

Women's Draft Agenda 2003-2004



NC Women United, a consensus-based coalition of organizations and individuals, is committed to achieving full equality for and empowerment of women –
join us as we strive to reach our goal!

NC Women United 2002
<http://rtpnet.org/aauwnc/02ncwu>

Introduction

Acknowledgments...

The Draft Agenda is the result of many hours of research, writing, and editing by dedicated people who continually provide support to the women of North Carolina and their families through advocacy and direct service. On behalf of NC Women United, I would like to express my sincere appreciation for your contribution to the *Women's Draft Agenda 2003-2004*.

I would also like to acknowledge the work of Jessie Sperath, a rising senior at UNC Chapel Hill and our summer intern. Her tireless work and perseverance simply made all of the difference. Thank you.

Paige Johnson
Chair, NC Women United

History...

NC Women United's primary purpose is to facilitate the coordination of organizational action on issues that affect women. Since 1999, NC Women United has organized and sponsored Women's Advocacy Day at the NC Legislature. This year, NC Women United has agreed to organize the Women's Agenda Assembly Project, which was previously sponsored by NC Equity.

Purpose...

The Women's Agenda Assembly Project's purpose is to increase the collective voice of women in NC by creating an opportunity for them to come together to discuss recommendations for changing public policies to better meet their needs and the needs of their communities. The Women's Agenda Assemblies take place every other year in the fall preceding a new NC legislative session. Women's Agenda Assemblies bring women of diverse backgrounds together to study, discuss, and prioritize issues that state legislators can then address in the upcoming legislative session. The issues that are prioritized become the focus of a lobbying effort called Women's Advocacy Day, which is held at the opening of the long session of the NC General Assembly.

Procedure...

Local organizations that agree to sponsor a Women's Agenda Assembly receive background information on public policy issues compiled by NC Women United. Issue papers are written by organizations and individuals directly involved in providing services and advocacy around those issues. Recommendations included in the policy papers are legislative at the local and/or state levels only. At the local assemblies, participants meet in small groups to discuss those issues. Each small group votes on five top-priority issues. The results from each small group are then tallied to decide the local assembly's top priorities. Local assemblies then report their results to NC Women United, who then tallies the votes received from across the state. The top five vote getters then become the *Women's Agenda* that will be presented to legislators on Women's Advocacy Day.

Results...

Over 400 women and their supporters attended Women's Advocacy Day in January 2000.

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Access to Health Care

Approximately 1 in 10 women in North Carolina are uninsured according to the “2001 North Carolina Women’s Health Report Card” issued by The North Carolina Program for Women’s Health Research, a collaborative program of The School of Medicine, The School of Public Health, and the Cecil G. Sheps Center for Health Services Research and the University of North Carolina at Chapel Hill. The number of uninsured is higher when the elderly who have Medicare are removed from this statistic. According to the Alan Guttmacher Institute, 18% of women aged 15-44 in North Carolina do not have private health insurance or Medicaid.

Other studies suggest that even more women are underinsured, which means that their health insurance does not adequately meet their health needs such as providing coverage for preventive health care or necessary and costly medical procedures.

The importance of preventive health care, which can aid in earlier diagnosis of disease, cannot be overestimated. The difference in outcome between women who have access to health care and those who do not underscores the need for preventive care. According to the “2001 Women’s Health Report Card,” while Caucasian women have a higher incidence of breast cancer, minority women have a much higher death rate from breast cancer. Earlier diagnosis through mammograms often plays a critical role in preventing death.

The disparity in health care access has devastating results on a statewide basis. According to the Henry Kaiser Family Foundation, North Carolina has the sixth highest rate of infant mortality in the nation. Almost 24 percent of African American women attend late or no prenatal care. The “2001 North Carolina Women’s Health Report Card” states that the rate of infant mortality for African Americans in North Carolina is more than double that for white North Carolinians.

