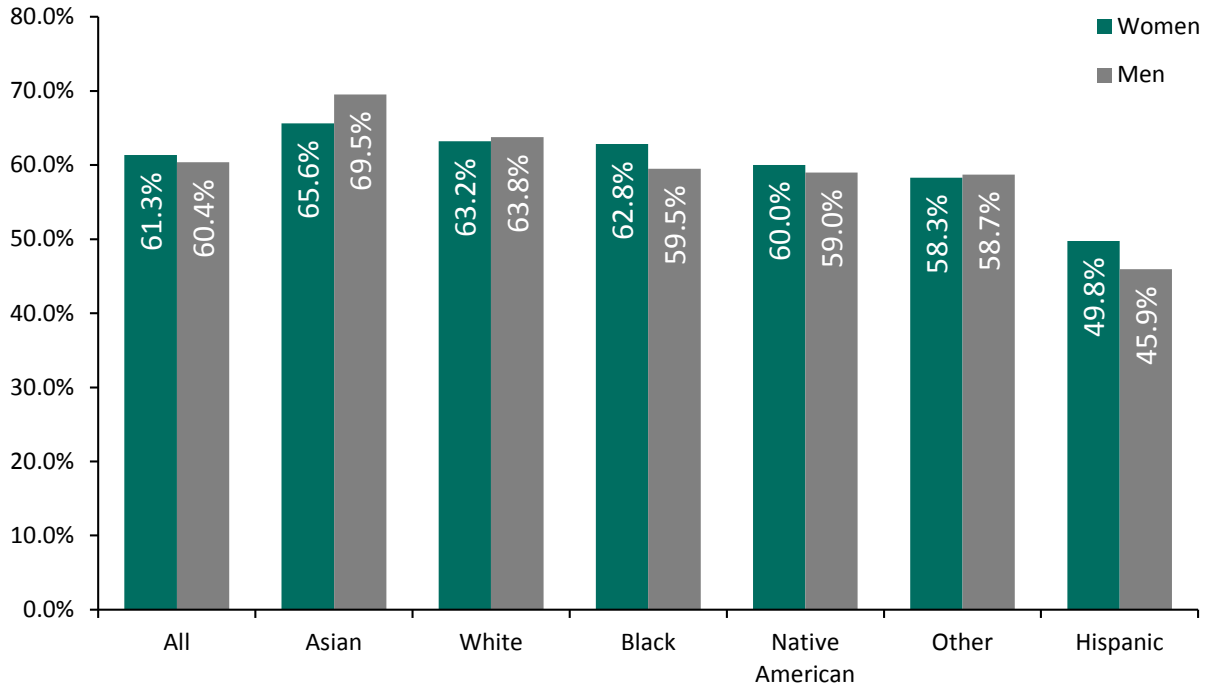
Everyone is likely to need to take leave from work at some point in their careers due to factors such as personal illness, the demands of parenthood, or the need to provide care for someone in their family. Since women are the majority of those who provide care for their families, and are the ones who have a greater need for leave relating to pregnancy and childbirth, having access to quality paid leave is essential for them. Research has shown the benefits of job-protected paid leave for women, their families, employers, and the economy, as well as the negative effects of not having access to such leave (Earle, Mokomane, and Heymann 2011; Gault et al. 2014; Winston 2014). Paid leave is also essential for men. Making paid leave more accessible to men can help to address the

unequal division of caregiving tasks between women and men and can reduce possible discrimination against women as it keeps women from being the only ones to take paid leave (Patnaik 2015). Yet, in spite of the evidence that paid family leave and paid sick days are beneficial for families and the economy, the United States is still one of only two countries in the world without national paid maternity leave, and one of a small minority of high-income countries that does not require paid sick days (Earle, Mokomane, and Heymann 2011; Ray, Sanes, and Schmitt 2013). While the Family and Medical Leave Act (FMLA) of 1993 does provide up to 12 weeks of job-protected leave, it is unpaid and coverage is restricted to just 59 percent of all workers because the law does not cover employers with fewer than 50 workers, workers who have worked for less than 12 months with their employer, or workers who have worked for less than 1,250 hours in the past 12 months (Klerman, Daley, and Pozniak 2014). Additionally, the FMLA narrowly defines "family" as spouses, children, and parents.[5] Also covered is care for or by a person who stood "in loco parentis," in the situation of a parent (such as an aunt or grandmother, for example), but otherwise care for, or by, grandparents, aunts or uncles, or siblings is not covered (U.S. Department of Labor, Wages and Hours Division 2015).[6]

Voluntary employer paid leave benefits only partially fill the vacuum left by federal laws, and access to paid family leave and paid sick days is highly unequal. Among all private sector workers, in March 2015 just 12 percent have access to paid family leave from their employer; and access varies greatly by income level as this proportion rises to 25 percent for the highest paid workers, and falls to just 3 percent for the lowest paid workers (U.S. Department of Labor, U.S. Bureau of Labor Statistics 2015). The gaps remain for paid sick days, with nine in ten high-income workers having access to paid sick days, compared with only one in five low-income workers (O'Connor, Hayes, and Gault 2014). Half of Hispanic women and nearly 40 percent of black women workers do not have access to paid sick days in the United States (Figure 3.1).

Figure 3.1.

Percent of Workers with Access to Paid Sick Days, by Gender and Race/Ethnicity, United States, 2014



Notes: Percent with access to paid sick days is calculated for employed individuals aged 18 years and older who responded yes or no to the following question: Do you have paid sick leave on your main job or business? Self-employed workers were not included. Racial categories are non-Hispanic. Hispanics may be of any race or two or more races. "Other" category includes individuals reporting multiple racial identities. Self-employed workers were not included.
Source: Institute for Women's Policy Research analysis of the 2012-2014 National Health Interview Survey (2015b).

[5] Same-sex married couples are now covered under FMLA since the Supreme Court's June 26, 2015, ruling on Obergefell v. Hodges, legalizing same-sex marriage in the entire United States. See the Focus on Progress: Same-Sex Marriage and Second-Parent Adoption in the Reproductive Rights chapter for more information on the aftermath of this Supreme Court case.

[6] Care for an adult child (unless mentally or physically disabled), sibling, parent-in-law, or grandparent (unless they are "in loco parentis") is not covered (Klerman, Daley, and Pozniak 2014; U.S. Department of Labor, Wages and Hours Division 2015).

A growing, but small, number of states and localities have statutes providing workers with paid leave rights. The Work & Family Composite Index scores states on three paid leave policies: Statewide Temporary Disability Insurance (TDI; which provides women with paid maternity leave of approximately six weeks for a normal pregnancy and birth as part of a statewide insurance program for workers with temporary disabilities), paid family leave insurance (which covers the care of newborns and care of family members with illness or aging parents, of the type covered under the FMLA for up to four or six weeks), and paid sick days. Such statutes are uncommon in the South. The District of Columbia is the only southern state to have any type of paid leave law, and requires employers to provide paid sick days (see Table 3.1; Appendix Table B3.1).[7] None of the other southern states have laws that make it easier for workers to access paid leave.

Elder and Dependent Care

Many elderly people and people with disabilities live healthy and independent lives and may provide financial or other support to their families. However, many others (at least at some point in their lives) rely on the care of family members in order to function. According to the 2105 Caregiving in the U.S. study, 39.8 million people provided care to an adult, and 34 million provided care for an adult aged 50 years and older, during the prior twelve months (National Alliance for Caregiving and AARP 2015). Women are the majority of those who provide care for adult family members, and the majority of caregivers under the age of 65 also combine caregiving with paid work (MetLife 2011).[8] Among those ages 45 to 75, black and Hispanic workers are particularly likely to report having taken time off work to provide care to a family member; one in four black workers in this age group expect to have

Table 3.2.

Women Living with a Person with a Disability, by Race/Ethnicity, Southern State, and South/Non-South, 2014

State	All Women	White	Hispanic	Black	Asian/Pacific Islander	Native American	Other Race or Two or More Races
Alabama	18.0%	18.0%	10.1%	18.9%	8.8%	30.7%	22.1%
Arkansas	18.8%	19.3%	10.9%	18.8%	11.6%	23.2%	29.5%
District of Columbia	10.5%	3.0%	7.2%	18.1%	4.0%	8.6%	8.1%
Florida	15.2%	15.6%	14.5%	15.1%	12.9%	29.7%	17.1%
Georgia	15.3%	15.9%	9.5%	16.3%	9.1%	25.8%	17.1%
Kentucky	18.6%	19.2%	8.6%	15.8%	10.5%	21.9%	24.9%
Louisiana	16.8%	16.6%	10.7%	17.7%	14.0%	28.2%	20.9%
Mississippi	19.5%	19.9%	14.0%	19.4%	7.3%	26.8%	23.8%
North Carolina	14.8%	14.7%	9.2%	16.8%	8.8%	25.6%	21.1%
South Carolina	16.7%	16.2%	9.7%	18.6%	14.3%	23.9%	24.3%
Tennessee	17.6%	18.4%	11.4%	16.0%	13.6%	28.3%	18.4%
Texas	15.2%	14.3%	16.4%	16.3%	10.5%	21.2%	19.3%
Virginia	12.9%	12.8%	10.0%	15.4%	9.9%	22.8%	13.7%
West Virginia	20.9%	21.2%	16.8%	15.9%	7.7%	27.2%	23.7%
Southern States	**16.0%**	**16.3%**	**14.3%**	**16.8%**	**11.6%**	**26.0%**	**19.3%**
All Other States	**14.4%**	**13.8%**	**15.6%**	**15.9%**	**12.8%**	**22.5%**	**17.7%**
United States	**14.9%**	**14.6%**	**15.2%**	**16.4%**	**12.5%**	**23.1%**	**18.1%**

Notes: Persons with one or more disability are age 15 and older and need assistance with one or more of the following: hearing; vision; cognitive tasks because of difficulty remembering, concentrating, or making decisions; walking or climbing stairs; bathing or dressing; and doing errands such as visiting a doctor's office or shopping because of a physical, mental, or emotional problem. State-level data are three-year (2012-2014) averages; data for the South and all other states are 1-year (2014). Data include women aged 16 to 64. Racial categories are non-Hispanic. Hispanics may be of any race or two or more races. N/A=not available.
Source: IWPR analysis of American Community Survey microdata (Integrated Public Use Microdata Series, Version 6.0).

[7] Because the District of Columbia is the only locality in the South to provide any type of paid leave, this chapter does not include a composite map for this indicator. For a map of state paid leave laws nationally, see Hess et al. 2015.

[8] Estimates vary according to the source of data and the type of caregiving that is considered, but all find women to be the majority of those who provide unpaid family care; see Bianchi, Folbre, and Wolf 2012; Y. Lee and Tang 2013; National Alliance for Caregiving and AARP 2015; and Spillman et al. 2014.

to take leave from their job for caregiving purposes in the next five years (Feinberg 2013). Because many women of color experience a cumulative disadvantage over their lifetimes, they often have fewer resources for using paid or outsourced care and are more likely to opt for family, extended kin, and home care for their elders and, therefore, experience an increased burden to also act as unpaid caregivers (Bookman and Kimbrel 2011).

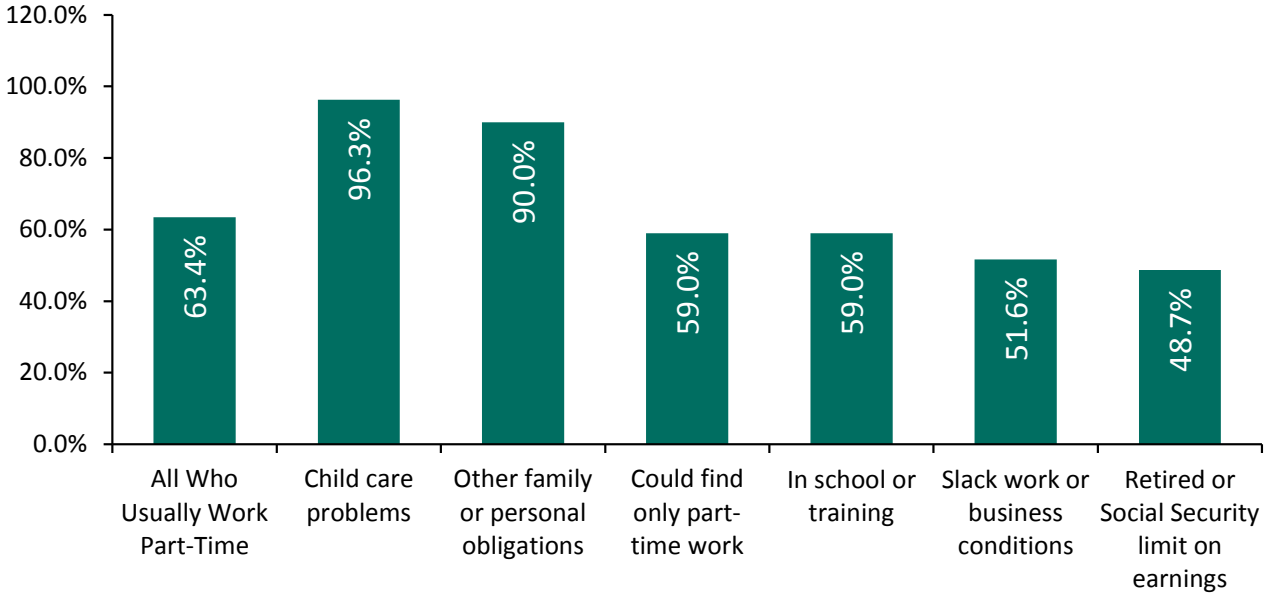
Living with an adult who has one or more disabilities is more common in the South than in other states. In 2014 almost one in six women under the age of 65 in the South lived with a person aged 15 or older with one or more disabilities, compared with one in seven in other states.[9] In West Virginia, where this is most common, this proportion rises to one in five (20.9 percent) women. Mississippi (19.5 percent), Arkansas (18.8 percent), Kentucky (18.6 percent), and Alabama (18.0 percent) also have larger shares of women living with someone with a disability than the average for women in the South (Table 3.2). Supports for people with disabilities, and for women who care for someone with a disability, are especially important in the South.

Across the southern states, Native American women are by far more likely to live with someone with one or more disabilities than women of any other race or ethnicity, at a low of 21.2 percent in Texas to a high of 30.7 percent in Alabama. Native American women are closely followed by women who identify as another race or two or more races (from 8.1 percent in the District of Columbia to 29.5 percent in Arkansas). Asian/Pacific Islander women in the South are least likely to live with a person with one or more disabilities; across the southern states, South Carolina has the highest rate of Asian/Pacific Islander women living with a person with disabilities (14.3 percent; Table 3.2).

Balancing paid employment and unpaid caregiving, responsibilities that fall more on women than men, leads to significantly higher levels of stress than those experienced by non-caregivers (MetLife 2011). Caregiving responsibilities can also significantly reduce economic security. Women are far more likely than men in the South to work part-time because of their family care obligations (Figure 3.2; Hess et al. 2015). Part-time work typically means lower earnings (and lower Social Security contributions) and less access

Figure 3.2.

Women's Share of Part-Time Workers in the South by Main Reason for Part-Time Work, 2014



Notes: Part-time workers are those who usually work between 1 and 34 hours per week.
Source: IWPR calculations based on U.S. Bureau of Labor Statistics (2014b).

[9] The ACS defines a person with a disability as someone who has one or more of the following: hearing difficulty; vision difficulty; cognitive difficulty (having difficulty remembering, concentrating, or making decisions because of a physical, mental, or emotional problem); having serious difficulty walking or climbing stairs; having difficulty bathing or dressing; independent living difficulty (having difficulty doing errands alone such as visiting a doctor's office or shopping because of a physical, mental, or emotional problem; U.S. Census Bureau 2015). A similar methodology is used by the Bureau of Labor Statistics in the CPS (U.S. Bureau of Labor Statistics 2015).

to employer provided benefits, such as paid leave and employer provided health insurance or pension plans (Society for Human Resource Management 2011; Van Giezen 2013). Caregiving responsibilities may also force a woman to completely give up paid employment; it has been estimated that women (over the age of 50) who leave their job because of caregiving responsibilities lose $324,044 in income and benefits over their lifetime (MetLife 2011).

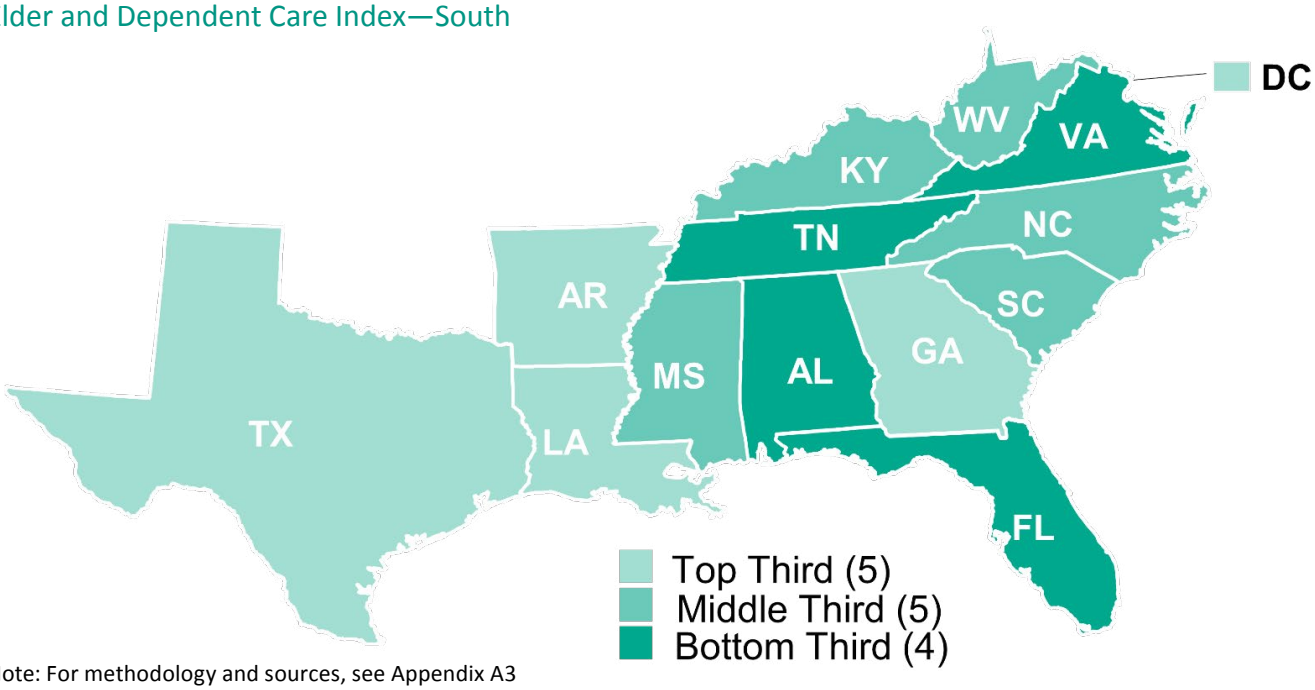
State policies can support family caregivers in a variety of ways: directly, by providing supports for respite care, assessments, training, and through legislating access to paid leave at work, protection against employment discrimination because of caregiving responsibilities, and rights to predictable and flexible work arrangements; and indirectly, by properly funding and enforcing quality standards for nursing care and long-term service support workers.[10] The elder and dependent care component of the Work & Family Composite Index scores southern states on three items linked to financial supports for caregivers: unemployment insurance benefits for workers who have to leave their jobs because of family care; tax credits for dependent care that are not limited to child care, are refundable, and are $500 or higher; and nurse delegation of long-term support service (LTSS) tasks to domestic care agency workers (which can lower the costs of hiring external help to provide care). This would be especially helpful for low-income women, for whom the high cost of hiring external help to care for a loved one may force a person to choose between her employment and providing the care herself.[11] Map 3.2 indicates where each southern state is ranked in the top, middle, or bottom third on the elder and dependent care index.

- Arkansas is the highest ranked state in the South on this indicator, and is the only southern state to be ranked in the top ten states nationally (Table 3.1). It makes unemployment insurance available to anyone who has to leave work to provide care for a family member, provides a tax credit for dependent care, and allows delegation of LTSS to domestic care agency workers for 15 out of 16 tasks. However, the tax credit for dependent care is not refundable and the maximum credit is only $210 (Appendix Table B3.2).

- In six southern states dependent care tax credits can be claimed for the care of an adult family member. Louisiana is the only southern state in

Map 3.2.

Elder and Dependent Care Index—South



Note: For methodology and sources, see Appendix A3
Calculated by the Institute for Women's Policy Research.

[10] See Reinhard et al. 2014 for a state-by-state assessment of long-term care services and supports for older adults, people with disabilities, and family caregivers. See Hess et al. 2015 for information on state and local laws to support caregivers at work, including laws on caregiver discrimination, rights to request flexible work, and predictable work schedules.

[11] In states without nurse delegation, long-term support services (such as providing an insulin injection to someone with diabetes) have to be provided by a registered nurse when an agency is used to provide such services, increasing the costs of buying such care. The same restrictions do not apply when a family directly hires a caregiver.

which the tax credit is refundable and is higher than $500 (Appendix Table B3.2).

- Among southern states, only Arkansas, the District of Columbia, and South Carolina recognize family care reasons as a legitimate cause of job loss for receiving unemployment insurance benefits (Appendix Table B3.2).
- Of a total of 16 medical tasks, only three southern states—Arkansas, Georgia, and Texas—allow nurse delegation to an agency domestic care worker of 14 or more tasks; six states allow the delegation of only four or less tasks; and Florida does not allow any nurse delegation (Appendix Table B3.2).
- Half of the southern states—Alabama, Florida, Kentucky, Mississippi, North Carolina, Tennessee, and Virginia—rank in the bottom third nationally on the elder and dependent care component: none of these states extend unemployment insurance to workers who leave employment to provide family care; all except Kentucky lack a tax credit for dependent care; and none allow the delegation of more than six LTSS tasks to domestic care agency workers (Appendix Table B3.2).

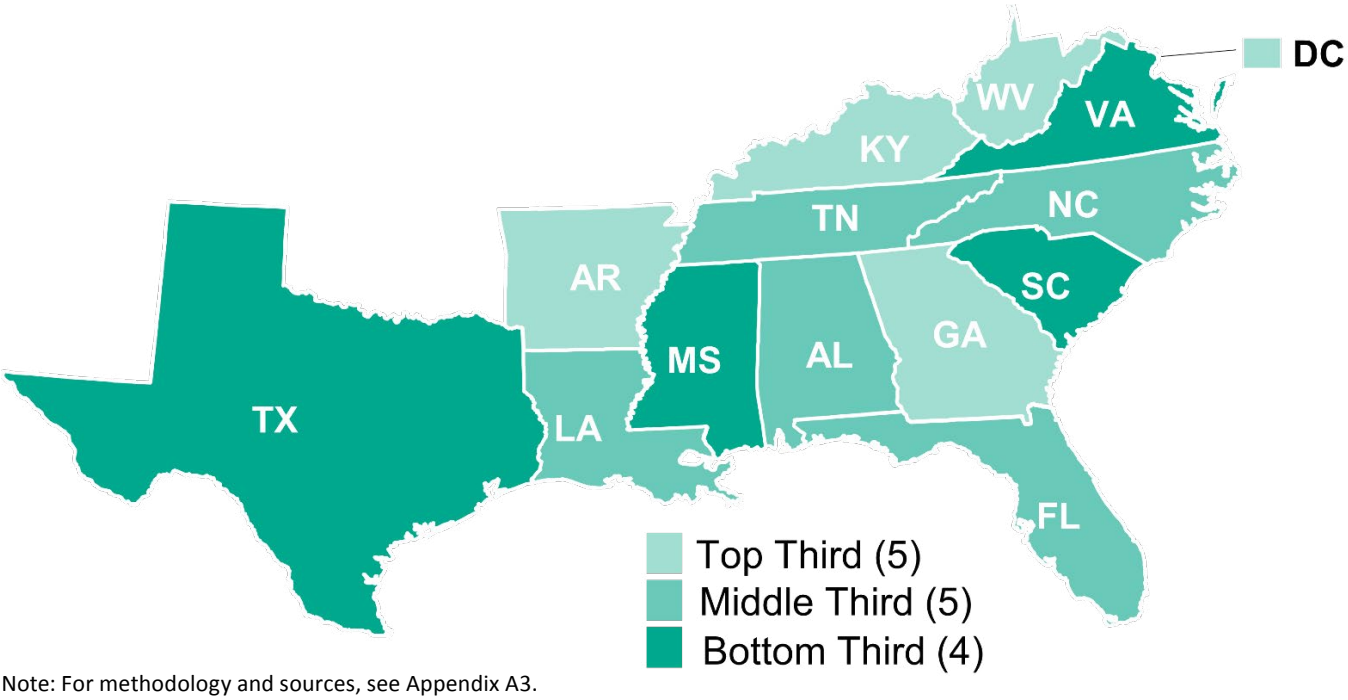
Child Care

Reliable and affordable child care is essential for the employment of mothers and others responsible for the care of their children. When children are in quality and affordable childcare, parents are free to focus on their work. When child care is of poor quality, or when quality is unaffordable, parents may be pushed to choose between work and caring for their children, or may have lower productivity at work because of concerns over their children (Shellenback 2004).

State policies on child and early care and education differ on many aspects including access and affordability, the number of hours provided by public programs, the training and support available to/required of providers and teachers, after school and school vacation care programs, subsidies for low-income parents, and guidance provided to parents choosing providers (see Barnett et al. 2014; Child Care Aware of America 2016; Child Care Aware of America 2015; Schmit and Reeves 2015; Schulman and Blank 2013). The child care component of the Work & Family Composite Index focuses on just three indicators: the cost of full-time center care for an infant as a proportion of the median annual earnings for women in the

Map 3.3.

Child Care Index—South



Note: For methodology and sources, see Appendix A3.
Calculated by the Institute for Women's Policy Research.

state;[12] the share of four-year-olds who are in publicly funded Pre-K, Headstart, and special education; and policies in place to ensure the quality of Pre-K care (discussed in greater detail below). Overall, families in the South have better access to quality, affordable care when compared to the United States overall. However, even within the South, states vary widely across these indicators, and none of the states provide fully comprehensive child care supports (Map 3.3).

- West Virginia scores the highest on the child care index both in the South and nationally, and half of the 14 southern states rank in the top ten nationally on the child care index overall (Table 3.1; Appendix Table B3.3).

- Mississippi is the southern state with the worst overall score on the child care index and ranks 42nd nationally (Appendix Table B3.3).

The Cost of Early Care

The cost of child care can present a formidable burden to families with young children, especially for low-income families, who can spend as much as 30 percent of their income on child care (Smith and Adams 2013). The majority of parents rely on childcare by relatives (including siblings and grandparents), especially among low-income families and low-income families who live in rural areas (Laughlin 2013; Reschke et al. 2006). More than one in four working mothers of preschoolers reports having to use multiple child care arrangements (Laughlin 2013). Without stable, quality child care, low-income parents are more likely to be late or miss work, increasing the likelihood that they will lose pay, benefits, or experience another form of retribution that can endanger their job and income security (Watson and Swanberg 2011). Reliable and affordable child care enables mothers, especially mothers in low-wage jobs, to maintain employment and advance at work (Lee 2007).

Quality child care is expensive. In four of the 14 southern states—the District of Columbia, Florida, North Carolina, and West Virginia—the costs of keeping an infant in center care for one year are higher than tuition fees at a public university (Child Care Aware of America 2015). In three southern states—the District of Columbia, North Carolina, and West Virginia—the cost of infant care exceeds 40 percent of the median annual income of single parents (Child Care Aware of America 2015). Confronted with such high costs, mothers may be forced to seek lower quality care, or may leave the workforce altogether, in spite of the long term consequences for their economic security and earnings. While child care subsidies can help families access better quality child care, just over three percent of children under the age of one (3.4 percent) received child care subsidies in 2011, and only 5.3 percent of children under five received any financial supports for child care from government sources (Laughlin 2013).[13]

The infant care cost indicator in the child care component of the Work & Family Composite Index compares the cost of center-based infant care to the median annual earnings of all women, regardless of their parental status. The cost of full-time annual center care for infants varies considerably in the South.

- The annual cost of center care for an infant as a proportion of women's full-time, year-round median annual earnings is lowest in Alabama (17.3 percent; Appendix Table B3.3). In six other southern states—Arkansas, Kentucky, Louisiana, Mississippi, South Carolina, and Tennessee—the costs are also lower than 20 percent of women's median annual earnings. All seven of these southern states rank within the top ten states in terms of lowest cost of child care compared with women's earnings, nationally.

- The cost of center-based infant care compared with women's earnings is highest in the District of Columbia (36.6 percent). The states with the next highest cost in the South are North Carolina and West Virginia at 26 percent (Appendix Table B3.3).

This relative measure of the costs of child care does not, however, capture the quality of center care. Lower relative costs could reflect lower quality, such as high ratios of children to staff, the lack of requirements for teacher certification, and lower wages for childcare workers. Lower costs may also be indicative of the absence of a market for higher-quality/higher-cost infant care due to lower median earnings. The reverse is also true, where high cost child care, such as in the

[12] This measure was chosen to illustrate the potential barriers created by the costs of care for families considering having children generally and particularly for mothers of young children who want to return to work.

[13] For more information on child care subsidies, see the Work & Family chapter in *The Status of Women in the States: 2015* (Hess et al. 2015).

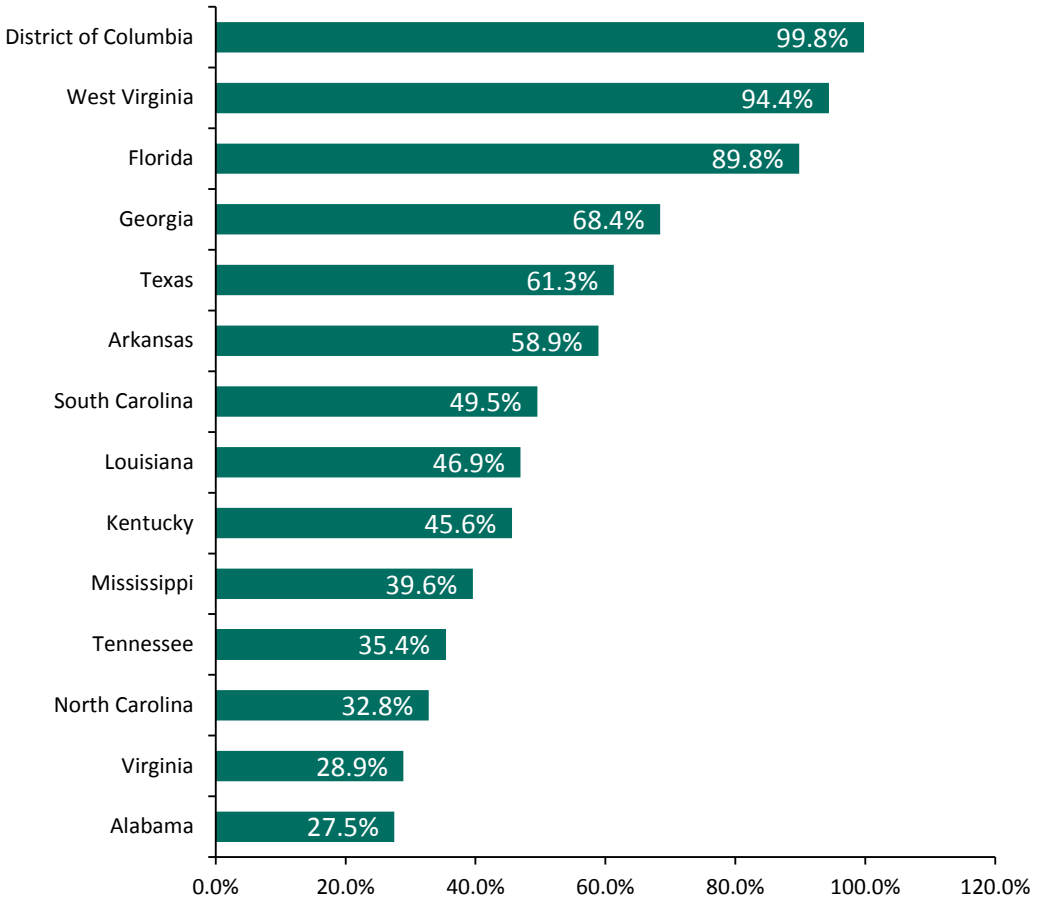
District of Columbia, could be a response to higher numbers of well-paid women (Child Care Aware of America 2015).

The Coverage and Quality of Pre-Kindergarten Education

The benefits of preschool education for children's cognitive and social development are well established (Bornfreund, Cook, and Lieberman 2015; Yoshikawa et al. 2013). Nationally, for the 2013/2014 school year, 41.5 percent of four-year-olds were enrolled in publicly funded Pre-K, Head Start, or special education programs (Barnett et al. 2014).[14] The level of enrollment of four-year-olds in publicly funded Pre-K, Head Start, or special education programs varies dramatically across the South. Enrollment rates vary from just 27.5 percent in Alabama to 99.8 percent in the District of Columbia (Appendix Table B3.3). State-by-state differences in the overall enrollment in public education of four-year-olds, irrespective of the numbers of hours provided per child, can be seen in Figure 3.3.[15] The difference in the numbers of hours provided per child also varies greatly by state in the South, as illustrated by the differences between the three southern states with the highest levels of enrollment: the District of Columbia, West Virginia, and Florida. In the District of Columbia, Pre-K is offered on the same schedule as school for older children (8 hours per day, 5 days per week). In West Virginia, hours of operation are determined locally, with a minimum set of at least 14 hours per week over 4 or 5 days per week, and in Florida Pre-K education is typically available for only three hours per day, 5 days per week (Barnett et al. 2014).

Figure 3.3.

Percent of Four-Year-Olds in the South Enrolled in State Pre-K, Preschool Special Education, and State and Federal Head Start, 2014



Notes: Coverage rates do not differentiate between full-time and part-time preschool because of data availability. District of Columbia data may overstate coverage rates because of Census underestimates of the number of four-year-olds.
Source: Barnett et al. 2014.

[14] Enrollment data for the remainder of this chapter are for four-year-olds in all public programs, Pre-K, Head Start, and special education.

[15] States typically operate a variety of preschool programs with differing rules, making it difficult to assess the average hours offered to children in different states (Barnett et al. 2014).

In addition to the level of enrollment and numbers of hours of Pre-K provided, there are also significant differences in state policies to ensure that preschool education is of high-quality. The National Institute for Early Education Research (NIEER) assesses states on ten indicators of Pre-K quality, including measures such as class size, minimum qualifications standards for teachers and teacher assistants, supports for vision- or hearing-impaired children, and site visits by educational authorities to check on standards (Barnett et al. 2014). These quality indicators, however, measure only program design features, not quality in the actual delivery of Pre-K education.

- Only a few states in the South have both high rates of access to publicly provided preschool education and high quality ratings. The District of Columbia meets eight of the ten Pre-K quality indicators in addition to having almost all four-year-olds enrolled in publicly provided preschool education. Other southern states that have both high rates of access and high quality ratings are West Virginia (94.4 percent and a quality rating of 9) and Georgia (68.4 percent and a quality rating of 8).

- Alabama and North Carolina are the only southern states that meet all ten quality standards, but the enrollment rates in these states are less than 35 percent.

- Both Florida (89.8 percent) and Texas (61.3 percent) are among the top five states in the South and the top ten states nationally for access to Pre-K, but Florida meets only three and Texas only two of ten quality standards.

- Access to public preschool education in the South is lowest in Alabama (27.5 percent) and Virginia (28.9 percent). Mississippi is the only southern state to not have implemented any of the quality indicators assessed by NIEER (Appendix Table B3.3; Barnett et al. 2014).[16]

The Gap in Mothers' and Fathers' Labor Force Participation Rates

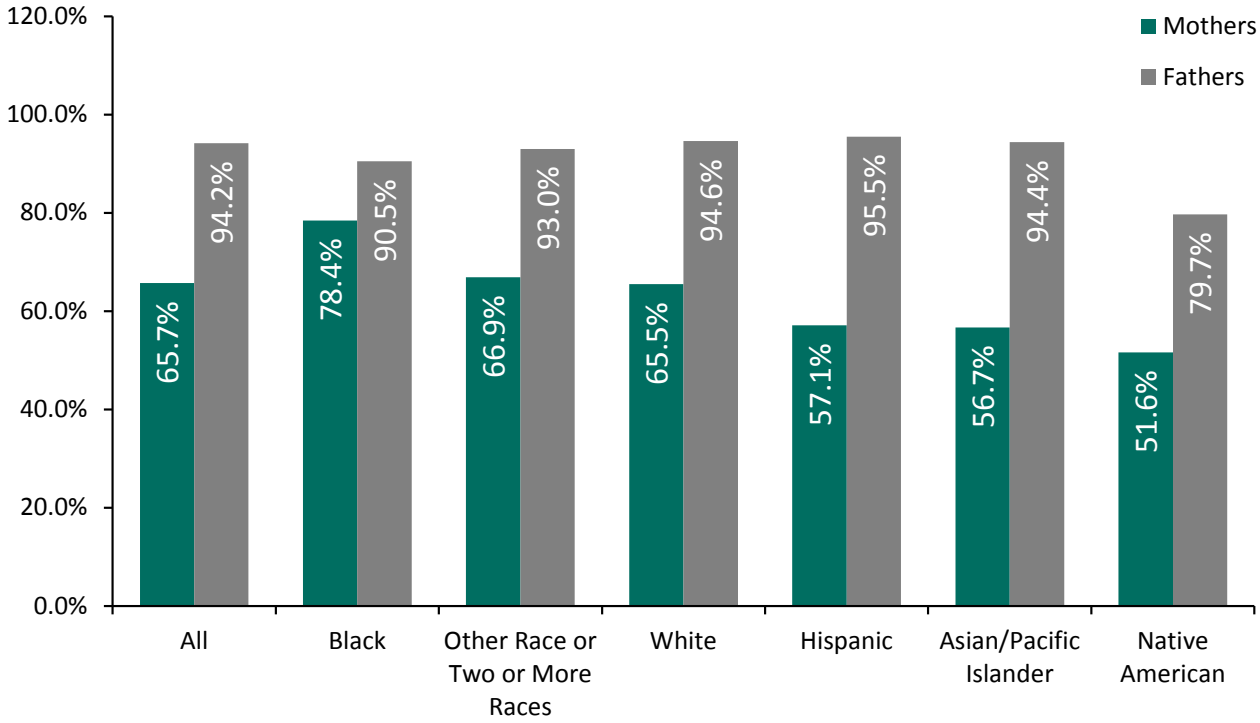
Nationally, the labor force participation rate for mothers of children under six has more than doubled over the past four decades, from 32.1 percent in 1970 to 66.9 percent in 2014 (Hess et al. 2015; Institute for Women's Policy Research 2015a). The labor force participation rate of mothers in the South (65.7 percent) is slightly lower than the national rate for mothers. The rate varies greatly by state—ranging from only 60 percent of mothers in the workforce in West Virginia to 78 percent of mothers in the District of Columbia (Appendix Table B3.4). There are significant differences in the South in the likelihood that mothers of young children are in the workforce among women of the largest racial and ethnic groups. The labor force participation rates of black mothers are substantially higher than of mothers of any other racial or ethnic background. Seventy-eight percent of black mothers of children under the age of six are in the workforce in the South, which is more than ten percentage points higher than the rate for all mothers in the South (65.7 percent; Figure 3.4). Native American and Asian/Pacific Islander mothers have the lowest rates (at 51.6 and 56.7 percent respectively).

Yet, as mothers have joined the workforce, fathers have become only marginally less likely to be at work. Nationally, the labor force participation rate of fathers fell only from 97.9 percent in 1970 to 94.4 percent in 2014 (Hess et al. 2015; Institute for Women's Policy Research 2015a). Fathers' labor force participation rate in the South is 94.2 percent, 28.5 percentage points—or forty percent—higher than that of mothers (Figure 3.4). Fathers' participation rates range from 90.9 percent in West Virginia to 96.2 percent in the District of Columbia (Appendix Table B3.4). Fathers in the South are more likely to be in the workforce than mothers among all of the major racial and ethnic groups in the South, and there is less variation among

[16] Mississippi passed the Early Learning Collaborative Act in 2013, establishing the first state-funded, voluntary Pre-K program. While the program served 1,774 children beginning January 2014, they are still reported as having "no program" because children were not enrolled for the duration of the 2013/2014 school year (Barnett et al. 2014).

Figure 3.4.

Labor Force Participation Rate of Parents of Children Under Six in the South, by Gender and Race/Ethnicity, 2014



Notes: For individuals aged 16 and older. Racial categories are non-Hispanic. Hispanics may be of any race or two or more races.
Source: IWPR analysis of the American Community Survey microdata (Integrated Public Use Microdata Series, Version 6.0).

racial and ethnic groups of fathers. Hispanic, white, and Asian/Pacific Islander men have the highest labor force participation rates (95.5, 94.6, and 94.4 percent respectively), and Native American fathers have the lowest rate (79.7 percent). The gap in parents' labor force participation rates is smallest between black mothers and fathers and largest for Hispanics and Asian/Pacific Islanders (Figure 3.4).

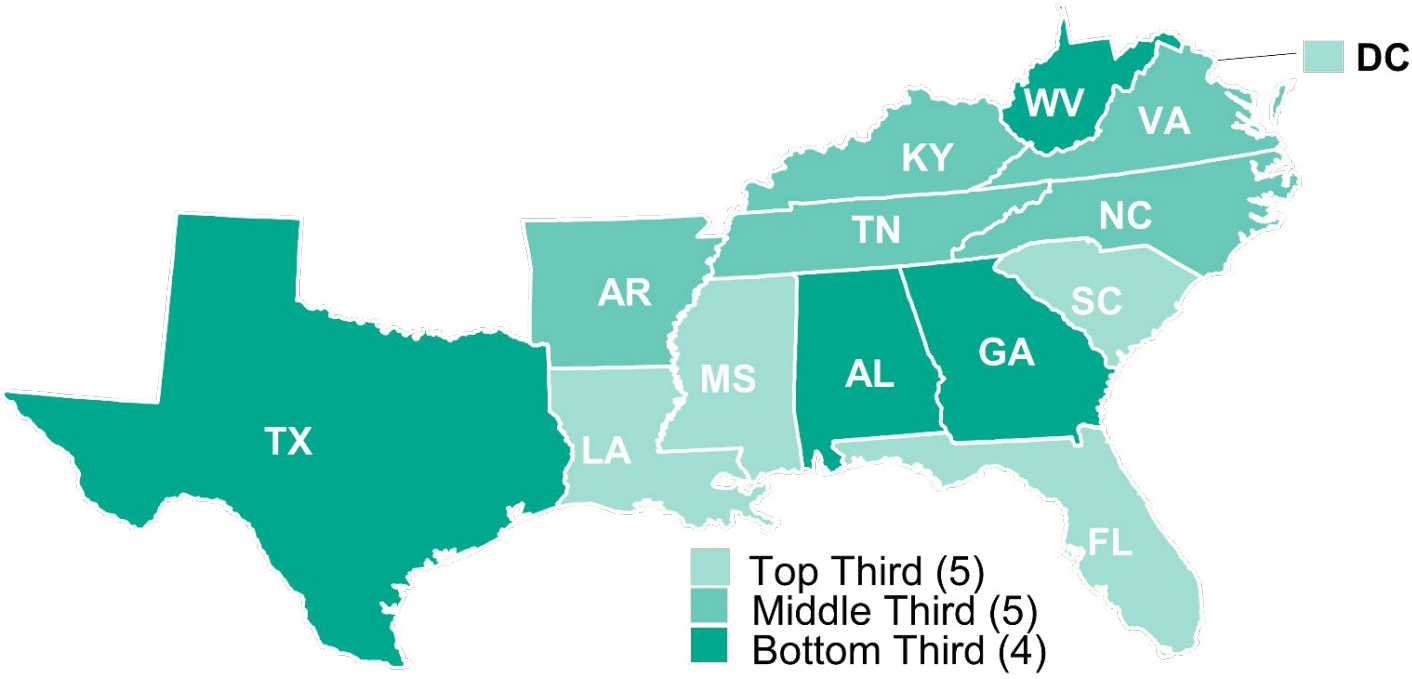
The increase in the labor force participation rate of mothers, and the lack of change in the labor force participation rate of fathers are indicators of continuing gender inequality at home and at work. Though both mothers and fathers of young children spend more time on child care and housework than they have in the past, overall, mothers still do the large majority of family work and cut back on paid work, while fathers still do the large majority of paid work.[17] Mothers still are much more likely than fathers to reduce paid employment to provide family care, with long-term consequences for their earnings and economic security. Mothers of children under six are less likely than fathers to be in the labor force in each southern state, but the size of the parental gap in labor force participation varies across the states (Map 3.4; Appendix Table B3.4).

- Texas has the largest gender gap in parental labor force participation (33.8 percentage points). At 31.1 percentage points, West Virginia is the only other southern state with a gap lager than 30 percentage points.
- The District of Columbia has the lowest gender gap (18.7 percentage points) and is the only place to have a gap smaller than 20 percentage points. Mississippi has the next lowest gap at 21.8 percentage points (Appendix Table B3.4).

[17] See Hess et al. 2015 for national analysis on the trends in the time mothers and fathers spend on paid work, housework, and child care from 1975 to 2011.

Map 3.4.

The Gender Gap in Parents' Labor Force Participation Rates in the South, 2014



Notes: For women and men aged 16 and older with children under the age of six. Fathers' labor force participation rate minus mothers' labor force participation rate.
Source: IWPR analysis of American Community Survey microdata (IPUMS, Version 6.0).

Mothers as Breadwinners

Across the South, 11.3 million family households have children under 18 (29 percent of all households), the same share of households as in non-southern states (Institute for Women's Policy Research 2015a). Of the 11.3 million households in the South with children under 18, 7.3 million are headed by married couples, 3.1 million by single mothers, and close to 875,000 by single fathers (Figure 3.5; Appendix Table B3.5). Within the South, Texas has by far the largest number of households with children under 18 (3.0 million), followed by Florida (1.8 million), Georgia, and North Carolina (1.1 million each; Appendix Table B3.5). The southern states with the largest share of family households headed by single mothers include the District of Columbia (41.8 percent), Mississippi (35.6 percent), and Louisiana (33.7 percent). Single mothers make up a slightly larger share of all family households with children under 18 in the South than in non-southern states (27.4 percent versus 24.0 percent; Appendix Table B3.5); building supports that help mothers stay in the workforce is all the more essential in the South.

Mothers and other caregivers in the South need workforce supports that help them stay and succeed in the workforce. Mothers' earnings are crucial for their own and their families' economic security.

In half of all families with children younger than 18 in the South, mothers are the sole provider or, in married couples, contribute at least 40 percent of family earnings (Table 3.3).[18] Single mothers are a slight majority of female breadwinners (54.0 percent). In married families with children, over a third of mothers (36.0 percent) earn at least 40 percent of the couple's joint earnings (Table 3.3). The share of female breadwinners in the South varies by state:

[18] This definition of breadwinners (all single mothers and married mothers who contribute at least 40 percent of a couple's joint earnings) is used for the remainder of this chapter.

- Among families with children, the District of Columbia has the highest share (63.8 percent) of breadwinner mothers. Mississippi (57.7 percent) and South Carolina (53.9 percent) also have high shares of households with female breadwinners in the South. The southern states with the lowest share of female breadwinners are Texas (46.8 percent), West Virginia (47.2 percent), and Virginia (49.4 percent).

- Among married couples with children, the District of Columbia has by far the highest share (44.7 percent) of breadwinner mothers, followed by Florida (39.4 percent) and Mississippi (39.2 percent). The share of married breadwinner mothers among married couples in the South is lowest in Texas (32.1 percent), Louisiana (33.2 percent), West Virginia (33.6 percent), and Alabama (35.1 percent).

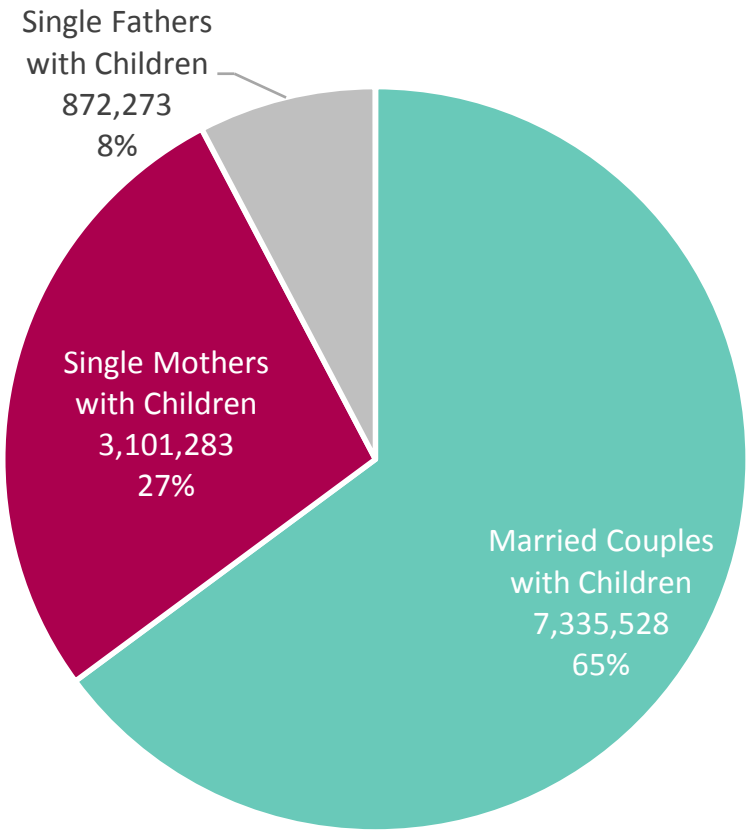
- The share of single mothers among female breadwinners is highest in the District of Columbia (65.5 percent), Louisiana (63.9 percent), and Mississippi (61.7 percent).

- The share of married mothers among female breadwinners is highest in Virginia (53.1 percent), the only southern state where the share of married mothers is higher than the share of single mothers among all breadwinner mothers. Kentucky has the second highest share of married mothers among female breadwinners, at 49 percent (Institute for Women's Policy Research 2015a).

Women of color in the South make up the majority of all southern breadwinner mothers (51.1 percent), higher than their share of all mothers (44.8 percent; Figure 3.6). Black mothers in particular are likely to

Figure 3.5.

Distribution of Households in the South with Children Under 18, by Household Type, 2014



Notes: Single mothers and single fathers include those who are never married, married with an absent spouse, widowed, divorced, and separated. Data are three year (2012-2014) averages. State-level data are available in Demographic Table 8.5.
Source: IWPR analysis of American Community Survey microdata (Integrated Public Use Microdata Series, Version 6.0).

Table 3.3.