Accessible family planning services help to reduce the rate of infant and maternal mortality by helping women space pregnancies so that their bodies are better prepared for pregnancy and childbirth. For many women, reproductive health care is primary health care. Family planning services provide not only contraception but also cancer screening, disease prevention, treatment of sexually transmitted diseases and other public health services. Unfortunately, despite gains in greater access to family planning services through county health departments, far too many women remain in need of this basic care.

According to the Alan Guttmacher Institute, roughly one-half of the women in North Carolina who are in need of contraceptive services and supplies are in need of publicly supported services because they can not otherwise afford this preventive care. Each year, family planning clinics in North Carolina serve almost 200,000 women, including over 50,000 teenagers. County health departments serve seventy-four percent of the women served by publicly supported family planning clinics in North Carolina. Studies conducted by the Alan Guttmacher Institute show that every dollar spent on family planning services saves three dollars in spending on public assistance.

Women who have fewer resources also have fewer reproductive choices. The state of North Carolina once recognized that a woman’s right to make responsible decisions regarding childbearing should not

be based solely on her ability to pay for full reproductive freedom. The State Abortion Fund was established in North Carolina immediately following the passage of the federal Hyde Amendment in 1976, which barred the use of federal Medicaid money to pay for abortions in most cases. Initially, the State Abortion Fund was accessible to women based on financial need alone. In 1995, the fund was decimated. The funding was reduced from over one million dollars to just \$50,000 and restrictions were placed on it that rendered it almost entirely inaccessible. While fair-minded people may hold different opinions on abortion, the right of a woman to make personal decisions about when or whether she will become a parent for the first or fourth time should not be based solely on her ability to pay for that freedom.

According to the North Carolina Women's Health Report Card, North Carolina has a long way to go in order to address chronic public health concerns. Most striking are those that are preventable such as illnesses related to smoking. The report card showed grades of D and F, respectively, in the two smoking related areas of lung cancer deaths and chronic obstructive lung disease for all races. While the benefits of quitting smoking are well known by most, in North Carolina, the rate of smoking among African American women and younger women has actually increased.

Likewise, the rate of HIV/AIDS per 100,000 women has increased substantially and the number of sexually transmitted diseases remains unacceptably high. The NC Women's Health Report Card assigned Ds and Fs to both of these categories as well. According to the report card, "the HIV/AIDS rate for African-Americans is nearly 17 times that of whites." Some of the difference in known cases may have to do with more African Americans using public health clinics, where reporting is more systematic. However, the bottom line is that too many people, including young women and disproportionately, young African American women, are becoming infected with preventable diseases.

Recommendations for Action...

- ⇒ Obtain adequate funding for the Office of Women's Health for disseminating health information and wellness promotion.
- ⇒ Provide increased funding for Sexually Transmitted Disease and HIV / AIDS programs; institute a special HIV / AIDS prevention program targeted at minority women; increase funding for care and treatment.
- ⇒ Provide adequate, accessible family planning services and information to underserved women.
- ⇒ Increase the State Abortion Fund and remove restrictions on it.
- ⇒ Use funds obtained through the tobacco settlement to pay for smoking cessation programs that target women and smoking prevention programs that educate young women before they begin smoking.

Adolescent Pregnancy

News reports about a decline in teen pregnancy in North Carolina have mistakenly convinced many that the problem has been solved. Nothing could be further from the truth. According to the Adolescent Pregnancy Prevention Coalition of North Carolina, in 1999-2000, **North Carolina was one of only 12 states in the U.S. that had an actual increase in their teen birth rate.**

While teen pregnancy rates cut across all income levels, 85 percent of the teenagers who give birth are living in or near poverty. Only one-third of these teenagers receive a high school diploma. **In fiscal year 2002-2002, NC spent \$1,039,309,739 in Temporary Assistance to Needy Families (welfare), WIC, Medicaid and food stamps on families that were begun by teenagers.**

Teen pregnancies and births forever alter the lives of young women and men, families, and communities. One of the most striking and recent developments in NC's adolescent pregnancy rate comes from NC's newest community. Over the past 10 years, the number of Hispanics or Latinos enrolled in North Carolina public schools has increased from less than 1% (8,530 students) in 1991 to 4.4% (56,232 students) in 2001, making this group the state's fastest growing student population.

In 1999, Hispanic adolescents had the highest birth rate of any ethnic group in North Carolina (219 births per 1000 persons) and represented 11% of births to young women aged 15 to 19. **In fact, NC now has the highest Hispanic teen birth rate in the nation.** The impact of this statistic has yet to be felt, since studies show that adolescent Latinas are much more likely to drop out of school after giving birth than other ethnic groups, making it more difficult for them to acquire the skills necessary to financially support their families later in life.

North Carolina has taken serious steps to address teen pregnancy; however, this problem is far from being solved. Public officials in North Carolina have supported pregnancy prevention funding in the past. **However in the last budget process, legislators significantly cut funding for adolescent pregnancy prevention resulting in the elimination pregnancy prevention programs throughout the state.** Without these programs the number of teen pregnancies in North Carolina will likely increase.

Another avenue for addressing teen pregnancy as well as the prevention of sexually transmitted diseases in adolescents would be through responsible age-appropriate sex education in North Carolina's public schools. **Comprehensive sex education provides balanced instruction that includes abstinence as well as accurate information about contraception and the prevention of sexually transmitted infections.** In 1995, NC's model comprehensive k-12 sex education school curriculum was replaced with an "Abstinence Until Marriage" curriculum that does not include discussion of contraception and family planning.

Comprehensive sex education works, which is why it is supported by most major medical organizations, including the American Medical Association, the American Academy of Pediatrics and the American Nurses Association.

Most adolescent pregnancy prevention programs encourage teenagers to talk to their parents about sex and birth control. In fact, many programs offer information that helps parents talk to their teens

about these difficult issues. Studies show that most teenagers do talk to their parents about sex and birth control. However, not all families are model families and there are many reasons why a teenager may be afraid to tell her parent. She may be a victim of sexual abuse or fear retaliation such as being kicked out of the house. Even within families that are supportive and nurturing, adolescents may not want to talk to their parents about sex and birth control out of fear of disappointing their parents or because they are embarrassed.

The real issue is ensuring that teenagers have a safe place to turn to when they need accurate and reliable information about sex, birth control and the prevention of sexually transmitted infections. Because delaying treatment for sexually transmitted infections can substantially increase health risks, teenagers need to be able to access confidential reproductive health care without barriers.

North Carolina law permits adolescents to receive confidential health services related to sexually transmitted infections, family planning, mental health and substance abuse. This does not include abortion. North Carolina has a parental consent law that requires a parent to consent before a minor can have an abortion. The confidentiality law relates only to the health services mentioned above.

North Carolina's commitment to confidential health services for adolescents recognizes that, while it is desirable for teenagers to talk to their parents about sex, STD prevention and birth control, it is not always possible. What's most important is that confidential services exist that encourage teenagers to address sensitive health concerns in a timely manner in order to preserve their mental and physical health.

Recommendations for Action...

- ⇒ Increase and stabilize state funding for pregnancy prevention initiatives that include information about contraception, prevention of sexually transmitted infections and abstinence throughout North Carolina.
- ⇒ Urge the NC General Assembly to use federal money from TANF to fund out-of-wedlock birth and pregnancy prevention initiatives that allow NC to bring in an additional \$500,000 from in Title X funding from the federal government's family planning program. This money would be allocated to local health departments throughout the state and would help prevent approximately 900 pregnancies and out-of-wedlock births, thus saving over \$9.5 million in Medicaid expenses that would have been paid as a result of such pregnancies and births.
- ⇒ Support age-appropriate and developmentally appropriate comprehensive sex education and abstinence plus sex education programs that are accurate and honest; promote healthy, positive and responsible decisions; and that respect the values and the rights of all individuals.
- ⇒ Safeguard adolescents' access to reproductive health services and maintain G.S. 90-21.5.