Breadwinner Mothers in Households with Children Under 18, by Southern State, South/Non-South, and United States, 2104

	Households With Children Under 18		Breadwinner Mothers	Households with a Breadwinner Mother as Share of all Households with Children	Single Mother Breadwinners as Percent of All Female Breadwinners	Married Couples With Female Breadwinner as Percent of All Married Couples
State	Number	As Percent of All Households	Number	Percent	Percent	Percent
Alabama	496,690	27.3%	261,192	52.6%	58.0%	35.1%
Arkansas	310,473	27.7%	158,390	51.0%	53.3%	36.6%
District of Columbia	48,357	17.9%	30,871	63.8%	65.5%	44.7%
Florida	1,757,345	24.4%	936,992	53.3%	53.4%	39.4%
Georgia	1,102,821	31.3%	570,763	51.8%	54.9%	36.5%
Kentucky	473,366	28.0%	244,012	51.5%	51.0%	38.5%
Louisiana	483,349	28.4%	254,923	52.7%	63.9%	33.2%
Mississippi	314,150	29.0%	181,391	57.7%	61.7%	39.2%
North Carolina	1,061,873	28.6%	555,137	52.3%	52.4%	38.6%
South Carolina	478,716	26.8%	258,157	53.9%	57.3%	37.4%
Tennessee	680,765	27.5%	348,307	51.2%	52.4%	37.3%
Texas	3,033,849	33.5%	1,420,011	46.8%	53.5%	32.1%
Virginia	891,479	29.4%	440,634	49.4%	46.9%	37.4%
West Virginia	175,851	24.1%	82,952	47.2%	53.9%	33.6%
Southern States	**11,309,084**	**28.9%**	**5,743,732**	**50.8%**	**54.0%**	**36.0%**
All Other States	**22,063,846**	**29.0%**	**10,748,012**	**48.7%**	**49.3%**	**36.5%**
United States	**33,372,930**	**28.9%**	**16,491,744**	**49.4%**	**50.9%**	**36.3%**

Notes: Data on households with children under 18 are as percent of all households in the state. A breadwinner mother is defined as a single mother who is the main householder (irrespective of earnings) or a married mother who earns at least 40 percent of the couple's joint earnings; single mothers who live in someone else's household (such as with their parents) are not included. Data are three year (2012-2014) averages.
Source: IWPR analysis of American Community Survey microdata (Integrated Public Use Microdata Series, Version 6.0).

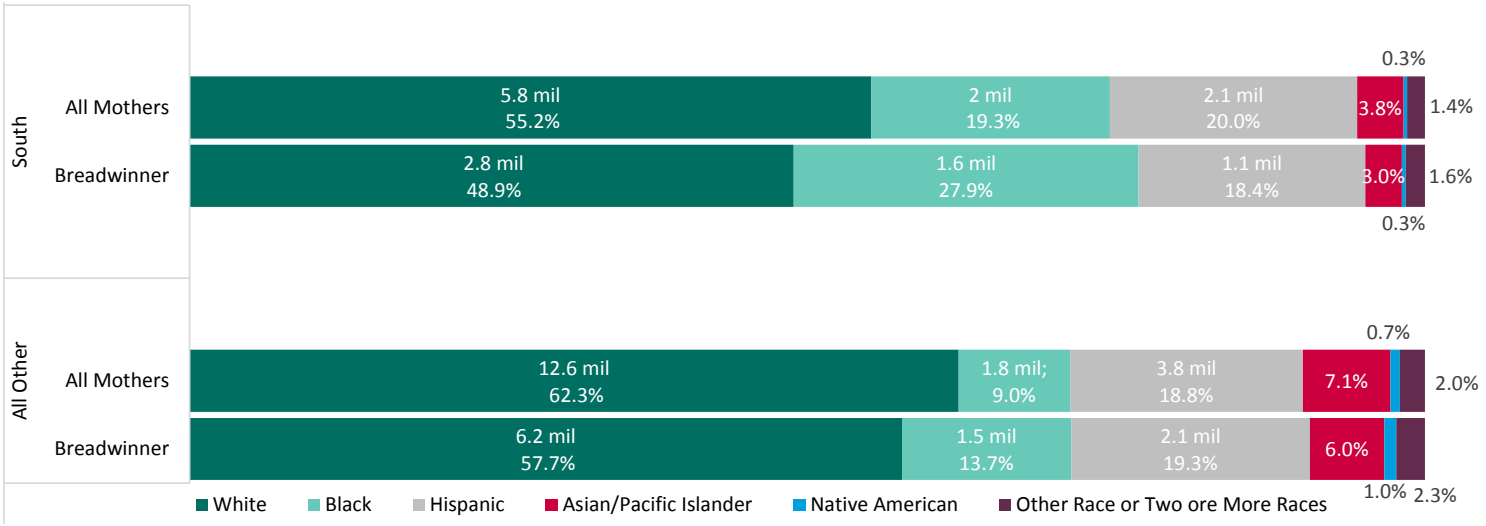
be breadwinners; there are more black breadwinner mothers in the South (1.6 million) than in all other states combined (1.5 million; Figure 3.6). In all other states, while women of color account for only 42.3 percent of all breadwinner mothers, this is still higher than their share of all mothers (37.7 percent; Figure 3.6).

Four of five black mothers in the South are breadwinners (79.6 percent), compared to half or less of white (48.8 percent), Hispanic (50.4 percent), and Asian/Pacific Islander mothers (43.1 percent; Figure 3.7).

Southern mothers who identify as another race or two or more races and Native American mothers are also more likely than other mothers to be breadwinners (60.3 and 57.9 percent, respectively; Figure 3.7). Mothers who identify as another race or two or more races, black mothers, and white mothers in all other states are about as likely to be breadwinner mothers when compared with their counterparts in the South (Figure 3.7). Hispanic and Native American mothers in all other states, however, and more likely to be breadwinner mothers than their southern counterparts (Figure 3.7).

Figure 3.6.

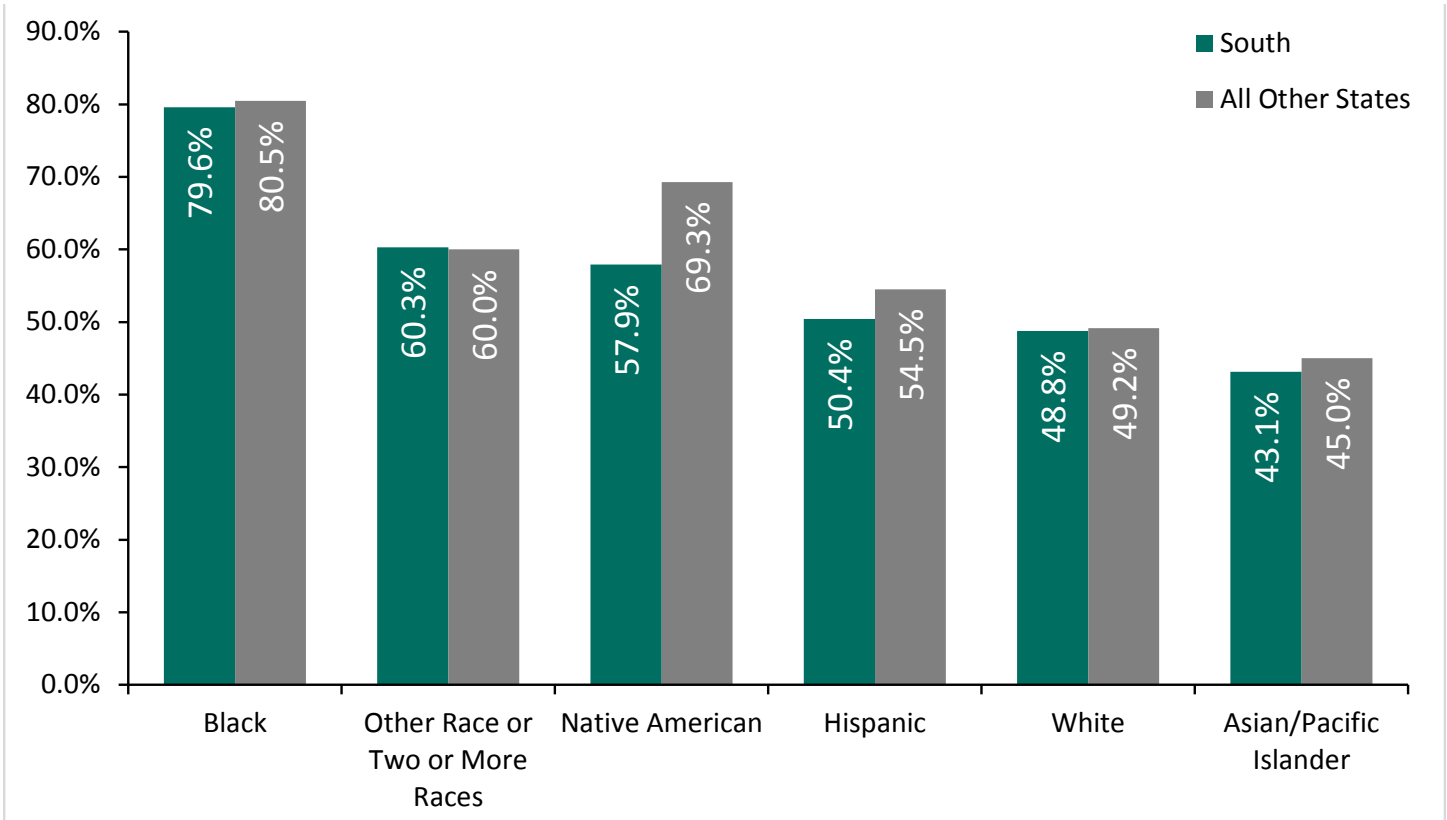
All Mothers and Breadwinner Mothers, by Race/Ethnicity and South/Non-South, 2014



Notes: See Table 3.3 for definition of breadwinner mother. Data include households with children under 18 and are three-year averages (2012-2014). Racial categories are non-Hispanic. Hispanics may be of any race or two or more races.
Source: IWPR analysis of American Community Survey microdata (Integrated Public Use Microdata Series, Version 6.0).

Figure 3.7

Percent of Mothers who are Breadwinners, by Race/Ethnicity and South/Non-South, 2014



Notes: See Table 3.3 for definition of breadwinner mother. Data include households with children under 18 and are three-year averages (2012-2014). Racial categories are non-Hispanic. Hispanics may be of any race or two or more races.
Source: IWPR analysis of American Community Survey microdata (Integrated Public Use Microdata Series, Version 6.0).

Conclusion

As this chapter has shown, the southern states earn a range of scores on the Work & Family Composite Index, much like the range seen in the United States overall. While the southern states do better than average on the child care component, more than half of the southern states receive an overall grade of D+ or lower. Confronted by the lack of affordable quality child or elder care, families may choose to provide this care themselves, and women's lower earnings provide an economic rationale for them (the lower-earning spouse) to be the one to leave or scale back her job in order to focus on family care. Yet, this time out of the workforce results in a significant cost to women through lower earnings and fewer advancement opportunities, with a long-term negative impact on earnings progression over her lifetime and economic security in old age (Rose and Hartmann 2004).

Families in the South are greatly dependent on women for their economic security; the large majority of women work, including women with young children and single mothers with no second earner. Not only do women perform the majority of family care work for children or adults in need of care, half of all southern mothers are also breadwinners, with the likelihood of being a breadwinning mother significantly higher for black women. Black women in the South are particularly likely to be solely responsible for their families' economic security and to feel the effects of the lack of systematic supports for those with family care responsibilities, including the lack of full protections during and after pregnancy, the high cost of child care—especially for young children—and a school day and year that is not aligned with the workday. While some southern states are working to provide supports for family care givers, most women still lack basic supports—such as paid sick days, paid family leave, and affordable and reliable child care—that would help them balance their numerous work and family obligations.

Appendix A3:

Methodology

To analyze the status of women in the South, IWPR selected indicators that prior research and experience have shown illuminate issues that are integral to women's lives and that allow for comparisons between each state and the United States as a whole. The data in IWPR's *Status of Women in the South* report comes from federal government agencies and other sources; data in this chapter also rely on analysis from organizations such as AARP, Child Care Aware of America, the National Partnership for Women & Families, the National Institute for Early Education Research, and Tax Credits for Working Families.

Some tables and figures present data for individuals, often disaggregated by race and ethnicity. In general, race and ethnicity are self-identified; the person providing the information on the survey form determines the group to which he or she (and other household members) belongs. People who identify as Hispanic or Latino may be of any race; to prevent double counting, IWPR's analysis of American Community Survey microdata separates Hispanics from other racial categories—including white, black (which includes those who identified as black or African American), Asian/Pacific Islander (which includes those who identified as Chinese, Japanese, and Other Asian or Pacific Islander, including Native Hawaiians), or Native American (which includes those who identified as American Indian or Alaskan Native).

Calculating the Composite Index

The four components of the Work & Family Composite Index—paid leave legislation, elder and dependent care, child care, and the gender gap in parents' labor force participation rates—were each weighted equally for a total value of the index of 8. With the exception of the gap in parental labor force participation, each component includes more than one indicator; the indicators were individually scored and weighted. The paid leave, unemployment insurance, dependent care credit for adults, dependent care credit refundability, and size of dependent care credit indicators were scored on a simple yes/no basis. For the indicator based on the costs of center-based infant care as a proportion of women's median annual earnings, the state with the lowest proportional costs got the highest score and was the reference point for the other states' scores. The resulting values were summed for each state to create the four component scores and the composite index score. The states were ranked from the highest score (first place) to the lowest score (last place) of the composite index. Each state's score was compared with the ideal Composite Index score to determine the state's grade.

PAID LEAVE LEGISLATION: This component is based on three indicators—statewide Temporary Disability Insurance for all workers, statewide paid family care leave, and paid sick days (Gault et al. 2014; National Partnership for Women and Families 2014a; 2014b; 2015). The indicators were weighted equally, with a score of 0.67 for a statewide law and a score of 0.33 for a local law (the maximum score in any leave area for a state without a statewide law, irrespective of the number of localities with separate laws, is 0.33). As a practical matter, only paid sick days have been implemented at the local or the state level. The maximum score on this component is 2.0. Thirteen southern states had 0.0 scores. Washington, D.C., had a score of 0.67 for its paid sick days law.

ELDER AND DEPENDENT CARE: This component is based on three indicators: the availability of unemployment insurance benefits to someone who had to leave their job because of family care responsibilities based on a U.S. Department of Labor (2015) report and a study of states' unemployment insurance systems conducted by AARP (Ben-Ishai, McHugh, and Ujvari 2015); dependent care tax credits that can be applied to elder or adult dependent care expenses (Tax Credits for Working Families 2015); and nurse delegation of Long- term Support Services (LTSS; Reinhard et al. 2014). They are each weighted equally within this index, with a maximum score of 0.67 for each of the three indicators and a maximum total of 2.0 for this component.

Unemployment Insurance is scored on a yes/no basis: a state with a law, regulation, or policy interpretation allowing benefits receives a score of 0.67; other states receive a 0.

The dependent care tax credit indicator has three subcomponents: half of the value of the indicator is given to states where dependent care credits are available for the care of dependent adults, on a yes/no basis; 25 percent of the value of the indicator is given to states

where the tax credit is refundable (yes/no basis); and another 25 percent to states where the value of the tax credit is at least $500 (yes/no basis). The maximum value of the indicator is 0.67, the weight of this indicator in the elder and dependent care component of the Work & Family Composite Index.

Nurse delegation of LTSS: 16 tasks are considered for nurse delegation; the score is determined by dividing the number of tasks delegated in a state by the total number of possible tasks to be delegated (16), to a maximum value of 1.0. This score is then multiplied by 0.67, the weight of this indicator in the elder and dependent care component of the Work & Family Composite Index.

CHILD CARE: This component is based on three indicators: the costs of infant center care as a proportion of the median annual earnings of women; the percent of four-year-olds enrolled in state Pre-K, preschool special education, and state and federal Head Start programs; and the number of quality indicators met by the state's Pre-K programs. The costs of center-based infant care are based on the National Association of Child Care Resource and Referral Agencies' (NACCRRA) January 2015 survey of Child Care Resource and Referral State Networks, and in some states it is based on the most recently available state market rate survey (Child Care Aware of America 2015). Median annual earnings for women who work full-time year-round were calculated based on American Community Survey data (Institute for Women's Policy Research 2015a). The percent of four-year-olds enrolled in state Pre-K, preschool special education, and state and federal Head Start programs and the number of quality measures implemented by a state's Pre-K programs are based on the National Institute for Early Education Research (Barnett et al. 2014). The cost of infant care indicator has a maximum value of 0.5; the enrollment in state Pre-K, preschool special education, and state and federal Head Start programs and the quality of Pre-K indicators each have a maximum value of 0.75. The total value of this component is a maximum of 2.0.

The annual costs of infant care as a proportion of women's median annual earnings for full-time work: This indicator is scored by taking 1.0 minus the cost-to- earnings ratio of a state by the calculated value for the state with the best (lowest) cost-to-earnings ratio; the best state has a value of 1.0. The score is then multiplied by 0.5, the weight of this indicator in the child care component of the Work & Family Composite Index.

The proportion of four-year-olds in publicly funded Pre-K, preschool special education, and state and federal Head Start programs: The score of this indicator is the percent of four-year-old children in publicly funded programs divided by 100 percent; the maximum score of this indicator is 1.00 for 100 percent enrollment. The score is then multiplied with 0.75, the weight of this indicator in the child care component of the Work & Family Composite Index.

The quality of Pre-K education: The score of this indicator is based on NIEER's assessment of states on ten indicators of the quality of Pre-K provision; the score is 0 for states that do not have any programs or practices rated by the NIEER, 0.2 if one or two criteria are met, 0.4 for three or four criteria, 0.6 for five or six criteria, 0.8 for seven or eight criteria, and 1.0 for nine or ten criteria. The score is then multiplied with 0.75, the weight of this indicator in the child care component of the Work & Family Composite Index.

GENDER GAP IN PARENTS' LABOR FORCE PARTICIPATION RATES: This indicator is calculated for women and men age 16 and older with children under the age of six. To score this indicator, mothers' participation rates (divided by 100 percent) are subtracted from fathers' participation rates (divided by 100 percent) in each state. To give the best-performing state the highest score, a state's differential is subtracted from 1. The score is then multiplied by 2. The total value of this component is a maximum of 2.0, if a state were to have equal labor force participation rates for mothers and fathers. The data on labor force participation rates of parents aged 16 and older with children under age six are based on IWPR microdata analysis of the American Community Survey 2014 (Institute for Women's Policy Research 2015a; Ruggles et al. 2015).

Counting Breadwinner Mothers

For the data on breadwinner mothers, IWPR analyzed American Community Survey microdata, combining three years of data (2012, 2013, and 2014) to ensure sufficient sample sizes. IWPR constructed a multi-year file by selecting the 2012, 2013, and 2014 datasets, adjusting dollar values to their 2014 equivalents using the Consumer Price Index for All Urban Consumers and averaging the sample weights to represent the average population during the three year period. Fe-

male breadwinners are defined as single mothers who are the main householder, irrespective of earnings or cohabitation, and as married mothers who earn at least 40 percent of the couple's earnings. Single mothers are defined as women who are never married, divorced, separated, or widowed, or where the husband is absent. All households with children under 18 who are related to the main householder by blood, adoption, or marriage are included in the denominator for the analysis of the share of households with female breadwinner mothers. IWPR used personal weights to obtain nationally representative statistics for person-level analyses. Weights included with the IPUMS ACS for person-level data adjust for the mixed geographic sampling rates, nonresponses, and individual sampling probabilities. Estimates from IPUMS ACS samples may not be consistent with summary table ACS estimates due to the additional sampling error and the fact that, over time, the Census Bureau changes the definitions and classifications for some variables. The IPUMS project provides harmonized data to maximize comparability over time; updates and corrections to the microdata released by the Census Bureau and IPUMS may result in minor variation in future analyses.

Appendix B3:

Work & Family Tables

Appendix Table B3.1.

Paid Leave Legislation by Southern State, 2014

State	Temporary Disability Insurance Statewide[a]	Paid leave (for FMLA Related Reasons)[b]	Paid Sick Days[c]	Paid Leave Legislation Total Score		
				Total Score	National Rank	Regional Rank
Alabama	No	No	No	0.00	12	2
Arkansas	No	No	No	0.00	12	2
District of Columbia	No	No	State	0.67	5	1
Florida	No	No	No	0.00	12	2
Georgia	No	No	No	0.00	12	2
Kentucky	No	No	No	0.00	12	2
Louisiana	No	No	No	0.00	12	2
Mississippi	No	No	No	0.00	12	2
North Carolina	No	No	No	0.00	12	2
South Carolina	No	No	No	0.00	12	2
Tennessee	No	No	No	0.00	12	2
Texas	No	No	No	0.00	12	2
Virginia	No	No	No	0.00	12	2
West Virginia	No	No	No	0.00	12	2

Source: [a]Gault et al. 2014; [b]National Partnership for Women and Families (2014a; 2014b); [c]National Partnership for Women and Families 2015.

Appendix Table B3.2.

Elder and Dependent Care by Southern State

State	Unemployment Insurance Covers Family Care Reasons, 2014[a]	Dependent Care Credit[b]					Long-Term Support Services (LTSS)[c]			Elder and Dependent Care		
		Dependent Care Credits Not Limited to Childcare, 2014	Dependent Care Credit Refundable	Maximum Dependent Care Credit	National Rank	Regional Rank	Number of LTSS That can Be Delegated to a Home Care Agency Worker (out of 16), 2013	National Rank	Regional Rank	Total Score	National Rank	Regional Rank
Alabama	No	No	N/A	N/A	46	1	2	40	10	0.13	46	11
Arkansas	Yes	Yes	No	$210	5	2	15	10	1	1.69	5	1
District of Columbia	Yes	Yes	No	$336	14	11	10	24	6	1.38	14	2
Florida	No	No	N/A	N/A	49	14	0	47	14	0.00	49	14
Georgia	No	Yes	No	$315	19	4	14	13	3	1.13	19	4
Kentucky	No	Yes	No	$210	40	8	4	35	8	0.50	40	8
Louisiana	No	Yes	Yes	$525	18	3	11	20	4	1.19	18	3
Mississippi	No	No	N/A	N/A	44	10	3	36	9	0.19	44	10
North Carolina	No	No	N/A	N/A	43	9	6	31	7	0.38	43	9
South Carolina	Yes	Yes	No	$210	27	6	1	45	13	0.81	27	6
Tennessee	No	No	N/A	N/A	46	11	2	40	10	0.13	46	11
Texas	No	No	N/A	N/A	24	5	15	10	1	0.94	24	5
Virginia	No	No	N/A	N/A	46	11	2	40	10	0.13	46	11
West Virginia	No	No	N/A	N/A	34	7	11	20	4	0.69	34	7

Note: The 16 LTSS tasks are: administer oral medications; administer medication on an as needed basis; administer medication via pre-filled insulin or insulin pen; draw up an insulin for dosage measurement; administer intramuscular injection medications; administer glucometer test; administer medication through tubes; insert suppository; administer eye/ear drops; gastronomy tube feeding; administer enema; perform intermittent catheterization; perform ostomy care including skin care and changing application; perform nebulizer treatment; administer oxygen therapy; and perform ventilator respiratory care. N/A= not applicable. See Appendix A3 for explanation of rankings.
Source: [a]Ben-Ishai, McHugh, and Ujvari 2015 and U.S. Department of Labor 2015; [b]Tax Credits for Working Families 2015; [c]Reinhard et al. 2014.

Appendix Table B3.3.

Child Care by Southern State

State	Average Annual Cost of Full-Time Infant Care in a Center, 2013[a]	Cost of Infant Care as a Percent of Women's Median Annual Earnings[b]			Percent of Four-year-Olds Enrolled in State Pre-K, Preschool Special Education, and State and Federal Head Start, 2013-2014[c]			Preschool Quality Standards, 2012-2013		
		Percent	National Rank	Regional Rank	Percent	National Rank	Regional Rank	Number (out of 10)	National Rank	Regional Rank
Alabama	$5,547	17.3%	1	1	27.5%	30	14	10	1	1
Arkansas	$5,933	19.8%	9	7	58.9%	11	6	9	5	3
District of Columbia	$21,948	36.6%	51	14	99.8%	1	1	8	13	7
Florida	$8,376	24.6%	19	10	89.8%	4	3	3	40	12
Georgia	$7,025	20.1%	10	8	68.4%	8	4	8	13	7
Kentucky	$6,194	18.8%	7	5	45.6%	17	9	9	5	3
Louisiana	$5,655	18.0%	3	3	46.9%	16	8	8	13	7
Mississippi	$5,496	18.3%	4	4	39.6%	20	10	N/A	N/A	N/A
North Carolina	$9,107	26.0%	25	12	32.8%	26	12	10	1	1
South Carolina	$6,372	19.4%	8	6	49.5%	13	7	6	33	11
Tennessee	$5,857	17.7%	2	2	35.4%	25	11	9	5	3
Texas	$8,619	24.6%	19	10	61.3%	9	5	2	41	13
Virginia	$10,028	24.5%	18	9	28.9%	29	13	6	27	10
West Virginia	$7,800	26.0%	25	12	94.4%	3	2	9	5	3

Note: N/A= not available
Source: [a]Child Care Aware of America 2015; [b]IWPR analysis of American Community Survey microdata (Integrated Public Use Microdata Series, Version 6.0); [c]Barnett et al. 2014.

Appendix Table B3.4.

Gender Gap in Parent's Labor Force Participation Rate by Southern State, 2014

State	Mothers' Labor Force Participation Rate	Fathers' Labor Force Participation Rate	Difference in Labor Force Participation Rates		
			Percentage Point Gap	National Rank	Regional Rank
Alabama	65.0%	93.3%	+28.3	36	12
Arkansas	67.4%	94.4%	+27.0	29	8
District of Columbia	77.5%	96.2%	+18.7	6	1
Florida	67.8%	93.3%	+25.5	18	3
Georgia	66.9%	94.3%	+27.4	32	11
Kentucky	65.8%	93.0%	+27.2	31	10
Louisiana	67.1%	92.6%	+25.5	18	3
Mississippi	70.8%	92.6%	+21.8	9	2
North Carolina	67.7%	93.7%	+26.0	24	6
South Carolina	69.9%	95.4%	+25.5	18	3
Tennessee	67.5%	93.8%	+26.3	25	7
Texas	61.2%	95.0%	+33.8	48	14
Virginia	68.5%	95.7%	+27.2	30	9
West Virginia	59.6%	90.9%	+31.3	42	13

Note: Differences in labor force participation rates equals fathers' labor force participation rate minus mothers' labor force participation rate. For women and men with a children under six in the household related by birth, marriage, or adoption.
Source: IWPR analysis of American Community Survey microdata (Integrated Public Use Microdata Series, Version 6.0).

Appendix Table B3.5

Distribution of Households with Children Under 18, by Household Type, Southern State, South/Non-South, and United States, 2014

State	Total Households with Children	Married Couple Households		Single Mother Households		Single Father Households	
		Number	Percent	Number	Percent	Number	Percent
Alabama	496,690	311,909	62.8%	151,619	30.5%	33,162	6.7%
Arkansas	310,473	201,743	65.0%	84,488	27.2%	24,242	7.8%
District of Columbia	48,357	23,879	49.4%	20,206	41.8%	4,272	8.8%
Florida	1,757,345	1,109,217	63.1%	499,924	28.4%	148,204	8.4%
Georgia	1,102,821	705,719	64.0%	313,217	28.4%	83,885	7.6%
Kentucky	473,366	310,876	65.7%	124,329	26.3%	38,161	8.1%
Louisiana	483,349	277,609	57.4%	162,874	33.7%	42,866	8.9%
Mississippi	314,150	177,275	56.4%	111,916	35.6%	24,959	7.9%
North Carolina	1,061,873	684,498	64.5%	290,963	27.4%	86,412	8.1%
South Carolina	478,716	295,144	61.7%	147,847	30.9%	35,725	7.5%
Tennessee	680,765	444,429	65.3%	182,412	26.8%	53,924	7.9%
Texas	3,033,849	2,054,353	67.7%	760,229	25.1%	219,267	7.2%
Virginia	891,479	625,049	70.1%	206,554	23.2%	59,876	6.7%
West Virginia	175,851	113,828	64.7%	44,705	25.4%	17,318	9.8%
Southern States	**11,309,084**	**7,335,528**	**64.9%**	**3,101,283**	**27.4%**	**872,273**	**7.7%**
All Other States	**22,063,846**	**14,945,885**	**67.7%**	**5,299,881**	**24.0%**	**1,818,080**	**8.2%**
United States	**33,372,930**	**22,281,413**	**66.8%**	**8,401,164**	**25.2%**	**2,690,353**	**8.1%**

Note: Data are three-year averages (2012-2014).
Source: IWPR analysis of American Community Survey microdata (Integrated Public Use Microdata Series, Version 6.0).

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Immigrant Women

Immigrant women experience different outcomes in poverty, employment, healthcare, and education access based on language and their status (as a citizen, lawful permanent resident, refugee, or undocumented). Those from countries that speak English and encourage the education and employment of women, and those who come to the United States for opportunity, rather than to escape a dangerous or oppressive environment, will likely have higher levels of education, income, and professional status. Thus, they are not a monolithic group, and the diversity of outcomes as residents of the United States is in part a reflection of the countries they've left and the circumstances of their arrival.

Of the more than 21 million female immigrants in the United States (13.4 percent of all U.S. women), 6.4 million live in the American South where they make up 11.5 percent of the female population (Appendix Table 8.1).[1] Female immigrants are underrepresented in the South compared with the rest of the country (where they comprise 14.4 percent of the female population).

More than one in four (28.0 percent) immigrant women in the South are from Mexico with smaller shares from Cuba (8.0 percent), India (4.1 percent), El Salvador (3.3 percent), Vietnam and Columbia (each 3.2 percent), and the Philippines (3.0 percent).[2] The remaining countries represented are all less than three percent of the female immigrant population in the southern states.

The southern states vary widely in the size of their immigrant populations. Immigrant women and girls make up the largest proportions of the female population in Florida, Texas, and the District of Columbia (20.7 percent, 16.4 percent, and 13.8 percent of all women, respectively; Appendix Table 8.1). In comparison, West Virginia (1.5 percent), Mississippi (2.0 percent), and Alabama (3.1 percent) have the lowest proportions of female immigrants.

Immigrants make up a growing share of the United States population overall, and of the population of the southern states (Smith and Winders 2010). Tennessee and Kentucky have seen the greatest growth in the foreign-born population between 2000 and 2014 (102 percent growth in each state), although the share of the population that is foreign-born is quite small in both states (5 and 4 percent in 2014, respectively; Institute for Southern Studies 2015). South Carolina and Arkansas, two states that also have small foreign-born populations (5 percent each), saw growth of 97 and 90 percent, respectively. The two southern states with the largest foreign-born population in 2014 were Florida (20 percent) and Texas (17 percent). Florida had a 49 percent increase in the foreign-born population between 2000 and 2014, and Texas had a 56 percent increase.

In response to this growth in the immigrant population, some southern states have passed restrictive immigration policies in recent years, such as Alabama's H.B. 56 and Georgia's H.B. 87. The most common provisions of these laws include the criminalization of certain interactions with undocumented immigrants such as providing them with employment or renting them an apartment and giving local law enforcement officers the right to require documentation of legal status for anyone the officer suspects may not be in the country legally (Baxter 2011). These laws are purported to target undocumented immigrants but may also punish legal immigrants and native-born citizens (ACLU 2011). Meanwhile other states, such as Florida and Texas, have passed immigrant-friendly policies such as providing in-state tuition for undocumented youth (National Conference of State Legislatures 2014). Many cities in the South, such as Atlanta, GA, Durham, NC, and Nashville, TN are part of Welcoming America, where nonprofit and government partners transform their communities into more welcoming places for all people, including immigrants ("Welcoming America" 2016).

[1] In this report, southern states include Alabama, Arkansas, the District of Columbia, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas, Virginia, and West Virginia. State data on immigrant's share of the female population and data on earnings, education, and poverty by country of birth are IWPR calculations based on 2012-2014 American Community Survey microdata. All other data are IWPR calculations based on 2014 American Community Survey microdata.

[2] Country of origin data for the United States as a whole show that the largest shares of immigrants were from Mexico (25.6 percent), the Philippines (5.3 percent), China (4.7 percent) and India (4.6 percent; (Hess et al. 2015).

Despite increasing political tension and debate about immigration policies, the immigrant population in the southern states has shown a steady increase over time as immigrant women and their families make the American South their home (Smith and Winders 2010).

- Immigrant women have a slightly lower labor force participation rate than U.S.-born women both in the South (55.1 percent and 56.5, respectively) and in states outside the South (56.3 percent compared with 59.8 percent).

- U.S.-born women earn 28.2 percent more than immigrant women across the south ($35,900 and $28,000 respectively).

- The earnings of immigrant women differ according to country of origin. Among immigrant women residing in the southern United States, women from India and China have the highest median annual earnings ($60,000 and $50,000, respectively), while women from Guatemala and Honduras have the lowest ($20,000 each; Appendix Table B2.6).

- Just less than one in three (30.8 percent) southern immigrant women aged 16 or older work in managerial or professional occupations compared with 34.1 percent of immigrant women in states outside the South.

- Immigrant women experience a gender wage gap that is larger in the South than in the rest of the country. Immigrant women in the South earn 84.1 percent of the median annual earnings of southern immigrant men compared with 87.5 percent in states outside the South.

Immigrant women and girls are a diverse group and whether or not they live in the South, they have unequal access to health care services and education, which increases their vulnerability to poverty.

In the southern states, 61.7 percent of immigrant women aged 18 to 64 have health insurance, compared with 83.9 percent of native born women. In states outside the South, 76.4 percent of immigrant women have health insurance, compared with 90.4 percent of native born women. The lower coverage rate for immigrant women reflects, to some extent, barriers they face in accessing basic healthcare services including a federal law that bans many immigrants from means-tested benefit programs, such as Medicaid, during their first five years of legal status (Broder and Blazer 2011), coupled with the decision by many southern states to not expand Medicaid.

One in four immigrant women in the South (26.0 percent) hold at least a bachelor's degree, however, U.S.-born women in the South are even more likely to have at least a bachelor's degree (27.9 percent). Across the southern states, immigrant women from India (69.4 percent), China (59.0 percent), and the Philippines (54.8 percent) are the most likely to have a postsecondary education while women from El Salvador (8.8 percent), Honduras (9.9 percent) and Guatemala (10.2 percent) are the least likely (Appendix Table B4.2). Some immigrant women who have college degrees, however, may find that their qualifications are not recognized in this country or that their lack of English fluency narrows their options, limiting them to low-skilled, low-paying jobs (Redstone 2006).

In the South, female immigrants are more likely to live at or below the poverty line (21.1 percent) than native-born women (15.6 percent). This same pattern holds true in states outside the South, where 17.9 percent of immigrant women and 12.8 percent of U.S.-born women live in poverty.

Among immigrant women in the South, women born in the Philippines, India, and Japan have the lowest poverty rates (6.9, 8.3, and 9.3 percent, respectively) while women born in Guatemala, Honduras, and Mexico have the highest poverty rates (36.4, 32.3 percent, and 26.7 percent, respectively; Appendix Table B4.2).

As of 2012, there were 20 million adults and 16 million people under age 18 who were U.S. citizens born of immigrant parents (Pew Research Center 2013). Projections show that if current trends in immigration and birth rates continue, the growth in the U.S. population will be almost entirely driven by immigrants and their U.S.-born children (Pew Research Center 2013). Given this growth, the health, security, and well-being of immigrant women is critically important to not only themselves and their immediate families, but to the nation.

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CHAPTER 4 | Poverty & Opportunity

Introduction

More women than ever before, from all racial and ethnic backgrounds, are entering higher education and starting their own businesses. Far too many, however, languish in poverty and continue to face obstacles to social and economic opportunity that block their access to postsecondary education and basic health care, despite the passage of landmark legislation intended to ensure that all Americans have access to the health services they need. This is especially a problem in the South, one of the poorer regions of the United States.

This chapter examines four topics that are integral to women's economic security and access to opportunity: health insurance coverage, educational attainment, business ownership, and poverty rates. It calculates a Composite Index comprised of these indicators, ranks each state in the South, nationally and regionally, including the District of Columbia, on the composite score for Poverty & Opportunity, and its component indicators, and examines the relationships among these indicators and their implications for women's well-being.[1] The chapter also analyzes trends in the data across time and disparities that exist among racial and ethnic groups in women's status in the South.

The Poverty & Opportunity Composite Score

In the southern states, scores based on the Poverty & Opportunity Composite Index range from 6.43 to 8.06, with higher scores indicating better performance in the area of poverty and opportunity and corresponding to better letter grades (Table 4.1). Most southern states however, have exceptionally low scores on several indicators and the overall index.

- The highest grade received by a southern state is an A– for the District of Columbia, which also ranks first in the nation (Table 4.1). Virginia, which ranks second regionally, receives a B– and Georgia receives a C–. Arkansas and Mississippi rank last in the region and in the United States, each earning a grade of F. Each remaining southern state receives a D (including two grades of D+ and four of D–). Only three southern states receive grades of C– or above.

- Among the southern states, the District of Columbia performs the best on the Poverty & Opportunity Composite Index. The District ranks first on all of the component indicators with the exception of the percentage of women at or above the poverty

[1] In this report, southern states include Alabama, Arkansas, the District of Columbia, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas, Virginia, and West Virginia. Throughout the report, the District of Columbia will be referred to as a state, although it is technically a jurisdiction.

line, on which it ranks fourth in the South. Virginia, Georgia, North Carolina, and Florida round out the top third in this region for the Poverty & Opportunity Index (Map 4.1).

- Mississippi ranks last on the Poverty & Opportunity Composite Index, performing poorly on all indicators except business ownership, on which it ranks fourth in the region. Arkansas, Louisiana, and West Virginia also rank in the bottom third of the southern states on the Poverty & Opportunity Index.

- Many southern states rank in the bottom third of all states nationally. Two states, the District of Columbia and Virginia, rank in the top ten nationally on the Poverty & Opportunity Composite Index (first and eighth, respectively) but the other southern states all rank in the bottom half, ranging from Georgia at 27th to Mississippi at 51st.

Trends in Poverty & Opportunity

Since the publication of the 2004 *Status of Women in the States*, women's status in the area of poverty and opportunity in the United States has improved on three of the four component indicators and declined on the fourth. For the nation as a whole, the share of women with health insurance increased by 3.1 percentage points from 82.3 percent in 2002 to 85.4 percent in 2014 (Caiazza et al. 2004; Table 4.1). The share of women with a bachelor's degree or higher increased 7.4 percentage points from 22.8 to 30.2 percent, and the share of all businesses owned by women increased 9.8 percentage points from 26.0 to

Table 4.1.

How the South Measure Up: Women's Status on the Poverty & Opportunity Composite Index and Its Components

	Composite Index				Percent of Women 18-64 Years Old with Health Insurance, 2014			Percent of Women with a Bachelor's Degree or Higher, Aged 25 and Older, 2014			Percent of Businesses That are Women-Owned, 2012			Percent of Women Living Above Poverty, Aged 18 and Older, 2014		
State	Score	National Rank	Regional Rank	Grade	Percent	National Rank	Regional Rank	Percent	National Rank	Regional Rank	Percent	National Rank	Regional Rank	Percent	National Rank	Regional Rank
Alabama	6.60	45	9	D-	83.7%	38	7	23.3%	47	11	36.8%	9	5	81.5%	48	12
Arkansas	6.48	50	13	F	84.3%	35	6	22.0%	50	13	32.7%	29	13	82.3%	46	10
District of Columbia	8.06	1	1	A-	95.1%	2	1	55.5%	1	1	42.7%	1	1	83.6%	39	4
Florida	6.84	33	5	D+	78.3%	50	13	26.7%	38	6	38.5%	5	3	84.6%	36	2
Georgia	6.91	27	3	C-	79.6%	47	12	29.3%	23	4	40.5%	2	2	82.8%	43	7
Kentucky	6.57	47	10	D-	89.3%	17	2	23.5%	46	10	32.0%	37	14	82.2%	47	11
Louisiana	6.53	48	11	D-	80.0%	46	11	24.0%	44	9	36.5%	13	7	80.7%	49	13
Mississippi	6.43	51	14	F	80.8%	44	10	22.7%	48	12	37.9%	6	4	78.5%	51	14
North Carolina	6.85	30	4	D+	82.9%	39	8	29.4%	22	3	35.6%	20	10	83.6%	39	4
South Carolina	6.73	41	7	D	81.7%	41	9	26.4%	39	7	35.9%	19	9	83.1%	42	6
Tennessee	6.71	42	8	D	84.8%	32	5	25.5%	41	8	35.6%	20	10	82.7%	44	8
Texas	6.76	38	6	D	75.4%	51	14	28.0%	33	5	36.8%	9	5	83.8%	38	3
Virginia	7.37	8	2	B-	86.6%	27	4	36.5%	8	2	36.2%	17	8	88.4%	11	1
West Virginia	6.53	48	11	D-	88.6%	20	3	20.4%	51	14	34.1%	24	12	82.6%	45	9
Southern States					**80.6%**			**27.6%**			**N/A**			**83.6%**		
All Other States					**87.9%**			**31.6%**			**N/A**			**86.3%**		
United States					**85.4%**			**30.2%**			**35.8%**			**85.4%**		

Notes: Data for men on all composite indicators are in Appendix Table B4.1. N/A=not available.
Sources: Data on health insurance, educational attainment, and poverty are based on IWPR analysis of American Community Survey microdata (Integrated Public Use Microdata Series, Version 6.0; Institute for Women's Policy Research 2015b). Data on women-owned businesses are from the U.S. Department of Commerce's 2012 Survey of Business Owners accessed through American Fact Finder (U.S. Census Bureau 2015). For methodology see Appendix A4.

35.8 percent. The share of all women living above the poverty line declined, however, dropping from 87.9 percent of all women to 85.4 percent (Caiazza et al. 2004; Table 4.1).[2]

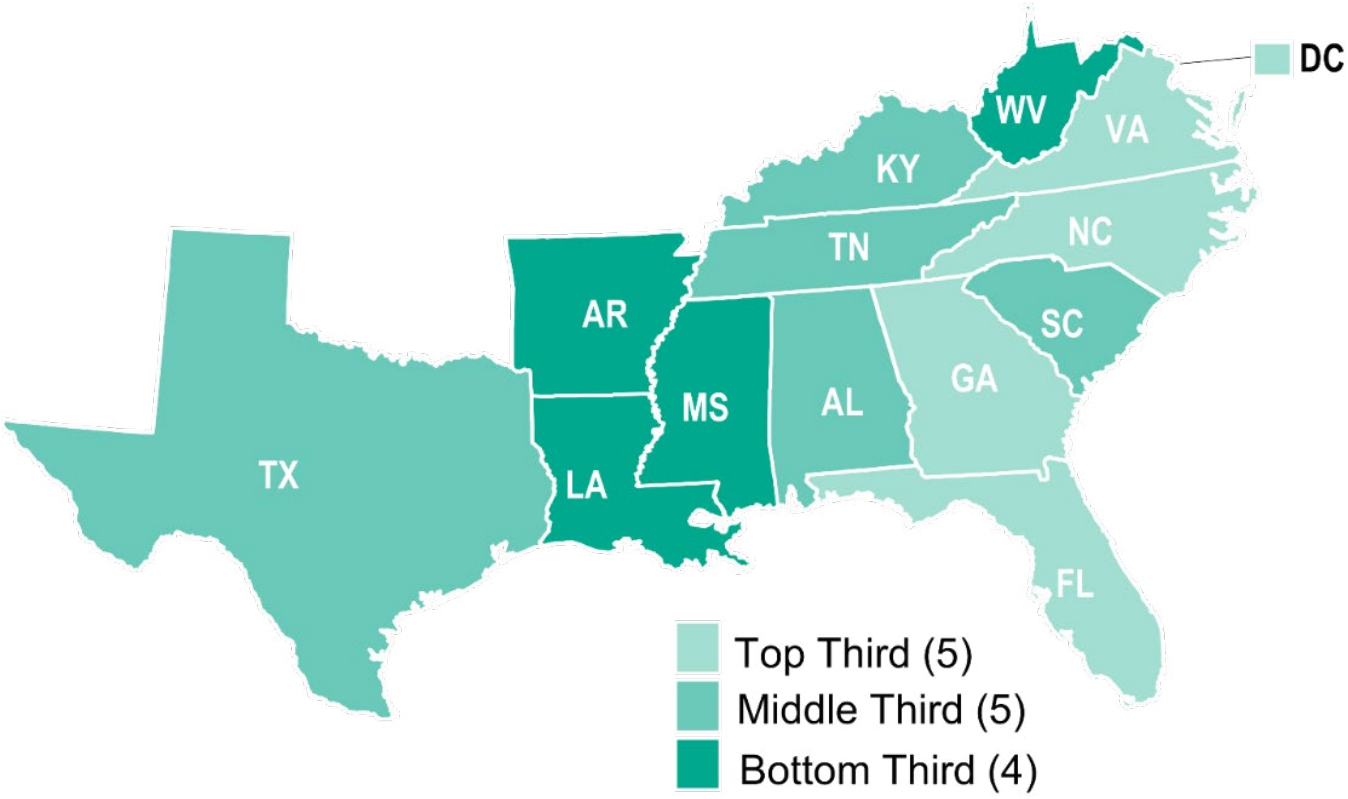
- On the composite score for women's Poverty & Opportunity there has been very little change among the 14 southern states. The largest increases in composite scores were in the District of Columbia and Arkansas, both states where the share of women covered by health insurance and with four or more years of college increased but where there was almost no change in the share of women living below the poverty line. The poverty rate dropped from 17.9 percent to 17.7 percent in Arkansas and from 17.9 percent to 16.4 in the District of Columbia.

Access to Health Insurance

Health insurance gives women access to critical health services, producing better health outcomes and reducing out-of-pocket expenses and overall health-care costs for families. These outcomes are crucial for women's economic well-being. In the United States as a whole, 85.4 percent of women aged 18 to 64 had health insurance coverage in 2014, a slightly higher proportion than men of the same age range (81.1 percent; Appendix Table B4.1).[3] According to the Kaiser Family Foundation's analysis of the Current Population Survey for 2014, 59 percent of nonelderly women were insured through a union or employer, either their own or their spouse's. Eight percent of women aged 18 to 64 purchased insurance coverage directly from an insurance company, 16 percent were covered

Map 4.1.

The Poverty & Opportunity Composite Index—South



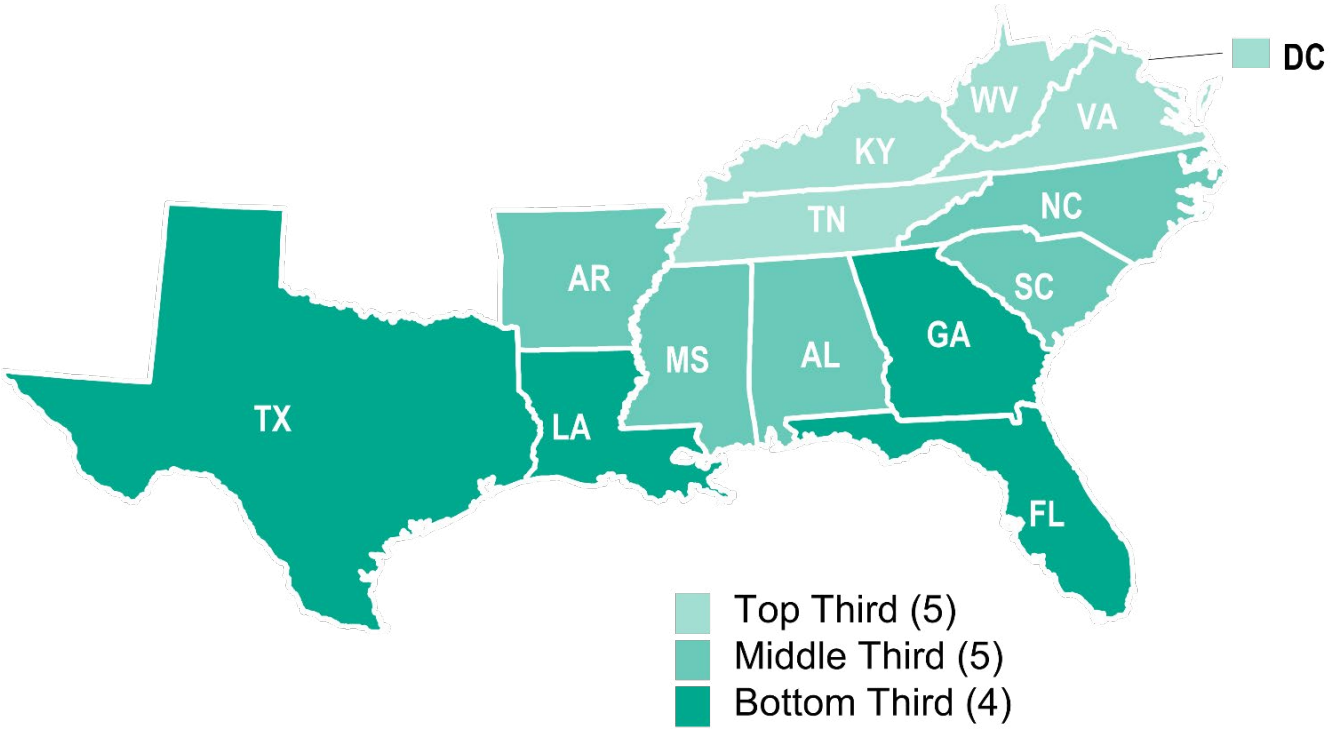
Note: For methodology and sources, see Appendix A4.
Calculated by the Institute for Women's Policy Research.

[2] The poverty estimate for 2014 is based on IWPR analysis of American Community Survey (ACS) microdata (Integrated Public Use Microdata Series, Version 6.0; Institute for Women's Policy Research 2015b). IWPR's estimate in the 2004 data release was based on analysis of Current Population Survey (CPS) data and is for the population aged 16 and older. See Appendix A4 for a summary of the differences between the ACS and CPS.

[3] The vast majority of women (and men) aged 65 and older qualify for Medicare coverage.

Map 4.2.

Percent of Women in the South with Health Insurance, 2014



Note: For women aged 18-64.
Source: IWPR analysis of American Community Survey microdata (IPUMS, Version 6.0).

by Medicaid, 4 percent were covered by some other type of insurance, and 13 percent remained uninsured (Kaiser Family Foundation n.d.).[4]

- In 2014, the southern states where women were most likely to be covered by some type of health insurance were the District of Columbia (95.1 percent), Kentucky (89.3 percent), and West Virginia (88.6 percent; Map 4.2).

- The states in which women were the least likely to have health insurance coverage were Texas (75.4 percent), Florida (78.3 percent), and Georgia (79.6 percent).

The Patient Protection and Affordable Care Act

Women's health insurance coverage is changing as a result of the passage of the Patient Protection and Affordable Care Act (ACA) of 2010. The ACA seeks to ensure that as many Americans as possible have access to health insurance and requires all U.S. citizens and legal residents to be covered by insurance, although some exemptions are provided for financial hardships and religious objections (Kaiser Family Foundation 2013). To allow residents to purchase private insurance policies and access federal subsidies for those with low earnings, states were encouraged to set up "exchanges" that would show the available options. Some states created their own state exchanges through which private insurance plans could be purchased. In states without their own state exchanges, residents can purchase private insurance plans through the federal exchange (Kaiser Family Foundation 2013).

To help those who cannot afford to purchase private insurance, the ACA seeks to expand Medicaid eligibility to all individuals under age 65 who are not eligible for Medicare and have incomes up to 138 percent of the federal poverty line (individuals were previously eligible only if they were pregnant, the parent of a dependent child, 65 years of age or older, or disabled, in addition to meeting income requirements; National Conference of State Legislatures 2011).[5] States can

[5] Federal law allows for the expansion of Medicaid to individuals with incomes at or below 133 percent of the federal poverty line. The law also includes a five percent "income disregard," which effectively makes the limit 138 percent of poverty (Center for Mississippi Health Policy 2012).

choose to opt out of this Medicaid expansion, however. As of January 12, 2016, eight southern states had rejected the Medicaid expansion, four states and the District of Columbia had chosen to expand Medicaid coverage, and in one southern state, Virginia, the expansion of coverage was under discussion (Map 4.3; Kaiser Family Foundation 2016).[6]

The ACA also allows adult children to stay on their parent's health insurance until the age of 26.