Tight state budgets result in increasing difficulty for low-income elderly persons searching for good health care. Ironically, this situation exists despite two excellent federal programs specifically designed to help them. With reduced governmental payments to physicians, increasingly fewer doctors will accept new patients who are Medicare or Medicaid beneficiaries. Beyond that, Medicare does not pay for the heaviest expenses seniors incur: prescription drugs and long term care, while Medicaid covers these expenses for only the poorest seniors.

In 2002, in order to reduce Medicaid expense, a freeze was applied to the Community Alternatives Program for Disabled Adults (CAP-DA) This freeze, which was actually a cut, since empty slots were not filled, had a severe impact on some frail elderly persons who were already certified as disabled enough for nursing home care. CAP-DA provides funding for the participant to live at home and receive home health care so long as the cost is less than care in a nursing home. According to the 2002 report of the Legislative Study Commission on Aging, the average daily saving for a person who elects to stay at home is about \$30. How then does the state save money on care for such a person if a CAP slot is not available? By counting on a family's willingness to sacrifice time, energy, and money they can't spare to keep Mom or Grandma at home. Medicaid money is saved when the state does not have to pay either for home health or nursing home care for a person who cannot function independently.

Personal care services provided by home health agencies also were limited to 3.5 hours a day and 50 hours a month. Such services make up about 90 percent of costs for a frail person needing help at home. Because Medicaid is the largest item in the state budget after public education and costs over \$2 billion a year, it becomes a prime target for such reductions. Yet every dollar of state spending that is cut means that \$2 in federal spending is lost to the program.

All states are subject to the Supreme Court's Olmstead decision which specified that a disabled person has a right to live in the least restrictive environment possible. North Carolina has made progress on increasing opportunities for home care, but recent economies in CAP and other services have meant regression. Although seniors much prefer to live at home, a longtime bias in funding often sends them to an adult care home or nursing home. Financial help through Medicaid (for nursing home care) and State-County Assistance (for residence in an adult care home) is available for care in a facility but not at home. One state program that could be expanded at very little cost is the Special Assistance Demonstration project, which now covers up to 400 frail elderly who have been assessed as eligible for residence in an adult care home. This project is similar to CAP-DA in that it provides funding for home care. When the first applicants for the program were assessed, 85 percent were found able to live at home. But the funds available to a participant were less than the cost of care in a facility, and not all the slots were filled. A modest increase in funding could make a big difference in the success of the project.

A continuing problem in long-term care facilities is the turnover in care givers. A statistical study from the Cecil B. Sheps Center at UNC-CH found that at least half of Certified Nurse Aides (CNAs) on the registry are not employed in health care, and many of those who are apparently work only part time. Low pay, lack of benefits, very hard working conditions and lack of respect are some of the difficulties experienced by aides in stressful jobs in long term care facilities. They may have to work at more than

one job to make ends meet. This situation translates directly into lower quality care for residents in those facilities. Two possibilities that might help have surfaced: one is for the legislature to provide "pass-through" money that would go directly for wages or benefits of caregivers. Also, the state might subsidize health care benefits as it does for child care workers.

As everyone knows, what a low-income elderly person who is not a Medicaid beneficiary most needs is a substantial prescription drug benefit. But the cost is high. The General Assembly provided \$500,000 in recurring funds for cardio-vascular disease and diabetes, then increased that amount to \$1 million, then dropped back to \$500,000. The Health and Wellness Trust, funded with one-fourth of the Tobacco Settlement money, has approved \$32 million a year for three years for a prescription drug benefit for persons whose income is less than 200 percent of the federal poverty level (\$8,860 for a single person and \$11,940 for a couple) and who have no other insurance. The fund will pay for prescription drugs (with a 40 percent co-pay) for diabetes and cardio-vascular and pulmonary disease. There is a cap of \$1000 (actually \$600 with the co-pay) per person per year. A program is being worked out to provide monitoring, education, and counseling for at-risk persons with multiple prescriptions, some of which may be inappropriate or interfere with the action of others. Although the funding is inadequate to cover all the need, still this is a valuable benefit, especially combined with some of the discounted or free drugs available from major pharmaceutical companies. Yet no one knows what will happen after the three-year term is over. Some plan needs to be prepared now so that beneficiaries will not be stranded without aid.