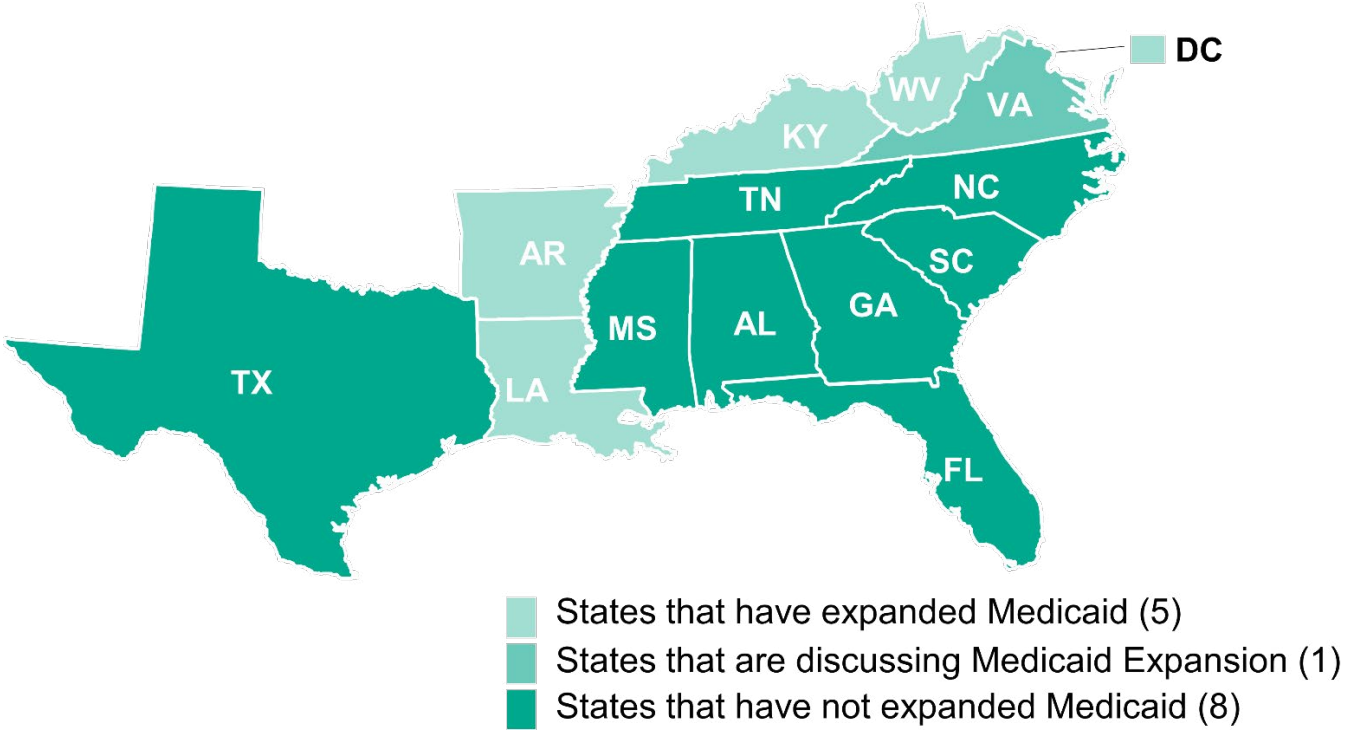
Health Insurance Coverage by Race and Ethnicity

Because many of the southern states have chosen not to expand access to Medicaid, health insurance coverage rates are considerably lower in the South than in other regions. As of October 2015, 2.9 million Americans fall into the insurance coverage gap; they have incomes between Medicaid eligibility and 100 percent of the federal poverty level. Eighty-nine percent of those in the coverage gap live in the South, and most live in four states: Texas (26 percent), Florida (20 percent), Georgia (11 percent), and North Carolina (8 percent; Garfield and Damico 2015). The rate of coverage for women in the South is more than seven percentage points lower than for women in all other states (Table 4.1). In the South, as in the nation as a whole, there are significant differences by race and ethnicity.

- In the southern states overall, the percentage of nonelderly women with health insurance coverage ranges from a high of 86.2 percent for white women to a low of 61.6 percent for Hispanic women (Figure 4.1).[7]
- The difference in health insurance coverage between women in the South and women outside the South is largest for Hispanic women. Three in four (75.0 percent) Hispanic women in states outside of the South have health insurance coverage, compared with just 61.6 percent of Hispanic women in the South.
- With the exception of Native American women,

Map 4.3.

Where Southern States Stand on Adopting the Medicaid Expansion, 2016



Source: Kaiser Family Foundation (2016).
Compiled by the Institute for Women's Policy Research.

[6] The Medicaid expansion has been included in the Virginia Governor's FY 2017 budget proposal (Kaiser Family Foundation 2016).

[7] Higher uninsured rates among Hispanic women may reflect the fact that undocumented immigrants are ineligible for coverage under the ACA.

women from each racial and ethnic group in the South have lower coverage rates than their non-southern counterparts. Native American women in the South, however, have higher rates of coverage than Native American women outside the South.

Education

Education, especially postsecondary educational attainment, is associated with greater economic well-being including higher earnings and lower rates of unemployment (Carnevale, Ban, and Strohl 2012; U.S. Bureau of Labor Statistics 2014). In 2014, for example, the unemployment rate was 5 percent for full-time workers over the age of 25, but it was 9 percent for those with less than a high school diploma, 6 percent for those with only a high school diploma, and only 3.5 percent for those with a bachelor's degree (U.S. Bureau of Labor Statistics 2014).

While men have traditionally outnumbered women among those receiving postsecondary degrees, women surpassed men in bachelor's degrees earned in 1981 and have received more bachelor's degrees in every year since (Rose 2015). During the 2012-2013 academic year, women made up 57 percent of the nation's college students (Rose 2015). Yet, women living in different states across the country are not all equally likely to share in these gains.

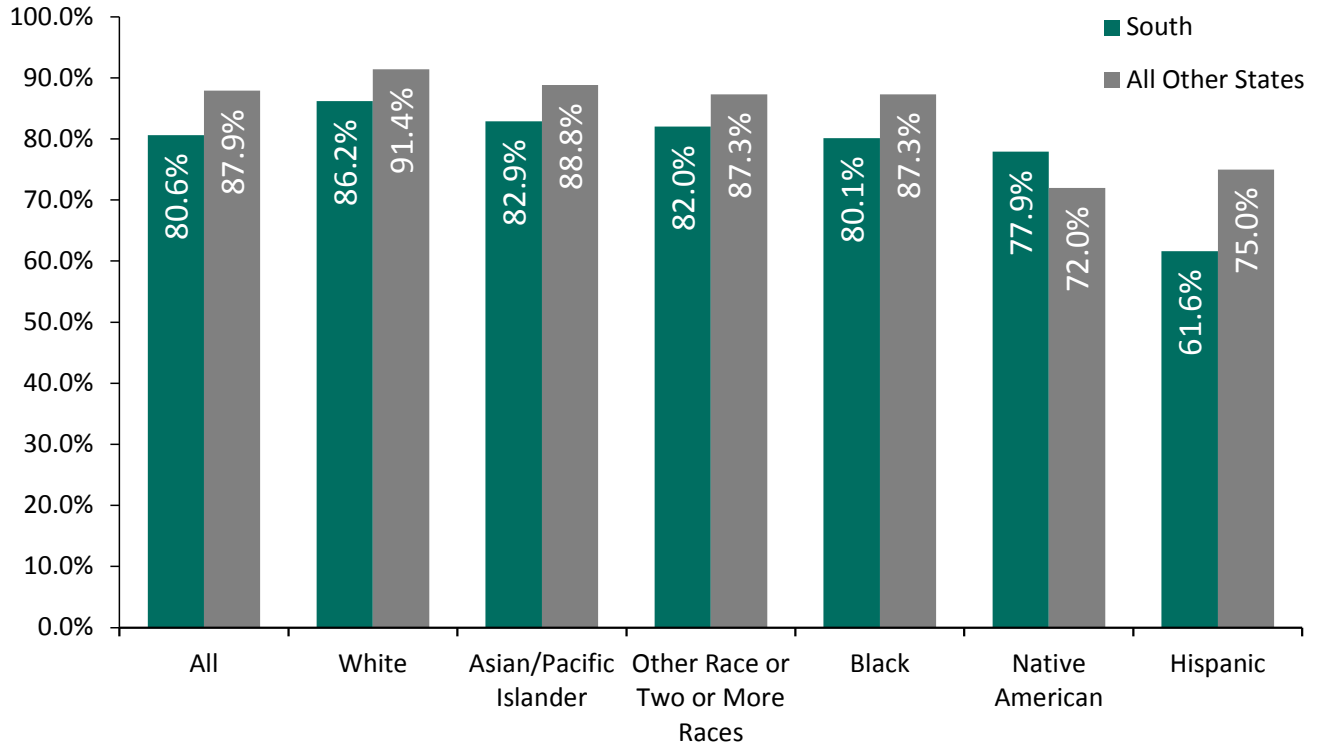
Nationally, 30.2 percent of women aged 25 and older have a bachelor's degree or higher, while in the southern states only 27.6 percent hold this level of education (Table 4.1). There are, however, substantial differences across the South in support for, and in women's access to, higher education.

- The District of Columbia has, by far, the largest percentage of women with a bachelor's degree or higher (55.5 percent), followed by Virginia (36.5 percent) and North Carolina (29.4 percent; Table 4.1; Map 4.4).
- Roughly one in five women aged 25 and older holds a bachelor's degree or higher in West Virginia (20.4 percent), Arkansas (22.0 percent), and Mississippi (22.7 percent).

Although more women are receiving high school diplomas and completing college than ever (U.S. Department of Education, Institute of Education Sciences, National Center for Education Statistics 2013), a significant proportion of women either do not finish high school or end their education with only a high

Figure 4.1.

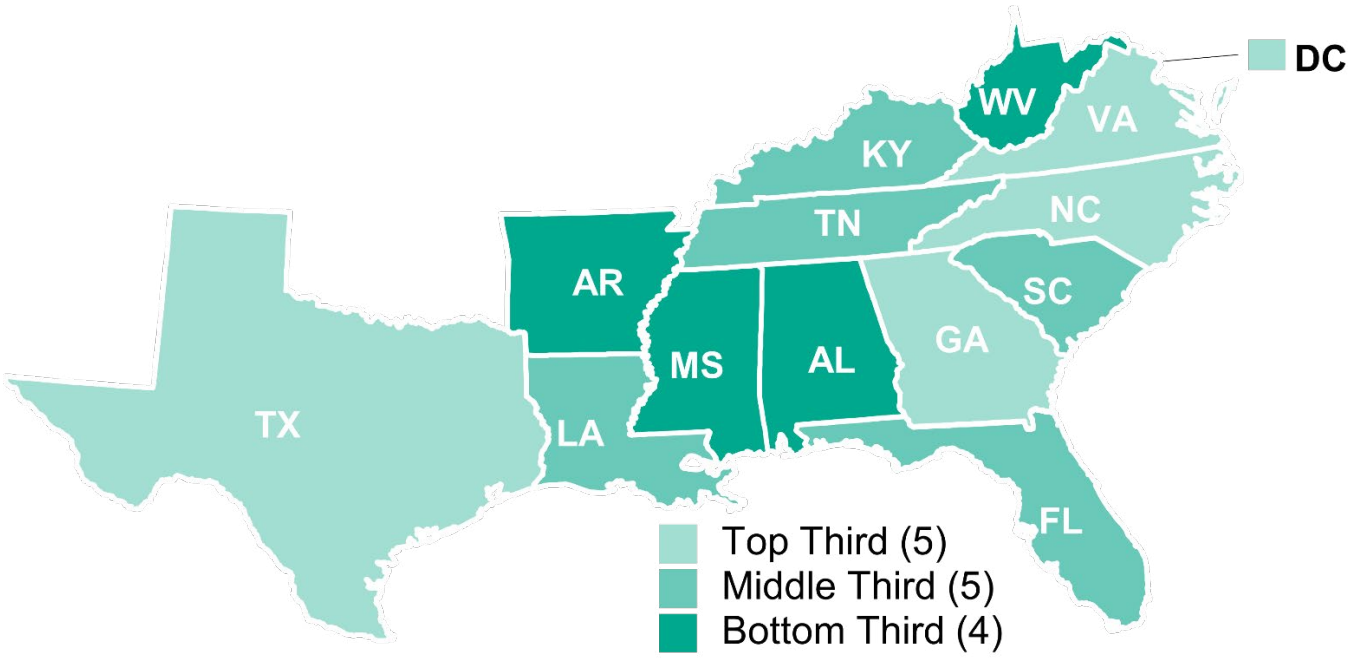
Health Insurance Coverage Rates of Women Aged 18-64, by Race/Ethnicity and South/Non-South, 2014



Note: Racial categories are non-Hispanic. Hispanics may be of any race or two or more races.
Source: IWPR analysis of American Community Survey microdata (IPUMS, Version 6.0).

Map 4.4.

Percent of Women in the South with a Bachelor's Degree or Higher, 2014



Note: For women aged 25 and older.
Source: IWPR analysis of American Community Survey microdata (IPUMS, Version 6.0).

school diploma. Nationally, 12.5 percent of women aged 25 and older have less than a high school diploma but the share is higher in the southern states (13.8 percent; Appendix Table B4.3). Just over one-fourth (27.0 percent) of women aged 25 and older in the U.S. have only a high school diploma while a slightly higher percentage of southern women (27.9 percent) have only a high school diploma (Appendix Table B4.3).

- The District of Columbia has the smallest share of women with less than a high school diploma at 9.2 percent. The states with the next smallest shares of women with less than a high school diploma are Virginia (10.5 percent), followed by Florida and North Carolina (each 12.1 percent).

- The states with the largest shares of women without at least a high school diploma are Texas (17.2 percent), Mississippi (15.7 percent), and Louisiana (14.9 percent).

- Across southern states, West Virginia (39.0 percent), Arkansas (33.4 percent), and Louisiana (32.9 percent) have the largest shares of women 25 and older with only a high school diploma. The District of Columbia (17.1 percent), Virginia (24.1 percent), and Texas (24.6 percent) have the smallest shares.

Educational Attainment by Race and Ethnicity

The educational progress women have made has not been distributed equally across racial and ethnic groups.

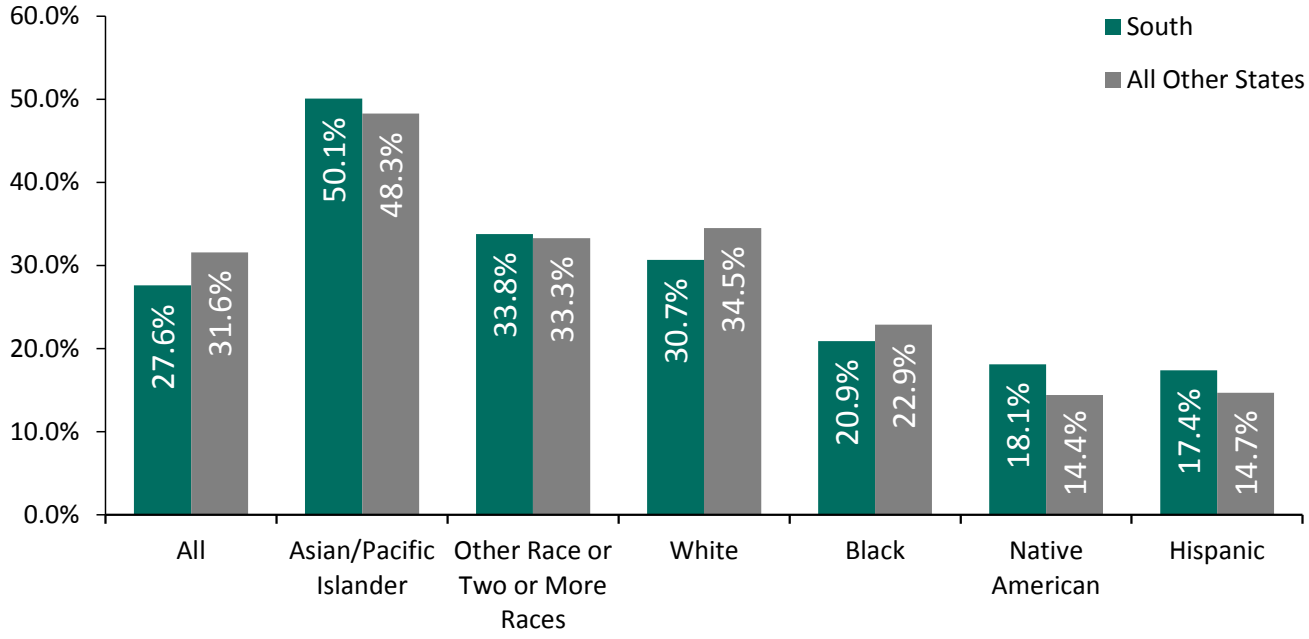
- In the South, as in the nation overall, Asian/Pacific Islander women are the most likely to hold a bachelor's degree or higher (50.1 percent), followed by women who identify with another race or two or more races (33.8 percent), and white women (30.7 percent; Figure 4.2).

- Native American and Hispanic women are the least likely to hold at least a bachelor's degree (18.1 percent and 17.4 percent, respectively).

Hispanic, Native American and Asian/Pacific Islander women living in the South are more likely to have a bachelor's degree or higher than their same-race counterparts living outside the South.

Figure 4.2.

Percent of Women Aged 25 and Older with a Bachelor's Degree or Higher, by Race/Ethnicity and South/ Non-South, 2014



Note: Racial categories are non-Hispanic. Hispanics may be of any race or two or more races.
Source: IWPR analysis of American Community Survey microdata (IPUMS, Version 6.0).

Women Business Owners

Like higher education, business ownership can open doors to new and exciting opportunities for women and help provide economic security for them and their families. More women than ever before are pursuing entrepreneurship as an alternative to traditional employment. In 1997, for example, 5.4 million businesses were women-owned (U.S. Small Business Administration 2011), but by 2012 this number had skyrocketed to just under 10 million, a growth rate of approximately 80 percent (Institute for Women's Policy Research 2015d).

- The District of Columbia leads the South in women's business ownership with 42.7 percent of businesses owned by women, the highest share in the nation (Table 4.1). Georgia also has a particularly high share of businesses that are women-owned (40.5 percent), earning it the rank of second both regionally and nationally (Table 4.1; Map 4.5).

- Kentucky, Arkansas, and West Virginia have the lowest shares of women-owned businesses in the South, each with shares below the national average, though only Kentucky places in the bottom third nationally (32 percent of businesses in Kentucky are women-owned; Table 4.1).

- The percentage of women's business ownership is one area in which the southern states perform particularly well. Of the 13 southern states and the District of Columbia, nine states have shares of women-owned businesses that are higher than the national average (Table 4.1).

Many southern states have experienced much higher growth rates in women's business ownership in recent years than other states. Between 2002 and 2012, the growth rate for the number of businesses that were women-owned far outpaced that of men-owned businesses in every southern state (Figure 4.3). Georgia, Mississippi, Texas, and Florida had the highest growth rates, with the number of businesses owned by women growing by more than 80 percent compared with less than 25 percent for businesses owned by men in each state (Figure 4.3). Though women-owned businesses still have a way to go before achieving an equal market share with men-owned businesses, the high growth rate for women-owned businesses in recent years has led to a narrowing of the gap, particularly in the southern states. In 2002, for example, only 25.1 percent of businesses were owned by women in Mississippi, but by 2012 this share had increased to 37.9 percent, moving Mississippi from 42nd in the nation to 6th. As a result of this high growth, many southern states moved up

the state rankings, with the average change in rank being an increase of 11 places (Institute for Women's Policy Research 2015c; Institute for Women's Policy Research 2015d).

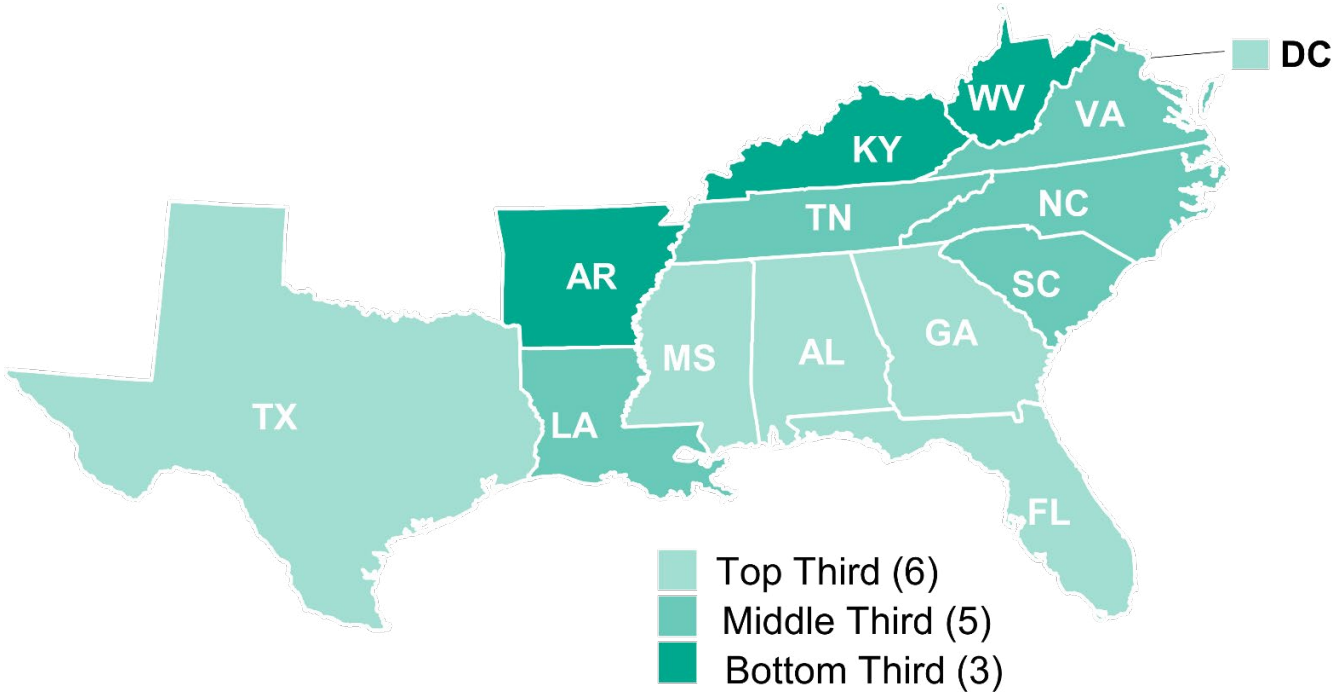
Women of color in particular have experienced a substantial increase in entrepreneurship. In 1997, national data show that women of color owned 17 percent of all women-owned firms (Hess et al. 2015). In 2012, businesses owned by women of color made up 38 percent of all businesses owned by women; men of color owned only 26 percent of all businesses owned by men (Institute for Women's Policy Research 2015d). Further, women of color are much closer to achieving an equal balance of businesses owned by men and women within their own racial/ethnic group than white women are. In 2012, for example, black women owned nearly 60 percent of all black-owned businesses, compared with white women, who owned only 33 percent of all white-owned businesses (Institute for Women's Policy Research 2015d).

Yet while the continued increase in women's representation among entrepreneurs presents an optimistic picture, it is important to note that this trend obscures many issues that women business owners and women in general are facing. For example, women may be leaving the labor market in favor of starting their own businesses partly due to a lack of policies that support work-life balance. In a recent study, more than half of all current female business owners as well as aspiring business owners in the United States said that they hope their business will help them have more flexibility with their hours and achieve better work-life balance (PayPal 2014). It is also possible that other labor market factors may be contributing to this trend as well. A lack of suitable job opportunities or low wages may also prompt women to seek opportunities elsewhere—for example, 40 percent of aspirational female entrepreneurs indicated that they wanted to start their own business in order to make more money (PayPal 2014). And for women of color, discrimination in the workplace may also play a role in their decision to leave the workplace in favor of business ownership.

Though the number of women-owned businesses has increased substantially since 2002, revenues for women-owned businesses have declined between 2002 and 2012. Women-owned businesses still earn significantly lower revenues than men-owned businesses—in 2012, women-owned businesses earned just 23 cents in revenue for every dollar men-owned businesses earned (Institute for Women's Policy Research

Map 4.5.

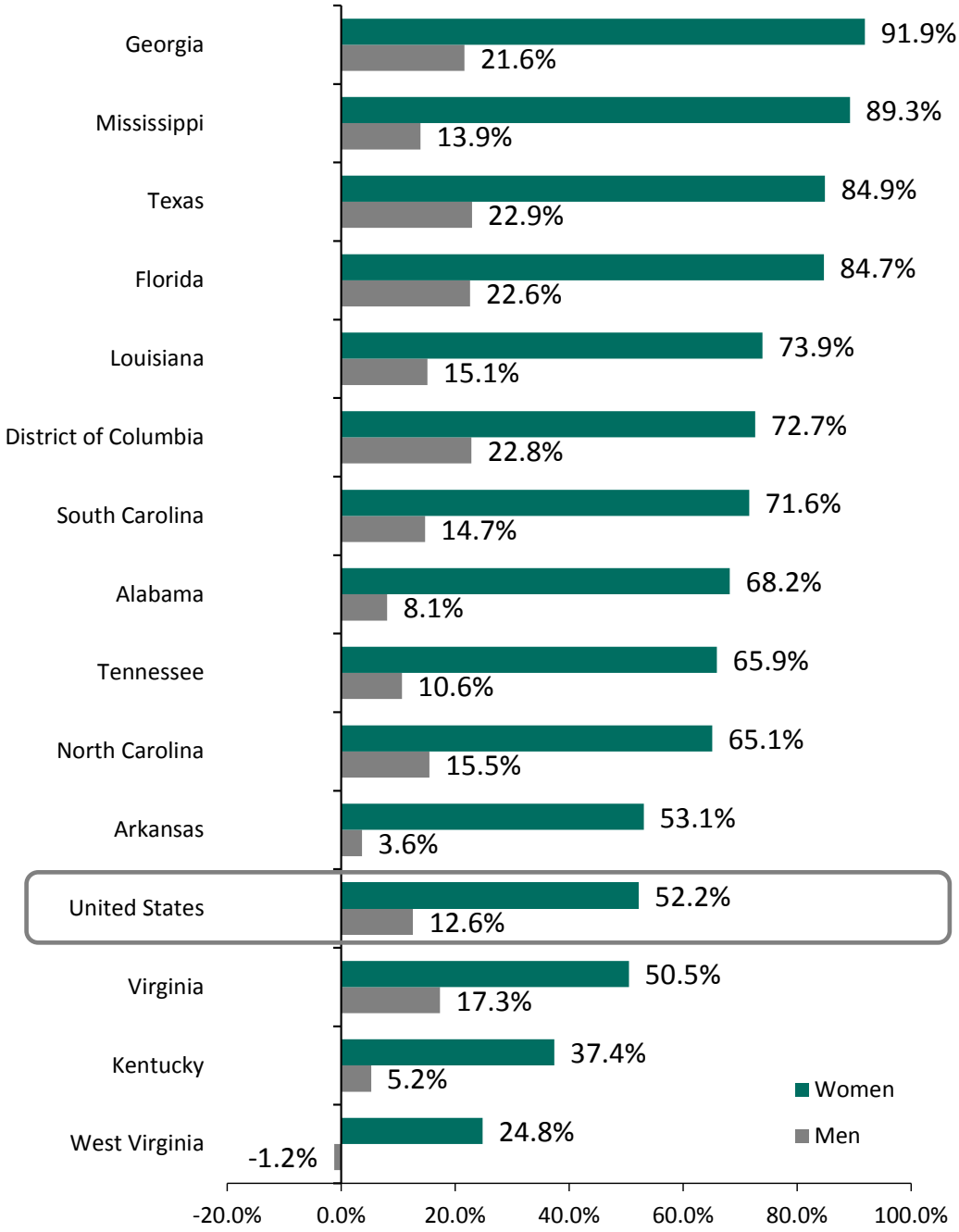
Women's Business Ownership in the South, 2012



Note: Percent of all firms owned by women in 2012.
Source: IWPR analysis of data from the Survey of Business Owners (Institute for Women's Policy Research 2015d).

Figure 4.3.

Growth in the Number of Businesses in the South by Gender of the Owner, 2002-2012



Source: IWPR analysis of the U.S. Department of Commerce's 2012 Survey of Business Owners accessed through American Fact Finder (Institute for Women's Policy Research 2015c; Institute for Women's Policy Research 2015d).

2015d). As with the gender wage gap, the segregation of women- and men-owned businesses into different industries likely plays a large role in why such a large gap in sales exists. Women-owned businesses tend to be concentrated in industries like service and health care where average revenue is lower, whereas men-owned businesses are more prominent in higher-revenue industries such as construction and professional, scientific, and technical services. Women-owned businesses also tend to be smaller and employ fewer people, which can also contribute to their relatively lower sales (Institute for Women's Policy Research 2015d).

In addition, women-owned businesses are less likely than men-owned businesses to have any start-up capi-

tal (U.S. Department of Commerce 2010), and among those that do have any, women-owned businesses typically have less capital and assets than men-owned businesses (Premier Quantitative Consulting, Inc. 2015). Further, among those that have any start-up capital, women-owned businesses are far less likely to rely on business loans from banks or other financial institutions (U.S. Department of Commerce 2010). Research has shown that financial capital plays an important role in business survival (Montgomery, Johnson, and Faisal 2005), so the relative lack of access to capital for women entrepreneurs could hinder further growth and success.

The result of the many challenges that women business owners face is that women-owned businesses are less likely to survive than men-owned businesses. In 2007, the survival rate of women-owned businesses across all sectors was 78.2 percent compared with 83.4 percent for men-owned businesses (National Women's Business Council 2012b). Even accounting for the fact that many women-owned businesses are newer relative to men-owned businesses, women-owned businesses are less likely to remain in operation (National Women's Business Council 2012b).

Women's Poverty and Economic Security

Women's economic security is directly linked to their own and their family's income, which includes not only earnings from jobs but also income from other sources, such as investments, retirement funds, Social Security, and government benefits. Nationally, 14.6 percent of women aged 18 and older have family incomes that place them below the federal poverty line, compared with 11.1 percent of men (Table 4.1, Appendix Table B4.1). In the South, the poverty rate among women overall (16.4 percent) is higher than in all other states outside the South (13.7 percent; Table 4.1).

- Among all states, women are the most likely to live in poverty in Mississippi, where only 78.5 percent of women have family incomes above the poverty line, for a poverty rate of 21.5 percent. In Louisiana, which ranks second lowest on this indicator in the South and 49th in the nation, only 80.7 percent of women live above poverty, making their poverty rate 19.3 percent (Map 4.6; Table 4.1).

- Among the southern states, women are least likely to be poor in Virginia, with 88.4 percent of women living above poverty. Virginia is the only state in this region where the percentage of women above poverty is higher than the national average (Table 4.1).

Equal Pay and Poverty

Closing the gender wage gap would lower the poverty rates among women in the South and help many women and families achieve economic security. In the United States as a whole, if working women aged 18 and older were paid the same as comparable men—men who are of the same age, have the same level of education, work the same number of hours, and have the same urban/rural status—the poverty rate among all working women would fall from 8.1 to 3.9 percent (Hartmann, Hayes, and Clark 2014).[8]

- If working women were paid the same as comparable men, the poverty rate among all working women would fall by more than half in six southern states: Florida, Louisiana, Virginia, Texas, Alabama, and South Carolina (Figure 4.4 and Appendix Table B4.4).

- In all southern states except Mississippi (38.2 percent) and West Virginia (39.1 percent), the poverty rate among all working women would fall by at least 40 percent.

The poverty rate would also fall dramatically among working single mothers if they earned the same as comparable men.

- The poverty rate among single mothers would see the greatest reduction in Louisiana, where it would fall by 61.3 percent (Appendix Table B4.4). In four other states—South Carolina, Florida, Virginia, and Texas—the poverty rate among single mothers would fall by more than half if working single mothers were paid the same as comparable men (Figure 4.5; Appendix Table B4.4).

- In all southern states except Tennessee, West Virginia, Mississippi, North Carolina, and the District of Columbia, the poverty rate among working

[8] For data on the increase in earnings if women were paid the same as comparable men, as well as the percent increase in each state's Gross Domestic Product, see the Employment & Earnings chapter.

single mothers would fall by at least 40 percent if working single mothers were paid the same as their male counterparts.

Poverty by Race and Ethnicity

Poverty rates in the South vary considerably among adult women from the largest racial and ethnic groups. Black women have the highest poverty rate at 25.5 percent, followed by Hispanic (23.4 percent) and Native American women (20.9 percent; Figure 4.6). White and Asian/Pacific Islander women have much lower poverty rates at 12.1 and 11.1 percent, respectively. For black, Hispanic, and white women, poverty rates are higher in the South than in all other states combined. Asian/Pacific Islander and Native American women, however, have lower poverty rates in the South than in the rest of the nation, a difference that is especially pronounced among Native American women (Figure 4.6).

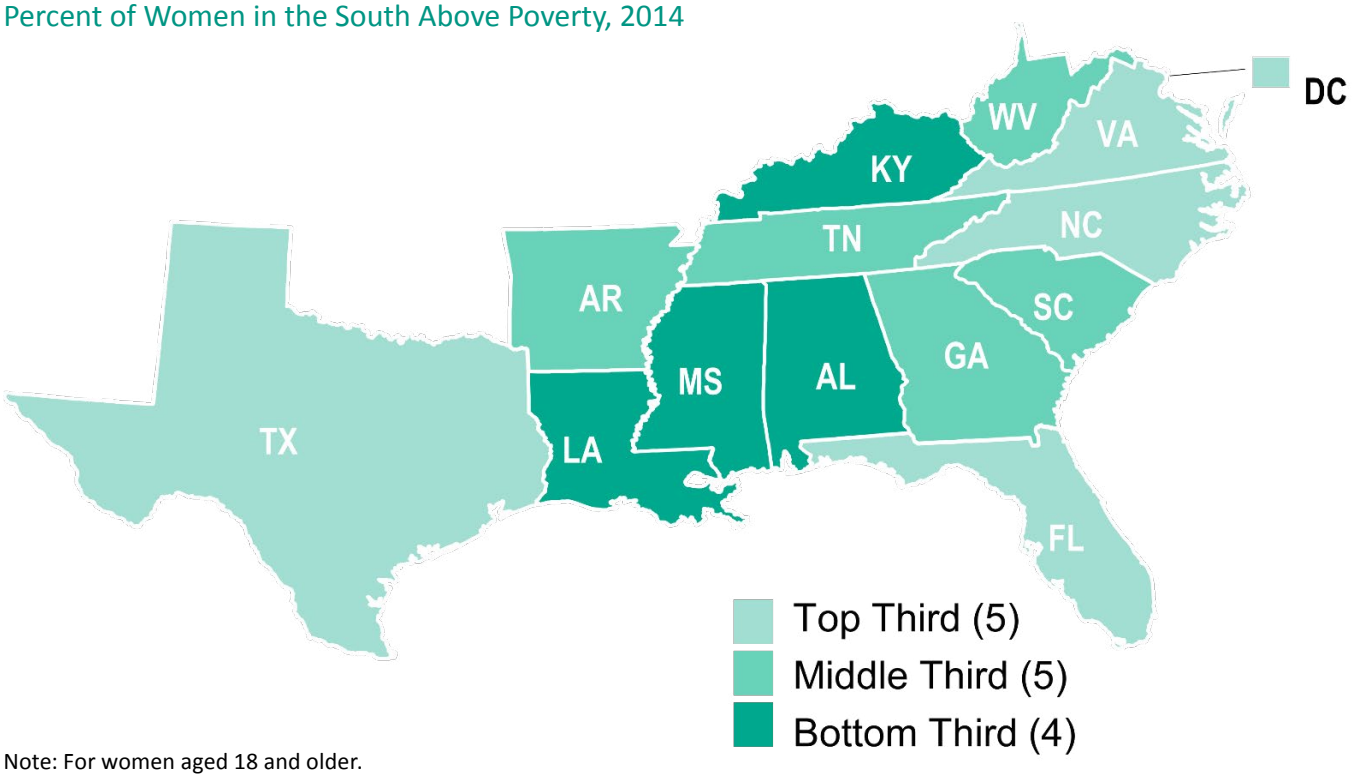
Poverty rates also differ substantially among the detailed racial and ethnic groups in the southern states for which data are available (Appendix Table B4.2). Among Hispanic women residing in southern states, those of Guatemalan (36.4 percent) and Honduran (32.3 percent) descent have the highest poverty rates, with rates that are approximately three times as high as the group with the lowest rate, Peruvian women (12.3 percent). Among Asian/Pacific Islander groups in the South, poverty rates range from 22.1 percent among women who identify as Pacific Islanders to 6.9 percent among Filipino women. Poverty rates for Native American women are only available separately for the Cherokee (21.3 percent). Among other American Indian tribes combined, 24.0 percent of women are poor.

Poverty by Household Type

Poverty rates vary considerably by household type in the South, as in the nation overall.[9] Households headed by single women with children under age 18 are more likely to be poor than those headed by single men or married couples with children (Figure 4.7). In the South, forty-six percent of households headed by single women with children live in poverty, compared with about 25 percent of households headed by single men with children and 10 percent of households headed by married couples with children. While all households with children have higher poverty rates than similar households without children, the differ-

Map 4.6.

Percent of Women in the South Above Poverty, 2014

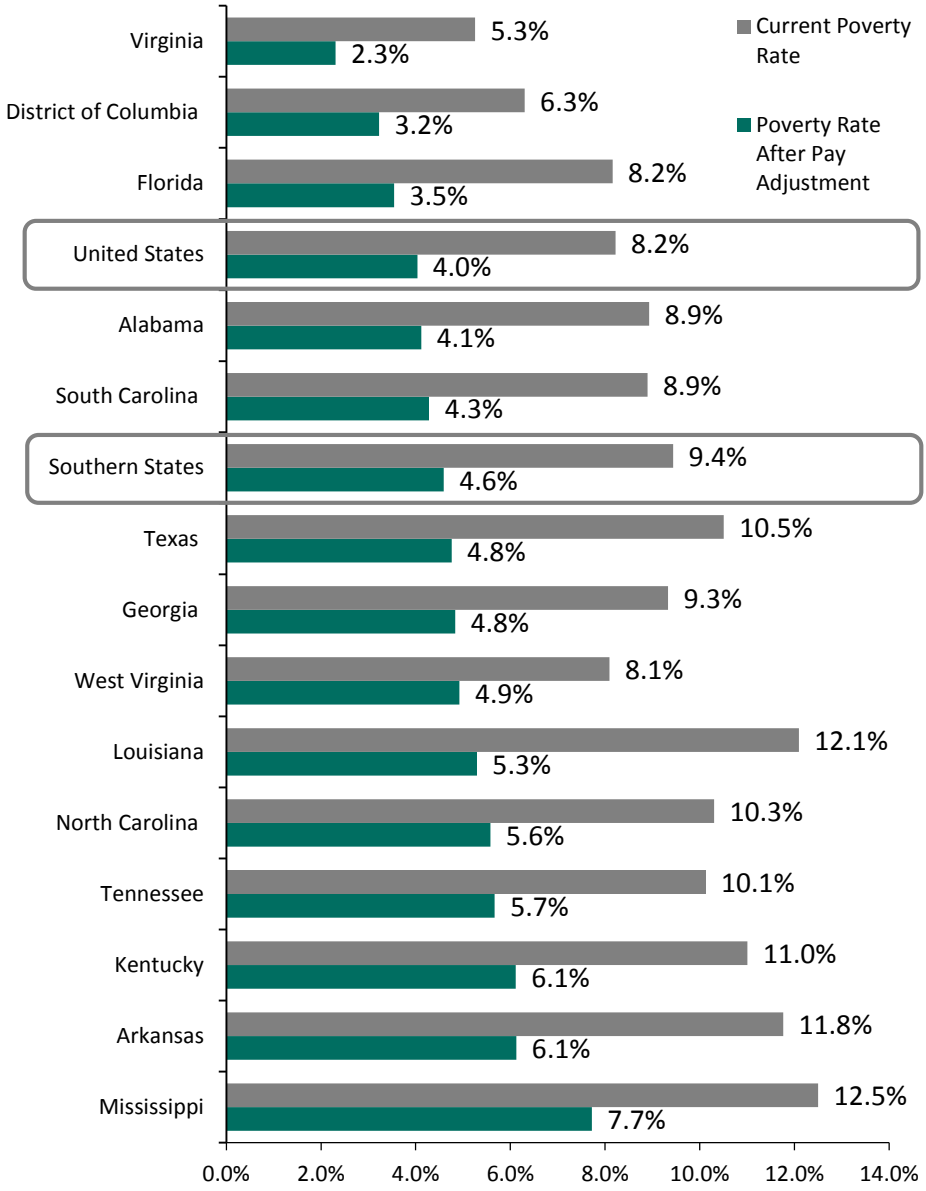


Note: For women aged 18 and older.
Source: IWPR analysis of American Community Survey microdata (IPUMS, Version 6.0).

[9] See "Focus On: The Official and Supplemental Poverty Measures" in this chapter for a description of how poverty levels are established.

Figure 4.4

Current Poverty Rate and Estimated Rate if All Working Women in the South Earned the Same as Comparable Men, 2014



Source: IWPR calculations based on the Current Population Survey Annual Social and Economic supplements based on Flood et al., 2013–2015 (for calendar years 2012–2014). Integrated Public Use Microdata Series, Version 4.0 (Institute for Women's Policy Research 2015a).

ence in poverty rates is much larger for single women than for single men; married couples without children have the lowest poverty rate of all types of households in the South, at 4.8 percent.

For all household categories, poverty rates are higher in the South than in the rest of the nation (Figure 4.7).

- Mississippi—the state with the highest poverty rate in the South and in the nation overall (Table 4.1)—has the largest share of single women with children living in poverty (53.9 percent; Appendix Table B4.5). Kentucky and Alabama have the second and third largest shares of single mothers in poverty at 53.3 and 52.5 percent, respectively. In Virginia, the southern state with the smallest share, more than one in three households headed by single women with children (37.6 percent) live in poverty.
- The difference between the poverty rates of single women and men with children is largest in Lou-

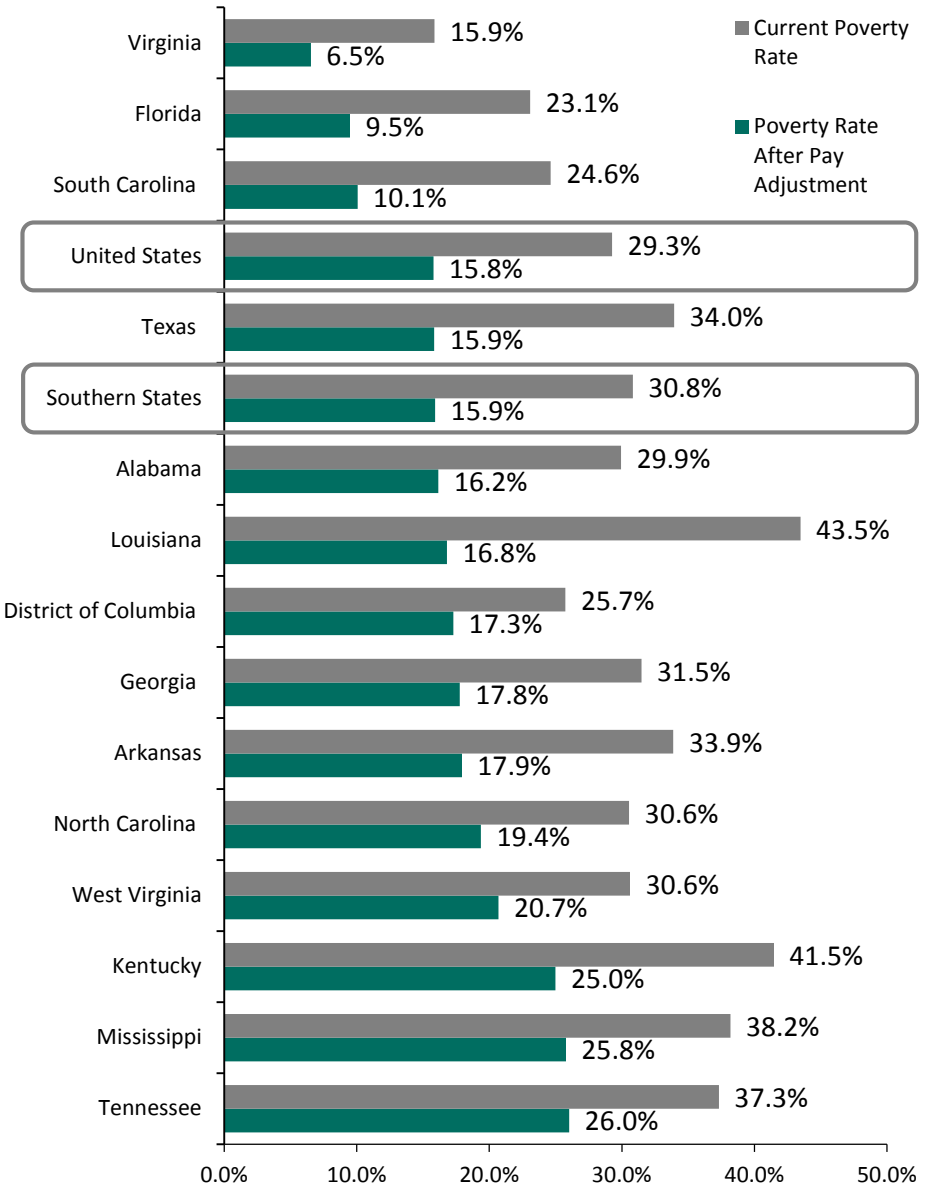
isiana (29.4 percentage points) and Mississippi (27.2 percentage points). It is smallest in Florida (14.6 percentage points) and North Carolina (15.6 percentage points; Appendix Table B4.5).

There are also important differences in poverty rates by household type for households of different racial and ethnic backgrounds (Appendix Table B4.6).

- Hispanic, black, and white households generally have lower poverty rates in states outside the South than in the southern states. For Asian/Pacific Islander households and Native American households, poverty rates are generally lower in the South than in states outside the South.
- In the South, about half of households with children headed by single Hispanic, black, and Native American mothers are in poverty (53.2, 50.7, and 48.0 percent, respectively). Southern households headed by married couples of any race or ethnicity without children tend to have the lowest rates of poverty.

Figure 4.5

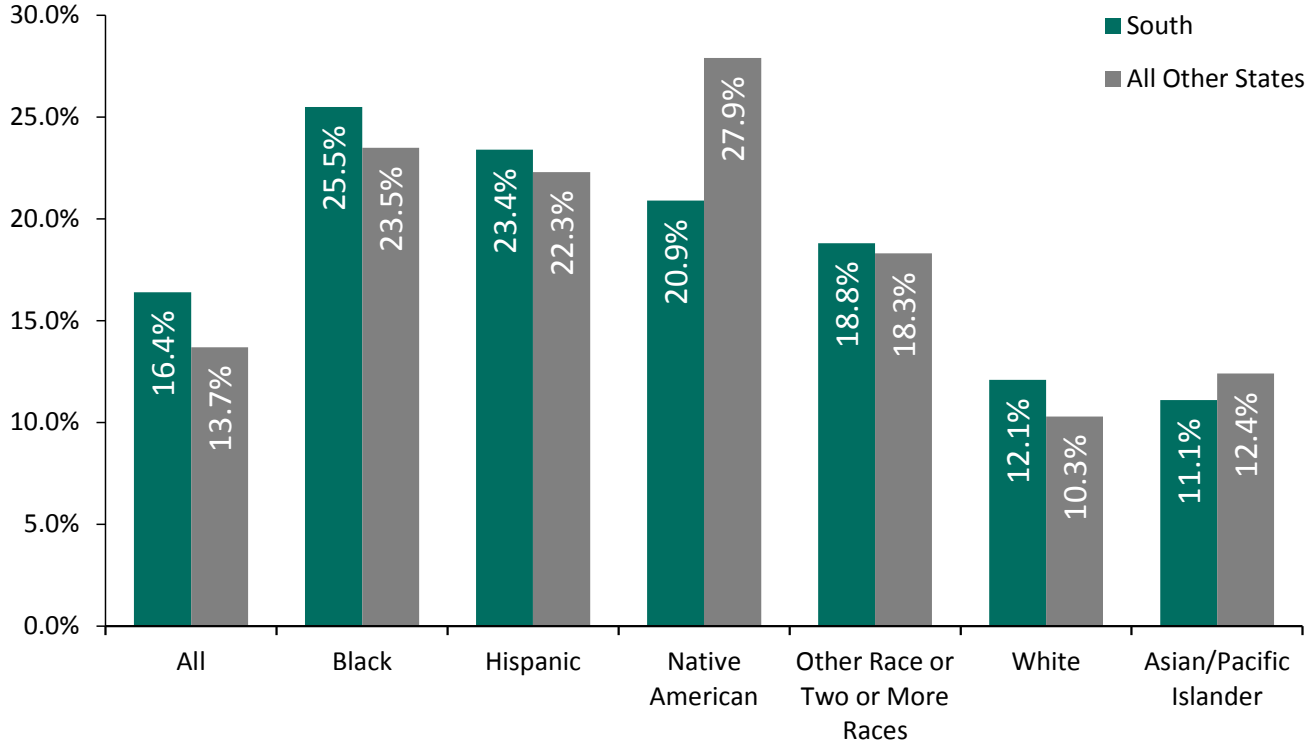
Current Poverty Rate and Estimated Rate for Single Mothers in the South if Women Earned the Same as Comparable Men, 2014



Source: IWPR calculations based on the Current Population Survey Annual Social and Economic supplements based on Flood et al., 2013–2015 (for calendar years 2012–2014). Integrated Public Use Microdata Series, Version 4.0 (Institute for Women's Policy Research 2015a).

Figure 4.6.

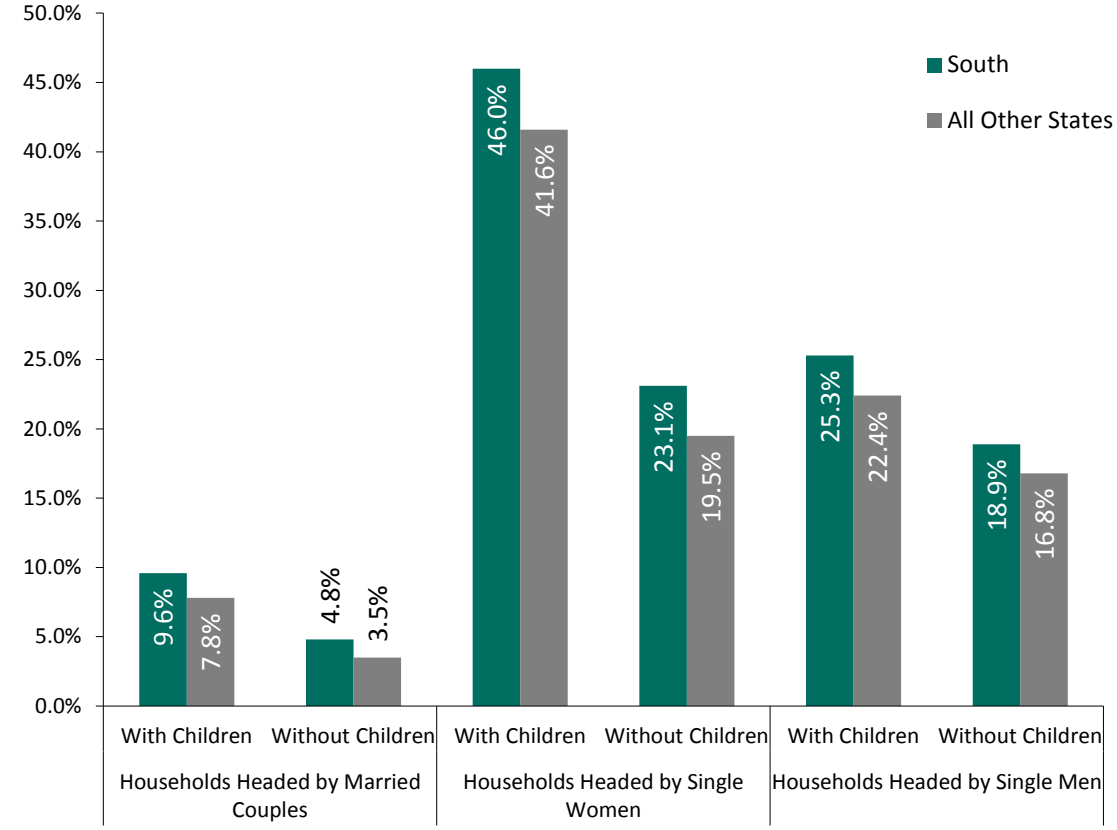
Poverty Rates of Women, by Race/Ethnicity and South/Non-South, 2014



Note: Aged 18 and older. Racial categories are non-Hispanic. Hispanics may be of any race or two or more races.
Source: IWPR analysis of American Community Survey microdata (IPUMS, Version 6.0).

Figure 4.7.

Percent of Households with Income Below Poverty, by Household Type and South/Non-South, 2014



Note: Households with children include those with children under age 18. Single women and single men include those who are never married, married with an absent spouse, widowed, divorced, or separated.
Source: IWPR analysis of American Community Survey microdata (IPUMS, Version 6.0).

FOCUS ON: The Official and Supplemental Poverty Measures

The official poverty rate is based on a comparison of family income to a set of thresholds that vary by household size and composition—if a family's income falls below this threshold, they are considered to be in poverty. These thresholds were chosen by the federal government to represent the amount of money a family would need to maintain an adequate diet multiplied by three (to cover other necessary expenditures). The thresholds are updated every year by adjusting the income values using the Consumer Price Index (CPI). Ever since the official poverty measure was created in the 1960's, however, there have been concerns about its adequacy in measuring the true depth of economic hardship in the country.

Updates to the poverty thresholds over time have not taken into account shifts in the cost of living and changes in the allocation of household income across different consumption groups. The thresholds also do not take into account geographic variations in the cost of living, meaning that a family of four with two children in New York City would have the same poverty threshold as a similar family living in rural Mississippi, though clearly that same income would not stretch nearly as far in New York City. Finally, the current measure of family income used to determine poverty status does not include benefits from many important social safety net programs such as the Supplemental Nutrition Assistance Program (SNAP; Short et al. 1999).

These concerns ultimately resulted in the creation of the Supplemental Poverty Measure (SPM) by the Census Bureau; it was based largely on the recommendations in the 1995 report of the National Research Council of the National Academy of Sciences' Panel on Poverty and Family Assistance. As the name implies, the SPM has not replaced the official poverty measure, but rather has been used as a supplemental measure to help understand the extent of economic hardship in the United States. The SPM differs from the official poverty measure in a few key ways. First, the SPM uses a more detailed methodology to determine the amount of income needed to support a family and is based on expenditure data on a basic set of goods including food, clothing, shelter, and utilities with a small allowance for other needs that is updated over time. Second, the SPM includes additional resources when calculating a family's income. Unlike the official poverty measure, the SPM includes the value of all cash income and noncash benefits that can be used to buy basic necessities. This means that the SPM can be used to evaluate the impact of various social safety net programs on reducing poverty (Short 2015).

In 2014, the official poverty threshold for a family of four with two children was $24,008. The SPM threshold for the same family varied depending on whether the housing was owned (with/without a mortgage) or rented; for families residing in the South, it varied from a low of $20,239 to a high of $25,301 (Institute for Women's Policy Research 2015a).[10] Overall, in 2014 the official poverty rate for people of all ages in the South was 16.6 percent compared with the SPM for the South of 15.6 percent.[11] However, the SPM was not universally higher for all groups. Women, for example saw virtually no differences between the official and supplemental poverty measures (16.2 and 16.0 percent respectively; Short 2015).

[10] The reported supplemental poverty measures may not exactly replicate estimates in published reports because the publicly available CPS ASEC files differ from internal data files. The public use CPS ASEC file top codes some income (and expenditure) items and does not disclose some geographic identifies, therefore a person's poverty status when estimated using the public use file may not be the same as his/her poverty status using the internal file.

[11] The official poverty rate differs from rates elsewhere in the report because it includes people of all ages and relies on data from the 2015 CPS ASEC, while IWPR analysis reports poverty for those aged 18 and older using microdata from the American Community Survey.

Conclusion

Increasing women's access to resources that foster their economic independence and success is integral to the overall well-being of women, families, and communities in the South. Women in this region, as in the rest of the nation, have made great gains in education in recent years and are a driving force behind the nation's growth in businesses and the revenues they generate. In 2014, 27.6 percent of southern women had at least a bachelor's degree, between 2002 and 2012 the growth rate for women-owned businesses outpaced the growth for men-owned businesses, and more women in the South today have health care coverage as a result of the implementation of the federal Patient Protection and Affordable Care Act of 2010.

Despite these gains for women, many southern women continue to struggle to meet their own and their family's basic needs. Too many southern states, eight of the 14, have refused the Medicaid expansion that would have provided critical health care access to millions. Almost 20 percent (19.4 percent) of women across the South lack access to health insurance. The lack of access to health insurance is especially pronounced among southern women of color—almost 40 percent (38.4 percent) of Hispanic women, 22.1 percent of Native American women, 19.9 percent of black women, and 17.1 percent of Asian/Pacific Islander women—lack health insurance coverage, compared with 13.8 percent of white women.

Women of color and single women with children, in particular, face limited access to resources such as good neighborhood schools and job opportunities because they live in poverty. Across the South, 16.4 percent of women have incomes below the poverty line, with poverty rates ranging from a low of 11.6 percent in Virginia to more than 21 percent in Mississippi. If employed southern women were paid the same wages as similar southern men (similarly educated and working similar hours), the poverty rates of southern working women could be cut in half, from 9.4 percent to 4.6 percent (Figure 4.4.) and the poverty rate for working single mothers could be cut by almost as much, from 30.8 percent to 15.9 percent (Figure 4.5.).

It is crucial that we identify where disparities in opportunities exist, and where social policy can make a difference and increase supports to help all women thrive in the workforce. This is critical for the nation and it is essential to elevating women's status in the South.

Appendix A4:

Methodology

To analyze the status of women in the South, IWPR selected indicators that prior research and experience have shown illuminate issues that are integral to women's lives and that allow for comparisons between each state and the United States as a whole. The data in IWPR's *Status of Women in the South* report come from federal government agencies and other sources; many of the figures rely on analysis of the U.S. Census Bureau's American Community Survey (ACS) from the Minnesota Population Center's Integrated Public Use Microdata Series (IPUMS; Ruggles et al. 2015). Much of the analysis for IWPR's 1996–2004 *Status of Women in the States* reports relied on the Current Population Survey (CPS).

The tables and figures present data for individuals, often disaggregated by race and ethnicity. In general, race and ethnicity are self-identified; the person providing the information on the survey form determines the group to which he or she (and other household members) belongs. People who identify as Hispanic or Latino may be of any race; to prevent double counting, IWPR's analysis separates Hispanics from racial categories—including white, black (which includes those who identified as black or African American), Asian/Pacific Islander (which includes those who identified as Chinese, Japanese, and Other Asian or Pacific Islander), or Native American (which includes those who identified as American Indian or Alaska Native). The ACS also allows respondents to identify with more specific racial/ethnic groups and/or Hispanic origins. Detailed racial/ethnic information is available for American Indians and Alaska Natives, Asian/Pacific Islanders, and Hispanics, but not for blacks or whites. IWPR conducted analysis of selected indicators for the groups for which detailed information is available. When sample sizes were not large enough, detailed races/ethnicities were combined into "other" categories based on their corresponding major racial or ethnic group.

When analyzing state- and national-level ACS microdata, IWPR used 2014 data, the most recent available, for most indicators. When analyzing poverty rates by household type at the state level and poverty and opportunity indicators by detailed racial and ethnic group nationally, IWPR combined three years of data (2012, 2013, and 2014) to ensure sufficient sample sizes. IWPR constructed a multi-year file by selecting the 2012, 2013, and 2014 datasets, adjusting dollar values to their 2014 equivalents using the Consumer Price Index for All Urban Consumers, and averaging the sample weights to represent the average population during the three year period. Data are not presented if the average cell size for the category total is less than 35.

IWPR used personal weights to obtain nationally representative statistics for person-level analyses, and household weights for household-level analyses. Weights included with the IPUMS ACS for person-level data adjust for the mixed geographic sampling rates, nonresponses, and individual sampling probabilities. Estimates from IPUMS ACS samples may not be consistent with summary table ACS estimates available from the U.S. Census Bureau due to the additional sampling error and the fact that over time, the Census Bureau changes the definitions and classifications for some variables. The IPUMS project provides harmonized data to maximize comparability over time; updates and corrections to the microdata released by the Census Bureau and IPUMS may result in minor variation in future analyses.

To analyze the impact that paying women equally to men would have on poverty rates for working women, IWPR used data from the 2013–2015 Current Population Survey Annual Social and Economic supplements (for calendar years 2012–2014) based on Flood et al. (2015) to measure women's and men's earnings. The analysis of women's and family earnings gains is based on a model that predicts women's earnings as if they were not subject to wage inequality. Using an ordinary least squares regression model, the natural log values of men's annual earnings are regressed on controls for many of the differences between men and women in age, education, annual hours of work, and metropolitan residence based on a sample of men aged 18 or older with positive earnings and positive hours of work during the previous year. Women's earnings are predicted using the coefficients from the men's earnings equation (this method assumes that women retain their own human capital but are rewarded at the same rates as men would be) and calculated only for the actual hours that women worked

during the year. The average earnings estimates include only those predicted to have positive earnings adjustments. Those with reduced predicted earnings are assigned their actual earnings during the year. Additional detail on the estimation of equal wages for working women can be found in the IWPR briefing paper, "How Equal Pay for Working Women Would Reduce Poverty and Grow the American Economy" (Hartmann, Hayes, and Clark 2014).

Differences Between the ACS and the CPS

The differences between the ACS and CPS and their impact on measures related to poverty have some bearing on this report's comparisons with data from IWPR's 2004 report and on the reported differences in data for 2014 that come from the two surveys. While both the ACS and the CPS survey households, their sample frames also include noninstitutionalized group quarters, such as college dorms and group homes for adults. The ACS also includes institutionalized group quarters, such as correctional facilities and nursing homes (U.S. Department of Commerce. Bureau of the Census 2014). College students away at school and living in a dormitory are treated differently in the two surveys. In the ACS they would be residents of the dormitory in the group quarters population while in the CPS they remain a member of their family household (Kromer and Howard 2011). While all CPS interviews are collected using computer-assisted interviews, about half of the ACS households respond using the paper mail-back form and half by computer-assisted interview (U.S. Department of Commerce. U.S. Census Bureau 2014). The ACS collects income and health insurance information in the previous 12 months throughout the year while the CPS-ASEC collects income and health insurance information for the previous calendar year during interviews collected February-April each year. While the ACS asks eight questions about income from different sources, the CPS-ASEC interview includes questions on more than 50 income sources (U.S. Department of Commerce. Bureau of the Census 2014). Finally, the two surveys have differences in wording of some questions that aim to collect similar social and demographic information.

Calculating the Composite Index

To construct the Poverty & Opportunity Composite Index, each of the four component indicators was first standardized. For each of the indicators, the observed value for the state was divided by the comparable value for the entire United States. The resulting values were summed for each state to create a composite score. Women's health insurance coverage, educational attainment, and business ownership were given a weight of 1.0 each, while poverty was given a weight of 4.0 (in IWPR's first three series of Status of Women in the States reports published in 1996, 1998, and 2000, this indicator was given a weight of 1.0, but in 2002 IWPR began weighting it at 4.0). The states were ranked from the highest to the lowest scores.

To grade the states on this composite index, values for each of the components were set at desired levels to provide an "ideal score." The percentage of women with health insurance and with a bachelor's degree or higher were set at the highest values for all states; the percentage of businesses owned by women was set as if 50 percent of businesses were owned by women; and the percentage of women in poverty was set at the national value for men. Each state's score was then compared with the ideal score to determine its grade. In previous IWPR Status of Women in the States report, the desired level of educational attainment was set at the national value for men. In 2014, however, the percentage of women aged 25 and older in the United States overall with a bachelor's degree or higher slightly surpassed the percentage of men with this level of education. We therefore set the desired level to the value for the state with the highest value for women.

PERCENT WITH HEALTH INSURANCE: Percent of women aged 18 through 64 who are insured. Source: Calculations of 2014 American Community Survey microdata as provided by the Integrated Public Use Microdata Series (IPUMS, Version 6.0) at the Minnesota Population Center (Ruggles et al. 2015).

EDUCATIONAL ATTAINMENT: In 2013, the percent of women aged 25 and older with a bachelor's degree or higher. Source: Calculations of 2014 American Com-

munity Survey microdata as provided by the Integrated Public Use Microdata Series (IPUMS, Version 6.0) at the Minnesota Population Center (Ruggles et al. 2015).

WOMEN'S BUSINESS OWNERSHIP: In 2012, the percent of all firms (legal entities engaged in economic activity during any part of 2012 that filed an IRS Form 1040, Schedule C; 1065; any 1120; 941; or 944) owned by women. The Bureau of the Census 2012 Survey of Business Owners asked the sex of the owner(s); a business is classified as woman-owned based on the sex of those with a majority of the stock or equity in the business. Source: Calculations of data from the U.S. Department of Commerce, Bureau of the Census (Institute for Women's Policy Research 2015d).

PERCENT OF WOMEN ABOVE POVERTY: In 2014, the percent of women living above the federal poverty threshold, which varies by family size and composition. In 2014, the poverty level of a family of four (with two children) was $24,008 (U.S. Department of Commerce, U.S. Census Bureau 2014). This report uses the official federal definition of poverty that compares the cash income received by family members to an estimate of the minimum amount the family would need to meet their basic needs. Source: Calculations of 2014 American Community Survey microdata as provided by the Integrated Public Use Microdata Series (IPUMS, Version 6.0) at the Minnesota Population Center (Ruggles et al. 2015).

Appendix B4:

Poverty & Opportunity Tables

Appendix Table B4.1.

Data and Rankings on Poverty & Opportunity Among Men in the South

	Percent of Men 18-64 Years Old with Health Insurance, 2014			Percent of Men with a Bachelor's Degree or Higher, Aged 25 and Older, 2014			Percent of Businesses That are Men-Owned, 2012			Percent of Men Living Above Poverty, Aged 18 and Older, 2014		
State	Percent	National Rank	Regional Rank	Percent	National Rank	Regional Rank	Percent	National Rank	Regional Rank	Percent	National Rank	Regional Rank
Alabama	78.9%	40	8	22.7%	46	9	54.4%	16	5	86.4%	47	11
Arkansas	79.5%	36	6	20.7%	49	12	53.1%	24	8	86.9%	41	7
District of Columbia	90.3%	5	1	54.0%	1	1	47.7%	50	14	88.2%	33	3
Florida	72.7%	50	13	28.1%	25	4	51.7%	39	12	87.8%	37	4
Georgia	74.7%	48	11	28.8%	22	3	51.7%	39	12	86.9%	41	7
Kentucky	84.5%	21	2	21.9%	47	10	55.5%	10	1	86.1%	48	12
Louisiana	75.1%	47	10	21.6%	48	11	51.9%	38	11	86.8%	45	10
Mississippi	73.8%	49	12	18.9%	50	13	53.1%	24	8	84.4%	50	14
North Carolina	79.1%	38	7	27.8%	26	5	54.1%	19	6	87.7%	38	5
South Carolina	77.5%	42	9	26.0%	36	7	55.1%	12	3	87.6%	39	6
Tennessee	79.7%	35	5	25.4%	38	8	54.9%	13	4	86.9%	41	7
Texas	71.8%	51	14	27.8%	26	5	53.1%	24	8	88.6%	31	2
Virginia	83.9%	22	3	36.8%	7	2	54.0%	20	7	91.4%	10	1
West Virginia	83.1%	26	4	18.2%	51	14	55.2%	11	2	86.0%	49	13
Southern States	**76.1%**			**27.2%**			**N/A**			**87.8%**		
All Other States	**83.7%**			**31.3%**			**N/A**			**89.5%**		
United States	**81.1%**			**29.9%**			**53.7%**			**88.9%**		

Note: Figures on women's business ownership (see Table 4.1) and men's business ownership do not add to 100 percent because they do not include firms that are jointly owned by women and men and those that are publicly held.
Source: Data on health insurance, educational attainment, and poverty are based on IWPR analysis of American Community Survey microdata (Integrated Public Use Microdata Series, Version 6.0). Data on men-owned businesses are from the U.S. Department of Commerce's 2012 Survey of Business Owners accessed through American Fact Finder (2015d).

Appendix Table B4.2.

Poverty and Opportunity Among Women in the South, by Detailed Racial and Ethnic Groups, 2014

Race/Ethnicity	Percent with Health Insurance, Aged 18-64	Percent with a Bachelor's Degree or Higher, Aged 25 and Older	Percent Living Below Poverty, Aged 18 and Older
Hispanic			
Mexican	53.2%	12.0%	26.7%
Spaniard	81.0%	34.3%	14.4%
Caribbean			
Cuban	66.4%	23.9%	20.5%
Dominican	65.6%	24.3%	20.9%
Puerto Rican	76.9%	24.3%	19.5%
Central America			
Costa Rican	65.6%	28.6%	18.4%
Guatemalan	36.3%	10.2%	36.4%
Honduran	37.4%	9.9%	32.3%
Nicaraguan	56.6%	20.3%	18.2%
Panamanian	78.3%	30.1%	13.2%
Salvadoran	48.2%	8.8%	24.1%
Other Central American	N/A	N/A	N/A
South America			
Argentinean	68.6%	40.4%	13.3%
Bolivian	60.8%	31.2%	13.4%
Colombian	66.1%	32.4%	16.1%
Ecuadorian	68.4%	26.7%	14.6%
Peruvian	62.2%	31.8%	12.3%
Venezuelan	65.8%	49.6%	17.2%
Other South American	65.6%	27.0%	13.5%
Other Hispanic	70.3%	17.7%	21.3%
Asian/Pacific Islander			
East Asia			
Chinese	81.2%	59.0%	14.6%
Japanese	88.0%	40.4%	9.3%
Korean	71.6%	45.4%	13.3%
South Central Asia			
Indian	85.8%	69.4%	8.3%
Pakistani	65.5%	50.2%	15.4%
South East Asia			
Cambodian	71.0%	14.6%	17.6%
Filipino	87.5%	54.8%	6.9%
Laotian	76.0%	15.9%	11.3%
Thai	72.2%	33.9%	13.3%
Vietnamese	71.0%	26.1%	13.6%
Other Asian	68.5%	38.1%	20.3%
Pacific Islander	73.9%	18.0%	22.1%
Two or More Asian/Pacific Islander Races	80.1%	43.1%	16.5%
Native American			
Alaska Native	N/A	N/A	N/A
Cherokee	73.4%	21.5%	21.3%
Other American Indian Tribe	73.5%	17.6%	24.0%
Two or More American Indian and/or Alaska Native Tribes	78.5%	17.8%	15.3%

Notes: Data are three-year averages (2012-2014). Racial categories are non-Hispanic. Hispanics may be of any race or two or more races.
Source: IWPR analysis of American Community Survey microdata (Integrated Public Use Microdata Series, Version 6.0).

Appendix Table B4.3.

Educational Attainment Among Women Aged 25 and Older, by Southern State, South/Non-South, and United States, 2014

State	Less Than a High School Diploma Percent	High School Diploma or the Equivalent Percent	Some College or an Associate's Degree Percent	Bachelor's Degree or Higher Percent
Alabama	14.5%	30.8%	31.3%	23.3%
Arkansas	13.9%	33.4%	30.7%	22.0%
District of Columbia	9.2%	17.1%	18.2%	55.5%
Florida	12.1%	29.2%	32.0%	26.7%
Georgia	13.1%	27.4%	30.2%	29.3%
Kentucky	14.4%	31.3%	30.8%	23.5%
Louisiana	14.9%	32.9%	28.2%	24.0%
Mississippi	15.7%	27.9%	33.7%	22.7%
North Carolina	12.1%	25.3%	33.2%	29.4%
South Carolina	12.6%	29.8%	31.3%	26.4%
Tennessee	13.3%	32.5%	28.7%	25.5%
Texas	17.2%	24.6%	30.2%	28.0%
Virginia	10.5%	24.1%	28.9%	36.5%
West Virginia	14.0%	39.0%	26.6%	20.4%
Southern States	**13.8%**	**27.9%**	**30.6%**	**27.6%**
All Other States	**11.8%**	**26.5%**	**30.2%**	**31.6%**
United States	**12.5%**	**27.0%**	**30.3%**	**30.2%**

Note: Aged 25 and older.
Source: IWPR analysis of American Community Survey microdata (Integrated Public Use Microdata Series, Version 6.0).

Appendix Table B4.4

Current Poverty Rate and Estimated Rate if All Working Women and if Working Single Mothers Earned the Same as Comparable Men, by Southern State, South/Non-South, and United States, 2013

	All Working Women			Working Single Mothers		
State	Current Poverty Rate	Poverty Rate After Pay Adjustment	Amount the Poverty Rate Would Be Reduced	Current Poverty Rate	Poverty Rate After Pay Adjustment	Amount the Poverty Rate Would Be Reduced
Alabama	8.9%	4.1%	-53.9%	29.9%	16.2%	-46.0%
Arkansas	11.8%	6.1%	-47.9%	33.9%	17.9%	-47.1%
District of Columbia	6.3%	3.2%	-48.8%	25.7%	17.3%	-32.8%
Florida	8.2%	3.5%	-56.6%	23.1%	9.5%	-58.8%
Georgia	9.3%	4.8%	-48.2%	31.5%	17.8%	-43.6%
Kentucky	11.0%	6.1%	-44.5%	41.5%	25.0%	-39.7%
Louisiana	12.1%	5.3%	-56.2%	43.5%	16.8%	-61.3%
Mississippi	12.5%	7.7%	-38.2%	38.2%	25.8%	-32.5%
North Carolina	10.3%	5.6%	-45.8%	30.6%	19.4%	-36.6%
South Carolina	8.9%	4.3%	-51.8%	24.6%	10.1%	-59.1%
Tennessee	10.1%	5.7%	-44.0%	37.3%	26.0%	-30.2%
Texas	10.5%	4.8%	-54.7%	34.0%	15.9%	-53.3%
Virginia	5.3%	2.3%	-56.1%	15.9%	6.5%	-58.8%
West Virginia	8.1%	4.9%	-39.1%	30.6%	20.7%	-32.4%
Southern States	**9.4%**	**4.6%**	**-51.3%**	**30.8%**	**15.9%**	**-48.3%**
All Other States	**7.6%**	**3.8%**	**-50.7%**	**28.3%**	**15.7%**	**-44.5%**
United States	**8.2%**	**4.0%**	**-50.9%**	**29.3%**	**15.8%**	**-46.0%**

Source: IWPR calculations based on the Current Population Survey Annual Social and Economic supplements based on Flood et al., 2013–2015 (for calendar years 2012–2014). Integrated Public Use Microdata Series, Version 4.0 (Institute for Women's Policy Research 2015a).

Appendix Table B4.5.

Percent of Households Below Poverty, by Household Type, Southern State, South/Non-South, and United States, 2014

	Households Headed by Married Couples				Households Headed by Single Women				Households Headed by Single Men			
	With Children		Without Children		With Children		Without Children		With Children		Without Children	
State	Score	Regional Rank	Percent	Regional Rank	Percent	Regional Rank	Percent	Regional Rank	Percent	Regional Rank	Percent	Regional Rank
Alabama	8.7%	4	4.9%	8	52.5%	12	26.8%	11	27.9%	11	22.3%	11
Arkansas	11.2%	14	4.6%	5	50.0%	8	26.4%	10	28.6%	12	21.7%	10
District of Columbia	4.8%	1	3.0%	2	44.1%	3	18.5%	2	26.6%	5	15.2%	2
Florida	10.1%	10	5.1%	10	41.5%	2	21.0%	3	26.9%	7	18.3%	4
Georgia	10.2%	11	4.8%	7	46.1%	6	23.9%	6	27.6%	9	19.4%	5
Kentucky	9.5%	7	5.9%	13	53.3%	13	26.9%	12	28.6%	12	23.1%	12
Louisiana	6.6%	3	5.2%	11	50.1%	9	28.6%	13	20.7%	2	21.3%	9
Mississippi	10.6%	12	6.0%	14	53.9%	14	31.7%	14	26.7%	6	25.4%	14
North Carolina	8.9%	6	4.5%	4	44.8%	5	23.2%	5	29.2%	14	19.5%	6
South Carolina	8.7%	4	4.4%	3	49.1%	7	24.5%	8	24.7%	4	20.0%	7
Tennessee	9.9%	9	4.7%	6	50.9%	10	24.1%	7	27.6%	9	20.7%	8
Texas	11.1%	13	4.9%	8	44.5%	4	21.9%	4	22.7%	3	16.6%	3
Virginia	5.0%	2	2.9%	1	37.6%	1	17.3%	1	17.0%	1	14.2%	1
West Virginia	9.5%	7	5.3%	12	51.3%	11	25.9%	9	27.0%	8	24.3%	13
Southern States	**9.3%**		**4.7%**		**45.8%**		**23.2%**		**24.4%**		**19.2%**	
All Other States	**7.5%**		**3.5%**		**41.1%**		**19.5%**		**21.3%**		**16.8%**	
United States	**8.1%**		**3.9%**		**42.9%**		**20.8%**		**22.4%**		**17.6%**	

Notes: Households with children include those with children under age 18. Single women and single men include those who are never married, married with an absent spouse, widowed, divorced, or separated. Data are three-year (2012-2014) averages; national and regional data are for 2014.
Source: IWPR analysis of American Community Survey microdata (Integrated Public Use Microdata Series, Version 6.0).

Appendix Table B4.6.

Percent of Households Below Poverty, by Household Type and Race/Ethnicity, Southern States and United States, 2014

	Households Headed by Married Couples		Households Headed by Single Women		Households Headed by Single Men	
	With Children	Without Children	With Children	Without Children	With Children	Without Children
Southern States						
All	9.6%	4.8%	46.0%	23.1%	25.3%	18.9%
White	5.9%	3.8%	38.1%	19.3%	18.8%	16.4%
Hispanic	20.3%	9.6%	53.2%	29.7%	31.2%	19.0%
Black	11.4%	7.1%	50.7%	30.1%	34.2%	26.5%
Asian/Pacific Islander	8.0%	6.3%	31.9%	22.8%	15.4%	18.7%
Native American	10.7%	8.9%	48.0%	34.8%	31.2%	28.9%
Other or Two or More Races	10.7%	6.8%	45.2%	28.0%	30.0%	22.8%
All Other States						
All	7.8%	3.5%	41.6%	19.5%	22.4%	16.8%
White	4.8%	2.7%	34.5%	16.4%	16.7%	14.5%
Hispanic	18.4%	7.5%	51.1%	29.0%	29.2%	19.6%
Black	10.5%	5.2%	48.0%	27.0%	34.5%	26.5%
Asian/Pacific Islander	8.3%	6.6%	31.4%	24.3%	21.9%	20.2%
Native American	16.7%	9.9%	52.0%	34.3%	38.3%	31.5%
Other or Two or More Races	9.4%	5.1%	44.8%	25.2%	25.0%	22.6%

Note: Households with children include those with children under age 18. Single women and single men include those who are never married, married with an absent spouse, widowed, divorced, or separated. Data are three-year (2012-2014) averages. Racial categories are non-Hispanic. Hispanics may be of any race or two or more races.
Source: IWPR analysis of American Community Survey microdata (IPUMS, Version 6.0).

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Rural Women

Just over one in five (21.4 percent) American women and girls live in a rural area; in the South that number is more than one in four (26.3 percent).[1] This is a racially and ethnically diverse group of girls and women—17.1 percent are black, 8.0 percent are Hispanic, and 72.0 percent are white, while much smaller shares are Asian/Pacific Islander and Native American (0.8 percent and 0.6 percent, respectively).

The population of rural areas across the nation and in the South are declining slowly, partly in response to the many barriers to economic well-being and mobility in rural areas (Southern Rural Black Women's Initiative 2015; U.S. Department of Agriculture 2016). Many areas of the rural South lack access to resources such as grocery stores, job opportunities, public transportation, and even the internet (Southern Rural Black Women's Initiative 2015).

While employment levels in southern rural communities are beginning to increase, they remain below their pre-recession levels (MDC 2014; U.S. Department of Agriculture 2016) and rural women continue to have earnings well below their urban counterparts.

- Median annual earnings in the South are lower for rural women ($30,000) than for urban woman ($36,400), and are also lower than the earnings of rural women in other parts of the country ($34,000). Among rural women, there are also large differences by race/ethnicity with Hispanic ($23,000) and Black ($25,000) women's earnings considerably lower than white ($32,000) and Asian/Pacific Islander ($31,000) women's earnings.

- Women living in the rural South are much less likely than women in urban areas to have at least a bachelor's degree (18.5 percent and 30.9 percent, respectively). Rural women in other states are more likely to have a bachelor's degree or higher compared with rural women in the South (23.2 and 18.5 percent, respectively). Rural Hispanic, black, and Native American women are the least likely to have a postsecondary education (11.2, 13.1, and 16.1 percent, respectively), while white (20.1 percent) and Asian/Pacific Islander women are the most likely (36.2 percent). The lower average levels of educational attainment explain, in part, their lower earnings.

- Almost one in five women in rural areas of the South live below the poverty line (19.1 percent): 32.9 percent of black women, 27.1 percent of Hispanic women, 25.0 percent of Native American women, 15.3 percent of white women, and 14.3 percent of Asian/Pacific Islander women. Poverty rates are higher among rural women in the South than rural women in the rest of the country, where the rate is 14.2 percent.

Women in the rural South are more likely to live further away from a health care provider and to lack health insurance coverage, making it difficult for them to seek preventive care. As a result, rural southern women often experience poorer health outcomes compared with urban counterparts, among them higher rates of unintentional injury, obesity, and cervical cancer (Committee on Health Care for Underserved Women 2014). Rural women also have a lower life expectancy than their urban counterparts; the national average for women's life expectancy is 81.3 years, but in large swaths of the South life expectancy is 77 to 79.9 years, and in several areas it is under 77 years of age (Bishop and Gallardo 2012).

- About four in five women (80.8 percent) in the rural South have health insurance, compared with 87.1 percent of rural women in other regions. Hispanic women aged 18 to 64 in the rural South are the least likely to be covered by health insurance (57.6 percent), followed by Native American (77.9 percent) and black (78.5 percent) women. White (83.8 percent) and Asian/Pacific Islander (81.6 percent) women are the most likely to be covered by health insurance.

[1] In this report, southern states include Alabama, Arkansas, the District of Columbia, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas, Virginia, and West Virginia. Unless otherwise noted, data are IWPR calculations based on 2014 American Community Survey microdata. Rural individuals are those who live outside of Standard Metropolitan Statistical Areas (SMSAs).

- Only 78.0 percent of rural southern women aged 50 and older have had a mammogram in the last two years (compared with 81.0 percent of urban women) and only 69.0 percent of rural southern women aged 18 and older (compared with 74.1 percent of urban southern women) have had a pap smear in the last three years, although this exceeds the percent of rural women in other states who have had a pap smear (65.5 percent).

- Two-thirds of rural southern women (66.3 percent) are overweight or obese, with the highest rates among black women (80.6 percent). Native American women have the lowest rates, yet more than four in ten (48.6 percent) are overweight or obese. Rates of obesity are higher among southern rural women than women living in rural areas in other parts of the country (61.7 percent).

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CHAPTER 5 | Reproductive Rights

Introduction

Reproductive rights, which protect women's ability to decide whether and when to have children, are vitally important to women's overall health and socioeconomic well-being. Being able to make decisions about one's own reproductive life and the timing of one's entry into parenthood is associated with greater relationship stability and satisfaction (National Campaign to Prevent Teen and Unplanned Pregnancy 2008), more work experience among women (Buckles 2008), and increased wages and average career earnings (Miller 2009). In addition, the ability to control the timing and size of one's family can have a significant effect on whether a young woman attends and completes college (Buckles 2008; Hock 2007). While reproductive freedom is a right that should belong to all women, the denial of this right is felt hardest by poor and minority women (Roberts 1992). Women of color, especially black women, often face particular barriers due to racial biases when attempting to access reproductive care (Roberts 1997).

As this chapter will show, though there have been some advancements in the area of reproductive rights, women in the South continue to face numerous barriers when it comes to accessing reproductive health services.[1] Women in the South are less likely to live in a state with a governor or state legislature that is pro-choice—resulting in more mandatory waiting periods for abortions and harsher restrictions when it comes to parental consent or notification of abortions for minors—and many live in a county with no abortion provider. The reproductive health of women in the South also varies greatly by race and ethnicity. For example, while black women in the South have some of the highest infant and maternal mortality rates, Hispanic women have some of the lowest rates of infant mortality and babies born with low birth weights. Both black and Hispanic women are more likely to receive inadequate prenatal care when compared with other women in the South. Women in the South, however, are experiencing an increase in access to much needed reproductive health services with the implementation of the Affordable Care Act (ACA) and the expansion of Medicaid.

This chapter provides information on a range of policies related to women's reproductive health and rights in the South. It examines abortion, contraception, infertility, and sex education. It also presents data on fertility and natality—including infant mortality—and highlights disparities in women's reproductive health by race and ethnicity. In addition, the chapter details recent shifts in federal and state policies related to reproductive rights. It explores the decision of some

[1] In this report, southern states include Alabama, Arkansas, the District of Columbia, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas, Virginia, and West Virginia. Throughout the report, the District of Columbia is referred to as a state, although it is technically a jurisdiction.

states to expand Medicaid coverage under the ACA, as well as state policies to extend eligibility for Medicaid family planning services.

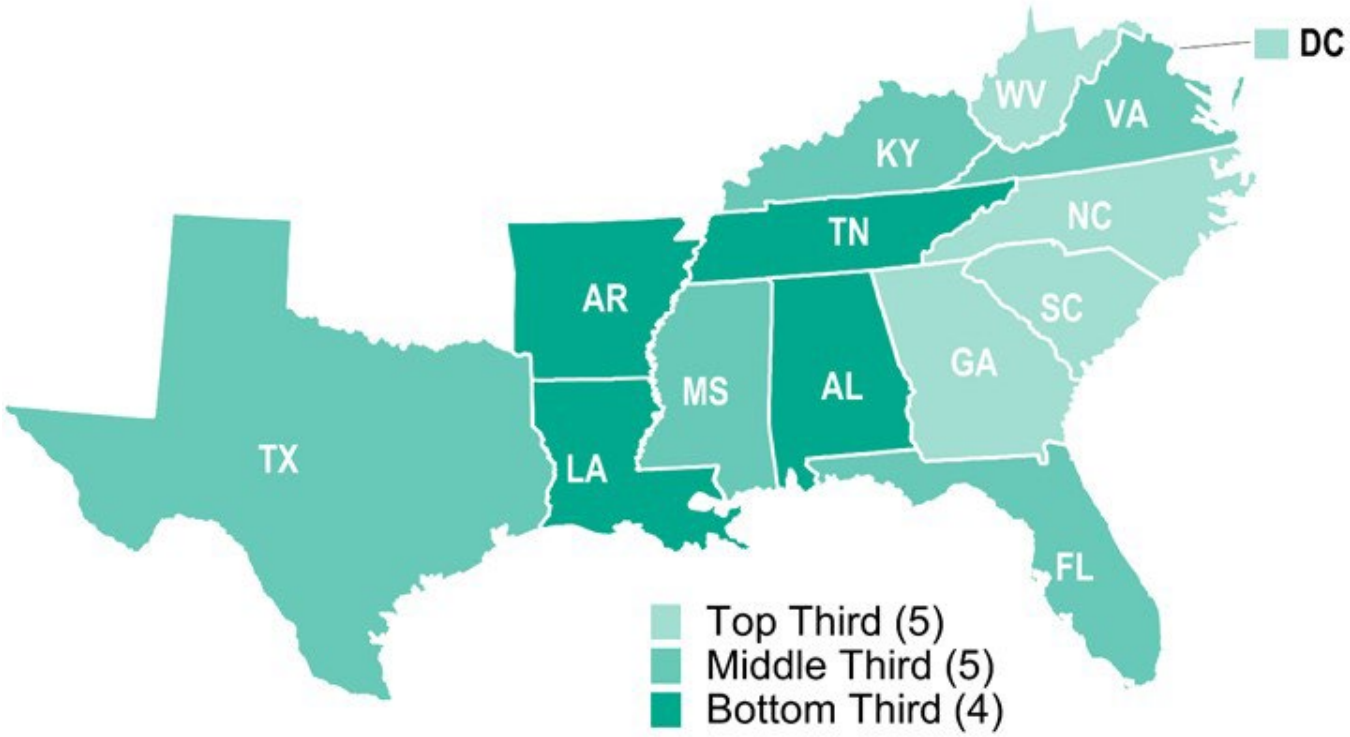
The Reproductive Rights Composite Score

The Reproductive Rights Composite Index includes eight component indicators of women's reproductive rights: mandatory parental consent or notification laws for minors receiving abortions, waiting periods for abortions, restrictions on public funding for abortions, the percent of women living in counties with at least one abortion provider, pro-choice governors or legislatures, Medicaid expansion or state Medicaid family planning eligibility expansions, coverage of infertility treatments, and mandatory sex education.[2] States receive composite scores and corresponding grades based on their combined performance on these indicators, with higher scores reflecting a stronger performance and receiving higher letter grades (Table 5.1; Map 5.1). For information on how composite scores and grades were determined, see Appendix A5.

- The District of Columbia has the highest score on the Reproductive Rights Composite Index for the South. It is the only place in the South that does not require parental consent or notification for abortions or require a waiting period. In addition, 100 percent of women living in the District live in a county with an abortion provider. The District also has a pro-choice mayor and city council, has adopted the expansion of Medicaid coverage under the ACA, and requires schools to provide sex education. The District of Columbia does not, however, provide public funding to poor women for abortions or require insurance companies to cover infertility treatments. The District of Colum-

Map 5.1.

Reproductive Rights Composite Index—South



Note: For methodology and sources, see Appendix A5.
Calculated by the Institute for Women's Policy Research.

[2] This composite represents a slight break from previous IWPR Reproductive Rights composites in that it no longer includes an indicator on same-sex marriage or second parent adoption for individuals in a same-sex relationship. The Supreme Court ruling on June 26, 2015 legalizing same-sex marriage for all LGBT couples in the U.S. eliminated the need for a composite indicator on this topic. See Appendix A5 for the methodology on how the composite was re-weighted to account for this change.

bia was awarded an A- and is ranked 8th overall nationally.

- The worst-ranking state for reproductive rights in the South is Louisiana. It requires parental consent or notification and waiting periods for abortions, does not provide public funding to poor women for abortions, has just 37 percent of women living in counties with abortion providers, does not have a pro-choice state government, does not require insurance companies to cover infertility treatments, and does not require schools to provide mandatory sex education. Louisiana does, however, have state Medicaid family planning eligibility expansions and has also opted to expand Medicaid through the ACA. Louisiana is ranked 47th nationally and receives a D.

In general, the South does fair on the Reproductive Rights Composite Index when compared with the nation as a whole, with seven of the 14 southern states ranked in the middle third nationally. There is still room for improvement on the Reproductive Rights Composite Index in the South: only the District of Columbia ranks in the top third nationally and six of the southern states rank in the bottom third nationally.

Table 5.1.

How the South Measures Up: Women's Status on the Reproductive Rights Composite Index and Its Components, 2014

	Composite Index				Parental Consent/ Notification	Waiting Period	Public Funding	Percent of Women Living in Counties with a Provider	Pro-Choice Governor and Legislature	Medicaid Expansion or Medicaid Family Planning Expansion	Coverage of Infertility Treatments	Mandatory Sex Education
State	Score	National Rank	Regional Rank	Grade	Score	Score	Score	Percent	Score	Score	Score	Score
Alabama	1.52	44	13	D	0	0	0	41%	0.00	1	0.0	0
Arkansas	1.85	37	11	D+	0	0	0	22%	0.00	1[a]	1.0	0
District of Columbia	5.38	8	1	A–	1	1	0	100%	1.00	1	0.0	1
Florida	1.93	35	9	C–	0	0	0	79%	0.00	1	0.0	0
Georgia	2.80	27	3	C	0	0	0	43%	0.17	1	0.0	1
Kentucky	2.61	30	6	C	0	0	0	26%	0.17	1	0.0	1
Louisiana	1.48	47	14	D	0	0	0	37%	0.00	1	0.0	0
Mississippi	2.25	32	7	C–	0	0	0	9%	0.00	1	0.0	1
North Carolina	2.70	29	5	C	0	0	0	51%	0.00	1	0.0	1
South Carolina	2.76	28	4	C	0	0	0	40%	0.17	1	0.0	1
Tennessee	1.53	43	12	D	0	0	0	42%	0.00	0	0.0	1[c]
Texas	2.09	34	8	C–	0	0	0	69%	0.00	1[b]	0.5	0
Virginia	1.88	36	10	C–	0	0	0	41%	0.33	1	0.0	0
West Virginia	4.14	18	2	B	0	0	1	18%	0.17	1	1.0	1
United States					**8 (count)**	**20 (count)**	**17 (count)**			**44 (count)**		**23 (count)**

Notes: [a]Arkansas has not enacted a state Medicaid family planning eligibility expansion, however they have approved Section 1115 waivers for Medicaid expansion. [b]Texas operates its own state-funded family planning program; women aged 18 and older with family income up to 185% of the federal poverty line are eligible. [c]Tennessee requires sex education if the teen pregnancy rate for 15-17 year-olds is 19.5 per 1,000 or higher.
See Appendix A5 for methodology and sources.

FOCUS ON PROGRESS: Same-Sex Marriage and Second-Parent Adoption

Previously, the Reproductive Rights Composite Index included an indicator on same-sex marriage or second parent adoption for individuals in a same-sex relationship (see Appendix A5 for methodology changes). After a long and impassioned fight for marriage equality, on June 26, 2015 the Supreme Court of the United States asserted the fundamental right of same-sex partners to legally marry. The Court wrote that as long as same-sex marriages are not recognized, "same-sex couples are denied the constellation of benefits that the States have linked to marriage," and further that "it is demeaning to lock same-sex couples out of a central institution of the Nation's society, for they too may aspire to the transcendent purpose of marriage" (Obergefell v. Hodges 2015). This landmark victory means equal access to the more than 1,100 benefits tied to marriage, including hospital visitations, child custody, adoption, parenting rights, medical decision-making power, automatic inheritance, divorce protections, social security benefits, and domestic violence protections, among many others (Revel & Riot 2015).

LGBT people, however, still face a slew of legal barriers to equality as many states do not protect LGBT people from being unfairly fired or discriminated against in the workplace, evicted or denied a home loan, and denied health coverage on the basis of their identities (Culp-Ressler 2015). These barriers have significant financial costs for LGBT individuals, leaving them more likely to be poor than non-LGBT individuals: 20.7 percent of LGBT individuals living alone have extremely low wages, while 4.3 percent of male same-sex couples and 7.6 percent of female same-sex couples live in poverty (Center for American Progress and Movement Advancement Project 2014). Yet, the Supreme Court decision could herald further rulings from the Supreme Court regarding gay rights. For example, the Mississippi law specifically prohibiting second-parent adoption for same-sex couples is currently being challenged in court, and there is much hope that the recent Supreme Court ruling will influence the ruling for this case (Lewin 2015). Thus, marriage equality not only means increased access to benefits for same-sex couples and their children, it also brings with it the hope of future gains through legal precedent for equal treatment under the law.

Access to Abortion

The 1973 Supreme Court case of Roe v. Wade established the legal right to abortion in the United States. However, state legislatures and executive bodies continue to battle over legislation related to access to abortion, including parental consent and notification and mandatory waiting periods (Guttmacher Institute 2015a), and public funding for abortions remains a contested issue in many states even though the use of federal funds for most abortions has been banned since 1977 (Boonstra 2013).[3]

Efforts to limit women's access to abortion have increased exponentially in recent years, with more abortion restrictions enacted since 2010 than in the previous decade (231 new restrictions; Guttmacher Institute 2014; Guttmacher Institute 2015b). In 2015 alone, 514 provisions aimed at restricting access to abortion were introduced in state legislatures, leading to 57 new abortion restrictions in 17 states (Nash et al. 2016). Legislative measures include bills requiring women to have an ultrasound before obtaining an abortion, bans on obtaining abortions later in a pregnancy, bans or restrictions preventing women from using health insurance to cover abortions, and stringent regulations on abortion providers including legislation that will result in the closure of multiple abortion clinics (Culp-Ressler 2015).

While legislative attacks on reproductive rights are occurring throughout the United States, they are particularly concentrated in the South. The Guttmacher Institute has been tracking abortion restrictions and uses these to identify states that they consider to be 'hostile' to abortion rights.[4] According to Guttmacher, in 2000 only 13 states were considered 'hostile' to abortion rights, of which 5 were southern states (Guttmacher Institute 2015b). By 2014 the number of 'hostile' states had grown to 27, of which 18 are labeled 'extremely hostile' to abortion rights. Of the 14 southern states, five are labeled 'hostile' and seven are

[3] Federal funds can be used for abortion if the pregnancy resulted from rape or incest or the woman's life is in danger (Boonstra 2013).

[4] According to Guttmacher, supportive states have no more than one type of major abortion restriction, middle ground states have 2-3 types of major restrictions, hostile states have 4-5, and extremely hostile states have 6-10 (Guttmacher Institute 2015b).

considered 'extremely hostile' to abortion rights. Only two southern states—West Virginia and the District of Columbia—have not been labeled 'hostile' to abortion as of 2014 (Guttmacher Institute 2015b).

In fact, many southern states have passed laws specifically targeted at regulating abortion providers (Guttmacher Institute 2015c), with Alabama, Louisiana, Mississippi, Tennessee, and Texas all passing laws requiring that clinicians have admitting privileges at a local hospital. While the laws in Alabama, Louisiana, and Mississippi are being challenged in the courts and have yet to take effect,[5] the law in Texas has already lead to the closure of numerous clinics (Culp-Ressler 2014; Guttmacher Institute 2015c). The closure of these clinics not only limits women's access to abortions, it also limits their access to other essential reproductive health services—health services that are essential for poor, rural, and minority women who may not have access to these services elsewhere. For example, abortion services at Planned Parenthood account for only three percent of all services. Planned Parenthood clinics also provide STI/STD testing and treatment (41 percent of services), contraception (34 percent of services), and cancer screening and prevention (10 percent of services), among others (Planned Parenthood Federation of America 2014).

Though abortion rates overall have fallen in recent years, the abortion rate for women of color is still much higher than that for white women: the abortion rate for Hispanic women is double the rate for white women and the rate for black women is almost five times that for white women (Cohen 2008). Much of this has to do with the fact that women of color have less access to contraceptives and reproductive health care, which leads to more unintended pregnancies (Cohen 2008). The lack of access to contraceptives and reproductive health care will only continue to increase as legislative measures result in the closure of more abortion clinics in the South, clinics that provide much needed family planning services to low-income women (Culp-Ressler 2014; Redden 2015).

- As of December 2015, 13 states in the South had statutes requiring mandatory waiting periods for obtaining an abortion and enforced these statutes, with waiting periods ranging from 24 to 72 hours (Guttmacher Institute 2015a).
- Thirteen southern states had parental consent or notification laws as of December 2015, which require parents of a minor seeking an abortion to consent to the procedure or be notified. Among these southern states eight enforced parental consent (with Mississippi requiring consent from both parents) and three enforced the notification of parents (Florida, Georgia, and West Virginia). Texas and Virginia enforced both parental consent and notification for minors seeking to undergo an abortion procedure (Guttmacher Institute 2015a).
- While, as of December 2015, 17 states nationally fund abortions for low-income women who were eligible for Medicaid in all or most medically necessary circumstances, West Virginia was the only southern state to do so. In all the other southern states, state Medicaid funds can be used only in situations where the woman's life is in danger or the pregnancy resulted from rape or incest. In Mississippi and Virginia there is an additional exception when there is a fetal anomaly (Guttmacher Institute 2015a).
- As of 2011—the most recent year for which data are available—the percentage of women aged 15-44 who lived in counties with an abortion provider ranged across the South from a low of nine percent in Mississippi to 100 percent in the District of Columbia. However, in the vast majority of southern states (ten out of 14) fewer than half the women lived in counties with at least one provider and in North Carolina only 51 percent of women lived in a county with at least one provider. Only Texas, Florida, and the District of Columbia have more than this (69, 79, and 100 percent respectively; Guttmacher Institute 2015d).
- As of December 2014, the governor and majority of state legislators in eight southern states were anti-choice (NARAL Pro-Choice America and NARAL Pro-Choice America Foundation 2015). Only the District of Columbia had a mayor and a majority of the city council who were pro-choice and would not support restrictions on abortion rights. In the remaining southern states, the government was mixed.

[5] The laws are temporarily enjoined pending final decision in the courts.

FOCUS ON: The Legacy of Forced Sterilization in the South

Forced sterilization has a long history in the United States, going as far back as 1907 when the U.S. enacted policy giving the government the right to sterilize those deemed incapable—mainly the "insane," "feebleminded," or "diseased"—of managing their own reproductive lives (Krase 2014). Thirty states, including Alabama, Georgia, Mississippi, North Carolina, South Carolina, Virginia, and West Virginia, followed suit in the following decades, passing their own laws legitimizing forced sterilization of certain groups (Kaelber 2011; Schoen 2006). The states with the most cases of state-sanctioned sterilizations between the 1920s and the mid-1970s were California (20,000), North Carolina (over 8,000), and Virginia (over 7,000; Kaelber 2011). While most state-ordered sterilizations slowed or ceased completely by the late 1940s, this was countered by the expansion of these same programs in Georgia, North Carolina, and Virginia, whose state-sanctioned sterilizations accounted for 76 percent of all sterilizations nationally by 1958 (Schoen 2006).

With the "diagnosis" of feeblemindedness including social symptoms such as poverty, promiscuity, alcoholism, and illegitimacy, forced sterilization became a tool for limiting the number of poor people who would be dependent on welfare programs (Schoen 2006). As a result, poor women and women of color were most often the targets of forced sterilization efforts. For example, 84 percent of sterilizations in North Carolina were performed on women (Schoen 2006) and 65 percent of these over 8,000 sterilizations were performed on black women, which is notable since black women account for only 25 percent of North Carolina's female population (Krase 2014). North Carolina, though the most egregious of the southern states, was not alone, as most southern states with state-sanctioned sterilization performed more sterilizations on women than on men (Kaelber 2011).

As sterilization became a tool for curbing reliance on government benefits, many women were threatened with the loss of government benefits for themselves or their families if they did not comply with sterilization. North Carolina even went so far as to allow social workers to designate candidates for sterilization and submit sterilization petitions to the state Eugenics Board (Murdock 2013; Schoen 2006). Other abuses included sterilization of young women and girls without their families' knowledge or approval. The most notable case occurred in Alabama in 1973 and involved the Relf sisters, ages 17, 14, and 12, whose family never consented to or received notice of the tubal sterilizations for the younger two, the early and experimental Depo-Provera shots for all three, and an intrauterine device for the eldest (Krase 2014; Volscho 2010).