The elderly population in North Carolina is growing rapidly. Of the more than one million citizens over 65, 60.3 percent are women, and of the 131,000 people over 85, 66 percent are women. Aging issues, therefore, are women's issues. And many of these women live in poverty. Choices in long term care for the poor are limited. The frail person ordinarily wants to stay at home, but the only funds available are for care in an adult care home or a nursing home. Families, whatever their incomes, should be able to care for elderly relatives in their own homes if possible. When institutional care is the only option, the facility should be staffed by quality caregivers and provide excellent care.

Recommendations for Action...

Help North Carolina's older citizens live independent lives by:

- ⇒ Maintaining eligibility and services for Medicaid, especially the Community Alternatives Program for the elderly and disabled to permit them to live at home instead of in a nursing home.
- ⇒ Increasing funding for the Special Assistance Demonstration project to enable frail elderly persons to live at home instead of in an adult care home;
- ⇒ Providing "pass-through" funds for wages and benefits for aides in long-term care facilities to improve hiring and retention of trained workers.
- ⇒ Forming a plan for a quality permanent prescription drug benefit for low-income elderly.

Child care is needed both by parents to support their work and school endeavors and by children to support their full development. It is important that when families need to use child care, their children can be enrolled in the highest quality care possible. Research indicates that high quality child care shares several common characteristics: teachers have formal education beyond high school, teacher turnover is low and child:teacher ratios are low. These factors allow teachers to respond to the individual needs of children through the environment and interactions, allow teachers and children to create a strong bond adding to the child's security and allowing teachers to give each child plenty of attention. Children who have spent time in high quality child care environments have lasting benefits from the experience. One study that demonstrates these effects is "The Children of the Cost, Quality, Outcomes Study Go To School, Executive Summary," (Peisner-Feinberg, 1999). This study followed a group of children from their next-to-last year of child care through second grade. This study found that:

Children from classrooms with higher quality practices:
had better language skills at least through kindergarten than children who attended classrooms of lower quality; and had better math skills through second grade, and this was especially true for children whose mothers had fewer years of education.

Unfortunately, many families cannot afford the cost of high quality child care on their own. In December 2001, 23, 212 eligible poor children were waiting for child care subsidy funds in North Carolina. The last market rate study data available recommended that a 4-star center rate for 2 year olds in North Carolina is \$563 per month. This is 24% of the income of a family earning \$27,000 per year, far above the 10% that government studies have estimated that families can afford to spend.

North Carolina has put in place many supports over the last few years to increase the quality of child care and make it more accessible to families. These supports include:

- The *T.E.A.C.H. Early Childhood® Project*, which helps teachers, directors and family child care providers, obtain credentials and degrees in early childhood. During FY 2001-02, over 4000 teachers received a scholarship through this program.
- The *T.E.A.C.H. Early Childhood® Health Insurance Program* which helps pay the cost of health insurance in eligible child care programs.
- The *Child Care WAGE\$ Project* which provides teachers, directors and family child care providers with salary supplements based on the level of education they have obtained and their longevity. During FY 2001-02, 8,784 received a supplement through this program.
- *Smart Start*, which provides comprehensive services for children under the age of five years to ensure their readiness for school. These services include quality improvement programs for child care providers, health screenings for the children, child care subsidies for families, child care resource and referral services for families and a variety of other supports.
- The *Five Star Rated License* system which enables child care centers and homes to obtain either a 1 Star, 2 Star, 3 Star, 4 Star or 5 Star license based on the education of their staff, compliance history of the program and their ability to meet various program standards such as the appropriateness of teacher interactions with children.