The effects of state-sanctioned forced sterilization in the South are still being felt today, as states begin to face this history of marginalization and abuse. In 2003 the governors of North Carolina, South Carolina, and Virginia issued apologies for their states' programs (Schoen 2006). In 2013 North Carolina became the first state to pass legislation approving the compensation of its sterilization victims, though the program has already encountered complications as some victims have been deemed ineligible since their sterilizations were not officially approved by the central state Board, but rather by local authorities (Mennel 2014). As a result, the South will most likely continue to grapple with this legacy for years to come.

Medicaid Expansion and State Medicaid Family Planning Eligibility Expansions

The Affordable Care Act (ACA) has increased the number of people with access to health insurance coverage through changes to Medicaid, a public health coverage program for low-income individuals. To help those who may have struggled in the past to afford insurance, the ACA seeks to expand Medicaid eligibility to all individuals under age 65 who are not eligible for Medicare and have incomes up to 138 percent of the federal poverty line (individuals were previously eligible only if they were pregnant, the parent of a dependent child, 65 years of age or older, or disabled, in addition to meeting income requirements; National Conference of State Legislatures 2011).[6] While this change increases the number of women who are eligible to receive family planning services, along with other health care services, states can opt out of this Medicaid expansion. As of January 2016, 32 states—including Arkansas, Kentucky, Louisiana, and West Virginia—and the District of Columbia had chosen to adopt the Medicaid expansion, with three in the process of deciding whether to do so (including Virginia; Kaiser Family Foundation 2016).

In addition to Medicaid expansion through the ACA, states interested in expanding Medicaid family planning services to individuals who would otherwise not be eligible for Medicaid can now expand their programs either through a waiver from the federal government—which is temporary—or through an expedited option of a State Plan Amendment, which is a permanent change to the state's Medicaid program (Guttmacher Institute 2016).

- As of January 2016, nine southern states had extended family planning services to individuals who were otherwise ineligible, either through a waiver or through a State Plan Amendment (including Texas, which had an expansion funded solely by the state). The income ceiling among these states ranged from a low of 138 percent of the federal poverty line in Louisiana, to a high of 205 percent of the federal poverty line in Virginia (where the expansion includes those losing postpartum coverage; Guttmacher Institute 2016).
- Of these nine states, Florida is the only state that provided these benefits to women who lose Medicaid coverage for any reason, rather than basing eligibility only on income. The remaining eight southern states all provide family planning benefits to individuals based on income, with most of the states having an income ceiling near 200 percent of the federal poverty line (Guttmacher Institute 2016).
- Five states defined the eligible population for Medicaid coverage of family planning services to include individuals who are younger than 19 years old. Georgia included individuals who are 18 years old but not those who are younger than 18 (Guttmacher Institute 2016).
- As of January 2016, three southern states—Arkansas, Kentucky, and West Virginia—and the District of Columbia had expanded the Medicaid program overall but did not have a family planning eligibility expansion. Virginia, one of the nine southern states with family planning eligibility expansions, is currently discussing the adoption of the Medicaid expansion. While Louisiana was the only southern state to both adopt the Medicaid expansion and have a family planning eligibility expansion (Guttmacher Institute 2016; Kaiser Family Foundation 2016), Tennessee is the only southern state that had neither expanded Medicaid overall nor enacted a state family planning expansion (Table 5.1).

Other Family Planning Policies and Resources

Access to Fertility Treatments

Infertility treatments can improve the reproductive choices of women and men, but they are often prohibitively expensive, especially when they are not covered

[6] Federal law allows for the expansion of Medicaid to individuals with incomes at or below 133 percent of the federal poverty line. The law also includes a five percent "income disregard," which effectively makes the limit 138 percent of poverty (Center for Mississippi Health Policy 2012).

by insurance. As of June 2014, only Arkansas and West Virginia had passed measures requiring insurance companies to cover infertility treatments.[7] In Texas, insurance companies had to offer infertility coverage to their policy holders (National Conference of State Legislatures 2014).[8]

Mandatory Sex Education in Schools

Research has shown that sex education is critical to ensuring that young women and men have the knowledge they need to make informed decisions about sexual activity and avoiding unwanted pregnancy and disease (Douglas 2007). In eight southern states—the District of Columbia, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee, and West Virginia—schools are required to provide sex education and of these eight, all except Mississippi also require HIV education.[9] Five states and the District of Columbia require that information about contraception be included in the curricula when sex education is taught. Additionally, while 13 states require that information regarding abstinence be included in sex education curricula, 10 of these states require that information on abstinence be stressed and it must include information on the importance of sex only within marriage (Guttmacher Institute 2015e).[10]

Fertility, Natality, and Infant Health

Key to women's reproductive health is access to quality health care services. Unfortunately, women in the South and women of color have worse outcomes when looking at pregnancy and birth outcomes, which are not only linked to their access to prenatal care, but also can often be linked to complications arising from the presence of preventable chronic and obesity related conditions (see Health & Wellbeing chapter; Black Women's Roundtable 2015; Mason 2015). In fact, the maternal mortality rate for women in the United States has hit a record high, with the number of reported pregnancy-related deaths increasing from 7.2 deaths per 100,000 live births in 1987 to 17.8 deaths per 100,000 live births in 2011 (Centers for Disease Control and Prevention 2015). The maternal mortality rate for black women is even higher, with black women 3.4 times more likely to die due to pregnancy and childbirth than white women (42.8 deaths per 100,000 live births for black women versus 12.5 deaths per 100,000 live births for white women; Centers for Disease Control and Prevention 2015). Maternal mortality is also alarmingly high in the South. For example, Mississippi has one of the highest rates of pregnancy-related deaths in the United States at 39.7 deaths per 100,000 live births, with the rate for black women even higher, at 54.7 deaths per 100,000 live births (Graham and Collier 2013).[11] While the exact reasons for the high rate of maternal mortality in the South are still unknown, many of the factors attributed to this high rate of death are linked to women entering pregnancy unhealthier overall (Mason 2015; Morello 2014; Paquette 2015). Some believe racial discrimination also plays a large part in the overall health and well-being of women of color, impacting not only their reproductive health and maternal mortality rates (Center for Reproductive Rights 2014; Paquette 2015; Roberts 1997), but also their fertility and infant health.

Women's Fertility

The fertility rate for women in the United States overall has declined in recent years, which is partly due to women giving birth later in life. In 2013, the median age for women at the time of their first birth was 26.0 years, compared with 22.7 years in 1980 (Martin et al. 2015b). In 2014, the fertility rate was 62.9 live births per 1,000 women aged 15-44 in the United States. While this is a significant decline since 1960, when the fertility rate was 118.0 births per 1,000 women (Martin et al. 2015a), this is an increase from the birth rate in 2013 (62.5 births per 1,000 women), which is the first increase in the fertility rate since 2007 (Hamilton et al. 2015).

[7] Louisiana prohibits the exclusion of coverage for a medical condition that would otherwise be covered solely because the condition results in infertility.

[8] A mandate to cover infertility treatments requires health insurance plans sold by licensed insurers to include coverage for these treatments. A mandate to offer coverage means that the plans must provide this coverage, but the person buying the policy does not have to elect coverage for this benefit (Kaiser Family Foundation 2015).

[9] Tennessee requires schools to provide sex education if the pregnancy rate among 15- to 17-year-olds is 19.5 per 1,000 or higher (Guttmacher Institute 2015e).

[10] The District of Columbia does not require that sex education must include information on abstinence (Guttmacher Institute 2015e).

[11] The Mississippi rates are three year averages (2010-2012) and the data is collected by the Mississippi State Department of Health, office of Health Data and Research.

- In 2013, the District of Columbia had the lowest fertility rate in the South among women aged 15-44 at 53.3 live births per 1,000 women, followed by Florida at 59.3 per 1,000, North Carolina at 60.4 per 1,000, and Alabama and South Carolina both at 60.6 per 1,000 women (Martin et al. 2015a).

- Texas had the highest fertility rate in the South in 2013 at 69.9 live births per 1,000 women, followed by Louisiana (67.3 per 1,000), Arkansas (65.9 per 1,000), Kentucky (65.3 per 1,000), and Mississippi (64.2 per 1,000). These are also the southern states with higher fertility rates than the national average of 62.9 live births per 1,000 women (Martin et al. 2015a).

Prenatal Care

Women who receive prenatal care throughout their pregnancy are, in general, more likely to deliver healthy babies (U.S. Department of Health and Human Services 2012). In the United States in 2011, 84 percent of women began receiving prenatal care in the first trimester of pregnancy (Centers for Disease Control and Prevention 2012). Unfortunately, prenatal care is not the same across racial and ethnic groups. According to one study, while black women tend to have more positive perceptions of their health and well-being during pregnancy and after birth, they and their babies are more than twice as likely to be re-hospitalized in the months following birth (Childbirth Connection, National Partnership for Women and Families 2015). Black and Hispanic women are also more likely to experience group prenatal care[12] and about one in five black and Hispanic women reported poor treatment from hospital staff as a result of race, ethnicity, cultural background, or language (Childbirth Connection, National Partnership for Women and Families 2015).

In the South, women are most likely to receive inadequate prenatal care in the District of Columbia (23.8 percent), Texas (23.7 percent), and South Carolina (19.2 percent). Women are least likely to receive inadequate prenatal care in Virginia (10.3 percent), Mississippi (10.6 percent), and West Virginia (10.8 percent; Appendix Table B5.3). [13] However, inadequate prenatal care is not a problem that is uniformly prevalent across all racial and ethnic groups. As can be seen in Appendix Table B5.3 and in Figure 5.1, women of color are far more likely to receive inadequate prenatal care than white women in the South (March of Dimes 2015).

- White women are the least likely to experience inadequate prenatal care in every southern state except Florida—where a slightly higher percentage of white women have inadequate care (14 percent) compared with Asian/Pacific Islander women (13.4 percent).

- In Alabama, Hispanic women are almost five times as likely as white women and more than twice as likely as black women to receive inadequate prenatal care. Hispanic women in Tennessee and South Carolina closely follow at 34.8 percent and 34.4 percent respectively, which are the highest rates of inadequate care for any racial/ethnic group of women in the southern states. West Virginia and Florida have the lowest percent of Hispanic women who receive inadequate prenatal care (15.1 and 16 percent respectively).

- The highest percent of black women who receive inadequate prenatal care can be found in the District of Columbia (33.5 percent) and Texas (32.5 percent). Black women in Virginia and Mississippi are the least likely to receive inadequate prenatal care of all black women in the South (13.4 and 14.9 percent respectively).

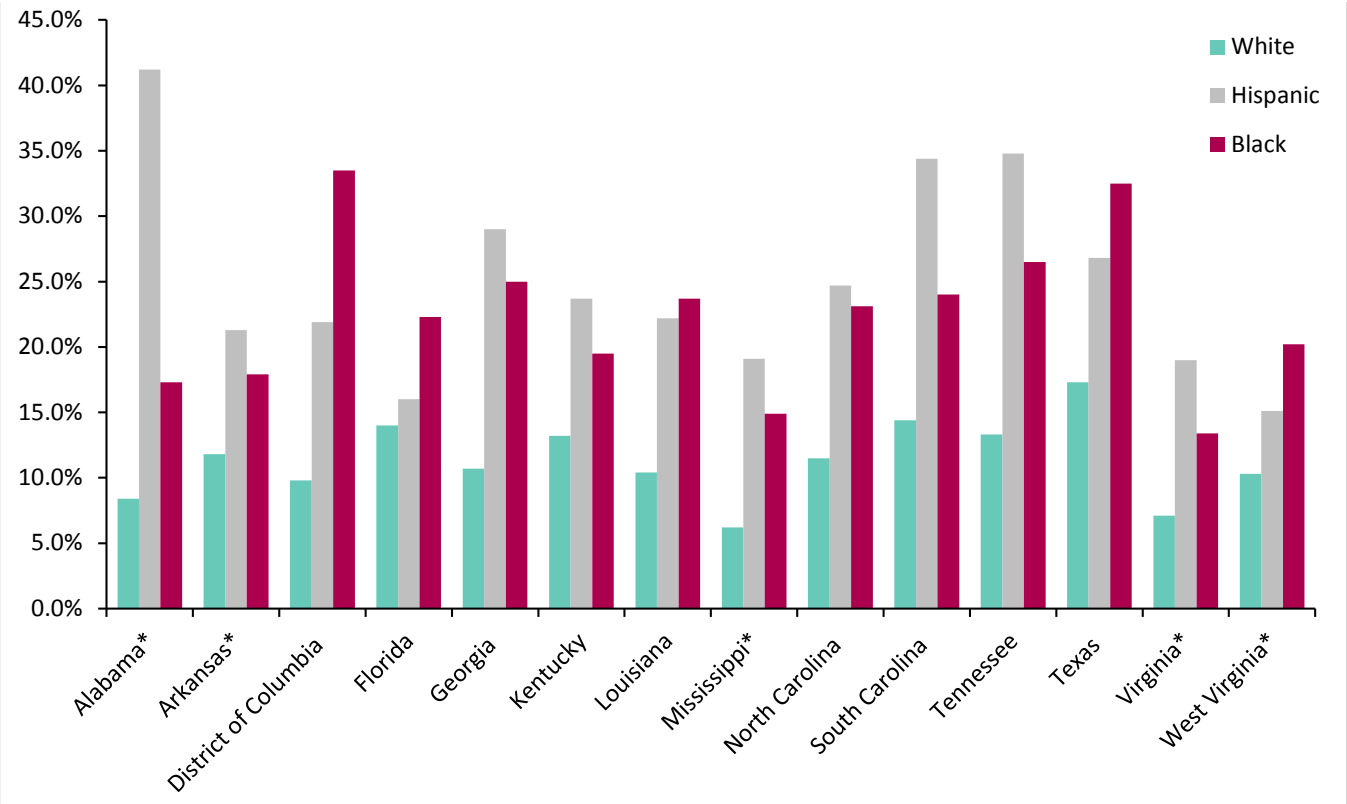
- Though generally lower than Hispanic and black women, Native American and Asian/Pacific Islander women also have relatively high rates of inadequate prenatal care in certain states (Appendix Table B5.3). Texas and South Carolina have both the highest proportions of Native American women (24.5 and 23 percent respectively) and Asian/Pacific Islander women (20 and 21 percent respectively) who receive inadequate prenatal care. Mississippi and Virginia have the lowest percent of Native American women (10.3 and 9.1 percent respectively) and Asian/Pacific Islander women (7.2

12 Group prenatal care is as at least one prenatal visit happening in a group setting with other pregnant women.

13 Inadequate prenatal care is defined as care begun after the 4th month of pregnancy or less than 50 percent of recommended visits received. See Appendix Table B5.3 for full March of Dimes methodology.

Figure 5.1.

Percent of Women in the South with Inadequate Prenatal Care by Race/Ethnicity and State



Note: *Denotes 2008-2010 prenatal care data, which are based on the 1989 Revision of the U.S. Standard Certificate of Live Birth and are not available after 2010. Prenatal care data for all other states are 2011-2013 data. Inadequate prenatal care is defined as care begun after the 4th month of pregnancy or less than 50 percent of recommended visits received. See Appendix Table B5.3 for full March of Dimes methodology. State data compiled by the Institute for Women's Policy Research from the March of Dimes peristats website.
Source: March of Dimes 2015.

and 9.6 percent respectively) receiving inadequate prenatal care.

Low Birth Weight

While low birth weight can be caused by numerous factors, poverty is strongly associated with low birth weight (Paneth 1995). Low birth weight is a concern in the South since, in general, the states in the South have comparatively high proportions of babies born with low birth weights (less than five pounds, eight ounces). In fact, the percent of low birth weight babies in each southern state is equal to or higher than the percent of babies with low birth weight nationally (8 percent; Martin et al. 2015b). However, the southern states differ in their proportions of babies born with low birth weight by race:

- Virginia has the lowest proportion of babies born with low birth weight at 8.0 percent, closely followed by Texas (8.3 percent), Florida (8.5 percent), Kentucky (8.7 percent), and North Carolina and Arkansas (8.8 percent). Mississippi has the largest proportion of babies born with low birth weight at 11.5 percent and is followed by Louisiana at 10.9 percent (Appendix Table B5.1).
- Within each state, Hispanic women generally have proportions of low birth weight babies that are equal to or less than white woman, with the exception of the District of Columbia where 5.8 percent of babies born to white women have low birth weights compared with 7.5 percent of babies with Hispanic mothers. In fact, the percent of low birth weight babies born to Hispanic women is lower in each southern state than the national average of 8 percent—Texas has the highest proportion at 7.7 percent (Appendix Table B5.1).
- In the southern states, black women have the highest proportion of babies born with low birth weights. Black women in Virginia and the District of Columbia have the lowest proportion of ba-

bies born with low birth weights at 12.3 percent, while black women in Mississippi have the highest proportion at 16.1 percent, which is double the national average (Appendix Table B5.1).

Infant Morality

In the United States overall, infant deaths occur at a rate of 6.0 per 1,000 live births. The southern states, however, generally have much higher infant mortality rates than the national average—the only state to have a lower rate is Texas (5.8 per 1,000 live births). In fact, for the South overall, infant deaths occur at a rate of 7.2 per 1,000 live births, compared with the much lower rate of 5.6 per 1,000 live births for all other states. Mississippi has the highest infant mortality rate at 9.3 per 1,000 live births, well above the national average, followed by Alabama (8.6 per 1,000 per live births) and Louisiana (8.4 per 1,000 per live births). The southern states to join Texas with the lowest infant mortality rates are Florida (6.2 per 1,000 live births) and Virginia (6.5 per 1,000 live births; Mathews, MacDorman, and Thoma 2015).

Among women of the largest racial and ethnic groups, Asian/Pacific Islander women (4.2 per 1,000 live births) and white and Hispanic women (5.1 per 1,000) have the lowest rates of infant mortality nationally, while Native American women and black women have the highest rates (8.1 and 11.3 per 1,000 live births respectively; Mathews, MacDorman, and Thoma 2015). In fact, the higher than average infant mortality rates in the South have much to do with the high infant mortality rates among black women, though infant mortality rates do vary by race and ethnicity across the southern states:

- White women have the lowest infant mortality rates in Virginia at 4.8 per 1,000 live births, closely followed by Florida (5.0 per 1,000 live births) and Georgia and Texas (5.1 per 1,000 live births). West Virginia has the highest infant mortality rate for white women at 7.0 per 1,000 live births, closely followed by white women in Alabama and Mississippi (6.9 and 6.8 per 1,000 live births respectively), all of which are below the average infant mortality rate for the southern states (Appendix Table B5.2).
- Hispanic women have the lowest infant mortality rates in Florida, Georgia, and Louisiana (4.6, 4.7, and 4.8 per 1,000 live births respectively), all of which are well below both the southern and national averages. In fact, Hispanic women have mortality rates that are lower than the national average in every southern state except Arkansas (6.2 per 1,000 live births), Mississippi (6.4 per 1,000 live births), and Kentucky (6.8 per 1,000 live births; Appendix Table B5.2).
- Black women have the lowest infant mortality rate in Kentucky, at 9.8 per 1,000 live births, which is still more than twice the lowest infant mortality rates for white and Hispanic women in the South. Black women in Alabama have the highest infant mortality rate, at 12.9 per 1,000 live births, which is well above the southern average and more than double the national average (Appendix Table B5.2).

Conclusion

Though southern women have seen some gains in the area of reproductive rights, there are still major barriers that need to be overcome before women in the South see advancement on this issue. Women, especially women of color, in the South are generally doing worse than the nation as a whole when it comes to accessing prenatal care, leading to some of the highest rates of maternal and infant mortality in the nation. Women of color in the South are also still struggling with the legacy of forced sterilization and are continuing to fight the stigma that they are less able to make their own reproductive choices. At the same time, southern women's options for affordable reproductive health care are being limited with the closure of health clinics that also provide abortion services. While there has been increased access to much needed reproductive health services for women in the South with the implementation of the Affordable Care Act and the expansion of Medicaid, women still face many barriers to obtaining the services they need, and these services will only continue to be harder to come by as efforts to limit women's reproductive rights continue in the South.

Appendix A5:

Methodology

To analyze the status of women in the South, IWPR selected indicators that prior research and experience have shown illuminate issues that are integral to women's lives and that allow for comparisons between each state and the United States as a whole. The data in IWPR's *Status of Women in the South* report come from federal government agencies and other sources; much of the data in this chapter rely on analysis from the Centers for Disease Control and Prevention and organizations such as the Guttmacher Institute, NARAL Pro-Choice America, and the March of Dimes. The tables present data for individuals, in some cases disaggregated by race and ethnicity. In the data tables on prenatal care and low birthweight, racial categories are non-Hispanic; Hispanics may be of any race or two or more races. In the data on infant mortality, only whites and blacks are non-Hispanic.

The Reproductive Rights Composite Index reflects a variety of indicators of women's reproductive rights. These include access to abortion services without mandatory parental consent or notification laws for minors, access to abortion services without a waiting period, public funding for abortions if a woman is income eligible, the percent of women living in counties with at least one abortion provider, whether the governor and state legislature are pro-choice, whether states have adopted the Medicaid expansion under the ACA and/or expanded eligibility for Medicaid family planning services, policies that mandate insurance coverage of infertility treatments, and mandatory sex education for children in the public school system. These indicators reflect one major change from IWPR's 2015 *Status of Women in the States* report that takes into account a recent policy development: the indicator on same-sex marriage or second parent adoption has been removed as a result of the Supreme Court ruling on June 26, 2015 legalizing same-sex marriage for all LGBT couples in the United States. With same-sex marriage now legal in all 50 states and the District of Columbia, and Mississippi having the only law specifically prohibiting second parent adoption by LGBT partners, which is currently being challenged in the courts (Lewin 2015), the need for this indicator has been effectively eliminated.

Calculating the Composite Index

To construct this Composite Index, each component indicator was rated on a scale of 0 to 1 and assigned a weight. The notification/consent and waiting-period indicators were each given a weight of 0.5. The indicators of public funding for abortions, pro-choice government, women living in counties with an abortion provider, and Medicaid expansion and/or Medicaid family planning eligibility expansions were each given a weight of 1.0. The infertility coverage law was also given a weight of 0.5. Finally, states were given 1.0 point if they mandate sex education for students. The weighted scores for each component indicator were summed to arrive at the value of the composite index score for each state. In order to maintain a composite score that is roughly comparable to the historical composites so as to be able to see how women's reproductive rights have changed over time, while also preserving the relative importance of each indicator, IWPR used a simple multiplier (of 7/6.5) for each composite index score to get back to values similar to those in previous years. The states were then ranked from the highest to the lowest score.

To grade the states on this Composite Index, values for each of the components were set at desired levels to produce an "ideal score." An ideal state was assumed to have no notification/consent or waiting period policies, public funding for abortion, a pro-choice government, 100 percent of women living in counties with an abortion provider, a Medicaid expansion or state Medicaid family planning eligibility expansion, infertility coverage, and mandatory sex education for students. Each state's score was then compared with the resulting ideal score to determine its grade.

MANDATORY CONSENT: States received a score of 1.0 if they allow minors access to abortion without parental consent or notification. Mandatory consent laws require that minors gain the consent of one or both parents before a physician can perform the procedure, while notification laws require they notify one or both parents of the decision to have an abortion. Source: Guttmacher Institute 2015a.

WAITING PERIOD: States received a score of 1.0 if they allow a woman to have an abortion without a waiting period. Waiting-period legislation mandates that a physician cannot perform an abortion until a certain number of hours after notifying the woman of her options in dealing with a pregnancy. Source: Guttmacher

Institute 2015a.

RESTRICTIONS ON PUBLIC FUNDING: If a state provides public funding for all or most medically necessary abortions, exceeding federal requirements, for women who meet income eligibility standards, it received a score of 1.0. Source: Guttmacher Institute 2015a.

PERCENT OF WOMEN LIVING IN COUNTIES WITH AT LEAST ONE ABORTION PROVIDER: States were given a scaled score ranging from 0 to 1, with states with 100 percent of women living in counties with abortion providers receiving a 1. Source: Guttmacher Institute 2015d.

PRO-CHOICE GOVERNOR OR LEGISLATURE: This indicator is based on NARAL's assessment of whether governors and legislatures would support a ban or restrictions on abortion. Governors and legislatures who would support restrictions on abortion rights are considered anti-choice, and those who would oppose them are considered pro-choice. Legislatures with a majority that are neither anti- or pro-choice are considered mixed. Each state received 0.33 points per pro-choice governmental body—governor, upper house, and lower house—up to a maximum of 1.0 point. Those governors and legislatures with mixed assessments received half credit. Source: NARAL Pro-Choice America and NARAL Pro-Choice America Foundation 2015.

MEDICAID EXPANSION: Whether a state had expanded Medicaid under the ACA or enacted a state Medicaid family planning eligibility expansion through either a waiver of federal policy from the Centers for Medicare and Medicaid Services or a state plan amendment: family planning eligibility expansions extend Medicaid coverage of family planning services to women who would be otherwise ineligible, and in some cases to women who are exiting the Medicaid program. States received a score of 1.0 if they have adopted the Medicaid expansion under the ACA or enacted a state Medicaid family planning eligibility expansion. Sources: Guttmacher Institute 2016; Kaiser Family Foundation 2015.

COVERAGE OF INFERTILITY TREATMENTS: As of June 2014, states mandating that insurance companies provide coverage of infertility treatments received a score of 1.0, while states mandating that insurance companies offer policyholders coverage of infertility treatments received a score of 0.5. Louisiana, which enacted a statute that prohibits the exclusion of coverage for a medical condition that would otherwise be covered solely because it results in infertility, received a score of 0.0. Source: National Conference of State Legislatures 2014.

MANDATORY SEX EDUCATION: States received a score of 1.0 if they require public schools (including K-12) to provide sex education classes. Source: Guttmacher Institute 2015e.

Appendix B5:

Reproductive Rights Tables

Appendix Table B5.1.

Percent of Low Birth-Weight Babies in the South by Race and Ethnicity, 2013

State	All Women	White	Hispanic	Black
Alabama	10.0%	8.1%	6.5%	14.6%
Arkansas	8.8%	7.7%	5.9%	14.0%
District of Columbia	9.4%	5.8%	7.5%	12.3%
Florida	8.5%	7.2%	7.1%	12.8%
Georgia	9.5%	7.3%	6.8%	13.4%
Kentucky	8.7%	8.4%	6.3%	13.1%
Louisiana	10.9%	8.1%	7.3%	15.6%
Mississippi	11.5%	8.2%	7.5%	16.1%
North Carolina	8.8%	7.3%	6.8%	13.2%
South Carolina	9.7%	7.6%	6.8%	14.3%
Tennessee	9.1%	7.9%	6.9%	14.0%
Texas	8.3%	7.4%	7.7%	13.1%
Virginia	8.0%	6.7%	6.7%	12.3%
West Virginia	9.4%	9.2%	N/A	15.3%

Note: Low birth weight is less than 5 lbs., 8 oz. Racial categories are non-Hispanic. Hispanics may be of any race or two or more races. Data are not available for Asian/Pacific Islanders, Native American, or those who identify with another race or two or more races. N/A=not available.
Source: IWPR compilation of data from Martin et al. 2015b.

Appendix Table B5.2.

Infant Mortality Rates in the South, by Race and Ethnicity and South/Non-South, 2013

State	All Women	White	Hispanic	Black	Asian/ Pacific Islander	Native American
Alabama	8.6	6.9	5.0	12.9	N/A	N/A
Arkansas	7.4	6.7	6.2	10.9	N/A	N/A
District of Columbia	7.3	N/A	5.5	11.1	N/A	N/A
Florida	6.2	5.0	4.6	10.8	3.7	N/A
Georgia	6.7	5.1	4.7	10.0	3.9	N/A
Kentucky	6.7	6.4	6.8	9.8	N/A	N/A
Louisiana	8.4	6.2	4.8	12.0	6.4	N/A
Mississippi	9.3	6.8	6.4	12.4	N/A	N/A
North Carolina	7.2	5.4	5.6	12.6	4.3	10.6
South Carolina	7.2	5.3	5.0	11.5	N/A	N/A
Tennessee	7.2	6.1	5.3	11.7	3.9	N/A
Texas	5.8	5.1	5.3	10.7	3.8	N/A
Virginia	6.5	4.8	5.8	11.7	5.0	N/A
West Virginia	7.1	7.0	N/A	12.0	N/A	N/A
Southern States	**7.2**	**0.0**	**0.0**	**0.0**	**0.0**	**N/A**
All Other States	**5.6**	**4.8**	**5.6**	**10.7**	**4.4**	**N/A**
United States	**6.0**	**5.1**	**5.1**	**11.3**	**4.2**	**8.1**

Notes: Infant mortality rates include deaths of infants under age one per 1,000 live births. Whites and blacks are non-Hispanic; other racial categories include Hispanics. Hispanics may be of any race or two or more races. N/A=not available.
Source: IWPR compilation of data from Mathews, MacDorman, and Thoma 2015.

Appendix Table B5.3.

Inadequate Prenatal Care in the South by Race and Ethnicity

State	All Women	White	Hispanic	Black	Asian/ Pacific Islander	Native American
Alabama*	13.9%	8.4%	41.2%	17.3%	10.2%	11.5%
Arkansas*	14.1%	11.8%	21.3%	17.9%	12.9%	19.7%
District of Columbia	23.8%	9.8%	21.9%	33.5%	14.8%	N/A
Florida	16.4%	14.0%	16.0%	22.3%	13.4%	20.1%
Georgia	18.4%	10.7%	29.0%	25.0%	15.3%	17.8%
Kentucky	14.4%	13.2%	23.7%	19.5%	18.1%	21.5%
Louisiana	16.2%	10.4%	22.2%	23.7%	15.7%	12.2%
Mississippi*	10.6%	6.2%	19.1%	14.9%	7.2%	10.3%
North Carolina	16.6%	11.5%	24.7%	23.1%	17.2%	21.3%
South Carolina	19.2%	14.4%	34.4%	24.0%	21.0%	23.0%
Tennessee	18.1%	13.3%	34.8%	26.5%	19.0%	19.5%
Texas	23.7%	17.3%	26.8%	32.5%	20.0%	24.5%
Virginia*	10.3%	7.1%	19.0%	13.4%	9.6%	9.1%
West Virginia*	10.8%	10.3%	15.1%	20.2%	12.0%	N/A

Notes: *Denotes 2008-2010 prenatal care data, which are based on the 1989 Revision of the U.S. Standard Certificate of Live Birth and are not available after 2010. Prenatal care data for all other states are 2011-2013 data. Timing of prenatal care calculations stratify the timing of the mother's entry into prenatal care into three categories. These categories include: "Early prenatal care," which is care started in the 1st trimester (1-3 months); "Second trimester care" (4-6 months); and "Late/no prenatal care," which is care started in the 3rd trimester (7-9 months) or no care received. Calculations are based on the number of live births to mothers in a specific prenatal care category divided by all live births excluding those missing data on prenatal care, multiplied by 100. Adequacy of prenatal care calculations are based on the Adequacy of Prenatal Care Utilization Index (APNCU), which measures the utilization of prenatal care on two dimensions. The first dimension, adequacy of initiation of prenatal care, measures the timing of initiation using the month prenatal care began reported on the birth certificate. The second dimension, adequacy of received services, is measured by taking the ratio of the actual number of visits reported on the birth certificate to the expected number of visits. The expected number of visits is based on the American College of Obstetrics and Gynecology prenatal care visitations standards for uncomplicated pregnancies and is adjusted for the gestational age at initiation of care and for the gestational age at delivery. The two dimensions are combined into a single summary index, and grouped into four categories: Adequate Plus, Adequate, Intermediate, and Inadequate. Inadequate prenatal care is care begun after the 4th month of pregnancy or less than 50 percent of recommended visits received. Racial categories are non-Hispanic. Hispanics may be of any race or two or more races. N/A=not available.
Source: IWPR compilation from March of Dimes 2015.

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LGBT Women

In June of 2015, the Supreme Court of the United States found bans on marriage equality to be unconstitutional, sending a message of hope to many LGBT women across the country. Despite this progress, LGBT women still experience a variety of inequalities compared with other women, and more progress is needed in the areas of employment and earnings, poverty, health, and safety in order to reduce these inequities. In the South particularly there is a lack of state laws to prohibit employment discrimination based on sexual orientation (Hasenbush et al. 2014), jeopardizing the economic stability of LGBT women.

In addition to inequalities in employment security, LGBT women across the country experience health disparities compared with other women that may stem from a variety of factors, including the stresses of being part of a sexual minority, societal stigma toward the LGBT community, barriers to accessing health insurance, and the outright denial of care due to sexual orientation or gender noncomforming behavior (Grant, Mottet, and Tanis 2011; Institute of Medicine 2011; Lick, Durso, and Johnson 2013; Ranji et al. 2015).

One survey found that 53.4 percent of gay or lesbian women and 55.5 percent of bisexual women report their health as excellent or very good, compared with 59.8 percent of straight women (Ward et al. 2014). Transgender adults also face specific barriers to maintaining good health (Ranji et al. 2015); according to one study in Massachusetts, transgender individuals were least likely among all LGBT individuals to report their health as excellent or very good (Landers and Gilsanz 2009).

LGBT individuals have a much higher lifetime prevalence of suicide attempts than the U.S. population overall; for the population overall, the prevalence is 4.6 percent, while for lesbian, gay, and bisexual adults it is 10-20 percent and for transgender and gender non-conforming individuals it is 41 percent (Haas, Rodgers, and Herman 2014).

LGBT women experience a heightened risk of violence and abuse (Walters, Chen, and Breiding 2013).

- Bisexual women have a much higher lifetime prevalence of rape (46.1 percent) and other sexual violence (74.9 percent) compared with lesbian and heterosexual women. They are also twice as likely as heterosexual women to experience stalking in their lifetime (36.6 percent and 15.5 percent, respectively).

- Over one half of bisexual women (57.4 percent) and one third of lesbian women (33.5 percent) who survive rape, violence, or stalking by an intimate partner report a negative impact such as missing one or more day of school or work, being fearful, worrying about their safety, and/or experiencing at least one symptom of post-traumatic stress.

Same-Sex Households

Women living with a same-sex partner comprise 0.3 percent of households in the southern states, as well as the country overall.[1] Differences across a variety of indicators of women's status, including employment, earnings, health insurance coverage, educational attainment, and poverty, exist between women living with a same-sex partner in the South compared with southern women in other types of households, as well as compared with same-sex women in other parts of the country.[2]

- In the South, 72.9 percent of women aged 16 and older living with a same-sex partner participate in the labor force, while 77.2 percent of women living with a same-sex partner in other states are in the labor force. In comparison, 56.9 percent of southern women married to men are in the workforce.

[1] In this report, southern states include Alabama, Arkansas, the District of Columbia, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas, Virginia, and West Virginia. Same-sex couples include those who are married and unmarried partners. For the number of female same-sex partner households in the South, see Appendix Table 8.1.

[2] IWPR calculations based on 2014 American Community Survey microdata, except for the percent of households that are same-sex which are three-year (2012-2014) averages. Data are restricted to heads of households and their spouses/partners.

- Women in the South living with a same-sex partner and working full-time year-round have higher median annual earnings ($42,000) than women in the South in other types of households.[3] However, they earn substantially less than women in same-sex households living in other states ($50,000).

- A higher proportion of southern women living with a same-sex partner are employed in managerial or professional occupations (48.6 percent) compared with southern women overall (44.0 percent). A similar percentage of women (48.2 percent) in heterosexual married households are also employed in managerial or professional occupations.

- Fewer southern women aged 18-64 in all household types carry health insurance than their counterparts in all other states (83.1 percent compared with 89.6 percent). This is also true among women living with a same-sex partner; only 82.7 percent of same-sex women in the South are insured, compared with 91.4 percent in all other states and 86.4 percent of southern women in heterosexual marriages.

- Women aged 25 and older living with a same-sex partner in the South are much more likely to have a bachelor's degree or higher (41.5 percent), compared with 29.6 percent of southern women overall.

- Among women in the South aged 18 and older, women living with a same-sex partner have relatively low rates of poverty (7.6 percent) compared with single women (26.6 percent) and unmarried women living with a male partner (14.6 percent), although there are more same-sex women in the South living in poverty than same-sex women in other states (4.9 percent).

Southern women in same-sex households have higher rates of labor force participation relative to southern women married to men and to single women; they have higher earnings than southern women in other household types; and they also have higher rates of college education than southern women in other household types. Yet, the disparities when compared with women in same-sex households in other states raise concerns and support the need to extend legal and social protections against discrimination based on sexual orientation.

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[3] Including women in heterosexual marriages, women living with male partners, and single women.

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CHAPTER 6 | Health & Well-Being

Introduction

Good health is essential to southern women's economic well-being and to their ability to participate fully in their communities. Compared with women in other parts of the country, women in most southern states have higher rates of heart disease and breast cancer mortality, greater incidence of diabetes and AIDS, worse mental health, more activities limitations due to health, are more likely to be overweight or obese, are more likely to smoke, and are less likely to exercise (Table 6.1, Figure 6.4, Figure 6.5).[1] Within the South, women's health in Mississippi is worse than anywhere else in the region, and worse than any other state in the nation.

For certain health behaviors, however, women from the South do better than women in other regions. Women in the South are slightly more likely to be screened for cholesterol, to receive a mammogram, and to be tested for HIV than women in other parts of the country (Table 6.2). They are less likely to binge drink than women in other regions (Figure 6.5).

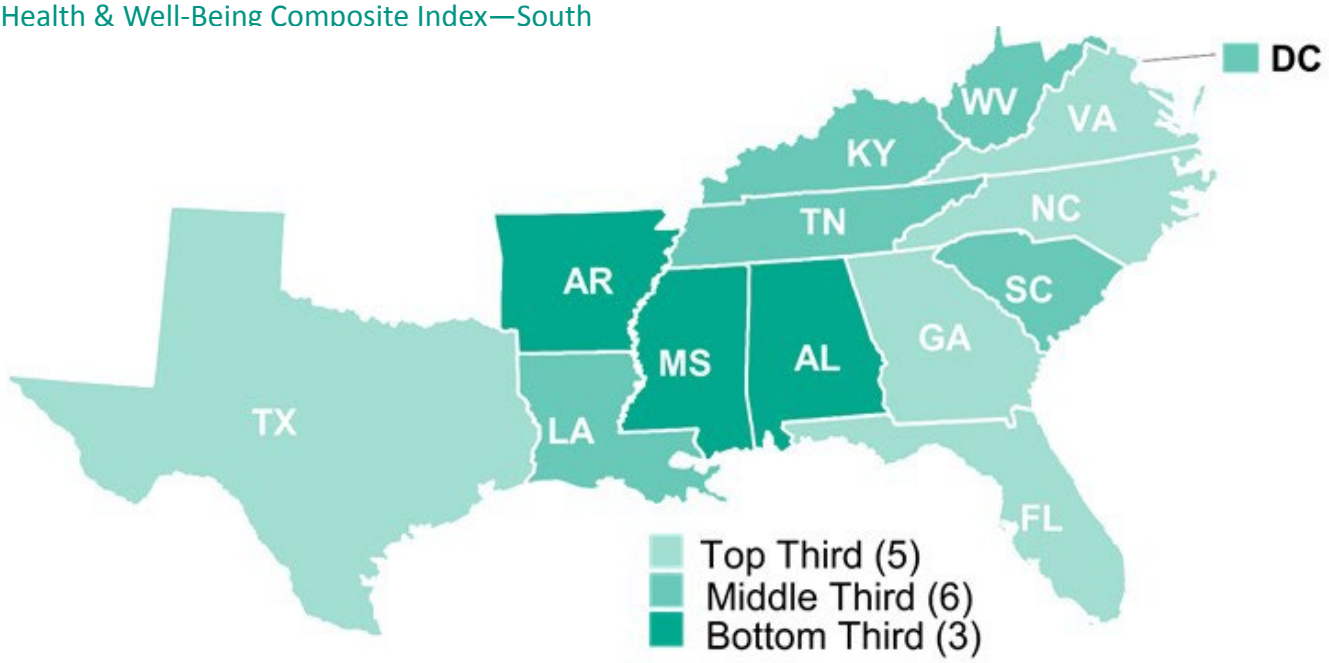
Within the southern states, as is true elsewhere in the country, health outcomes vary substantially by race and ethnicity. While black, Hispanic, and white women in the South have a higher incidence of diabetes than those in other regions, the incidence among Native American, Asian/Pacific Islander, and women who identify as another race or two or more races is lower for those living in the South (Figure 6.1). A greater proportion of southern black women are overweight or obese than black women elsewhere, while for all other racial and ethnic groups the proportions of those in the South and outside the South are either similar, or are higher for those living outside the South (Figure 6.4). The average number of days per month that women report their mental or physical health limited their activities is higher for southern women who are Native American, white, or of another race or two or more races than their counterparts in other regions (Figure 6.3); black, Hispanic, and Asian/Pacific Islander women in the South report fewer days of limited activities due to poor health than those in other states.

This chapter provides data on the health of women in the southern United States, including a Composite Index of women's health with indicators covering chronic disease, sexual health, mental health, and physical health. Each indicator is analyzed for differences between the southern states, and disparities by race or ethnicity. In addition, the chapter examines data on women's health-related behaviors, such as smoking, exercise, and diet, and preventive health care measures, such as mammograms, pap tests, and screenings for HIV and cholesterol. Women's health

1 In this report, southern states include Alabama, Arkansas, the District of Columbia, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas, Virginia, and West Virginia. Throughout the report, the District of Columbia will be referred to as a state, although it is technically a jurisdiction.

Map 6.1.

Health & Well-Being Composite Index—South



Note: For sources and methodology, see Appendix A6.
Calculated by the Institute for Women's Policy Research.

has improved in many ways over the past several decades, but progress varies by race and ethnicity, geography, and other social, economic, and demographic factors.[2]

The Health & Well-Being Composite Score

The Health & Well-Being Composite Index compares states using nine component indicators of women's health: mortality rates from heart disease, lung cancer, and breast cancer; the incidence of diabetes; the rate of reported cases of chlamydia; the incidence of AIDS; the average number of days per month that mental health is not good; the average number of days per month that activities are limited due to health status; and suicide mortality rates.

Nationally, composite scores range from a low of 1.12 to a high score of 2.81, with higher scores reflecting better performances in the area of women's health and earning states corresponding grades. Among the southern states, the composite scores range from 1.12 to 2.17 (Table 6.1). For information about how the composite scores and grades were calculated, see Appendix A6.

- The highest grade received by a southern state is a C for Virginia (Table 6.1). Texas, ranked second regionally, earns a C–.[3] Alabama, Arkansas, and Mississippi rank last in the region and in the United States, each earning a grade of F. The remaining southern states receive D's. Twelve of the fourteen southern states rank in the bottom third nationally.

- None of the southern states are in the top third for Health & Well-Being nationally. Among the southern states, Virginia, Texas, Florida, North Carolina, and Georgia are in the top third in the region for their Health & Well-Being composite scores. Mississippi, Alabama, and Arkansas are in the bottom third for the region (Map 6.1).

- Virginia ranks first in the South on the Health & Well-Being Composite Index. Among the southern states, Virginia ranks second for lowest female mortality rate from heart disease, lowest incidence of diabetes, and fewest average number of days per month on which health status limited activities, and ranks in the top five for all of the component indicators. Despite its ranking as first in the South, Virginia ranks 22nd in the country on the Health & Well-Being Composite Index.

[2] For data on health insurance coverage, as well as the states that have not expanded Medicaid under the Affordable Care Act and the implications for women, see the Poverty & Opportunity chapter.

[3] For national rankings, a ranking of 1 indicates the state had the highest composite score or the lowest rate of mortality, disease, or average days of poor mental health or limited activities, while a ranking of 51 indicates the worst composite score or the highest rate of mortality, disease, or average days of poor mental health or limited activities. Regional rankings range from a high of 1 to a low of 14.

- Mississippi ranks last in the southern states and in the United States in the area of women's health. It has the highest heart disease mortality rate for women in the South and the nation. In the South, Mississippi has the second highest incidence of diabetes, incidence of AIDS, and reported cases of chlamydia among women.

Trends in Health & Well-Being

The Health & Well-Being composite scores for most of the southern states dropped since the publication of IWPR's 2004 *Status of Women in the States* report, suggesting that women's health and well-being in the South have declined (Caiazza et al. 2004; Table 6.1):

- In the South, only Texas and the District of Columbia have improved health composite scores since the 2004 report.
- The health composite scores for Arkansas and Alabama dropped by more than 30 percent between the 2004 and current report.

Table 6.1.

How the South Measures Up: Women's Status on the Health & Well-Being Composite Index and Its Components

	Composite Index				Heart Disease Mortality			Lung Cancer Mortality			Breast Cancer Mortality			Incidence of Diabetes		
State	Score	National Rank	Regional Rank	Grade	Rate	National Rank	Regional Rank	Rate	National Rank	Regional Rank	Rate	National Rank	Regional Rank	Percent	National Rank	Regional Rank
Alabama	1.15	50	13	F	184.3	50	13	39.3	32	8	21.9	31	5	13.0%	49	12
Arkansas	1.28	49	12	F	173.6	48	12	44.3	47	12	21.9	31	5	12.5%	46	9
District of Columbia	1.39	43	7	D–	166.8	45	9	34.2	14	2	29.1	51	14	8.9%	19	1
Florida	1.88	35	3	D+	117.6	18	1	35.7	17	3	20.3	20	1	11.5%	42	6
Georgia	1.72	39	5	D	144.2	36	6	35.7	17	3	22.2	36	7	11.5%	42	6
Kentucky	1.34	45	9	D–	162.8	43	7	54.4	51	14	22.4	38	9	12.8%	47	10
Louisiana	1.34	45	9	D–	170.8	47	11	41.7	40	10	24.3	50	13	11.0%	39	5
Mississippi	1.12	51	14	F	191.7	51	14	41.2	36	9	23.9	49	12	13.4%	50	13
North Carolina	1.87	36	4	D+	131.2	26	3	37.6	26	6	21.4	29	3	10.7%	37	4
South Carolina	1.62	42	6	D–	140.7	34	5	38.1	29	7	22.7	42	10	11.9%	45	8
Tennessee	1.36	44	8	D–	162.8	43	7	43.4	44	11	22.3	37	8	12.8%	47	10
Texas	2.09	27	2	C–	136.9	29	4	31.8	10	1	20.5	23	2	10.5%	34	3
Virginia	2.17	22	1	C	128.3	25	2	36.5	22	5	21.7	30	4	9.8%	31	2
West Virginia	1.34	45	9	D–	167.1	46	10	46.7	50	13	22.7	42	10	14.1%	51	14
United States					**136.1**			**36.3**			**21.3**			**10.1%**		

	Rate of Reported Cases of Chlamydia			Incidence of AIDS			Poor Mental Health			Suicide Mortality			Limited Activities		
State	Rate	National Rank	Regional Rank	Rate	National Rank	Regional Rank	Days	National Rank	Regional Rank	Rate	National Rank	Regional Rank	Days	National Rank	Regional Rank
Alabama	828.6	46	10	7.8	45	9	5.5	51	14	5.7	23	6	6.2	50	13
Arkansas	772.0	44	9	4.1	35	4	5.0	47	10	6.8	39	13	6.0	47	10
District of Columbia	1090.2	50	14	36.9	51	14	3.7	10	2	2.8	1	1	4.3	13	1
Florida	588.6	24	3	11.1	48	12	4.3	30	5	6.6	35	12	5.3	41	7
Georgia	721.4	41	7	10.5	46	10	4.5	36	6	5.2	12	3	5.2	34	4
Kentucky	555.8	18	2	2.1	27	2	5.1	48	11	6.4	32	11	6.1	49	12
Louisiana	901.8	48	12	10.6	47	11	4.7	41	7	5.8	25	7	5.5	43	8
Mississippi	911.6	49	13	11.2	49	13	4.9	46	9	5.5	18	4	5.6	44	9
North Carolina	703.2	39	6	6.2	39	6	4.1	23	4	6.3	30	10	5.2	34	4
South Carolina	839.5	47	11	6.9	42	8	4.8	43	8	6.2	28	9	5.2	34	4
Tennessee	636.9	32	5	6.7	40	7	5.4	50	13	5.9	26	8	6.0	47	10
Texas	728.9	42	8	5.6	38	5	3.5	6	1	5.0	10	2	4.8	27	3
Virginia	589.6	25	4	3.0	30	3	3.8	13	3	5.5	18	4	4.6	22	2
West Virginia	357.5	1	1	1.0	5	1	5.2	49	12	7.1	40	14	6.5	51	14
United States	**627.2**			**4.8**			**4.2**			**5.5**			**4.9**		

Notes: For purposes of comparing with earlier IWPR *Status of Women in the States* reports, the median has been calculated for all 50 states and the District of Columbia for incidence of diabetes (9.5 percent), poor mental health (4.1 days), and limited activities (4.7 days). Data on rate of reported cases of chlamydia and mortality from heart disease, lung cancer, breast cancer, and suicide are per 100,000 women and include women of all ages; data on diabetes, poor mental health, and limited activities are for women aged 18 and older; and data on AIDS are per 100,000 women and include women aged 13 and older. State-level data for men's health are in Appendix Table B6.1. See Appendix A6 for methodology and sources.

Chronic Disease

Heart Disease

Heart disease is the leading cause of death among both men and women in the United States, with one in four women dying from the disease (U.S. Department of Health and Human Services 2014). Nationally, mortality rates vary widely by race and ethnicity (Appendix Table B6.2). While the mortality rate for all women is 136.1 per 100,000, the rate for black women is 177.7 per 100,000, followed by white women (136.4 per 100,000), and Native American women (121.1 per 100,000). Hispanic and Asian/Pacific Islander women have the lowest rates (98.8 and 74.9 per 100,000, respectively). Heart disease is the leading cause of death for white and black women, and the second leading cause of death for Hispanic, Asian/Pacific Islander, and Native American women (Centers for Disease Control and Prevention 2014a).

Mortality rates from heart disease vary across the southern states (Table 6.1):

- In the South, Florida has the lowest heart disease mortality rate, 117.6 per 100,000 women, earning it the highest regional ranking.
- Mississippi has the highest heart disease mortality rate in the South and in the United States, at 191.7 per 100,000 women.
- Of the fourteen states in the South, nine of them rank in the bottom third nationally for heart disease mortality.
- Black women in Mississippi have the highest rate of heart disease mortality of any racial/ethnic group in the southern states (221.1 per 100,000 women; Appendix Table B6.2).

Although heart disease mortality is generally decreasing, among the southern states, the mortality rate for Hispanic women in Tennessee and Native American women in Louisiana rose between 2003 and 2013 (Institute for Women's Policy Research 2015a).

Cancer

Cancer is the second leading cause of death for all women in the United States, and is the leading cause of death for Hispanic, Asian/Pacific Islander, and Native American women (Centers for Disease Control and Prevention 2014a). Lung cancer and breast cancer are the two most common and lethal cancers among women (Centers for Disease Control and Prevention 2015b).

Lung cancer is the leading cause of cancer death among white, black, Asian/Pacific Islander, and Native American women, and is second among Hispanic women (Centers for Disease Control and Prevention 2015b). White women have the highest lung cancer mortality rate (39.9 per 100,000), followed by black and Native American women (35.7 and 31.1 per 100,000, respectively; Appendix Table B6.3). Nationally, lung cancer mortality has decreased over the past decade for women in every racial and ethnic group (Centers for Disease Control and Prevention 2015a)

Across the South, rates of mortality from lung cancer vary widely (Table 6.1):

- Lung cancer mortality is lowest in Texas (31.8 per 100,000 women). Several other southern states—the District of Columbia, Florida, and Georgia—rank in the top third nationally, indicating low mortality rates.
- In the South, the highest lung cancer mortality rate is in Kentucky (54.4 per 100,000 women), earning it the worst ranking regionally and nationally.
- The highest lung cancer mortality rate for any racial or ethnic group in any state in the South is among black women in Kentucky (56.4 per 100,000; Appendix Table B6.3).
- Lung cancer mortality is generally declining across the country. Among the southern states, the lung cancer mortality rate for Asian/Pacific Islander women in Florida and Georgia, and Native American women in North Carolina, however, increased between 2003 and 2013 (Centers for Disease Control and Prevention 2015a).

Although breast cancer is the most common cancer among women, breast cancer mortality decreased between 2003 and 2013 for women overall, and for every racial and ethnic group (Centers for Disease Control and Prevention 2015b; Centers for Disease Control and Prevention 2015a). Nationally, the mortality rate for all women dropped from 25.7 per 100,000 women in 2001-2003 to 21.3 per 100,000 women in 2011-2013. Breast cancer mortality rates vary widely

by race and ethnicity; the rate for black women (30.2 per 100,000) is more than twice the rate for Hispanic, Native American, or Asian/Pacific Islander women (Appendix Table B6.4). Despite their relatively lower mortality rates, breast cancer is the most lethal type of cancer for Hispanic women, and is the second most lethal, after lung cancer, for white, black, Asian/Pacific Islander, and Native American women (Centers for Disease Control and Prevention 2015b).

Breast cancer mortality rates differ by state and by race and ethnicity (Table 6.1):

- Florida is the southern state with the lowest breast cancer mortality rate at 20.3 per 100,000 women.
- The District of Columbia has the highest breast cancer mortality rate in the South and in the nation (29.1 per 100,000). Eight of the fourteen states in the South rank in the bottom third nationally.
- Black women in Louisiana have the highest breast cancer mortality rate of any racial or ethnic group in any state in the South (34.7 per 100,000 women; Appendix Table B6.4).
- Despite the decrease in breast cancer mortality for women overall, the rates for Hispanic women in Georgia and Asian/Pacific Islander women in Florida and Texas increased over the past decade (Centers for Disease Control and Prevention 2015a).

Overall, women's decreasing mortality from prevalent chronic diseases such as heart disease and cancer is undeniably positive, yet the low rankings for many of the southern states and the alarming disparities by race and ethnicity indicate that there is more progress to be made.

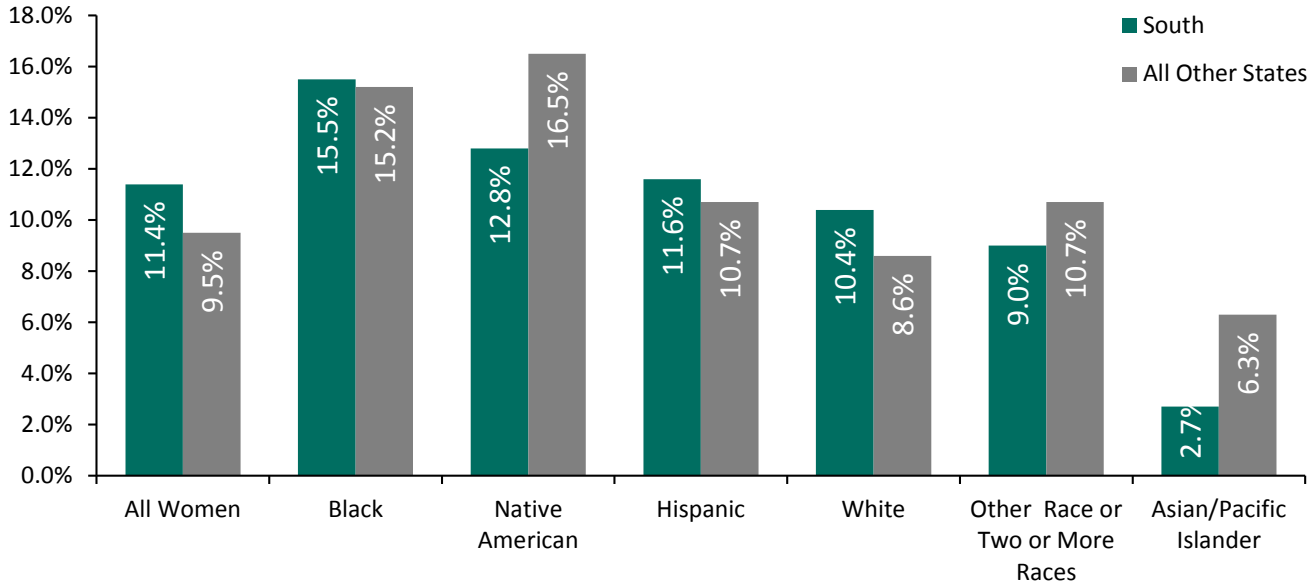
Diabetes

Between 2001 and 2014, the median percentage of women aged 18 and older in the United States who have ever been told they have diabetes rose from 6.5 percent to 10.1 percent, an increase of over half (Caiazza et al. 2004 and Table 6.1). The Centers for Disease Control and Prevention estimate that over 29 million people in the United States have diabetes, with 8 million of them undiagnosed (2014b). This is a serious public health issue, given that diabetes considerably increases the risk of heart disease, stroke, blindness, kidney failure, and other medical complications (Centers for Disease Control and Prevention 2014b).

As with mortality rates, there are significant disparities in the percent of women with diabetes by race

Figure 6.1.

Percent of Women Who Have Ever Been Told They Have Diabetes, by Race/Ethnicity and South/Non-South, 2014



Notes: Data include women aged 18 and older. Racial categories are non-Hispanic. Hispanics may be of any race or two or more races.
Source: IWPR analysis of 2014 Behavioral Risk Factor Surveillance System microdata (Institute for Women's Policy Research 2015b).

and ethnicity and, for some racial and ethnic groups, also by region. The overall percent of women in the South who have been told they have diabetes is 11.4 percent, compared with 9.5 percent in the remaining regions (Figure 6.1). In the South, black women have the highest rate of diabetes (15.5 percent), followed by Native American women (12.8 percent). Among women in the South who are living with diabetes, the percentages who are Hispanic, white, and of another race or two or more races range from 9.0 to 11.6 percent. Asian/Pacific Islander women have substantially lower rates (2.7 percent).

Incidence of diabetes is heavily concentrated in the South (Table 6.1):

- The District of Columbia has the lowest percentage of women, 8.9 percent, who have ever been told they have diabetes. Although the District of Columbia ranks first in the South, it ranks 19th in the nation.
- West Virginia has the highest percentage of southern women with diabetes, 14.1 percent, which is also the highest in the United States. An additional ten southern states rank in the bottom third for diabetes nationally.
- More than one in five Native American women in Georgia have diabetes (21.7 percent), the highest percentage for any racial or ethnic group of women in any state in the South (Appendix Table B6.5).

HIV/AIDS

The majority of those in the United States who have HIV/AIDS are men, yet among women, black women are disproportionately likely to have HIV/AIDS. Between 2010 and 2014, 62 percent of the women aged 13 and older diagnosed with HIV were black (Centers for Disease Control and Prevention 2015c). Nationally, the incidence rate of AIDS among adolescent and adult women was 4.8 per 100,000 in 2013, almost half the rate in 2001, which was 9.1 per 100,000 women, and rates have decreased for every racial and ethnic group since 2000 (Caiazza et al. 2004; Appendix Table B6.6). The rate for black women in the United States (25.1 per 100,000), however, is more than five times the rate for all women (Appendix Table B6.6). Hispanic women have the second highest rate of AIDS (4.4 per 100,000), followed by Native American, white, and Asian women (2.6, 1.1, and 0.8 per 100,000, respectively).[4]

In 2012, states in the South had higher death rates among those diagnosed with HIV compared with states in the rest of the country (Centers for Disease Control and Prevention 2015e). Death rates in some southern states were triple those in other parts of the country, and individuals living with HIV in the South were less likely to be aware of their infection than those living in other parts of the country (Centers for Disease Control and Prevention 2015e).[5]

Incidence of AIDS also varies between the southern states (Table 6.1):

- The state in the South with the lowest incidence rate of AIDS among adolescent and adult women aged 13 and older is West Virginia (1.0 per 100,000), which has among the lowest rates in the country—West Virginia ranks fifth nationally.
- The District of Columbia has the highest AIDS incidence rate among women in the South and in the United States, at 36.9 per 100,000. Mississippi, which ranks 13th of the 14 southern states, has a significantly lower rate (11.2 per 100,000 women).
- Black women in the District of Columbia have an alarming AIDS incidence rate of 68.6 per 100,000 women aged 13 and older, followed by black women in Florida, with a rate of 53.0 per 100,000 (Appendix Table B6.6). No other racial and ethnic groups have rates close to those of black women, although Hispanic women in the District of Columbia, Louisiana, and Georgia have rates exceeding 13.0 women per 100,000.

Chlamydia

Chlamydia is one of the most prevalent and commonly diagnosed sexually transmitted infections among women in the United States (Centers for Disease Con-

4 Hispanics may be of any race and Asian does not include Pacific Islander. Data are not available for those who identified as multiracial.

5 The CDC South includes Delaware, Maryland, and Oklahoma in addition to the states in the South as defined by IWPR throughout the report.

trol and Prevention 2015f).[6] The infection, however, often goes undiagnosed because between 80 and 90 percent of women do not experience any symptoms. If left untreated, chlamydia can lead to pelvic inflammatory disease, which is a common cause of infertility, miscarriage, and ectopic pregnancy (Centers for Disease Control and Prevention 2015f).

Rates of reported chlamydia vary dramatically by race and ethnicity. The rate for black women, 1,432.6 per 100,000 women of all ages, is more than double the rate for all women, 627.2 per 100,000 (Centers for Disease Control and Prevention 2015g).[7] Native American women also have high rates (1,022.9 per 100,000), followed by Hispanic women (559.0 per 100,000). The rate of reported cases for white, multiracial, and Asian women are 253.5, 174.1, and 151.6 per 100,000 women, respectively.

In 2014, the South had the highest rates of reported chlamydia among women in the country (Centers for Disease Control and Prevention 2015f).[8] There is variation among southern states (Table 6.1):

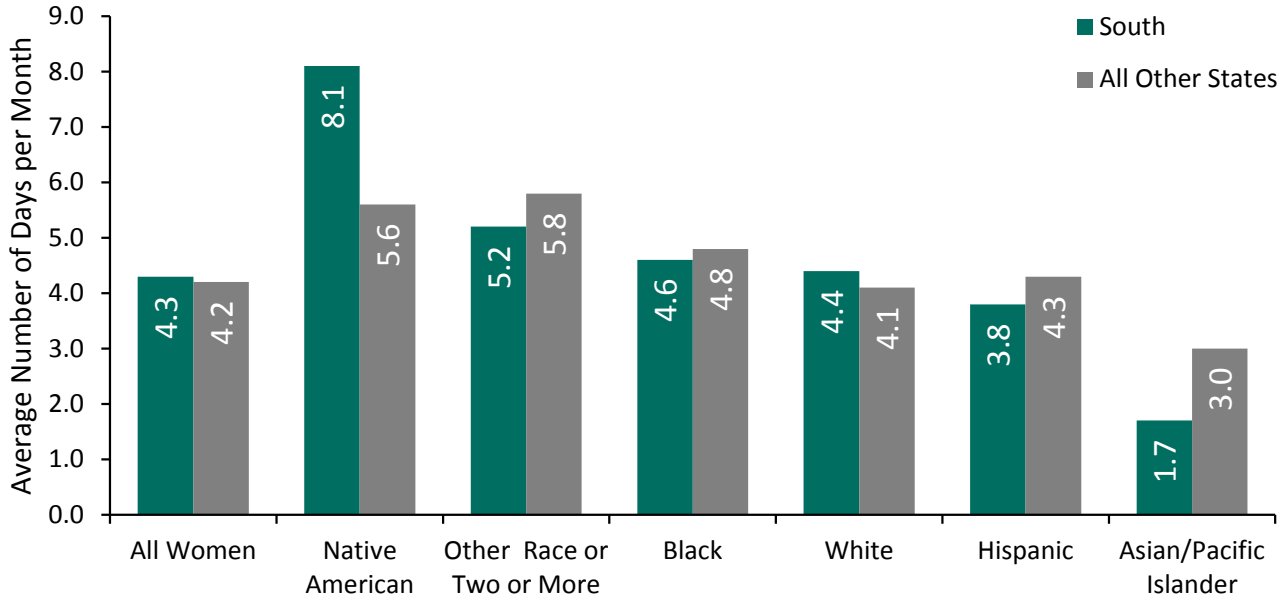
- Women in West Virginia have the lowest rate of reported chlamydia, 357.5 per 100,000 women of all ages. The rate in West Virginia is also the lowest in the United States.[9]
- Among the southern states, the District of Columbia has the highest reported rate of chlamydia (1,090.2 per 100,000).
- Nine of the 14 southern states rank in the bottom third nationally.

Mental Health

Women are more likely than men to suffer from certain mental health conditions, including depression and anxiety (Eaton et al. 2012). There are several potential explanations for this gender disparity, including women's higher rates of poverty (Heflin and Iceland 2009), trauma from gender-based violence (Rees et al. 2011), and greater likelihood of caring for disabled or ill family members (Cannuscio

Figure 6.2

Average Number of Days per Month of Poor Mental Health Among Women, by Race/Ethnicity and South/Non-South, 2014



Notes: Mean number of days in the past 30 days on which mental health was not good, as self-reported by women respondents aged 18 and older. Racial categories are non-Hispanic. Hispanics may be of any race or two or more races.
Source: IWPR analysis of 2014 Behavioral Risk Factor Surveillance System microdata (Institute for Women's Policy Research 2015b).

6 Rates of reported cases may vary due to increases in infections, but also may reflect more screening, more sensitive testing, or more complete reporting to the CDC (Centers for Disease Control and Prevention 2015f).

7 Only white and black are non-Hispanic. Asian does not include Pacific Islanders.

8 The CDC report uses the Census definition of the South, including Delaware, Maryland, and Oklahoma in addition to the 14 jurisdictions in the IWPR definition.

9 See footnote 1 for IWPR definition of the South.

et al. 2002), as well as men's decreased likelihood of reporting mental health issues or receiving services for mental health (Blumberg, Clarke, and Blackwell 2015).

Poor Mental Health

When asked to think about their mental health, including stress, depression, and problems with emotions, adult women in the southern United States report that they have an average of 4.3 days per month on which their mental health is not good (Figure 6.2), compared with 4.2 days per month for women in the rest of the country.

In the South, Native American women have the highest average number of days in a month when their self-reported mental health is not good (8.1 days), which is substantially higher than the average number of days of poor mental health for Native American women living outside the South (5.6 days; Figure 6.2). Southern women who are of another race or two or more races report 5.2 days of poor mental health monthly, followed by black (4.6 days), white (4.4 days), and Hispanic women (3.8 days). Asian/Pacific Islander women have the fewest days per month of poor mental health (1.7 days). For all racial and ethnic groups other than Native American women, the difference in the average number of days in a month of poor mental health is similar when comparing women in the South with those in other regions.

Among women in the South, mental health varies by state (Table 6.1):

- Women in Texas have the fewest number of days of poor mental health, with an average of 3.5 per month. Texas has one of the lowest averages in the country, earning a national rank of six.
- Alabama ranks last in the South and last in the United States for women's mental health. Women in Alabama report that their mental health is not good an average of 5.5 days per month.
- Native American women in Kentucky report the highest number of days per month when their mental health is not good – more than one in every three days (an average of 11.3 per month; Appendix Table B6.7). Asian/Pacific Islander women in Georgia have the fewest days per month (1.1) of poor mental health.

Suicide

Although women are much less likely than men to commit suicide, they are more likely to have suicidal thoughts (Crosby et al. 2011) and they are three times as likely as men to attempt suicide (Drapeau and McIntosh 2015). In 2013, 9,094 women committed suicide, an average of almost 25 per day (Drapeau and McIntosh 2015). The national suicide mortality rate for women of all ages in 2012-2014 was 5.5 per 100,000 (Table 6.1). Native American women had the highest suicide mortality rate of 7.7 per 100,000, followed by white women with a rate of 7.1 per 100,000 women (Appendix Table B6.8). Black women had the lowest suicide rate, 2.1 per 100,000, followed by Hispanic and Asian/Pacific Islander women (2.3 and 3.4 per 100,000 women).

Suicide rates also vary regionally (Table 6.1):

- The suicide mortality rate for women of all ages in the District of Columbia was 2.8 per 100,000, the lowest rate in the South and nationally.
- West Virginia and Arkansas rank last in the South, with suicide mortality rates of 7.1 and 6.8 per 100,000 women, respectively.
- White women in Florida had the highest suicide mortality rate of any racial or ethnic group in any state in the South, at 9.8 per 100,000. Hispanic women in Virginia had the lowest rate, 1.1 per 100,000 (Appendix Table B6.8).

Limitations on Women's Activities

Any number of factors—illness, disability, or poor mental or physical health—can threaten women's ability to be full participants in their families, workplaces, and communities. In 2014, southern women responding to the Behavioral Risk Factor Surveillance System reported that their activities were limited by their physical or mental health on an average of 5.3 days per month, which is higher than the number of days reported by women outside the South (4.7 days per month; Figure 6.3).

Women's activity limitations vary by race and ethnicity and by region. In the South, Native American women had the highest number of days of limited activities

(8.0 days monthly), followed by women who identified as of another race or two or more races (7.6 days; Figure 6.3). Asian/Pacific Islander women reported the fewest days of limited activities (1.7 monthly) among women of all racial/ethnic groups in the South.

In the South, Native American and white women, and women who are of another race or two or more races, have a higher average number of days per month of limited activities than women of those racial and ethnic backgrounds residing outside of the South (Figure 6.3). Black, Hispanic, and Asian/Pacific Islander women in the South, however, report fewer days of limited activities than their counterparts in the rest of the country.

In the southern United States (Table 6.1):

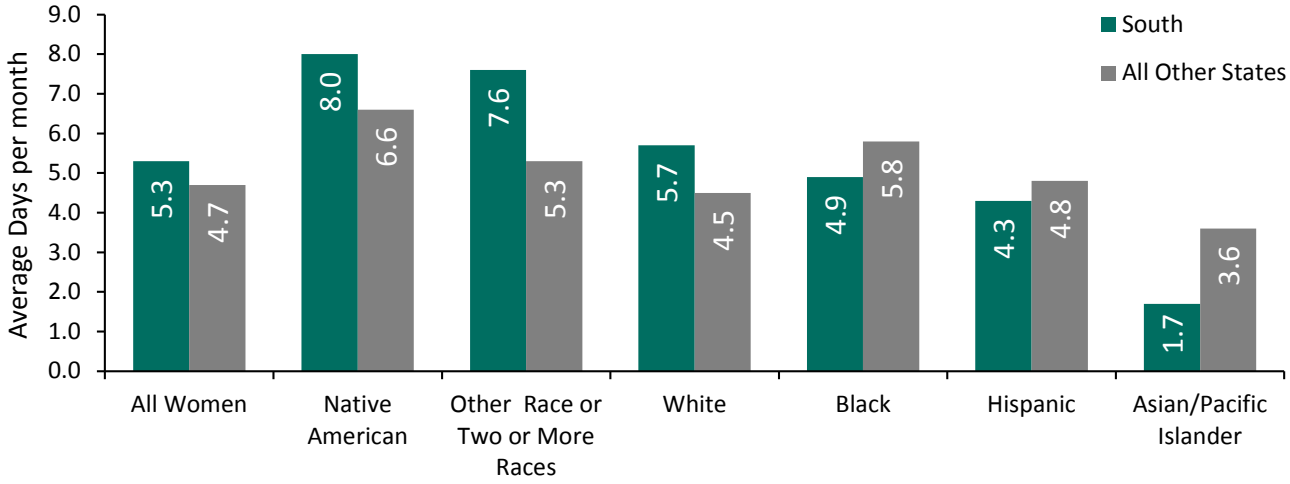
- Women in the District of Columbia reported the fewest days per month on which activities were limited due to poor physical or mental health (4.3).
- Ranking last in the South and in the United States, women in West Virginia had an average of 6.5 days per month during which they limited their activities due to poor health.
- Arkansas women who identify as another race or two or more races and Native American women in Kentucky had the highest number of days per month of limited activities (9.4 days; Appendix Table B6.9). Asian/Pacific Islander women in Texas reported only 1.8 days a month on which their activities were limited by their health.

Obesity and Healthy Weight

Increasing rates of obesity in the United States are a major public health concern. In 2014, women in the South had higher obesity rates (60.7 percent) than women in the rest of the country (56.7 percent; Figure 6.4).[10] Black women in the South are more likely to be overweight or obese (75.4 percent) than women from

Figure 6.3.

Average Number of Days that Women's Poor Mental or Physical Health Limited Activities, by Race/Ethnicity and South/Non-South, 2014



Notes: Women aged 18 and older. Racial categories are non-Hispanic. Hispanics may be of any race or two or more races.
Source: IWPR analysis of 2014 Behavioral Risk Factor Surveillance System microdata (Institute for Women's Policy Research 2015b).

10 Overweight or obese is defined as having a body mass index (BMI) of 25 or greater.

any other racial/ethnic background, and than black women in the rest of the country (72.4 percent of black women in states outside of the South are overweight or obese; Figure 6.4). The proportion of white women who are obese is also higher in the South than the rest of the country (56.8 and 55.0 percent, respectively). Hispanic, Native American, and Asian/Pacific Islander women, as well as women of another race or two or more races, in the South are less likely to be overweight or obese than their counterparts living outside of the South.

The prevalence of women being overweight or obese varies among the southern states (Appendix Table B6.10):

- In the South, the District of Columbia has the lowest proportion of women who are overweight or obese, although it is still more than half of all women (53.8 percent).
- More than two in three women in Mississippi are overweight or obese (69.0 percent), the highest proportion among the southern states.
- In nine of the fourteen southern states, more than three out of four black women are overweight or obese.

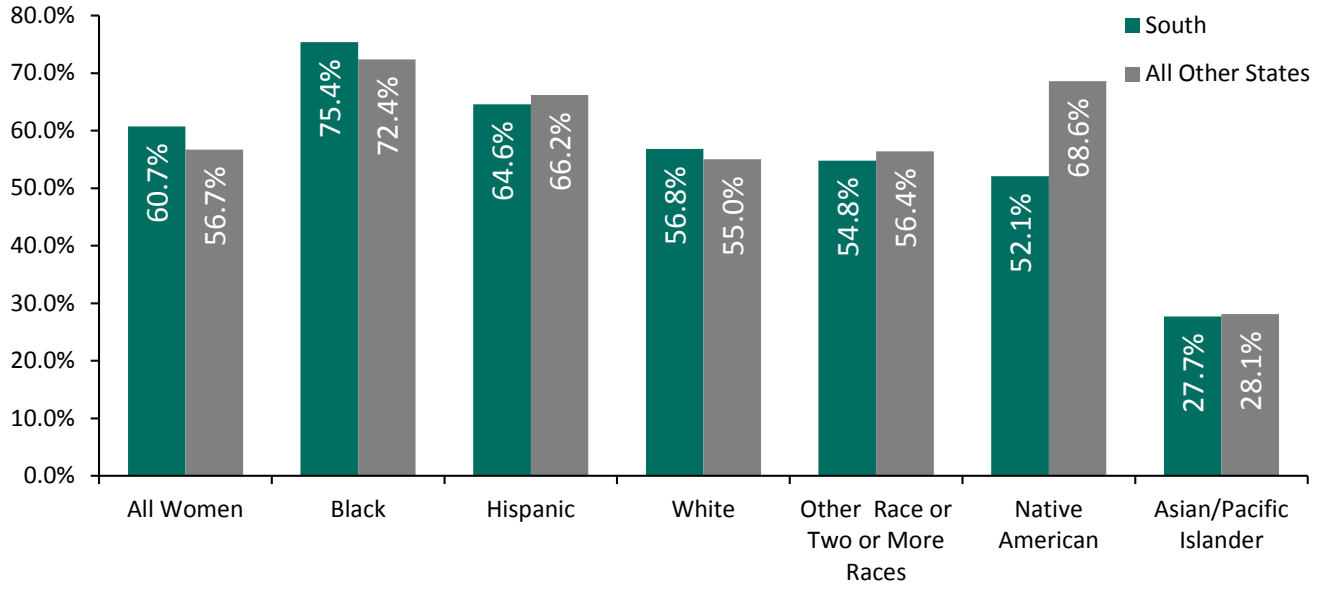
Preventive Care and Health Behaviors

Individual health behaviors and preventive care can contribute to women's health and well-being. While fewer women aged 18 and older in the South report binge drinking, compared with women in the rest of the country, southern women are more likely to smoke, and less likely to exercise or eat the recommended fruits and vegetables compared with women living outside the South (Figure 6.5).

- More women in the South smoke than those in other areas of the country (16.8 percent compared with 14.6 percent; Figure 6.5). Among the southern states, Texas has the lowest proportion of women who smoke (12.5 percent) and West Virginia has the highest proportion in the South and

Figure 6.4.

Percent of Women Who Are Overweight or Obese, by Race/Ethnicity and South/Non-South, 2014



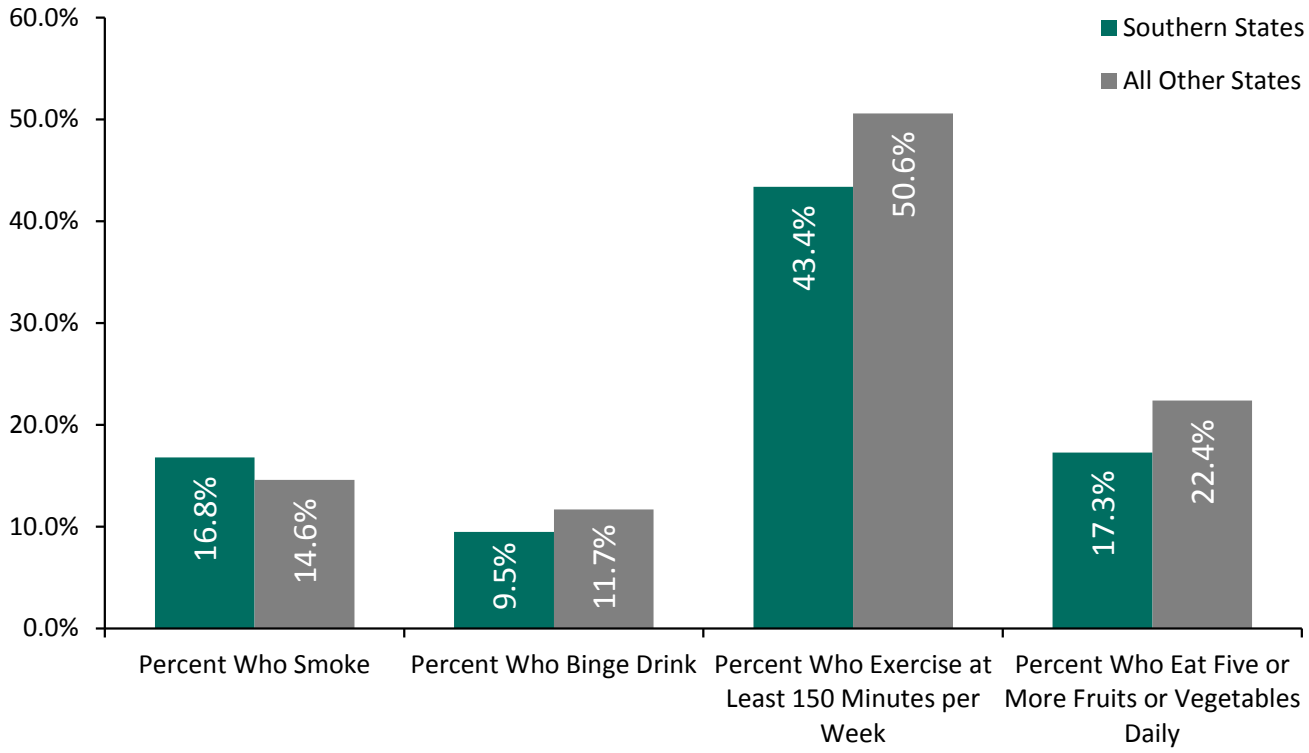
Notes: Overweight or obese is defined as having a body mass index (BMI) of 25 or higher. Data include women aged 18 and older. Racial categories are non-Hispanic. Hispanics may be of any race or two or more races.
Source: IWPR analysis of 2014 Behavioral Risk Factor Surveillance System microdata (Institute for Women's Policy Research 2015b).

in the United States, with more than one in four women reporting that they smoke (25.6 percent; Appendix Table B6.11).

- Nationally, in 2014, Native American women were the most likely to smoke (28.6 percent), followed by women of another race or two or more races (19.8 percent), white (16.9 percent), and black women (16.6 percent; Institute for Women's Policy Research 2015b). Lower proportions of Hispanic and Asian/Pacific Islander women smoke (9.1 and 4.3 percent).
- Women in the South are less likely to report that they binge drink than women in other states (9.5 percent compared with 11.7 percent; Figure 6.5). West Virginia has the lowest proportion of women who binge drink in the South and in the nation (5.0 percent; Appendix Table B6.11). Nearly one in five women in the District of Columbia report binge drinking (19.4 percent), earning it the last place ranking regionally and nationally.
- The South lags behind the rest of the country in the percent of women who exercise at least 150 minutes weekly (43.4 percent of southern women compared with 50.6 percent in the other states; Figure 6.5). More than half of women in the District of Columbia (55.5 percent) report exercising regularly, while only one third of women in Mississippi exercise (33.1 percent; Appendix Table B6.11).
- Only 17.3 percent of women in the South report consuming five or more servings of fruits and vegetables per day, compared with 22.4 percent in other regions (Figure 6.5). Nearly one in four women in the District of Columbia eat five or more servings of fruits and vegetables daily (24.7 percent; Appendix Table B6.11). Only slightly more than one in ten women in West Virginia consume this amount of fruits and vegetables (11.1 percent).

Figure 6.5.

Health Behaviors Among Women, by South/Non-South



Notes: Percent who smoke includes those who smoke some days or every day and have smoked at least 100 cigarettes in their lifetime. Binge drinking is, for women, consuming four or more drinks on one occasion at least once in the past month. Data for smoking and binge drinking are from 2014; data for exercise and eating fruits and vegetables are from 2013. Data include women aged 18 and older.
Source: IWPR analysis of Behavioral Risk Factor Surveillance System microdata (Institute for Women's Policy Research 2015b).

Women in the South are as likely or are more likely than women in the rest of the country to have been screened for cholesterol, had a mammogram or pap test, and to have ever been tested for HIV (Table 6.2). Rates of preventive screening vary among women regionally and by race and ethnicity:

- A higher proportion of women in the South have been screened for cholesterol in the past five years than women in other regions (64.2 percent compared with 60.2 percent; Table 6.2). Over one in three women in Tennessee (69.1 percent) has been screened for cholesterol, the highest proportion in the South and in the United States.
- About four in five women over the age of 50, in the South and in the other states, have had a mammogram in the past two years (Table 6.2). Nationally, black women are more likely to have had a mammogram (85.5 percent), than women of all other racial/ethnic backgrounds (Institute for Women's Policy Research 2015b).
- In the South, 77.6 percent of women report having had a pap test in the last three years, which is identical to the rate among women in the rest of the country (Table 6.2).
- More than four in ten women in the southern states have ever been tested for HIV (41.4 percent), exceeding the proportion outside the South (35.6 percent; Table 6.2). Among the major racial and ethnic groups, black women are the most likely to have been tested for HIV, which is a positive sign since they have much higher rates of AIDS than other women (Appendix Table B6.6).

Table 6.2.

Preventive Care Among Women, by Southern State and South/Non-South

	Percent Who Have Been Screened for Cholesterol in the Past Five Years			Percent Aged 50 and Older Who Have Had a Mammogram in Past Two Years			Percent Who Have Had a Pap Test in the Past Three Years			Percentage Who Have Ever Been Tested for HIV		
State	Percent	National Rank	Regional Rank	Percent	National Rank	Regional Rank	Percent	National Rank	Regional Rank	Percent	National Rank	Regional Rank
Alabama	64.0%	13	7	78.1%	33	11	78.0%	17	8	40.1%	12	8
Arkansas	56.2%	40	14	71.7%	50	14	68.8%	50	14	34.6%	26	12
District of Columbia	63.0%	15	8	82.5%	10	2	84.9%	1	1	67.1%	1	1
Florida	66.6%	6	4	79.9%	22	8	75.7%	25	10	43.7%	7	4
Georgia	64.6%	12	6	82.0%	14	4	80.6%	12	3	45.4%	4	2
Kentucky	62.2%	18	9	80.8%	19	6	75.6%	26	11	34.6%	26	12
Louisiana	61.8%	21	11	81.8%	15	5	80.6%	12	3	43.5%	8	5
Mississippi	62.2%	18	9	74.7%	42	13	79.3%	14	5	38.7%	15	10
North Carolina	67.2%	2	2	82.7%	9	1	78.9%	16	7	44.0%	6	3
South Carolina	59.8%	29	13	78.5%	30	10	74.6%	34	12	37.1%	18	11
Tennessee	69.1%	1	1	80.4%	21	7	79.0%	15	6	41.9%	9	6
Texas	61.7%	23	12	79.5%	25	9	76.8%	21	9	39.7%	14	9
Virginia	65.5%	10	5	82.2%	13	3	81.5%	9	2	41.0%	10	7
West Virginia	67.1%	4	3	78.1%	33	11	73.4%	39	13	33.8%	30	14
Southern States	**64.2%**			**80.1%**			**77.6%**			**41.4%**		
All Other States	**60.2%**			**79.6%**			**77.6%**			**35.6%**		
United States	**61.6%**			**79.8%**			**77.6%**			**37.6%**		

Notes: Data for cholesterol check are from 2013; all other data are from 2014. Data are for women aged 18 and older, except for the percent of women who have had a mammogram in the past two years.
Source: IWPR analysis of Behavioral Risk Factor Surveillance System microdata (Institute for Women's Policy Research 2015b).

Conclusion

Women's health and well-being can profoundly affect their status in many arenas, so it is concerning that most of the states in the South receive grades of either D or F on the Health & Well-Being Composite Index. Advances in medicine have led to improvement in women's health status in some areas, yet progress is uneven and many women of color are not experiencing the same improvement to the same degree, pointing to persistent inequities. While the implementation of the Affordable Care Act has the potential to change the landscape of health care for women in the South, and particularly women of color, by providing more of them with access to preventive care and other health services, the decision by nine of the southern states not to adopt Medicaid expansion has left many low-income women unable to obtain the services they need (see the Poverty & Opportunity chapter).

Poor mental or physical health can prevent women's educational attainment, employment, and economic security, just as good health can allow them to thrive. Ensuring that women of every race and ethnicity, in the South and across the country, have access to affordable preventive care, health services, and information about health conditions is essential for them to fully realize their potential.

Appendix A6:

Methodology

To analyze the status of women in the South, IWPR selected indicators that are integral to women's lives and that allow for comparisons between each state and the United States as a whole. The data in IWPR's *Status of Women in the South* report comes from federal government agencies and other sources. Much of the analysis of women's health relies on data from the Centers for Disease Control and Prevention (CDC), including the CDC's Wide-ranging OnLine Data for Epidemiologic Research (WONDER), Web-based Injury Statistics Query and Reporting System (WISQARS), and National Center for HIV, STD, and TB Prevention Atlas databases.

IWPR analyzed microdata from the Behavioral Risk Factor Surveillance System (BRFSS) survey for data on health behaviors, preventive care, overweight and obesity, and the following composite component indicators: percent of women who have ever been told they have diabetes, average number of days per month that women's mental health is not good, and average number of days that women's poor mental or physical health limited their activities. BRFSS is conducted by the CDC annually in conjunction with the states, the District of Columbia, and five U.S. territories. BRFSS measures behavioral risk factors for the noninstitutionalized adult population (aged 18 and older) living in the United States. Data are collected using telephone interviews; in 2011, the data collection methods were refined to include both land line and mobile telephone numbers in the sample to ensure all segments of the population were covered. In 2014, 464,664 interviews were fully or partially completed (Centers for Disease Control and Prevention 2015h).

When analyzing state- and national-level BRFSS microdata, IWPR used 2014 data, the most recent available. When disaggregating data at the state level by race/ethnicity, IWPR combined three years of data (2012, 2013, and 2014) to ensure sufficient sample sizes, with several exceptions. Data on the percent of women who exercise at least 150 minutes per week, the percent of women who eat at least five servings of fruits or vegetables per day, and the percent who have been screened for cholesterol in the past five years were available only for 2013. Data on the percent of women who have had a pap test in the past three years and the percent who have had a mammogram in the past two years were available only for 2012 and 2014; state-level estimates on these indicators combine 2012 and 2014 data. IWPR used sample weights provided by the CDC to obtain nationally representative statistics that adjust for sampling both landline and mobile telephone numbers. Data are not presented if the average cell size for the category total is less than 35.

The tables and figures present data for individuals, often disaggregated by race and ethnicity. In general, race and ethnicity are self-identified; the person providing the information for the survey determines the group to which he or she (and other household members) belongs. People who identify as Hispanic or Latino may be of any race; to prevent double counting, IWPR's analysis separates Hispanics from racial categories—including white, black (which includes those who identified as black or African American), Asian/Pacific Islander (which includes those who identified as Chinese, Japanese, or other Asian or Pacific Islander), or Native American (which includes those who identified as American Indian or Alaska Native). Hispanics may be of any race or two or more races.

Calculating the Composite Index

This Composite Index includes nine measures of women's physical and mental health: mortality from heart disease, mortality from lung cancer, mortality from breast cancer, incidence of diabetes, incidence of chlamydia, incidence of AIDS, mean days of poor mental health, mortality from suicide, and mean days of activity limitations. To construct the Composite Index, each of the component indicators was converted to scores ranging from 0 to 1 by dividing the observed value for each state by the highest value for all states. Each score was then subtracted from 1 so that high scores represent lower levels of mortality, poor health, or disease. Scores were then given different weights. Mortality from heart disease was given a weight of 1.0. Lung and breast cancer mortality were each given a weight of 0.5. Incidence of diabetes, chlamydia, and AIDS were each given a weight of 0.5. Mean days of poor mental health and women's mortality from suicide were given a weight of 0.5. Activity limitations were given a weight of 1.0. The resulting values for each of the component indicators were summed for

each state to create a composite score. The states were then ranked from the highest to the lowest score.

To grade the states on this Composite Index, values for each of the components were set at desired levels to produce an "ideal score." For each indicator, the desired level was set at the lowest rate or lowest level among all states. Each state's score was then compared with the ideal score to determine the state's grade.

MORTALITY FROM HEART DISEASE: Average annual mortality from heart disease among women of all ages per 100,000 population (in 2011–2013). Data are age-adjusted to the 2000 U.S. standard population. Source: Centers for Disease Control and Prevention (2015a).

MORTALITY FROM LUNG CANCER: Average mortality among women of all ages from lung cancer per 100,000 population (in 2011–2013). Data are age-adjusted to the 2000 U.S. standard population. Source: Centers for Disease Control and Prevention (2015a).

MORTALITY FROM BREAST CANCER: Average mortality among women of all ages from breast cancer per 100,000 population (in 2011–2013). Data are age-adjusted to the 2000 U.S. standard population. Source: Centers for Disease Control and Prevention (2015a).

PERCENT OF WOMEN WHO HAVE EVER BEEN TOLD THEY HAVE DIABETES: As self-reported by female respondents in the Behavioral Risk Factor Surveillance System (BRFSS) survey in 2014. The Centers for Disease Control and Prevention conduct BRFSS in conjunction with the states among men and women at least 18 years of age. Source: IWPR analysis of BRFSS 2014 microdata (Institute for Women's Policy Research 2015b).

RATE OF REPORTED CASES OF CHLAMYDIA: Reported rate of chlamydia among women of all ages per 100,000 population in 2014. Source: Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention, Division of STD Prevention (2015g).

INCIDENCE OF AIDS: Average incidence of AIDS-indicating diseases among females aged 13 years and older per 100,000 population in 2013. Source: Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention Atlas (2015d).

MEAN DAYS OF POOR MENTAL HEALTH: Mean number of days in the past 30 days on which mental health was not good, as self-reported by female respondents in the BRFSS survey in 2014. The Centers for Disease Control and Prevention conduct BRFSS in conjunction with the states among men and women at least 18 years of age. Source: IWPR analysis of BRFSS 2014 microdata (Institute for Women's Policy Research 2015b).

MORTALITY FROM SUICIDE: Average annual mortality from suicide among women of all ages per 100,000 population in 2011–2013. Data are age-adjusted to the 2000 U.S. standard population. Source: Centers for Disease Control and Prevention Web-based Injury Statistics Query and Reporting System (2015i).

MEAN DAYS OF ACTIVITY LIMITATIONS: Mean number of days in the past 30 days on which activities were limited due to health status, as self-reported by female respondents in the BRFSS survey in 2014. The Centers for Disease Control and Prevention conduct BRFSS in conjunction with the states among men and women at least 18 years of age. Source: IWPR analysis of BRFSS 2014 microdata (Institute for Women's Policy Research 2015b).

Appendix B6:
Health & Well-Being Tables

Appendix Table B6.1.

Data and Rankings on Health & Well-Being Among Men in the South

	Heart Disease Mortality			Lung Cancer Mortality			Incidence of Diabetes			Rate of Reported Cases of Chlamydia		
State	Rate	National Rank	Regional Rank	Rate	National Rank	Regional Rank	Percent	National Rank	Regional Rank	Rate	National Rank	Regional Rank
Alabama	281.8	50	13	76.7	47	10	12.9%	48	11	354.7	48	12
Arkansas	265.6	47	11	82.0	49	12	13.0%	49	12	272.7	29	6
District of Columbia	264.6	46	10	51.0	16	1	7.9%	5	1	507.8	51	14
Florida	193.6	17	1	54.5	26	3	10.8%	29	3	263.9	27	5
Georgia	225.8	34	5	64.3	37	5	11.6%	39	7	301.9	37	8
Kentucky	261.8	45	9	88.8	51	14	12.2%	44	9	240.1	14	2
Louisiana	266.9	48	12	72.9	45	8	11.5%	36	5	338.1	46	11
Mississippi	294.9	51	14	82.2	50	13	12.6%	47	10	384.2	49	13
North Carolina	212.0	28	3	67.6	40	6	10.9%	31	4	242.4	16	3
South Carolina	234.0	37	6	67.8	41	7	12.1%	43	8	317.5	43	10
Tennessee	257.1	44	8	76.9	48	11	13.2%	50	13	302.7	38	9
Texas	214.3	30	4	52.1	20	2	11.5%	36	5	259.5	23	4
Virginia	199.3	22	2	57.2	30	4	9.6%	14	2	276.8	31	7
West Virginia	247.9	41	7	76.2	46	9	14.1%	51	14	148.9	1	1
United States	**215.8**			**55.8**			**10.9%**			**278.4**		

	Incidence of AIDS			Poor Mental Health			Suicide Mortality			Limited Activities		
State	Rate	National Rank	Regional Rank	Days	National Rank	Regional Rank	Rate	National Rank	Regional Rank	Days	National Rank	Regional Rank
Alabama	19.3	40	7	3.7	47	10	24.3	30	10	6.4	47	11
Arkansas	11.7	32	4	3.7	47	10	27.8	39	13	6.4	47	11
District of Columbia	83.8	51	14	3.0	22	3	10.4	1	1	4.1	11	1
Florida	28.1	47	11	3.2	32	6	21.9	25	8	5.4	39	5
Georgia	30.3	48	12	3.4	36	7	19.8	12	3	5.4	39	5
Kentucky	9.6	22	2	3.8	49	12	26.0	34	12	6.9	50	13
Louisiana	31.0	49	13	3.1	28	4	20.9	19	6	5.8	43	8
Mississippi	24.9	46	10	3.4	36	7	21.8	24	7	5.9	45	9
North Carolina	17.5	38	5	3.1	28	4	19.9	14	4	5.6	42	7
South Carolina	18.8	39	6	3.4	36	7	23.2	27	9	5.3	36	4
Tennessee	19.6	41	8	4.1	51	14	24.4	31	11	6.1	46	10
Texas	20.0	42	9	2.5	8	1	19.3	11	2	4.5	20	2
Virginia	10.6	29	3	2.7	12	2	20.5	15	5	4.7	24	3
West Virginia	6.7	15	1	4.0	50	13	27.8	39	13	7.1	51	14
United States	**15.7**			**3.1**			**20.4**			**4.9**		

Notes: Data on rate of reported cases of chlamydia and mortality from heart disease, lung cancer, breast cancer, and suicide are for men of all ages; data on diabetes, poor mental health, and limited activities are for men aged 18 and older; and data on AIDS are men aged 13 and older. See Appendix A6 for methodology and sources.

Appendix Table B6.2.

Average Annual Heart Disease Mortality Rate (per 100,000) Among Women, by Race/Ethnicity and Southern State, 2013

State	All Women	White	Hispanic	Black	Asian/ Pacific Islander	Native American
Alabama	184.3	180.2	73.6	208.5	40.5	54.4
Arkansas	173.6	170.0	58.8	215.1	97.2	N/A
District of Columbia	166.8	85.9	84.2	211.9	N/A	N/A
Florida	117.6	117.5	101.1	150.8	58.1	68.0
Georgia	144.2	139.9	44.2	170.3	63.2	N/A
Kentucky	162.8	163.4	56.2	179.0	71.0	N/A
Louisiana	170.8	164.3	63.5	198.8	64.2	88.6
Mississippi	191.7	180.5	45.2	221.1	89.8	131.2
North Carolina	131.2	128.3	42.2	151.0	56.3	168.0
South Carolina	140.7	131.5	66.2	173.7	80.2	106.1
Tennessee	162.8	161.0	49.9	187.4	78.0	N/A
Texas	136.9	141.2	109.2	181.7	75.6	52.0
Virginia	128.3	126.3	65.2	157.7	58.4	N/A
West Virginia	167.1	168.6	N/A	163.8	N/A	N/A
United States	**136.1**	**136.4**	**98.8**	**177.7**	**74.9**	**121.1**

Notes: Data are three-year (2011-2013) averages. Data include women of all ages and are age-adjusted to the 2000 U.S. standard population. Racial categories are non-Hispanic. Hispanics may be of any race or two or more races. Data are not available for those who identify with another race or two or more races. N/A= not available.
Source: IWPR compilation of data from the Centers for Disease Control and Prevention (2015a).

Appendix Table B6.3.

Average Annual Lung Cancer Mortality Rate (per 100,000) Among Women, by Race/Ethnicity and Southern State, 2013

State	All Women	White	Hispanic	Black	Asian/ Pacific Islander	Native American
Alabama	39.3	42.5	N/A	30.1	N/A	N/A
Arkansas	44.3	46.4	N/A	35.6	N/A	N/A
District of Columbia	34.2	22.8	N/A	41.7	N/A	N/A
Florida	35.7	42.6	14.3	24.9	15.5	N/A
Georgia	35.7	40.4	7.6	27.3	15.8	N/A
Kentucky	54.4	55.0	N/A	56.4	N/A	N/A
Louisiana	41.7	44.3	11.0	38.1	30.6	N/A
Mississippi	41.2	44.5	N/A	34.9	N/A	N/A
North Carolina	37.6	40.0	6.8	32.4	20.4	33.8
South Carolina	38.1	41.2	N/A	30.2	N/A	N/A
Tennessee	43.4	44.7	N/A	41.1	25.5	N/A
Texas	31.8	38.8	12.8	36.3	18.5	N/A
Virginia	36.5	38.8	11.5	35.3	15.1	N/A
West Virginia	46.7	47.6	N/A	30.8	N/A	N/A
United States	**36.3**	**39.9**	**13.3**	**35.7**	**18.3**	**31.1**

Notes: Data are three-year (2011-2013) averages. Data include women of all ages and are age-adjusted to the 2000 U.S. standard population. Racial categories are non-Hispanic. Hispanics may be of any race or two or more races. Data are not available for those who identify with another race or two or more races. N/A= not available.
Source: IWPR compilation of data from the Centers for Disease Control and Prevention (2015a).

Appendix Table B6.4.

Average Annual Breast Cancer Mortality Rate (per 100,000) Among Women, by Race/Ethnicity and Southern State, 2013

State	All Women	White	Hispanic	Black	Asian/ Pacific Islander	Native American
Alabama	21.9	20.0	N/A	28.9	N/A	N/A
Arkansas	21.9	21.2	N/A	29.0	N/A	N/A
District of Columbia	29.1	26.1	N/A	33.4	N/A	N/A
Florida	20.3	20.7	15.3	26.3	10.4	N/A
Georgia	22.2	20.2	11.9	29.2	9.6	N/A
Kentucky	22.4	22.2	N/A	28.1	N/A	N/A
Louisiana	24.3	21.0	9.8	34.7	N/A	N/A
Mississippi	23.9	19.7	N/A	32.7	N/A	N/A
North Carolina	21.4	19.8	9.9	29.3	11.7	17.1
South Carolina	22.7	20.6	N/A	30.2	N/A	N/A
Tennessee	22.3	21.0	N/A	32.6	N/A	N/A
Texas	20.5	20.8	15.6	32.2	11.1	N/A
Virginia	21.7	20.7	10.7	30.5	9.5	N/A
West Virginia	22.7	22.7	N/A	29.5	N/A	N/A
United States	**21.3**	**21.2**	**14.4**	**30.2**	**11.3**	**13.8**

Notes: Data are three-year (2011-2013) averages. Data include women of all ages and are age-adjusted to the 2000 U.S. standard population. Racial categories are non-Hispanic. Hispanics may be of any race or two or more races. Data are not available for those who identify with another race or two or more races. N/A= not available.
Source: IWPR compilation of data from the Centers for Disease Control and Prevention (2015a).

Appendix Table B6.5.

Incidence of Diabetes Among Women, by Race/Ethnicity, Southern State, and South/Non-South, 2014

State	All Women	White	Hispanic	Black	Asian/ Pacific Islander	Native American	Other Race or Two or More Races
Alabama	13.0%	11.6%	8.1%	17.7%	N/A	14.5%	7.3%
Arkansas	12.5%	11.1%	5.2%	15.5%	N/A	20.9%	14.8%
District of Columbia	8.9%	2.0%	6.4%	14.6%	1.9%	N/A	7.8%
Florida	11.5%	9.9%	10.5%	14.8%	6.4%	10.7%	9.4%
Georgia	11.5%	10.2%	7.8%	14.0%	2.8%	21.7%	8.1%
Kentucky	12.8%	11.5%	6.4%	11.7%	N/A	8.0%	14.9%
Louisiana	11.0%	10.3%	6.4%	16.6%	N/A	12.3%	9.2%
Mississippi	13.4%	11.4%	9.2%	16.7%	N/A	N/A	18.1%
North Carolina	10.7%	9.5%	8.1%	15.2%	3.5%	16.7%	10.1%
South Carolina	11.9%	10.6%	7.3%	17.7%	4.9%	8.8%	10.3%
Tennessee	12.8%	12.0%	3.2%	15.2%	N/A	N/A	9.7%
Texas	10.5%	8.9%	12.1%	13.5%	2.9%	17.7%	5.9%
Virginia	9.8%	9.4%	4.8%	16.2%	4.0%	10.1%	9.2%
West Virginia	14.1%	13.3%	10.5%	17.2%	N/A	N/A	13.7%
Southern States	**11.4%**	**10.2%**	**10.7%**	**15.2%**	**3.6%**	**14.4%**	**9.0%**
All Other States	**9.5%**	**8.4%**	**10.7%**	**14.4%**	**7.1%**	**15.3%**	**11.4%**
United States	**10.1%**	**9.0%**	**10.7%**	**14.8%**	**6.6%**	**15.1%**	**10.6%**

Notes: Percent of women aged 18 and older who have ever been told they have diabetes. Data for all women are for 2014; all other data are three-year (2012-2014) averages. Racial categories are non-Hispanic. Hispanics may be of any race or two or more races. N/A= not available.
Source: IWPR analysis of 2012-2014 Behavioral Risk Factor Surveillance System microdata (Institute for Women's Policy Research 2015b).

Appendix Table B6.6.

Average Annual Incidence Rate of AIDS (per 100,000) Among Women, by Race/Ethnicity and Southern State, 2013

State	All Women	White	Hispanic	Black	Asian/ Pacific Islander	Native American
Alabama	7.8	2.0	0.0	22.7	0.0	0.0
Arkansas	4.1	1.8	9.2	14.0	0.0	0.0
District of Columbia	36.9	4.7	15.7	68.6	0.0	0.0
Florida	11.1	2.5	6.2	53.0	1.3	0.0
Georgia	10.5	1.7	13.1	26.5	0.0	0.0
Kentucky	2.1	0.7	2.3	18.1	0.0	0.0
Louisiana	10.6	1.8	13.5	28.0	0.0	0.0
Mississippi	11.2	1.7	7.6	24.8	0.0	0.0
North Carolina	6.2	1.3	2.8	22.1	0.0	2.1
South Carolina	6.9	1.3	8.7	19.6	0.0	0.0
Tennessee	6.7	1.8	3.0	30.7	2.2	0.0
Texas	5.6	1.5	3.6	27.1	0.6	0.0
Virginia	3.0	0.6	3.1	11.4	0.9	0.0
West Virginia	1.0	0.5	0.0	12.0	0.0	0.0
United States	**4.8**	**1.1**	**4.4**	**25.1**	**0.8**	**2.6**

Notes: Data include women and adolescents aged 13 and older. Hispanics may be of any race and Asian does not include Pacific Islander. Data are not available for those who identified as another race or two or more races.
Source: IWPR compilation of data from the Centers for Disease Control and Prevention (2015d).

Appendix Table B6.7.

Average Number of Days per Month of Poor Mental Health Among Women, by Race/Ethnicity, Southern State, and South/Non-South, 2014

State	All Women	White	Hispanic	Black	Asian/ Pacific Islander	Native American	Other Race or Two or More Races
Alabama	5.5	5.6	4.7	5.3	N/A	10.0	7.6
Arkansas	5.0	5.2	4.0	5.7	N/A	7.2	8.5
District of Columbia	3.7	2.6	3.4	4.7	3.5	N/A	5.0
Florida	4.3	4.4	4.8	4.7	1.6	8.5	7.1
Georgia	4.5	4.2	4.0	4.3	1.1	N/A	4.7
Kentucky	5.1	5.3	4.2	5.0	N/A	11.3	9.1
Louisiana	4.7	4.8	4.8	5.0	N/A	N/A	3.8
Mississippi	4.9	5.0	6.7	5.0	N/A	N/A	5.8
North Carolina	4.1	4.4	3.3	4.1	1.7	6.9	6.1
South Carolina	4.8	4.8	4.5	4.4	1.7	7.2	7.3
Tennessee	5.4	5.0	N/A	4.5	N/A	N/A	3.5
Texas	3.5	3.7	3.9	4.8	1.7	7.2	5.1
Virginia	3.8	3.8	3.1	3.9	2.9	6.8	4.5
West Virginia	5.2	5.2	4.9	3.9	N/A	N/A	5.5
Southern States	**4.3**	**4.5**	**4.1**	**4.6**	**1.9**	**7.8**	**5.7**
All Other States	**4.2**	**4.1**	**4.6**	**4.8**	**2.9**	**5.9**	**5.7**
United States	**4.2**	**4.2**	**4.4**	**4.7**	**2.7**	**6.4**	**5.7**

Notes: Data for all women are for 2014; all other data are three-year (2012-2014) averages. Women aged 18 and older. Racial categories are non-Hispanic. Hispanics may be of any race or two or more races. N/A= not available.
Source: IWPR analysis of 2012-2014 Behavioral Risk Factor Surveillance System microdata (Institute for Women's Policy Research 2015b).

Appendix Table B6.8.

Suicide Mortality Among Women (per 100,000), by Race/Ethnicity and Southern State, 2014

State	All Women	White	Hispanic	Black	Asian/ Pacific Islander	Native American
Alabama	5.7	7.7	N/A	1.6	N/A	N/A
Arkansas	6.8	8.3	N/A	2.2	N/A	N/A
District of Columbia	2.8	3.6	N/A	2.3	N/A	N/A
Florida	6.6	9.8	2.9	1.7	3.0	N/A
Georgia	5.2	7.8	1.4	1.7	3.6	N/A
Kentucky	6.4	6.9	N/A	2.7	N/A	N/A
Louisiana	5.8	8.5	N/A	1.6	N/A	N/A
Mississippi	5.5	8.2	N/A	1.7	N/A	N/A
North Carolina	6.3	8.3	1.4	2.1	3.2	N/A
South Carolina	6.2	8.8	N/A	1.2	N/A	N/A
Tennessee	5.9	7.1	N/A	1.4	N/A	N/A
Texas	5.0	8.1	2.1	2.1	3.7	N/A
Virginia	5.5	7.4	1.1	2.0	2.3	N/A
West Virginia	7.1	7.4	N/A	N/A	N/A	N/A
United States	**5.5**	**7.1**	**2.3**	**2.1**	**3.4**	**7.7**

Notes: Data are three-year (2012-2014) averages, include women of all ages, and are age-adjusted to the 2000 U.S. standard population. Racial categories are non-Hispanic. Hispanics may be of any race or two or more races. Data are not available for those who identify with another race or two or more races. N/A=not available.
Source: IWPR compilation of data from the Centers for Disease Control and Prevention (2015i).

Appendix Table B6.9.

Average Number of Days per Month That Women's Poor Mental or Physical Health Limited Activities, by Race/Ethnicity, Southern State, and South/Non-South, 2014

State	All Women	White	Hispanic	Black	Asian/ Pacific Islander	Native American	Other Race or Two or More Races
Alabama	6.2	6.4	2.7	5.8	N/A	8.3	8.1
Arkansas	6.0	5.8	3.1	6.4	N/A	7.5	9.4
District of Columbia	4.3	2.5	3.8	5.9	2.8	N/A	4.9
Florida	5.3	5.4	4.9	4.5	1.9	6.9	6.7
Georgia	5.2	5.0	3.9	4.8	2.6	N/A	5.1
Kentucky	6.1	5.8	3.3	5.6	N/A	9.4	8.0
Louisiana	5.5	5.4	4.9	5.8	N/A	N/A	5.2
Mississippi	5.6	6.3	5.7	5.4	N/A	N/A	6.3
North Carolina	5.2	5.3	2.8	5.0	1.9	7.9	6.1
South Carolina	5.2	5.2	4.0	5.2	4.3	7.9	5.2
Tennessee	6.0	6.7	N/A	5.5	N/A	N/A	9.3
Texas	4.8	4.9	4.2	6.0	1.8	5.4	5.8
Virginia	4.6	4.8	3.2	4.9	2.9	7.9	5.7
West Virginia	6.5	6.3	5.8	3.9	N/A	N/A	5.7
Southern States	**5.3**	**5.4**	**4.3**	**5.3**	**2.1**	**7.7**	**6.4**
All Other States	**4.7**	**4.5**	**4.8**	**5.6**	**3.5**	**6.9**	**5.5**
United States	**4.9**	**4.8**	**4.6**	**5.5**	**3.4**	**7.1**	**5.8**

Note: Data for all women are for 2014; all other data are three-year (2012-2014) averages. Data are for women aged 18 and older. Racial categories are non-Hispanic. Hispanics may be of any race or two or more races. N/A = not available.
Source: IWPR analysis of 2012-2014 Behavioral Risk Factor Surveillance System microdata (Institute for Women's Policy Research 2015b).

Appendix Table B6.10.

Percent of Women Who Are Overweight or Obese, by Race/Ethnicity, Southern State, and South/Non-South, 2014

State	All Women	White	Hispanic	Black	Asian/ Pacific Islander	Native American	Other Race or Two or More Races
Alabama	62.7%	60.0%	51.2%	76.6%	N/A	58.1%	64.3%
Arkansas	65.6%	61.5%	69.8%	76.3%	N/A	60.8%	68.9%
District of Columbia	53.8%	29.7%	48.4%	70.7%	24.5%	N/A	52.5%
Florida	56.1%	51.0%	58.5%	72.1%	35.4%	44.0%	55.6%
Georgia	60.7%	55.4%	59.2%	73.2%	28.8%	44.3%	61.7%
Kentucky	62.1%	61.3%	53.7%	76.5%	N/A	64.6%	66.7%
Louisiana	64.5%	58.9%	46.5%	77.7%	N/A	65.1%	61.9%
Mississippi	69.0%	60.4%	64.1%	78.7%	N/A	N/A	66.2%
North Carolina	60.8%	55.8%	65.7%	75.1%	37.1%	69.0%	55.2%
South Carolina	62.4%	56.7%	65.6%	78.2%	26.9%	67.8%	50.9%
Tennessee	62.5%	60.3%	55.2%	77.1%	N/A	N/A	54.0%
Texas	61.0%	54.3%	69.0%	75.3%	22.7%	54.6%	51.4%
Virginia	59.7%	55.7%	56.5%	74.7%	28.7%	60.7%	54.0%
West Virginia	64.5%	63.3%	68.5%	74.3%	N/A	N/A	69.1%
Southern States	**60.7%**	**56.1%**	**64.1%**	**75.1%**	**28.8%**	**57.4%**	**56.1%**
All Other States	**56.7%**	**54.3%**	**64.7%**	**72.0%**	**29.8%**	**64.9%**	**57.7%**
United States	**58.1%**	**54.9%**	**64.5%**	**73.6%**	**29.7%**	**63.1%**	**57.2%**

Notes: Overweight or obese is defined as having a BMI of 25 or higher. Data for all women are for 2014; all other data are three-year (2012-2014) averages. Includes women aged 18 and older. Racial categories are non-Hispanic. Hispanics may be of any race or two or more races. N/A = not available.
Source: IWPR analysis of 2014 Behavioral Risk Factor Surveillance System microdata (Institute for Women's Policy Research 2015b).

Appendix Table B6.11.

Health Behaviors Among Women, by Southern State and South/Non-South

State	Percent Who Smoke			Percent Who Report Binge Drinking			Percent Who Exercise 150 Minutes per Week or More			Percent Who Eat Five or More Servings of Fruits and Vegetables per Day		
	Percent	National Rank	Regional Rank	Percent	National Rank	Regional Rank	Percent	National Rank	Regional Rank	Percent	National Rank	Regional Rank
Alabama	19.0%	39	7	6.8%	3	3	40.4%	47	10	13.9%	45	9
Arkansas	23.4%	49	12	8.9%	10	7	38.1%	49	12	13.6%	46	10
District of Columbia	14.6%	16	3	19.4%	51	14	55.5%	7	1	24.7%	6	1
Florida	15.5%	20	4	10.6%	20	10	48.1%	28	3	21.1%	19	3
Georgia	13.6%	10	2	9.2%	14	9	47.1%	30	4	19.1%	32	4
Kentucky	25.2%	50	13	7.6%	7	4	44.8%	43	8	13.0%	47	11
Louisiana	20.7%	45	9	11.1%	25	13	41.7%	45	9	14.9%	44	8
Mississippi	22.7%	48	11	7.6%	7	4	33.1%	51	14	11.7%	49	12
North Carolina	16.5%	26	5	8.3%	9	6	46.4%	37	5	15.3%	43	7
South Carolina	19.1%	40	8	9.0%	11	8	45.7%	40	6	16.9%	40	6
Tennessee	22.6%	47	10	5.9%	2	2	34.7%	50	13	11.3%	50	13
Texas	12.5%	5	1	10.8%	23	12	39.3%	48	11	17.5%	37	5
Virginia	16.6%	28	6	10.7%	22	11	49.2%	23	2	21.9%	16	2
West Virginia	25.6%	51	14	5.0%	1	1	44.9%	42	7	11.1%	51	14
Southern States	**16.8%**			**9.5%**			**43.4%**			**17.3%**		
All Other States	**14.6%**			**11.7%**			**50.6%**			**22.4%**		
United States	**15.3%**			**10.9%**			**48.2%**			**20.6%**		

Notes: Percent who smoke includes those who smoke some days or every day and have smoked at least 100 cigarettes in their lifetime. Binge drinking is, for women, consuming four or more drinks on one occasion at least once in the past month. Data for smoking and binge drinking are from 2014; data for exercise and eating fruits and vegetables are from 2013. Data include women aged 18 and older.
Source: IWPR analysis of Behavioral Risk Factor Surveillance System microdata (Institute for Women's Policy Research 2015b).

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Women with Disabilities

In the South, 3.8 million women between the ages of 21 and 64 have a disability that may include cognitive, ambulatory, sight, hearing, and self-care or independent living difficulties.[1] The percent of women with a disability is higher for those living in the South than for those in all other states (12.0 percent compared with 10.3 percent, respectively; Appendix Table 8.1). The proportion of women with a disability is above the national average of 10.8 percent in all but four of the fourteen southern states. Among the southern states, the percent of women with a disability ranges from a low of 9.6 percent in Virginia to a high of 17.6 percent in West Virginia. There is wide variation among women in the South by race and ethnicity; the percentage of women with a disability is highest among Native American women (24.0 percent), followed by women of another race or two or more races (14.5 percent), and black women (14.4 percent). Asian/Pacific Islander (4.2 percent), Hispanic (8.2 percent), and white women (12.5 percent) have the lowest percentages of women in the South with disabilities.

Women with disabilities face an array of challenges from employment to education to poverty. Across the country, the unemployment rate for women with a disability is more than double that of women without a disability, meaning that they do not have a job, but they are available and actively looking for a job (U. S. Bureau of Labor Statistics 2015). Coupled with the greater shares of women with disabilities who work part-time, and the smaller shares who earn a college degree, these factors contribute to the poor economic stability and higher rates of poverty that women with disabilities endure.

There are disparities in employment, earnings, poverty, and opportunity, by region and by race and ethnicity.[2]

- In the South, women aged 16 and older with disabilities have a much lower labor force participation rate (20.4 percent) than women without disabilities (63.6 percent); the rate for southern women with disabilities is slightly lower than the rate for women with disabilities living in other states (21.9 percent).

- Labor force participation varies by race and ethnicity. Among all women in the South with disabilities, women of another race or two or more races have the highest labor force participation (28.3 percent), followed by Hispanic (25.1 percent), black (22.8 percent), and Native American women (20.0 percent). White southern women with disabilities have the lowest labor force participation rate among all southern women with disabilities (18.7 percent).

- A larger proportion of women with disabilities work part-time than women without disabilities. In the South, 34.6 percent of women with disabilities work part-time, while 26.0 percent of women without disabilities work part-time. In all other states, 39.9 percent of women with disabilities work part-time, while 30.0 percent of women without disabilities work part-time.

- There is a large earnings gap for women with disabilities that is not attributable to the number of hours they work. Southern women aged 16 and older with a disability who work full-time, year-round earn 85.7 percent of what similarly employed women who do not have a disability earn and just two-thirds (66.7 percent) of what southern men without a disability earn. Among women residing in other states, those with a disability earn 87.5 percent of what women without a disability earn.

- Earnings disparities also vary by race and ethnicity. White women in the South with a disability earn 64.0 percent of what white southern men without a disability earn, while Hispanic women in the South with a disability earn less than half (47.0 percent) of what white southern men without a disability earn.

[1] In this report, southern states include Alabama, Arkansas, the District of Columbia, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas, Virginia, and West Virginia.

[2] All data that follow are IWPR calculations based on 2014 American Community Survey microdata, except for earnings by race and ethnicity which are three-year (2012-2014) averages.

- Substantially fewer southern women aged 25 and older with disabilities have a bachelor's degree or higher (12.9 percent), compared with women without disabilities (31.1 percent). There are also differences in educational attainment by race and ethnicity. Among southern women with disabilities, Asian/Pacific Islander women are the most likely to hold a bachelor's degree (22.2 percent) and Hispanic women are the least likely (9.0 percent). Hispanic, Asian/Pacific Islander, and Native American women in the South with disabilities have higher rates of educational attainment than their counterparts in all other states in the country.

- Women in the South aged 18 and older with disabilities are more likely to live in poverty (24.1 percent) than southern women without disabilities (14.9 percent). Southern black women with disabilities have the highest poverty rate (34.5 percent), followed by women of another race or two or more races (32.6 percent), Hispanic women (29.6 percent), and Native American women (28.2 percent). Asian/Pacific Islander and white women with disabilities have lower rates of poverty (16.3 percent and 19.8 percent, respectively). While poverty rates are higher among white women and women of another race or two or more races with disabilities who are living in the South compared with those living in other areas, poverty is more prevalent among Hispanic, black, Asian/Pacific Islander, and Native American women with disabilities living in other areas of the country compared with those living in the South.

Overall, women with disabilities face more economic and educational challenges relative to women without disabilities. On most indicators, their situation is relatively worse in the South. There are, however, some exceptions. Women with disabilities from some racial and ethnic groups—Hispanic, Asian/Pacific Islander, and Native American—have higher rates of college completion in the South than women in other states. The poverty rates of black, Hispanic, Asian/Pacific Islander, and Native American women with disabilities is lower for those living in a southern state compared with those in other regions.

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CHAPTER 7 | Violence & Safety

Introduction

Violence against women in the United States occurs in many forms and affects all regions and population groups. For decades, women's rights advocates have raised awareness about the violence that many women experience at the hands of intimate partners, acquaintances, and strangers. Federal and state legislation, including the Violence Against Women Act, has sought to improve criminal justice and community-based response not only for intimate partner violence, but also for dating violence, sexual violence, and stalking by increasing accountability for perpetrators of abuse and improving women's access to legal protection and other supportive services (Buzawa, Buzawa, and Stark 2015; Stark 2012a). State and local measures to address violence against women, however, vary greatly (Gerney and Parsons 2014; Legal Momentum 2014); as a result, women in different parts of the country, especially women of color, may have different experiences navigating justice systems, accessing services, and receiving protection from abusers.

Threats to women's safety have long-term effects on all aspects of their lives, including their health, economic security, and overall well-being; at the same time, poor health, economic insecurity, and poverty all contribute to a greater likelihood of experiencing violence (Benson and Fox 2004; Breiding and Armour 2015). In addition to the risk of physical injury, victims may experience chronic physical ailments, including pain, headaches, difficulty sleeping, and limitations to their activities (Black et al. 2011) and mental health issues such as depression, post-traumatic stress, or suicidality (Black et al. 2011; Golding 1999). These negative outcomes can continue to disrupt the lives of survivors, compromising their full participation in social, political, and economic life.

Given the economic and political marginalization of women of color in the United States, it is unsurprising that women of color are vulnerable to many forms of violence and that those seeking help may face barriers to reporting violence and receiving supportive services (Breiding et al. 2014; Dabby and Autry 2005; Runner, Yoshihama, and Novick 2009). The vulnerability to victimization is also significant for immigrant women, who may not seek protection due to linguistic or cultural barriers, isolation, lack of awareness of their rights and available resources, distrust of authorities and fear of deportation, or who may not obtain protection because those to whom they turn (from service-providers to the authorities) also may not be aware of immigrant survivors' rights, or may otherwise be unwilling or unable to appropriately respond to their needs (Ammar et al. 2005). LGBT individuals, who may be subject to dismissal or persecution

based on racism, sexism, and homophobia (National Coalition of Anti-Violence Programs 2015a), are also especially vulnerable.

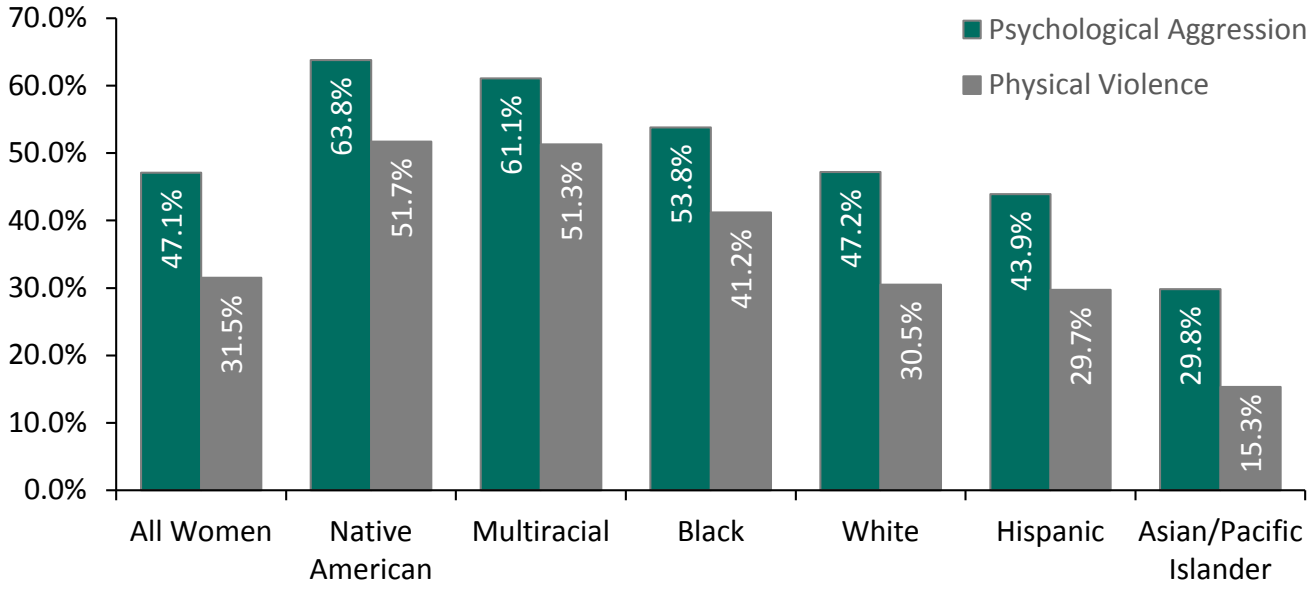
This chapter aims to shed light on the experiences of women and girls in the South with violence by examining available data on the prevalence of different forms of violence (e.g., intimate partner violence, rape and sexual assault, homicide, stalking, and human trafficking), as well as variations in state statutes and services available to survivors of violence.[1] The chapter concludes with a section on women of color and the criminal justice system, including school disciplining of girls of color, racial profiling and police brutality, and the incarceration of women. Due to limited consistent state-level data, IWPR does not calculate a Violence & Safety composite score or grade the states.[2]

Intimate Partner Violence

Domestic or intimate partner violence is a cycle of violence in which one individual seeks to dominate and control another through psychological, sexual, economic, and/or physical abuse. Intimate partner violence (IPV) can be perpetrated by current or former spouses, boyfriends/girlfriends, and ongoing dating or sexual partners (Breiding et al. 2014). The prevalence of intimate partner violence varies across racial and ethnic groups. According to an analysis of the 2011 Centers for Disease Control and Prevention's National Intimate Partner and Sexual Violence Survey (NISVS), more than half of Native American and multiracial women aged 18 and older, and more than four in ten black women of this age range, experience physical violence by an intimate partner during their lifetimes (Figure 7.1).[3] These rates are higher than

Figure 7.1.

Lifetime Prevalence of Physical Violence and Psychological Aggression by an Intimate Partner Among Women, by Race/Ethnicity, United States, 2011



Notes: Women aged 18 and older. Only whites and blacks are non-Hispanic. Hispanics may be of any race or two or more races.
Source: IWPR compilation of data from the National Intimate Partner and Sexual Violence Survey based on Breiding et al. (2014).

[1] In this report, southern states include Alabama, Arkansas, the District of Columbia, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas, Virginia, and West Virginia. Throughout the report, the District of Columbia will be referred to as a state, although it is technically a jurisdiction.

[2] Though IWPR recognizes that additional forms of violence against women occur in the United States, such as female genital mutilation/cutting and forced marriage (including forced child marriages), sufficient state-specific data are not yet available to include these topics in this report.

[3] As a result of smaller sample sizes, the 95 percent confidence intervals published by the CDC suggest that the estimates for women of color on rape, sexual violence other than rape, physical violence, and psychological aggression contain more sampling variability than the estimates for non-Hispanic white women.

the rates for white women (30.5 percent), Hispanic women (29.7 percent), and Asian/Pacific Islander women (15.3 percent; Breiding et al. 2014). Racial and ethnic disparities in IPV are tied to the economic marginalization and racial segregation of neighborhoods; intimate partner violence is correlated with living in an economically disadvantaged community, with women in disadvantaged neighborhoods more than twice as likely to be victims of IPV than those in more advantaged neighborhoods, and with economic distress, such as unemployment or insufficient income to meet basic needs (Benson and Fox 2004).[4]

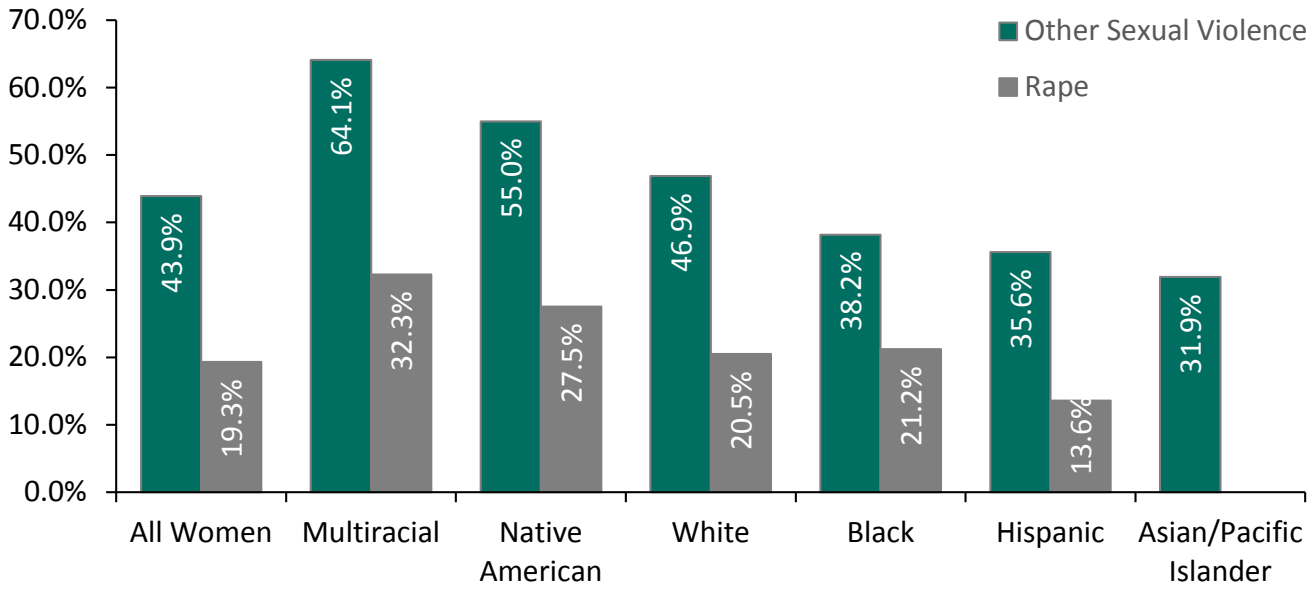
In addition to physical violence, psychological, verbal, and economic abuse are often used by perpetrators to control, monitor, or threaten intimate partners (Buzawa and Buzawa 2013; Stark 2012b). Breiding et al. (2014) estimate that 47.1 percent of all women in the United States experience psychological aggression, including humiliation, insults, or name-calling. Native American, multiracial, and black women experience the highest rates of psychological aggression (63.8, 61.1, and 53.8 percent, respectively; Figure 7.1). The various forms of intimate partner violence take a toll on survivors' health and well-being, with significant proportions of survivors reporting effects of violence such as fear and PTSD symptoms. Many victims report missing work or school, or needing medical care, legal services, or housing services, such as a shelter (Breiding et al. 2014).

Stalking

Stalking is another form of violence against women that has a negative impact on women's health, well-being, and employment (Logan et al. 2007). Stalking is "a course of conduct directed at a specif-

Figure 7.2.

Lifetime Prevalence of Sexual Violence Victimization by Any Perpetrator Among Women, by Race and Ethnicity, United States, 2011



Notes: Only whites and blacks are non-Hispanic. Hispanics may be of any race or two or more races. Data on rape are not available for Asian/Pacific Islanders due to insufficient sample sizes.
Source: IWPR compilation of data from the National Intimate Partner and Sexual Violence Survey based on Breiding et al. (2014).

[4] The report found that when controlling for income, levels of intimate partner violence among whites and blacks are the same (Benson and Fox 2004).

ic person that would cause a reasonable person to feel fear"; common characteristics involve receiving unwanted communication and being followed or watched (Tjaden and Thoennes 1998). Women are about three times more likely to experience stalking during their lifetime than men (15.2 percent of women compared with 5.7 percent of men; Breiding et al. 2014). A majority of victims are stalked by someone they know, and nearly two-thirds (60.8 percent) of female victims are stalked by intimate partners (Breiding et al. 2014).

There is a significant racial disparity in the prevalence of stalking victimization for women in the United States. One in four (24.5 percent) Native American women and more than one in five (22.4 percent) multiracial women report having been stalked during their lifetimes (Breiding et al. 2014). White, Hispanic, and black women all have lower stalking victimization rates at 15.9, 14.2, and 13.9 percent, respectively (Breiding et al. 2014).

The Centers for Disease Control and Prevention estimate that 19.3 million American women, 6.8 million of them residing in southern states, will be stalked in their lifetimes (Centers for Disease Control and Prevention 2014a). In four southern states—Alabama, Kentucky, Mississippi, North Carolina—it is estimated that more than one in five women will be stalked at some point in their lives.[5]

Rape and Sexual Violence

Rape and sexual violence are common crimes that significantly affect women's health and safety. Results of the 2011 NISVS indicate that nationally, 19.3 percent of women are raped during their lifetimes, most often by an acquaintance (46.7 percent of all female victims of rape) or intimate partner (45.4 percent of all female victims of rape; Breiding et al. 2014).[6] Women of color are disproportionately victimized. Nearly one in three multiracial women (32.3 percent), more than one in four Native American women (27.5 percent), and about one in five black women (21.2 percent) are raped in their lifetimes (Figure 7.2). Rates of sexual violence other than rape are even higher: 64.1 percent of multiracial women and 55.0 percent of Native American women experience sexual violence other than rape at some point during their lifetimes. Black women experience rates of sexual violence other than rape (38.2 percent) that are higher than the rates for Hispanic and Asian/Pacific Islander women (35.6 and 31.9 percent, respectively), but lower than the rate for white women (46.9 percent; Figure 7.2).[7]

Federal and State Policies to Address Violence Against Women

The Violence Against Women Act (VAWA), originally passed in 1994, provides funding for police, prosecutors, and the court system to respond to intimate partner violence, sexual assault, dating violence, and stalking (Buzawa, Buzawa, and Stark 2015). VAWA established penalties for perpetrators who cross state lines to injure, stalk, or harass another person. It also created the National Domestic Violence Hotline and established legal protections for immigrant victims of domestic violence, sexual assault, human trafficking, and other violent crimes who are undocumented or whose legal status is tied to an abusive spouse or other perpetrator (Buzawa, Buzawa, and Stark 2015; National Network to End Domestic Violence 2013; Sacco 2015). The most recent 2013 reauthorization of VAWA explicitly prohibits discrimination against LGBT victims of violence and empowers tribal authorities to prosecute non-Native Americans who commit certain domestic violence or dating violence crimes or violate certain protection orders on tribal land (National Network to End Domestic Violence 2013).[8] Among other improvements, the 2013 reauthorization also extended protections for immigrants who are victims of stalking and for college students (American Council on Education 2014; *Violence Against Women Reauthorization Act* 2013).

[5] Due to small sample sizes, the CDC cautions against comparing estimates across states, therefore those data are not presented (Centers for Disease Control and Prevention 2014b). In addition, data on stalking of LGBT individuals are not available nationally or by state (Walters, Chen, and Breiding 2013).

[6] The remaining female victims were raped by strangers (12.9 percent), family members (12.1 percent), and persons of authority (2.6 percent; Breiding et al. 2014). The relationship of the perpetrator is based on victims' reports of the relationship at the time the perpetrator first committed any violence. Because there may be multiple perpetrators, totals exceed 100 percent.

[7] Other sexual violence includes "being made to penetrate, sexual coercion, unwanted sexual contact, and noncontact unwanted sexual experiences" (Breiding et al. 2014).

[8] For a fuller discussion of the crimes that are and are not under tribal jurisdiction, as well as defendants' rights under the new law, see U.S. Department of Justice (2015).

Two additional federal laws with provisions for domestic violence victims are the Family Violence Prevention and Services Act (FVPSA) and the Victims of Crime Act (VOCA). FVPSA provides funding for domestic violence shelters and other assistance, as well as state domestic violence coalitions (U.S. Department of Health and Human Services 2012a). VOCA funnels funds to states to provide services to victims of crime (such as legal aid) and to reimburse individual victims for crime-related expenses (such as medical expenses or lost wages; U.S. Department of Justice 1999).

In addition to federal legislation, many states have implemented legal protections for victims of violence, including authorizing civil protection orders (CPOs), implementing laws related to stalking offenses, and enacting limitations on gun access for perpetrators of intimate partner violence.

Civil Protection Orders

Civil protection orders are available to women in all of the southern states and the District of Columbia and are an important legal resource for women experiencing intimate partner or family violence (Holt et al. 2003; Ko 2002). There is evidence that CPOs reduce violence for many victims, although they may be less effective for victims who have experienced severe violence (Logan et al. 2009). Unfortunately, many victims face barriers to accessing CPOs. Systemic barriers can include restricted access for minors, legal definitions of relationships that exclude dating relationships, misinformation about eligibility criteria, and judicial latitude that may result in factors not directly relevant to the abuse informing decisions regarding the granting of a CPO (Lucken, Rosky, and Watkins 2015; Pensak 2015; Sheeran and Meyer 2010). These barriers may be compounded by personal difficulties navigating the legal system, limited hours of access to file petitions, and the challenge of taking off work or accessing child care to go through the process (Logan et al. 2009).

State Statutes on Stalking

All 50 states and the District of Columbia have laws that criminalize stalking (Catalano 2012). However, there is evidence that police often fail to identify stalking and that prosecutors are more likely to charge stalking behaviors as harassment or domestic violence-related crimes (Klein et al. 2009). This is problematic due to the fact that in many jurisdictions stalking is a felony, whereas domestic violence charges are misdemeanors (Klein et al. 2009). As of 2014, stalking misdemeanors were not included in the federal disqualification for gun ownership, although data suggest that stalking often leads to escalating violence and, in some cases, murder (Gerney and Parsons 2014).

Gun Laws and Violence Against Women

Federally, possession of a firearm is prohibited for anyone who has been convicted of a felony, a domestic violence misdemeanor, or is subject to a domestic violence restraining order (Gerney and Parsons 2014), yet enforcement is difficult and loopholes remain in federal and state laws. Some southern states have enacted laws to address these gaps (Appendix Table B7.1; Gerney and Parsons 2014).

- As of June 2014, four of the thirteen southern states (Louisiana, Tennessee, Texas, and West Virginia) and the District of Columbia had barred those convicted of misdemeanor domestic violence crimes from gun possession.[9] In the District of Columbia, Tennessee, and West Virginia, the ban included crimes against "dating partners." In Tennessee, individuals with misdemeanor domestic violence convictions were required to surrender certain firearms.

- Among the southern states, law enforcement is required to remove certain firearms in specific domestic violence incidents in Tennessee and West Virginia.

- The District of Columbia, Florida, Louisiana, North Carolina, Tennessee, Texas, and West Virginia have bars on gun possession for individuals subject to domestic violence protection orders. North Carolina and Tennessee also require surrender of certain firearms by individuals subject to domestic violence restraining orders.

- Only the District of Columbia bars gun possession for those convicted of misdemeanor sex crimes.

[9] In a November 16, 2015 e-mail from Arkadi Gerney, a co-author of the Center for American Progress report ***Women Under the Gun***, he indicated that although federal laws bar gun possession for convicted domestic violence misdemeanants and those subject to certain domestic violence restraining orders, some states have laws in place that match federal law, which "can have meaningful additional impact on issues such as local prosecution and disarming abusers."

- Gun possession is banned for individuals convicted of misdemeanor domestic violence stalking crimes only in the District of Columbia and Tennessee.

Though these various measures reflect growing acknowledgment of the seriousness of gun violence, the efficacy of state restrictions on firearm access for perpetrators of domestic violence is under debate. One study from the Center for Gun Policy and Research found that despite state laws that allow judges to require offenders to surrender firearms in California and New York, only 26 percent of victims whose abuser owned a firearm reported that the judge actually used this authority (Webster et al. 2010). Another study, however, provided evidence that statewide restrictions on firearm access for individuals subject to restraining orders are associated with a seven percent decline in female intimate partner homicide rates (Vigdor and Mercy 2006). Some studies suggest that restrictions on firearm possession for all citizens, not just those who have been formally convicted of domestic violence-related crimes, could reduce fatal domestic violence. One study found that women living with any gun in the home faced nearly three times the risk of being murdered in the home, compared with women living in homes with no guns (Wiebe 2003). Another study found that domestic violence assaults with firearms are 12 times more likely to end fatally than non-firearm assaults (Saltzman et al. 1992).

Homicide

Tragically, many instances of violence against women result in death. The United States has an extremely high rate of female homicides in comparison with other high-income countries, with 1,615 women murdered in 2013 by males in single victim/single offender incidents (Hemenway, Shinoda-Tagawa, and Miller 2002; Violence Policy Center 2015). In the southern states, 571 women were murdered by men in 2013. The eleven southern states for which there are data accounted for over a third (35.4 percent) of all female homicides in the United States in 2013 and had an average rate of 1.36 women per 100,000, which is well above the national average of 1.09 per 100,000 women (Table 7.1).[10] The vast majority of these homicides

Table 7.1.

Numbers and Rates of Females Murdered by Males in Single Victim/Single Offender Homicides in the South, 2013

State	Number of Homicide Victims	Homicide Rate per 100,000 Females	State Ranking by Rate (out of 48 states)	State Ranking by Rate (among Southern States)
Arkansas	14	0.93	28	2
Georgia	59	1.15	17	6
Kentucky	32	1.43	11	8
Louisiana	47	1.99	4	10
Mississippi	12	0.78	34	1
North Carolina	55	1.09	20	4
South Carolina	57	2.32	1	11
Tennessee	55	1.65	6 (tie)	9
Texas	183	1.38	12 (tie)	7
Virginia	47	1.12	19	5
West Virginia	10	1.07	23	3
Southern States	**571**	**1.36**		
United States	**1,615**	**1.09**		

Note: Data are not available for Alabama, the District of Columbia, or Florida.
Source: IWPR compilation of data from the Violence Policy Center (2015). Reprinted with permission.

[10] Data for the southern states do not include Alabama, the District of Columbia, or Florida because data for these jurisdictions are not available.

occurred between men and women who knew each other (94 percent of homicides where the relationship could be identified), usually as spouses, ex-spouses or girlfriends/boyfriends. More than half (53 percent) were committed using firearms, primarily handguns (Violence Policy Center 2015).

The prevalence of female homicides by men varies by the race of victims. A 2015 Violence Policy Center study found that black women were two and a half times more likely to be murdered by men than were white women. The study also found that American Indian/Alaskan Native women were murdered at a higher rate than white women (1.12 per 100,000 women compared with 0.95 per 100,000, respectively), while Asian/Pacific Islander women were murdered by male offenders at a lower rate (0.41 per 100,000) than white women.[11] The average age of black female victims of homicide was five years younger than the average for all women (35 years old and 40 years old, respectively; Violence Policy Center 2015).

Three states from the southern United States ranked in the top ten for highest rate of single female victim/single male offender homicides (Violence Policy Center 2015). In 2013, South Carolina had the highest female homicide rate in the country (2.32 per 100,000 women), more than twice the national average (Table 7.1). Louisiana and Tennessee also had female homicide rates higher than the national average with rates of 1.99 and 1.65 per 100,000 women, respectively. Georgia, Kentucky, North Carolina, Texas, and Virginia were among the twenty states in the country with the highest female homicide rates by male offenders.

In South Carolina, the high murder rate of women has been an especially persistent problem. The state has consistently placed among the ten states with the highest female homicide rates for the last 15 years, with 57 female homicide victims in 2013 alone (Pardue et al. 2014; Violence Policy Center 2015). According to data compiled for the Pulitzer Prize-winning series "Till Death Do Us Part," the rates of fatal intimate partner violence in South Carolina are especially high in less populated rural areas of the state. For example, in Marlboro County, with a female population of 13,673, the rate of women murdered by men was 43.9 per 100,000 women between 2005 and 2013 (based on 2010 population; Pardue et al. 2014). The state has received criticism over the past two decades for its lack of action to address domestic violence, including its unusually low maximum sentence for first-time perpetrators; while perpetrators of domestic violence in Georgia and Alabama have year-long maximum jail sentences for first time offenders, South Carolina's maximum jail stay for first time offenders is 30 days (Pardue et al. 2014). Legislative efforts to strengthen penalties for domestic violence and restrict gun ownership privileges for perpetrators have met resistance from lawmakers and gun-rights interest groups. In June 2015, however, South Carolina Governor Nikki Haley signed a Domestic Violence Reform Act which increases penalties for domestic violence and prevents gun ownership for certain offenders (Roldan 2015).

Violence Against High School Girls

Like violence against women, violence against girls occurs in various forms and is a serious public health issue. The Centers for Disease Control and Prevention's 2013 Youth Risk Behavior Survey (YRBS) collected data on various indicators related to high school students' well-being and exposure to violence that reveal variations between states and by race and ethnicity.

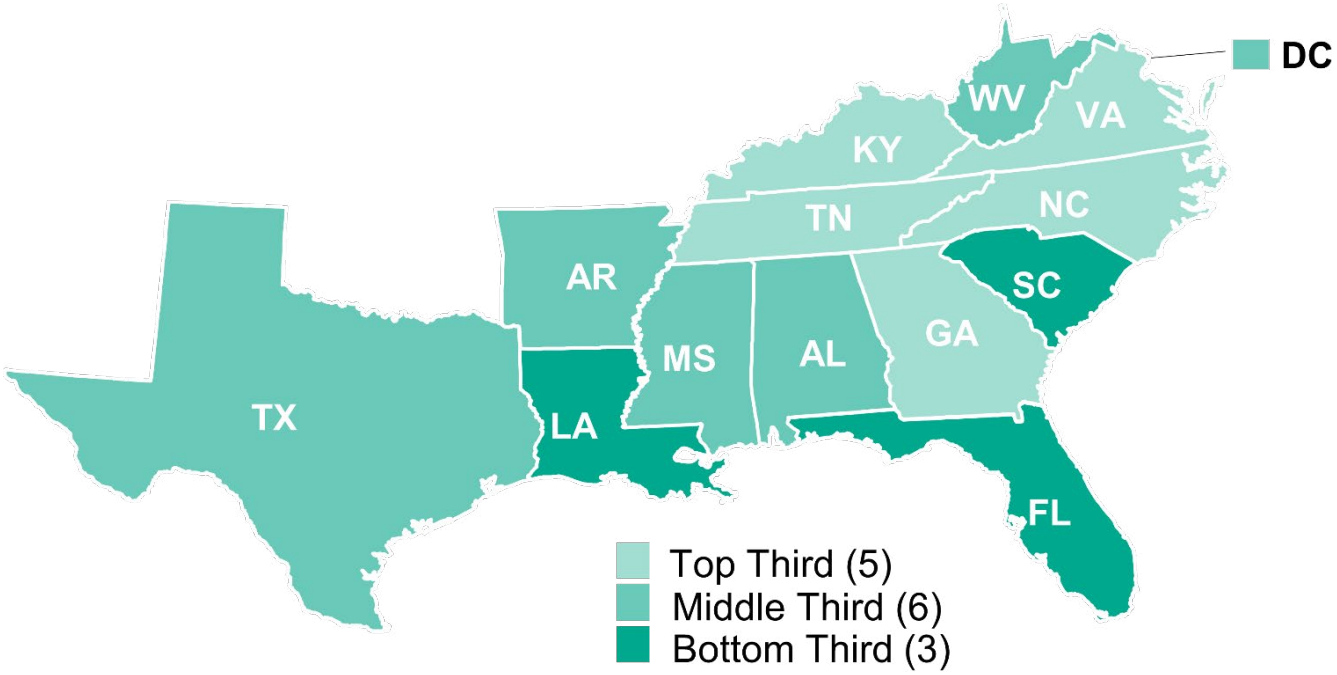
Students in grades 9-12 were asked if they did not go to school at least one day during the previous month because they felt that they would be unsafe either at school or on their way to or from school. Nationally, the prevalence of not going to school because of feeling unsafe was higher for high school girls on average (8.7 percent) than high school boys (5.4 percent; Centers for Disease Control and Prevention 2014c). Among the southern states, Louisiana and Florida had the highest percentages of high school girls who did not go to school because of feeling unsafe, at 11.5 percent and 10.8 percent, respectively (Map 7.1; Appendix Table B7.2).

Nationally, the prevalence of not going to school because of feeling unsafe was highest for Hispanic girls (12.6 percent), followed by multiracial (9.3 percent),

[11] The data do not include adequate information to report rates for Hispanic women.

Map 7.1.

Percent of Girls in the South Missing School Because of Feeling Unsafe, 2013



Notes: Percent of students in grades 9-12 who did not go to school includes those who did not go because they felt unsafe at school or on their way to or from school on at least one day during the 30 days before the survey.
Source: IWPR compilation of data from the Centers for Disease Control and Prevention's Youth Risk Behavior Survey (2014c).

black (8.0 percent), white (7.4 percent), and Asian girls (6.4 percent; Appendix Table B7.2).[12] Black girls had rates higher than the national average in nine of the twelve southern states with available data, with their rates in Alabama (14.5 percent) and Louisiana (14.6 percent) among the highest in the nation for any racial or ethnic group (Appendix Table B7.2; Centers for Disease Control and Prevention 2014c). In the District of Columbia, Florida, Georgia, North Carolina, and Virginia, Hispanic girls reported missing school due to safety concerns at rates higher than white or black girls.

Bullying is a common form of violence that threatens high school girls' safety. The YRBS asked students if they had been bullied on school property at least once in the previous year. Nationally, more girls (23.7 percent) reported experiencing bullying at school than boys (15.6 percent; Centers for Disease Control and Prevention 2014c). In eight out of the fourteen southern states, the percentage of high school girls who reported being bullied was above the national average (Appendix Table B7.2). Among the southern states, Arkansas and West Virginia had the highest shares of high school girls who had experienced bullying at school (29.2 percent and 28.3 percent, respectively). Nationally, multiracial (28.0 percent) and white (27.3 percent) girls were the most likely to report having experienced bullying at school, followed by Hispanic (20.7 percent), Asian (18.6 percent) and black girls (15.1 percent; Appendix Table B7.2). Black girls in ten of the twelve southern states reporting data had been bullied at higher rates than the national average of 15.1 percent.

Physical and sexual dating violence are also serious issues that threaten high school girls. Among students who dated or went out with someone during the 12 months before the survey, nationally 13.0 percent of high school girls and 7.4 percent of boys said they had experienced physical dating violence including being hit, slammed into something, or being injured on purpose (Centers for Disease Control and Prevention 2014c). Among the southern states, high school girls in Louisiana and the District of Columbia were the most likely to report having experienced physical

[12] The Youth Risk Behavior Survey (YRBS) provides very little state-level data for Hispanic, Native American, Asian, or multiracial youth, especially for the southern states, due to insufficient sample sizes. In YRBS data, Asian does not include Pacific Islander and racial groups are non-Hispanic. Hispanics may be of any race.

dating violence (16.1 and 15.0 percent of those who dated or went out with someone in the 12 months prior the survey, respectively; Appendix Table B7.3).

Nationally, the prevalence of physical dating violence was highest among multiracial girls (15.4 percent), followed by Hispanic girls (13.6 percent; Appendix Table B7.3). Black and white girls who dated or went out with someone in the 12 months prior the survey had a similar prevalence of physical dating violence victimization, at 12.3 percent and 12.9 percent, respectively. Yet, among the southern states, black girls reported rates of physical dating violence above the national average in eight of the twelve states with data available (Appendix Table B7.3). Black girls in Louisiana (22.2 percent) and South Carolina (16.9 percent), and multiracial girls in the District of Columbia (19.4 percent) and Virginia (20.6 percent) had some of the highest rates of physical dating violence for any racial/ethnic group in the United States.

Among high school students, 14.4 percent of girls and 6.2 percent of boys who dated or went out with someone in the past year reported experiencing sexual dating violence, defined as being kissed, touched, or physically forced to have sexual intercourse when they did not want to by someone they were dating (Appendix Table B7.3; Centers for Disease Control and Prevention 2014c). Nationally, the prevalence of sexual dating violence was highest for Asian girls (21.8 percent) followed by multiracial girls (18.6 percent), Hispanic girls (16.0 percent), white girls (14.6 percent), and black girls (8.8 percent; Appendix Table B7.3; Centers for Disease Control and Prevention 2014c). As with physical dating violence, black girls in seven of the eight southern states are victimized at rates above the national average for black girls, with the highest rates in South Carolina (14.4 percent) and Alabama (12.4 percent).

Despite the prevalence of physical and sexual dating violence among teen girls, many states do not recognize teens as domestic violence victims and vary in legal protections and services for teens (Break the Cycle 2010). Advocacy organization Break the Cycle creates "State Law Report Cards" to assess the strength of state's civil domestic violence protection order laws as they pertain to youth. States are graded based on teens' access to civil protection orders and critical services, and schools' responses to dating violence. Nationally, seven states received As and nine states received Fs (Break the Cycle 2010). Out of the 14 southern states, only the District of Columbia received an A. Five of the southern states received an F (Alabama, Georgia, Kentucky, South Carolina, and Virginia).

Human Trafficking

Human trafficking is a crime in which individuals are recruited, transported, harbored, or received through the use of force, abduction, fraud or coercion, for the purpose of subjection to involuntary servitude such as forced labor or sexual exploitation (United Nations 2004). Native-born and foreign-born women and men, girls and boys, in the United States can be victims of human trafficking, and trafficking occurs within illicit industries such as commercial sex, as well as within legal industries such as agriculture and domestic service (U.S. Department of State 2015). Like domestic violence, perpetrators of human trafficking hold victims in a cycle of control and isolation and employ not only physical violence, but also psychological and economic abuse and threats. Many survivors suffer long-term economic instability and negative health effects including PTSD, malnourishment, and chronic pain (U.S. Department of Health and Human Services 2012b).

Gauging the prevalence of human trafficking in the United States, let alone regionally, is an extremely difficult task due to the hidden nature of human trafficking whereby those who are still caught up in trafficking are not free or able to report themselves as survivors to service, advocacy, or law enforcement organizations (Owens et al. 2014). In addition, there are no standardized or systematic methods of collecting data on human trafficking in the United States, which has resulted in a lack of empirical studies about human trafficking on a national level (Farrell et al. 2012; Zhang 2012) and widely varying estimates of the number of human trafficking victims and survivors within the United States (Clawson et al. 2009).

Further complicating the issue of human trafficking is the intersection of sex work with human trafficking. In desperate circumstances, vulnerable individuals may engage in sexual activity as a matter of survival, trading sex, their only form of currency, for food, clothing, or shelter (Mariana 2014). Because those who engage in so-called "survival sex" may be prosecuted for prostitution, they may be reluctant to seek help. Sev-

eral states have enacted "safe harbor" laws, granting immunity from criminal prosecution for prostitution for those under aged 18, although many adults turn to prostitution due to a similar lack of alternatives. While legally distinct from human trafficking, so-called "survival sex" may segue into trafficking and individuals over the age of 18 who are trafficked into the commercial sex industry have sometimes been prosecuted for prostitution (Mariana 2014).

Similarly, it is difficult to conclude which U.S. sub-populations are most at risk of falling prey to human trafficking due to a lack of reliable data. However, the State Department's 2015 *Trafficking in Persons* report found that some of the populations most vulnerable to human trafficking victimization within the United States were children in the child welfare and juvenile systems, runaway and homeless youth, American Indians and Alaska Natives, migrant workers, populations with limited English proficiency, individuals with disabilities, rural populations, and LGBT individuals (U.S. Department of State 2015). The National Human Trafficking Resource Center (NHTRC) found that the vast majority of sex trafficking cases (90 percent) and more than half (57 percent) of labor trafficking cases involved female survivors (National Human Trafficking Resource Center 2014).

In the United States, California is the state with the most cases of human trafficking reported to the NHTRC during 2015, with 979 cases, over twice as many cases as reported by any other state (National Human Trafficking Resource Center 2015). Among the southern states, those with the most cases of human trafficking reported to the NHTRC hotline were Texas and Florida, with 433 and 407 cases, respectively; nationally, Texas ranked second and Florida ranked third in number of cases. Georgia and Virginia were also among the ten states in the nation with the highest numbers of reported cases to the NHTRC hotline during 2015 with 191 and 145 cases, respectively (National Human Trafficking Resource Center 2015).[13]

Federal and State Policies Addressing Trafficking

In 2000, Congress passed the first federal law to address human trafficking, the Trafficking of Victims Protection Act (TVPA), which included provisions to protect victims through humanitarian immigration provisions, to prosecute offenders, and to prevent future trafficking through public awareness campaigns abroad (Polaris Project 2008). Subsequent reauthorizations of the TVPA have added measures to increase penalties for traffickers and to dedicate additional resources to protecting victims (Polaris Project 2008).

Since the passage of the TVPA, each state and the District of Columbia has enacted legislation to combat human trafficking (Polaris Project 2014). The anti-trafficking advocacy group Polaris rates states based on whether they have passed laws that effectively combat trafficking, punish traffickers, and support survivors. As of July 2014, nationally 39 states received the highest rating, Tier 1 (out of four tiers), indicating that they had passed significant laws that are critical for a comprehensive legal framework regarding trafficking; nine states and the District of Columbia were rated Tier 2, indicating that they had passed numerous laws, but had room for improvement; two states were rated Tier 3 for nominal effort to pass laws combating human trafficking; and no states were rated as Tier 4 (Polaris Project 2014). Of the southern states, the District of Columbia and West Virginia received a Tier 2 rating and all of the other southern states received a Tier 1 rating.

Access to Support and Services for Women of Color

Services for women experiencing violence include shelters, legal measures (such as civil protection orders and divorce), specialized family violence police teams, advocacy services, counseling, and more (Lee, Thompson, and Mechanic 2002). Formal domestic violence services, however, are not uniformly available to all women. Many women of color experience barriers that limit their access to justice system responses (e.g., protection orders or offender prosecutions) and supportive services (e.g., housing and financial support). Black, Native American, and immigrant women may be especially unlikely to utilize or benefit from services due to social isolation, negative community relations with the criminal justice system, personal experiences of harassment or discrimination by the police or service providers, and the lack of cultural

13 These data are useful to get an idea of the quantity and characteristics of human trafficking cases reported to the NHTRC hotline, but do not necessarily indicate the scope, prevalence, or characteristics of human trafficking instances within the country.

competence in some domestic violence community programs (American Civil Liberties Union 2015; Bachman et al. 2008; Bent-Goodley 2013; National Latin@ Network for Healthy Families and Communities and National Domestic Violence Hotline 2013; Runner, Yoshihama, and Novick 2009).

Some communities have a history of interactions with law enforcement that may lead to mistrust and a reluctance to turn to police as a resource. Evidence suggests that women are at risk of being sexually harassed and assaulted by police officers (Phillips and McCoy 2006; Walker and Irlbeck 2002), including when they seek police intervention and protection against domestic violence (Crenshaw and Ritchie 2015; Ritchie 2006). In 2014 and 2015 alone, police misconduct cases against women of color included police officers failing to submit sexual assault kits for testing based on racial and gender stereotypes, underreporting domestic violence crimes, and even sexually assaulting victims of crime (Blay 2015; Cato Institute 2010; Leveille and Park 2015). Women living in poverty, especially homeless individuals, are particularly vulnerable to police harassment and physical violence (Crenshaw and Ritchie 2015). These experiences of discrimination and violence at the hands of the police can impede survivors of violence in communities of color from receiving services they need.

There is also evidence that LGBTQ women of color experience discrimination from law enforcement as well as direct service providers (National Coalition of Anti-Violence Programs 2014). Transgender and gender non-conforming women of color report disproportionately high rates of harassment, physical assault, and sexual assault at the hands of police compared with all transgender individuals (Grant, Mottet, and Tanis 2011; National Coalition of Anti-Violence Programs 2015b). Similarly, a study found that LGBTQ and HIV-affected individuals of color who were survivors of hate violence were 2.4 times more likely to experience police violence compared with white LGTBQ and HIV-affected individuals (National Coalition of Anti-Violence Programs 2015a). In addition to police violence and discrimination, some LGBTQ survivors of violence face barriers to accessing supportive services due to service providers' homophobia, transphobia/transphobic policies, or lack of training regarding LGBT relationships (National Coalition Against Domestic Violence 2015). For these reasons, some advocacy organizations have begun to train service providers on the differences that LGBTQ individuals face as victims of violence compared with other victims (National Coalition of Anti-Violence Programs 2015a).

Women of Color and the Criminal Justice System

Disciplining Girls of Color

Racial disparities in the discipline of women begin early in life. Studies have found that black girls in secondary schools are suspended and expelled at higher rates than white girls; nationally in the 2011–2012 school year, white girls were suspended at a rate of 3.8 percent, and black girls at a rate of 17.9 percent – second only to black boys (Losen et al. 2015).[14] One 2015 study that examined 3,022 school districts in the South found that rates of suspension and expulsion among black students were disproportionately high: on average, black students comprised about one quarter of all students in the South (24 percent), yet over half of all girls who were suspended (56 percent) and nearly half of all girls who were expelled were black (45 percent; E. J. Smith and Harper 2015).[15] Among girls who were suspended, the percentage who were black was especially high in Mississippi (80.0 percent). Louisiana had the largest share of expelled girls who were black at 77.8 percent (E. J. Smith and Harper 2015). Research indicates that suspensions and expulsions have long-term negative impacts on students' educational outcomes and are associated with girls' entrance into the criminal justice system, constituting a "school-to-prison pipeline" (Fabelo et al. 2011; Losen et al. 2015; E. J. Smith and Harper 2015).

Young women of color, particularly black, Native American, and Latina girls, also comprise a growing proportion of juvenile detainees (Sherman and Balck 2015). In 2013, black and Native American girls were 20 percent and 50 percent more likely to be detained than white girls, respectively (Sherman and Balck 2015). Advocates note that girls in the juvenile justice system are often victims themselves, with high levels of unmet mental health needs, exposure to traumat-

14 The rates for girls in other racial and ethnic groups are: Hispanic, 6.9 percent; Hawaiian/Pacific Islander, 4.7 percent; Asian American, 1.0 percent, and Native American, 8.1 percent.

15 The report includes the same 13 states in their definition of the South as this report, and excludes the District of Columbia.

ic events, and physical and sexual abuse; some are incarcerated as a result of running away from abusive situations (Morris, Bush-Baskette, and Crenshaw 2012; Sherman and Balck 2015).

Racial Profiling & Police Brutality

Women of color face violence from the police in the form of racial profiling, sexual assault, and harassment. While there is ample evidence of racial profiling in the United States (The Leadership Conference 2011), there is a scarcity of official data disaggregated by gender on either racial profiling or police violence. Although it cannot be generalized to the entire country, one study that examined police practices in New York by race and gender found that out of all the women stopped by police in 2013, 53.4 percent of them were black, 27.5 percent were Latina, and 13.4 percent were white (Crenshaw and Ritchie 2015). Despite media attention to racial profiling of black men, the rate of racial disparities in stops, frisks, and arrests is identical for black women. In the absence of data, there is anecdotal evidence of women being harassed and assaulted by police officers when they have reached out to police for intervention and protection (Crenshaw and Ritchie 2015; Phillips and McCoy 2006) or during traffic stops (Walker and Irlbeck 2002). One investigation discovered over 400 examples of police sexual misconduct between 2001 and 2006, often targeting vulnerable women who had been drinking or were drug users or prostitutes, who were less likely to file a complaint (Phillips and McCoy 2006).

Black women in America have a long history of experiencing brutality at the hands of police that sometimes ends in death (Fierce 2015). While the names of black men killed by the police in recent years have received widespread media attention, the black women who have been killed or sexually assaulted by police have been more or less absent from public attention (Chatelain and Asoka 2015; Crenshaw and Ritchie 2015; Lindsey 2015). According to data compiled by The Guardian, 53 out of the 1,140 people killed by the police and other law enforcement agencies in the United States in 2015 were women; of these women, 35 were white, 12 were black, 3 were Hispanic, 2 were Asian/Pacific Islander, and 1 was of an unknown race or ethnicity (Swaine, Laughl, and Lartey 2015).[16] Although black women comprise about 13 percent of American women, almost one in four (22.6 percent) of the women killed by police were black women (Appendix Table 8.2; Swaine, Laughl, and Lartey 2015). One-third of the female fatalities by police in the nation (18 out of 53, or 34.0 percent) lived in one of the fourteen southern states, and five of the twelve black women killed by police (41.7 percent) lived in a southern state (Swaine, Laughl, and Lartey 2015). In a number of cases, police officers have faced no repercussions after killing unarmed black women (Crenshaw and Ritchie 2015).

Incarcerated Women

In 1982, President Ronald Reagan's declaration of "The War on Drugs," accompanied by "zero tolerance" policies and increased mandatory sentencing, led to a significant increase in the number of individuals incarcerated in the United States (Jordan-Zachery 2003). Today the United States holds the world's largest prison population and has an incarceration rate more than five times higher than most countries in the world (Wagner, Sakala, and Begley 2014). Nine of the ten states with the highest incarceration rates in the country and in the world are in the South—Louisiana, Mississippi, Oklahoma, Georgia, Texas, Kentucky, South Carolina, West Virginia, and Florida (Wagner, Sakala, and Begley 2014).[17]

Incarceration rates are racially and ethnically disproportionate, with blacks incarcerated at more than five times the rate of whites and Hispanics incarcerated at nearly twice the rate of whites (Sakala 2014).[18] Although the majority of those who are incarcerated are men, women are the fastest-growing population in U.S. prisons, with women of color imprisoned at a disproportionately high rate (Crenshaw 2012; Roberts 2012). Between 1986 and the early 2000's, incarcer-

16 Any deaths that arise directly from encounters with law enforcement are included; deaths include, but are not limited to, those who were shot, tasered, or struck by a police vehicle, and those who died while in police custody (Swaine, Laughl, and Lartey 2015).

17 Arizona has the sixth highest rate of incarceration.

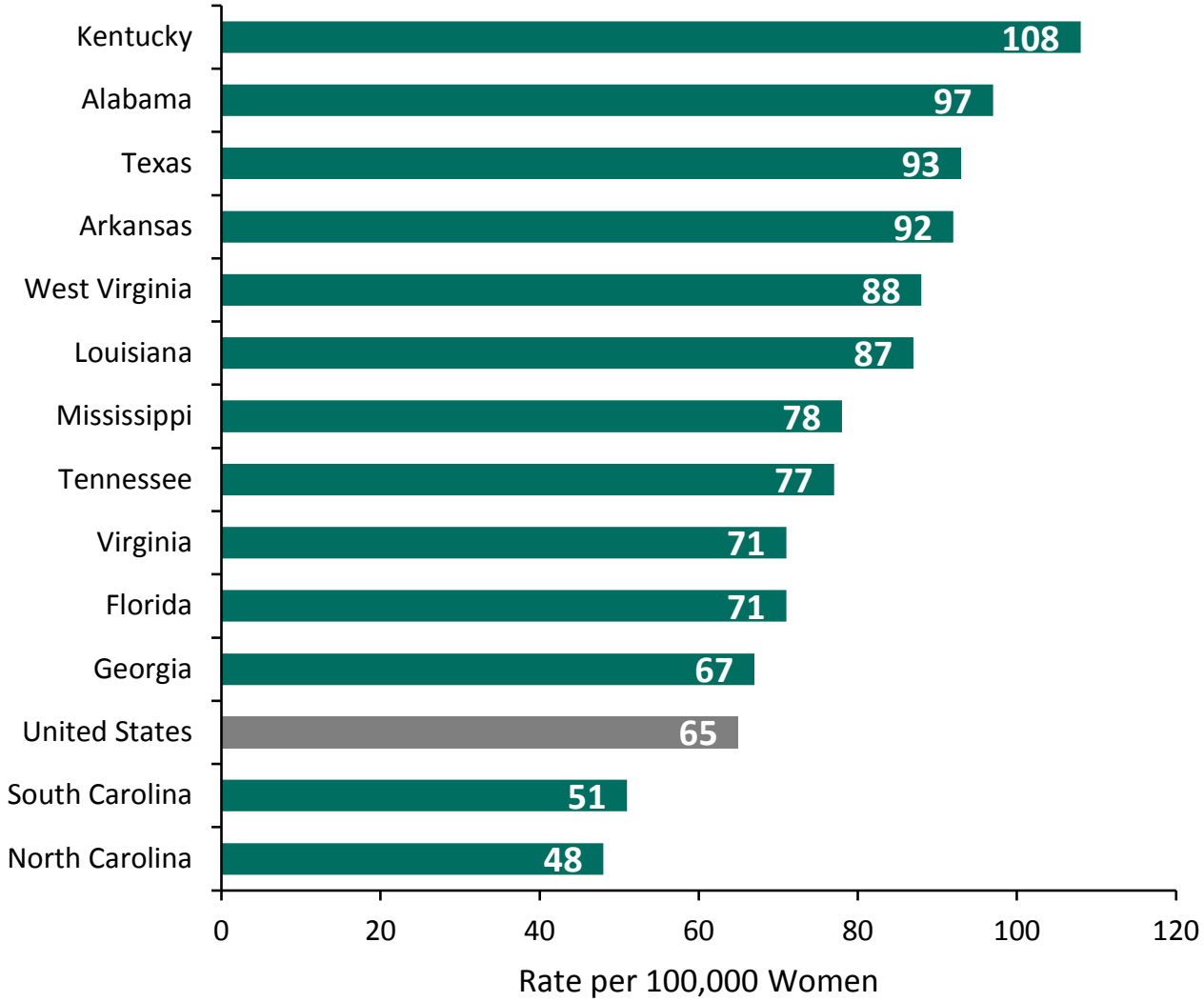
18 Scholars note that incarceration rates do not correlate with either levels of crime overall or with levels of criminal behavior by race and ethnicity (Alexander 2012; Lipsitz 2012; Wacquant 2001). Between 1950 and 1990, the composition of the prison population reversed from 70 percent white to 70 percent black and Hispanic, although levels of crime by race and ethnicity did not change significantly over those four decades (Wacquant 2001). While research suggests that drug use and drug dealing are not more common among people of color, drug convictions accounted for 39 percent of incarcerated black women, 44 percent of incarcerated Hispanic women, and 23 percent of incarcerated white women in 1997 (Allard 2006; Lipsitz 2012).

ation of all women in the United States grew by 400 percent, while incarceration of women of color grew by 800 percent (Honderich 2003). There is evidence that Hispanic and Native American women are incarcerated at higher rates than white women and that these racial disparities exist in juvenile as well as adult prisons (Crenshaw 2012; Morris, Bush-Baskette, and Crenshaw 2012; Sakala 2014; F. Smith 2015). Disparities in female incarceration rates between black and white women are wide, but have been decreasing. While in 2000 black women were six times as likely to be imprisoned in state and federal jurisdictions as white women, in 2014 black women were twice as likely to be imprisoned as their white counterparts (Carson 2015; Guerino, Harrison, and Sabol 2011).

In the southern states between 1980 and 1998, the female inmate population increased by 485 percent (Edwards 2000).[19] In those 18 years, Mississippi experienced the highest rate of increase in its female inmate population at 937 percent, followed by Texas and Oklahoma, which both had female population increases of 747 percent. While women constituted 4.0 percent of southern inmates in 1980, by 1998 their proportion of the total prison population had grown to 6.6 percent (Edwards 2000).

Figure 7.3

Female Imprisonment Rates (per 100,000 women) for Sentenced Prisoners in the South, 2014



Notes: Rates for sentenced prisoners under jurisdiction of state or federal correctional authorities per 100,000 female residents of all ages. Jurisdiction refers to the legal authority of state or federal correctional officials over a prisoner, regardless of where the prisoner is held.
Source: IWPR compilation of data from the Bureau of Justice Statistics, National Prisoner Statistics, 2013–2014; U.S. Census Bureau, post-censal resident population estimates for January 1 of the following calendar year as reported in Carson (2015).

19 States included in the Edwards (2000) report are Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, Missouri, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia and West Virginia.

The National Prisoner Statistics program collects data on imprisonment rates for sentenced prisoners under the jurisdiction of state and federal authorities, not including the District of Columbia (Carson 2015).[20] Its research shows that in 2014, all the southern states except for North and South Carolina had female incarceration rates above the national rate of 65 per 100,000 women of all ages (Figure 7.3). Among these states, Kentucky had the highest female incarceration rate at 108 per 100,000 women residents, and North Carolina had the lowest (48 women incarcerated per 100,000 women residents).

Overall, women of color, especially black women, are at a higher risk of being policed than white women at every stage of their lives and make up a growing proportion of prison and detention center populations. Even when women are released from prison, they are subject to legalized discrimination that can include loss of the right to vote or serve on a jury, discrimination in employment and housing, and denial of public benefits (Alexander 2012; Lipsitz 2012). Their families often face long-lasting, intergenerational negative impacts such as economic insecurity, family instability, and compromised health as a result of their incarceration (deVuono-Powell et al. 2015).

Conclusion

Violence and abuse are assaults on women's autonomy, dignity, and liberty (Stark 2012b). Numerous factors contribute to the higher levels of violence experienced by women, and especially women of color, and may contribute to their reluctance to leave an abusive relationship: economic insecurity or dependence, poverty, religious or cultural standards about the "proper" role of women, or the belief that family violence is a private matter (Black Women's Roundtable 2015). Tragically, if violence is experienced at a young age, it often begins a cycle; girls who are survivors of violence often become women who are victims of violence.

Women of color also experience systemic physical, emotional, and economic abuse due to entrenched racism and sexism within the criminal justice system and other institutions in the United States, including the public education system. From a young age, women of color are policed, abused, punished, and imprisoned at higher rates than other women. Too many girls who are suspended or expelled from schools find themselves in juvenile detention centers and eventually in prison, forging a pathway between victimization and criminalization. Adult women of color who experience violence at the hands of intimate partners or family members risk further abuse and criminalization by reaching out to the justice system for support and safety. Black women and undocumented immigrant women are especially disempowered by this bind.

In order to improve the safety and wellbeing of women, all forms of violence against women, occurring both inside and outside of the home, must be addressed. Dismantling racist and sexist policies and public institutions is key to this process. In addition, improved state-level data on violence experienced by women could potentially have numerous outcomes: providing evidence to expose such systemic discrimination, revealing state and federal policies that are effective in stemming the tide of violence against women, informing judicial education, and leading to better access, implementation, and oversight of existing protections. These changes can help ensure that all women have a fair chance at safety, opportunity, and well-being in the United States.

20 Sentenced prisoners are those sentenced to more than one year. Nationally in 2014, three percent of prisoners were unsentenced, meaning they were serving sentences of less than one year. In some states, those who are not serving a criminal conviction sentence but are enrolled in treatment are under the jurisdiction of the department of corrections and are counted as unsentenced prisoners.

Appendix A7:

Methodology

This report draws on data from multiple sources that are referenced in the text, including published reports from the Centers for Disease Control and Prevention (CDC), the Bureau of Justice Statistics, and other sources to examine issues related to violence and safety among women in the United States. Much of the data are drawn from published reports from the CDC that analyze findings from the 2011 National Intimate Partner and Sexual Violence Survey (NISVS), a national random-digit-dial telephone survey of the noninstitutionalized U.S. English- and Spanish-speaking population aged 18 and older. Some of the tables in this report that rely on data from the 2011 NISVS are disaggregated by race and ethnicity. In the CDC reports, Hispanics may be of any race or two or more races, and only whites and blacks are defined as non-Hispanic.

To highlight issues pertinent to the safety of youth in states across the nation, IWPR compiled data from the CDC's Youth Risk Behavior Surveillance System (YRBSS), which includes a national school-based survey conducted by the CDC and state, territorial, tribal, and local surveys conducted by state, territorial, and local education and health agencies and tribal governments. The Youth Risk Behavior Survey (YRBS) includes both high school and middle school surveys that monitor health-risk behaviors contributing to the leading causes of death and disability among youth and adults. IWPR analyzed YRBS data for high school students by state using the CDC's Youth Online Interactive Data Tables for 2013, the most recent data available. In the YRBS data, racial groups are non-Hispanic, Hispanics may be of any race or two or more races, and Asian does not include Pacific Islander.

Appendix B7:

Violence & Safety Tables

Appendix Table B7.1.

State Statutes in the South Related to Domestic Violence, Sexual Violence, Stalking, and Gun Ownership, 2014

State	Gun Possession Bar on Individuals Convicted of Misdemeanor Domestic Violence Crimes	Gun Possession Bar on Individuals Subject to Domestic Violence Protection Orders	Gun Possession Bar on Individuals Convicted of Misdemeanor Sex Crimes	Gun Possession Bar on Individuals Convicted of Misdemeanor Stalking Crimes	Bar for Misdemeanor Domestic Violence Crimes, Including "Dating Partners"	Required Surrender of Certain Firearms by Persons Convicted of Misdemeanor Domestic Violence Crimes	Required Surrender of Certain Firearms by Persons Subject to Domestic Violence Restraining Orders	Required Removal of Certain Firearms by Law Enforcement at Specified Domestic Violence Incidents
Alabama	No	No	No	No	No	No	No	No
Arkansas	No	No	No	No	No	No	No	No
District of Columbia	Yes	Yes	Yes	Yes	Yes	No	No	No
Florida	No	Yes	No	No	No	No	No	No
Georgia	No	No	No	No	No	No	No	No
Kentucky	No	No	No	No	No	No	No	No
Louisiana	Yes	Yes	No	No	No	No	No	No
Mississippi	No	No	No	No	No	No	No	No
North Carolina	No	Yes	No	No	No	No	Yes	No
South Carolina	No	No	No	No	No	No	No	No
Tennessee	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes
Texas	Yes	Yes	No	No	No	No	No	No
Virginia	No	No	No	No	No	No	No	No
West Virginia	Yes	Yes	No	No	Yes	No	No	Yes

Source: Gerney and Parsons (2014). Reprinted with permission.

Appendix Table B7.2.

Percent of High School Girls in the South Feeling Unsafe or Experiencing Bullying, by Race and Ethnicity, 2013

	Did Not Go to School at Least One Day in the Past Month Because Felt Unsafe						Experienced Bullying on School Property					
	All Girls	White	Hispanic	Black	Asian	Multiple Race	All Girls	White	Hispanic	Black	Asian	Multiple Race
Alabama	8.6%	3.7%	N/A	14.5%	N/A	N/A	23.4%	24.6%	N/A	19.0%	N/A	N/A
Arkansas	8.9%	7.0%	N/A	12.4%	N/A	N/A	29.2%	32.2%	N/A	22.0%	N/A	N/A
District of Columbia	8.2%	1.6%	10.9%	7.5%	5.3%	8.1%	11.9%	15.4%	15.6%	10.6%	12.8%	14.6%
Florida	10.8%	8.3%	14.4%	11.0%	N/A	9.0%	18.7%	22.1%	17.0%	14.0%	N/A	17.6%
Georgia	6.7%	4.9%	7.0%	6.9%	N/A	N/A	21.1%	23.1%	24.9%	16.5%	N/A	N/A
Kentucky	7.2%	7.3%	N/A	N/A	N/A	N/A	24.1%	24.7%	N/A	N/A	N/A	N/A
Louisiana	11.5%	9.6%	N/A	14.6%	N/A	N/A	25.4%	28.2%	N/A	19.3%	N/A	N/A
Mississippi	8.1%	7.3%	N/A	8.7%	N/A	N/A	24.0%	28.1%	N/A	19.8%	N/A	N/A
North Carolina	7.3%	5.0%	10.5%	9.6%	N/A	N/A	24.4%	28.8%	18.3%	19.2%	N/A	N/A
South Carolina	9.5%	7.8%	N/A	12.2%	N/A	N/A	23.1%	25.7%	N/A	19.6%	N/A	N/A
Tennessee	7.3%	5.1%	N/A	10.9%	N/A	N/A	25.1%	26.8%	N/A	18.2%	N/A	N/A
Texas	8.9%	6.2%	10.2%	12.3%	N/A	N/A	22.9%	32.8%	16.1%	16.0%	N/A	N/A
Virginia	5.2%	4.5%	8.6%	4.6%	3.2%	4.9%	24.8%	28.3%	21.0%	17.4%	22.9%	27.7%
West Virginia	8.5%	8.4%	N/A	N/A	N/A	N/A	28.3%	28.4%	N/A	N/A	N/A	N/A
United States	**8.7%**	**7.4%**	**12.6%**	**8.0%**	**6.4%**	**9.3%**	**23.7%**	**27.3%**	**20.7%**	**15.1%**	**18.6%**	**28.0%**

Notes: Percent of students in grades 9-12 who did not go to school includes those who did not go because they felt unsafe at school or on their way to or from school on at least one day during the 30 days before the survey. Asian does not include Pacific Islanders. Data are not available for Native Americans in the southern states. N/A=not available.
Source: IWPR compilation of data from the Centers for Disease Control and Prevention's Youth Risk Behavior Survey (2014c).

Appendix Table B7.3.

Percent of High School Girls in the South Experiencing Dating Violence by Race and Ethnicity, 2013

	Experienced Physical Dating Violence					Sexual Dating Violence				
	All Girls	White	Hispanic	Black	Multiple Race	All Girls	White	Hispanic	Black	Multiple Race
Alabama	12.9%	11.8%	N/A	12.9%	N/A	13.7%	13.6%	N/A	12.4%	N/A
Arkansas	14.8%	14.8%	N/A	N/A	N/A	15.2%	14.5%	N/A	N/A	N/A
District of Columbia	15.0%	6.5%	12.5%	15.1%	19.4%	10.5%	11.9%	11.6%	9.9%	14.1%
Florida	10.6%	10.1%	10.4%	10.8%	13.3%	13.1%	14.5%	13.0%	10.2%	16.7%
Georgia	12.9%	11.2%	N/A	10.6%	N/A	N/A	N/A	N/A	N/A	N/A
Kentucky	11.8%	10.5%	N/A	N/A	N/A	13.1%	12.5%	N/A	N/A	N/A
Louisiana	16.1%	11.7%	N/A	22.2%	N/A	N/A	N/A	N/A	N/A	N/A
Mississippi	13.4%	12.1%	N/A	14.1%	N/A	12.7%	15.1%	N/A	9.3%	N/A
North Carolina	12.2%	10.4%	N/A	13.9%	N/A	14.5%	17.6%	N/A	10.8%	N/A
South Carolina	13.1%	9.4%	N/A	16.9%	N/A	13.7%	12.3%	N/A	14.4%	N/A
Tennessee	10.8%	12.0%	N/A	7.3%	N/A	14.4%	15.6%	N/A	7.3%	N/A
Texas	12.5%	11.3%	13.0%	12.9%	N/A	14.5%	15.6%	12.8%	11.5%	N/A
Virginia	13.5%	12.0%	14.5%	14.7%	20.6%	N/A	N/A	N/A	N/A	N/A
West Virginia	13.8%	14.2%	N/A	N/A	N/A	13.4%	13.9%	N/A	N/A	N/A
United States	**13.0%**	**12.9%**	**13.6%**	**12.3%**	**15.4%**	**14.4%**	**14.6%**	**16.0%**	**8.8%**	**18.6%**

Notes: Data on dating violence include the percent of students among those who dated or went out with someone in the 12 months prior to the survey who experienced physical or sexual dating violence during that time. For students in grades 9-12. Data are not available for Asians or Native Americans in the southern states. N/A=not available.
Source: IWPR compilation of data from the Centers for Disease Control and Prevention's Youth Risk Behavior Survey (2014c).

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CHAPTER 8 | Recommendations

Recommendations

Women in the South face challenges that deserve attention from policymakers, advocates, employers, and funders. Despite women's progress, they are underrepresented in political offices, their labor is undervalued, they are more likely to live in poverty than men, and they are too often victims of gender-based violence. Women of color, who are subject to sexism and racism, face even greater hardships and disparities, including on measures of health. Policies and programs to address these inequities can improve southern women's status and make a powerful difference in the lives of women, men, and children.

Strengthening Women's Political Participation

- Given the underrepresentation of women, and especially women of color, in political office, efforts should be made to strengthen the pipeline of women to political office. Initiatives should include expanding campaign trainings for women and tailoring training to women of color, asking and encouraging women to run for office, educating the public about the reality of "campaigning-while-female," encouraging women's organizations to get involved in electing more women of diverse racial and ethnic backgrounds to office, and holding political parties accountable for supporting and promoting women candidates. If more women in the South held political office, they could amplify women's political voice and ensure that policymaking at all levels—local, state, and federal—addresses issues of concern to southern women.

- The South continues to attract large numbers of immigrants; those who are undocumented are particularly unempowered and vulnerable to exploitation. The federal government can increase pathways to citizenship for undocumented immigrants, rendering them eligible to vote and increasing their political voice. The southern states can strengthen women's political participation by abolishing state-level legislation that restricts the civic participation and leadership of noncitizens, and by removing restrictive voter identification laws that may prevent women, including those who are citizens, from registering to vote and going to the polls.

Supporting Employment and Increasing Earnings for Women

- The federal government and southern states should fully enforce the Equal Pay Act and state

equivalents. There is no single greater policy lever than equal pay to increase women's earnings and grow the economy. If all working women in the South aged 18 and older were paid the same as comparable men—men of the same age, level of education, and urban/rural residence, and who work the same number of hours—women's average earnings would increase by 17.9 percent annually. Added up across all working women in the South, this would amount to an earnings increase of $155.4 billion, or 2.8 percent of the southern states' combined gross domestic product (GDP) in 2014.

- To remedy gender and race disparities in earnings, which are greater for women of color in the South than for their counterparts in other states, employers should be held accountable for their obligation to monitor their hiring, compensation, and promotion practices. They should be required by federal, state, or local policies to increase transparency about pay and promotion decisions and allow workers to share pay information without retaliation.

- Federal and state governments should protect women's rights on the job, including the right to organize, since women with union jobs have higher earnings and better benefits than nonunionized workers, an advantage that women in 11 of the 14 southern states with "Right-to-Work" laws cannot enjoy.

Creating a Policy Infrastructure to Support Work-Life Balance

- In half of all families with children younger than 18 in the South, mothers are breadwinners in their families, meaning they are either a sole provider or a married mother who earns at least 40 percent of a couple's total earnings. Women of color in the South make up the majority of all breadwinner mothers, making work-life supports especially critical for them and their families. Southern states can help women stay in their jobs and advance by enacting policies such as paid family and medical leave, paid sick days, and schedule predictability, which are currently not available to the vast majority of workers in the South, especially those with low wages. States should ensure that laws and regulations fully reflect the needs of workers with caregiving responsibilities, including pregnant workers, parents, and caregivers of elderly parents or other adult family members.

- Although women in the South tend to have better access to quality, affordable child care when compared with the United States overall, such quality child care is still out of reach for many low-income and rural women in the South. To improve access to quality and affordable child care, southern states should increase resources for early care and education and ensure that eligible parents receive child care subsidies whether they are in work, looking for work, or pursuing training and education. States and districts should ensure that school hours (including pre-kindergarten and kindergarten) are aligned with the traditional working day and that affordable care is available to parents during school vacations.

Reducing Poverty and Expanding Opportunities for Women

- Given the persistently high rates of poverty among women in the South, rates that are even higher for women of color, the benefit of equal pay for women would be seen not only in women's increased earnings, but also in a dramatic reduction in poverty. In the South, if working women aged 18 and older were paid the same as comparable men, the poverty rate among all working women would fall by more than half, from 9.4 to 4.6 percent. The poverty rate among working single mothers would drop from 30.8 to 15.9 percent if they earned the same as comparable men.

- Fewer women aged 18-64 in southern states are covered by health insurance than women in other states, and fewer women of color have health insurance compared with white women. The southern states can increase women's access to health care services by expanding public health programs to a wider range of women, including women with lower incomes and immigrant women who may be ineligible for federally assisted health insurance, especially in the eight southern states that have not opted to expand their Medicaid programs.

- Southern states can capitalize on the recent growth in women's business ownership, and substantial increase in businesses owned by women of color, by ensuring that state and local government contracts are accessible to women-owned and minority-women-owned businesses, and through public and private sector investments in loan and entrepreneurship programs that expand business opportunities for all.

The number of women-owned businesses may also be increased through technical assistance to women entrepreneurs that helps them identify good business and financing opportunities to enable them to start and grow businesses.

Increasing Women's Access to Reproductive Rights

- Southern states can enhance women's reproductive rights by eliminating the policy barriers that make it difficult for women to access contraception and abortion and to obtain the full range of reproductive health services and information they need. Efforts to regulate abortion providers that result in clinic closures should be challenged, as those clinics also provide essential health services for poor, rural, and minority women who may not have access to any other health care.

- To reduce the higher rates of maternal and infant mortality in the South compared with other states, southern states should strive to ensure that all women who are pregnant or have recently given birth have adequate access to prenatal and infant care. This includes supporting health insurance coverage and early enrollment, efforts to educate women about the importance of prenatal care, and training for health care providers to give culturally sensitive care.

Improving Women's Health and Access to Health Care Services

- Increased investments in health prevention and treatment for women in the South, who disproportionately suffer from chronic diseases such as heart disease, cancer, and HIV/AIDS, can expand women's access to health services and address disparities in health outcomes among women from different racial and ethnic groups.

- Investments in programs designed to train health providers to understand the mental and physical health care needs of all women—including minority and LGBT women— and address them appropriately and with sensitivity would help women make use of available services and increase their access to adequate care.

Reducing Violence and Increasing Women's Safety

- Increased enforcement of existing policies to promote women's safety and the enactment of new statutes can help to ensure that women can live free from violence, harassment, stalking, and abuse. The federal government can take steps such as creating a more comprehensive approach to protect women from gun violence, continuing to support funding streams that provide essential services and supports for domestic violence victims, and raising awareness about sexual and dating violence on college campuses and strategies for addressing it. More southern states could enact statutes barring those convicted of domestic violence, stalking, or sex crimes from possessing a firearm.

- Improved data collection on women's experiences with violence and abuse would help researchers and policymakers develop a more complete understanding of the challenges women face and solutions to address them. Investing in data collection and studies to produce consistent and reliable quantitative state-by-state estimates on key indicators related to women's safety, and information disaggregated by race and ethnicity, is essential to pinpointing the greatest threats to safety for women, reducing violence and abuse, and holding perpetrators accountable.

Such changes are essential to improving the economic security, health, civic and political participation, and overall well-being of women in the South. Women and girls are an integral part of the South's future, and their progress can positively affect the lives of all residents. Information—and data that track progress over time—can strengthen efforts to make each southern state a place where women from all walks of life can thrive, leading to a stronger economy and nation.

Appendix 8:

Demographic Tables

Appendix Table 8.1.

Basic Demographics of Women, by Southern State and Region, 2014

State	Total Population	Number of Women, All Ages	Sex Ratio (Women to Men, Aged 18 and Older)	Median Age of All Women	Proportion of Female Population Aged 65 and Older	Proportion of Female Population Under Age 35	Number of Female Same-Sex Partner Households	Proportion of Women Living in Metropolitan Areas, All Ages	Proportion of Women Who Are Immigrants, All Ages	Percent of Federal and State Prison Population Who Are Women	Proportion of Women with a Disability, Ages 21-64
	Number	Number	Ratio	Years	Percent	Percent	Number	Percent	Percent	Percent	Percent
Alabama	4,849,377	2,498,961	1.10:1	40	21.0%	30.5%	4,083	65.4%	3.1%	8.1%	14.7%
Arkansas	2,966,369	1,512,141	1.07:1	39	21.5%	30.9%	2,661	45.8%	4.7%	7.8%	16.8%
District of Columbia	658,893	345,789	1.14:1	34	14.9%	43.7%	1,179	100.0%	13.8%	N/A	9.7%
Florida	19,893,297	10,168,487	1.07:1	43	24.8%	27.8%	22,275	92.6%	20.7%	7.1%	10.2%
Georgia	10,097,343	5,173,573	1.09:1	37	17.4%	32.7%	11,643	70.8%	9.5%	6.6%	11.4%
Kentucky	4,413,457	2,233,621	1.06:1	40	20.5%	29.9%	4,899	41.6%	3.4%	11.9%	16.8%
Louisiana	4,649,676	2,378,697	1.08:1	37	19.0%	33.0%	3,687	67.5%	3.7%	5.5%	13.6%
Mississippi	2,994,079	1,535,297	1.09:1	38	20.0%	31.7%	2,269	34.7%	2.0%	7.2%	15.7%
North Carolina	9,943,964	5,106,024	1.09:1	39	20.1%	30.4%	11,664	67.1%	7.4%	7.1%	12.0%
South Carolina	4,832,482	2,479,946	1.08:1	40	21.1%	30.2%	4,831	76.7%	4.4%	6.4%	13.0%
Tennessee	6,549,352	3,358,123	1.08:1	39	20.4%	30.6%	6,904	62.4%	4.7%	9.1%	14.8%
Texas	26,956,958	13,577,055	1.04:1	35	16.5%	34.6%	27,649	84.4%	16.4%	8.6%	10.4%
Virginia	8,326,289	4,231,186	1.06:1	39	18.8%	31.5%	8,467	72.1%	12.3%	8.0%	9.6%
West Virginia	1,850,326	936,005	1.04:1	43	23.7%	27.7%	1,679	18.1%	1.5%	12.1%	17.6%
Southern States	**108,981,862**	**55,534,905**	**1.07:1**	**38**	**19.9%**	**31.4%**	**113,890**	**73.7%**	**11.5%**	**N/A**	**12.0%**
All Other States	**209,875,194**	**106,433,749**	**1.05:1**	**39**	**19.9%**	**31.5%**	**257,597**	**81.2%**	**14.4%**	**N/A**	**10.3%**
United States	**318,857,056**	**161,968,654**	**1.06:1**	**39**	**19.9%**	**31.4%**	**371,487**	**78.6%**	**13.4%**	**7.2%**	**10.8%**

Notes: Data on same-sex partner households include both those headed by married and cohabiting couples and are three-year (2012-2014) averages. Metropolitan areas have a core urban area with a population of 50,000 or more and may include adjacent areas that are socially and economically integrated with the urban core. Disability includes cognitive, ambulatory, sight, hearing, and self-care or independent living difficulties. N/A=data are not available.
Sources: Data on the percent of federal and state prison population who are women are from E. Ann Carson (2015). All other data are IWPR analysis of American Community Survey microdata (Integrated Public Use Microdata Series, Version 5.0).

Appendix Table 8.2.

Distribution of Women of All Ages, by Race/Ethnicity, Southern State, and Region, 2014

State	Number of Women, All Ages	White	Hispanic	Black	Asian/Pacific Islander	Native American	Other Race or Two or More Races
	Number	Percent	Percent	Percent	Percent	Percent	Percent
Alabama	2,493,880	65.7%	3.5%	27.5%	1.4%	0.5%	1.5%
Arkansas	1,503,977	73.7%	6.4%	16.0%	1.4%	0.5%	2.0%
District of Columbia	340,477	33.9%	9.6%	49.9%	4.0%	N/A	2.5%
Florida	10,010,116	56.0%	23.3%	15.8%	2.7%	0.2%	1.9%
Georgia	5,118,803	54.2%	8.3%	31.8%	3.6%	0.2%	1.9%
Kentucky	2,230,478	85.9%	2.8%	7.8%	1.4%	0.2%	1.9%
Louisiana	2,366,963	59.0%	4.2%	33.0%	1.7%	0.5%	1.6%
Mississippi	1,539,506	56.6%	2.2%	38.8%	0.9%	0.4%	1.0%
North Carolina	5,051,197	64.0%	8.1%	22.2%	2.5%	1.1%	2.1%
South Carolina	2,454,359	63.4%	4.7%	28.3%	1.5%	0.3%	1.8%
Tennessee	3,329,649	74.7%	4.4%	17.3%	1.6%	0.2%	1.8%
Texas	13,332,215	44.0%	37.9%	11.9%	4.2%	0.2%	1.7%
Virginia	4,203,694	63.1%	8.1%	19.5%	6.2%	0.2%	2.8%
West Virginia	938,324	93.0%	1.3%	3.3%	0.7%	N/A	1.6%
Southern States	**54,913,638**	**58.5%**	**16.8%**	**19.5%**	**3.0%**	**0.3%**	**1.9%**
All Other States	**105,754,859**	**64.4%**	**16.5%**	**9.1%**	**6.5%**	**0.8%**	**2.6%**
United States	**160,668,497**	**62.3%**	**16.6%**	**12.7%**	**5.3%**	**0.7%**	**2.4%**

Notes: Data are three-year (2012-2014) averages. Racial categories are non-Hispanic. Hispanics may be of any race or two or more races.
Source: IWPR analysis of American Community Survey microdata (Integrated Public Use Microdata Series, Version 5.0).

Appendix Table 8.3.

Number of Women and Men of All Ages Residing in the South, by Detailed Racial and Ethnic Groups, 2014

	Number of Women			Number of Men		
Racial/Ethnic Group	Southern States	All Other States	United States	Southern States	All Other States	United States
HISPANIC						
Mexican	5,694,098	11,209,373	16,903,471	5,988,884	11,749,871	17,738,755
Spaniard	101,831	273,443	375,274	98,954	266,864	365,818
Caribbean						
Cuban	776,079	225,520	1,001,599	766,910	233,162	1,000,072
Dominican	154,439	763,549	917,988	140,427	674,842	815,269
Puerto Rican	752,285	1,834,532	2,586,817	754,948	1,782,197	2,537,145
Central America						
Costa Rican	27,390	45,027	72,417	23,804	42,473	66,277
Guatemalan	153,165	417,653	570,818	216,386	510,944	727,330
Honduran	198,661	184,453	383,114	217,346	192,291	409,637
Nicaraguan	111,114	98,853	209,967	101,801	89,314	191,115
Panamanian	48,872	56,427	105,299	36,646	41,912	78,558
Salvadoran	312,463	667,701	980,164	346,765	688,134	1,034,899
South America						
Argentinean	46,852	77,891	124,743	50,116	75,715	125,831
Bolivian	30,469	28,541	59,010	27,747	23,944	51,691
Colombian	280,951	308,454	589,405	229,604	247,712	477,316
Ecuadorian	62,089	263,823	325,912	54,526	289,676	344,202
Peruvian	115,995	203,912	319,907	99,263	189,234	288,497
Venezuelan	96,103	47,638	143,741	84,668	41,019	125,687
Other South American	43,197	88,959	132,156	44,873	84,996	129,869
Other Hispanic	236,941	611,417	848,358	233,658	613,977	847,635
ASIAN/PACIFIC ISLANDER						
East Asia						
Chinese	277,380	1,721,185	1,998,565	242,011	1,513,860	1,755,871
Japanese	46,391	402,211	448,602	26,905	293,486	320,391
Korean	160,652	646,453	807,105	124,370	528,380	652,750
South Central Asia						
Indian	394,312	1,163,686	1,557,998	418,106	1,244,486	1,662,592
Pakistani	64,177	130,052	194,229	71,600	143,393	214,993
South East Asia						
Cambodian	22,838	113,670	136,508	18,581	102,114	120,695
Filipino	227,356	1,259,001	1,486,357	153,075	1,001,270	1,154,345
Laotian	26,514	77,476	103,990	23,076	79,007	102,083
Thai	28,363	81,826	110,189	17,078	51,420	68,498
Vietnamese	272,609	606,547	879,156	251,442	562,570	814,012
Other Asian	92,469	384,509	476,978	95,403	392,073	487,476
Pacific Islander	29,255	208,528	237,783	27,657	208,659	236,316
Two or More Asian/ Pacific Islander Races	34,416	210,364	244,780	29,945	194,846	224,791
NATIVE AMERICAN						
Cherokee	38,716	90,103	128,819	39,893	89,325	129,218
Other American Indian Tribe	119,640	643,416	763,056	113,505	613,584	727,089
Two or More American Indian and/ or Alaska Native Tribes	15,227	106,871	122,098	15,627	98,957	114,584

Notes: Data are three-year (2012-2014) averages. Racial categories are non-Hispanic. Hispanics may be of any race or two or more races.
Source: IWPR analysis of American Community Survey microdata (Integrated Public Use Microdata Series, Version 5.0).

Appendix Table 8.4.

Distribution of Women and Men Aged 15 and Older, by Marital Status, Southern State, and Region, 2014

	Total Number		Percent Married		Percent Separated, Widowed, or Divorced		Percent Never Married	
State	Women	Men	Women	Men	Women	Men	Women	Men
Alabama	2,055,713	1,879,295	44.9%	50.3%	27.4%	16.5%	27.7%	33.2%
Arkansas	1,225,939	1,155,825	48.1%	51.8%	27.2%	16.4%	24.7%	31.8%
District of Columbia	298,484	261,720	25.6%	29.2%	18.0%	12.8%	56.4%	58.0%
Florida	8,535,799	8,009,107	43.4%	48.3%	28.4%	16.6%	28.2%	35.1%
Georgia	4,162,116	3,858,980	44.0%	48.6%	24.3%	13.9%	31.6%	37.5%
Kentucky	1,826,294	1,744,168	48.5%	51.7%	27.2%	16.5%	24.3%	31.8%
Louisiana	1,918,382	1,795,578	41.9%	45.1%	25.8%	16.2%	32.3%	38.7%
Mississippi	1,242,797	1,141,277	42.3%	46.6%	27.0%	17.1%	30.7%	36.3%
North Carolina	4,171,598	3,859,803	46.2%	50.5%	25.2%	15.1%	28.6%	34.5%
South Carolina	2,038,681	1,891,835	44.2%	49.2%	26.3%	15.5%	29.5%	35.3%
Tennessee	2,753,171	2,555,866	46.7%	51.1%	26.1%	16.3%	27.3%	32.6%
Texas	10,664,977	10,333,518	47.5%	50.5%	23.3%	13.9%	29.2%	35.7%
Virginia	3,473,555	3,297,748	47.9%	52.2%	22.7%	13.2%	29.4%	34.6%
West Virginia	780,787	751,283	47.8%	50.4%	28.9%	17.6%	23.3%	32.0%
Southern States	**45,148,293**	**42,536,003**	**45.5%**	**49.6%**	**25.5%**	**15.2%**	**28.9%**	**35.2%**
All Other States	**87,024,943**	**83,114,799**	**46.4%**	**49.4%**	**22.7%**	**13.4%**	**30.9%**	**37.2%**
United States	**132,173,236**	**125,650,802**	**46.1%**	**49.5%**	**23.7%**	**14.0%**	**30.2%**	**36.5%**

Source: IWPR analysis of American Community Survey microdata (Integrated Public Use Microdata Series, Version 5.0).

Appendix Table 8.5

Distribution of Households by Type, Southern State, and Region, 2014

	Total	Households Headed by Married Couples		Households Headed by Single Women		Households Headed by Single Men	
		With Children	Without Children	With Children	Without Children	With Children	Without Children
State	Number	Percent	Percent	Percent	Percent	Percent	Percent
Alabama	1,820,378	17.0%	30.3%	8.3%	25.2%	1.8%	17.4%
Arkansas	1,121,059	17.8%	30.8%	7.5%	23.7%	2.1%	18.1%
District of Columbia	269,750	8.8%	14.9%	7.4%	39.7%	1.6%	27.6%
Florida	7,190,292	15.3%	30.9%	6.9%	25.8%	2.0%	19.0%
Georgia	3,520,538	19.9%	27.6%	8.8%	24.1%	2.4%	17.3%
Kentucky	1,691,330	18.2%	30.6%	7.3%	23.7%	2.2%	18.0%
Louisiana	1,703,756	16.1%	27.1%	9.4%	25.3%	2.5%	19.5%
Mississippi	1,083,368	16.2%	28.1%	10.2%	25.9%	2.3%	17.3%
North Carolina	3,719,130	18.2%	29.5%	7.7%	24.7%	2.3%	17.5%
South Carolina	1,784,418	16.4%	30.3%	8.2%	25.2%	2.0%	17.9%
Tennessee	2,472,805	17.8%	30.4%	7.3%	24.6%	2.2%	17.7%
Texas	9,045,526	22.5%	27.4%	8.3%	21.7%	2.4%	17.6%
Virginia	3,033,218	20.4%	29.8%	6.8%	23.8%	2.0%	17.2%
West Virginia	730,807	15.4%	32.8%	6.1%	24.5%	2.4%	18.9%
Southern States	**39,186,375**	**18.6%**	**29.2%**	**7.8%**	**24.2%**	**2.2%**	**18.0%**
All Other States	**76,192,577**	**19.4%**	**28.8%**	**6.9%**	**24.0%**	**2.4%**	**18.6%**
United States	**115,378,952**	**19.1%**	**28.9%**	**7.2%**	**24.1%**	**2.3%**	**18.4%**

Notes: Data are three-year (2012-2014) averages. Households with children include those with children under age 18. Households headed by women and men can consist of unmarried women and men living with relatives, with unrelated individuals, or alone.
Source: IWPR analysis of American Community Survey microdata (Integrated Public Use Microdata Series, Version 5.0).

Status of Women in the States Partners

Founding Supporter
Ford Foundation

Key Project Sponsor
American Federation of Teachers

National Outreach Partner
Women's Funding Network

Data Champions
The Annie E. Casey Foundation
NoVo Foundation
Florida Women's Funding Alliance
New York Women's Foundation
Women's Foundation of Colorado
Women's Funding Alliance (Washington)

Equal Rights Partners
Martha Darling and Gilbert Omenn
Sunrise Foundation
United Automobile Workers International Union
Women and Girls Foundation of Southwest Pennsylvania

National Supporting Partners
Covington & Burling LLP
National Air Traffic Controllers Association
National Organization for Women
OWL: The Voice of Women 40+

State Supporting Partners
Community Foundation of Southern Wisconsin
Fairfield County's Community Foundation Fund for Women and Girls (Connecticut)
The Women's Fund, a special initiative of the Foundation for Enhancing Communities (Pennsylvania)
Women's Foundation of Montana
Women's Fund for the Fox Valley Region (Wisconsin)