- The *More at Four Program*, which enables at-risk 4 year olds to obtain a high quality pre-kindergarten experience to better, prepare them for school.

Recommendations for Action...

- ⇒ Fully fund Smart Start for all 100 counties in North Carolina.
- ⇒ Provide additional funds to alleviate the child care subsidy waiting list and reimburse child care programs at current market rates.
- ⇒ Continue the provision of funds for the T.E.A.C.H. Early Childhood® Project and the T.E.A.C.H.® Health Insurance Project.

Acts of discrimination and hatred are daily occurrences in American life. According to the Southern Poverty and Law Center (SPLC), every hour a hate crime is committed, these crimes are unlawful acts motivated by bias. Experts recognize that most hate crimes are undercounted. Of those reported, eight blacks, three whites, three gays, three Jews, and one Latino become hate crime victims everyday. The greatest increase in hate crimes in recent years has been toward Asians and homosexuals. Forty percent of bias crimes are committed against African-Americans. A 1999 U.S. Department of Justice report found Native Americans experience a higher rate of exposure to violence than other races. The study did not determine the percentage of violent crime against Native Americans motivated by bias however; experts assert the majority was motivated by prejudice.

Although progress has been made in improving inter-group relations in the United States and in North Carolina, stereotypes accompanied by fear remain commonplace. Without education as well as constructive steps to build understanding on a personal level; stereotypes will lead to discrimination, racist policies, and eventually, hate crimes. Organizations that promote and nurture hatred of others because of their race, religion, sex, disability, or sexual preference are loosely referred to as hate groups. Specific religious tenets and political views characterize these groups, which often adopt a militaristic structure and style. According to an *Intelligence Report* from the SPLC, there are only six states with more known hate groups than North Carolina. There are 22 active hate groups in North Carolina, among which are ten Ku Klux Klan and six Neo-Nazi groups. In recent years, there has been a consolidation of hate groups and extensive use of web sites as they attempt to mainstream their issues.

Women also suffer from stereotypes, prejudice, oppression, and hatred. Women's organizations are often in an ideal position to build alliances with people of color and their organizations around issues of community safety. For example, women have historically raised issues of community safety with local police. This relationship can be leveraged to secure greater access to the police for others who are victims of harassment and hate crimes. Alliances of mutual understanding built on open and frank communication need to be developed. There are many models for cross-cultural communication being used in North Carolina today; e.g. the Study Circles Program.

County and municipal governments should promote equal treatment of all individuals by improving complainants and respondents access to the administrative process; increasing opportunities for mediation of claims; providing parties with a faster, less expensive and more effective resolution to complaints; and providing more technical assistance to businesses, employers, and housing providers to prevent discriminatory practices through educational workshops and seminars.

Localities should create a local process for handling discrimination complaints, local process for the filing of complaints, create a forum where parties can resolve their disputes locally and provides an opportunity for complainants and respondents to litigate their cases in state court. They also should ensure that ordinances are 'substantially equivalent' to existing federal and state laws. The ordinances should protect all people from being discriminated against because of their race, color, sex, religion, national origin, familial status, age, disability and veteran's status.

Counties and municipal governments should offer remedies available under existing state and federal law, punitive damages cannot be awarded by a jury or a court unless they can be awarded under existing federal or state law.

Communities have the ability to accomplish a great deal in reducing hate crimes. Communities can inquire if local police have personnel trained by the NC Justice Academy on hate crime reporting as well as verification and encourage untrained officers to obtain such training. Also, local media can be enlisted to support officer training in identifying and reporting hate crimes, while giving positive local support and publicity to officers who receive this training. The State Bureau of Investigation (SBI) - Division of Criminal Information will provide technical assistance to local agencies for hate crime reporting. Although none of this training is mandatory, without it, hate the SBI's Division of Criminal Information cannot accept crime reports to local police departments. This is the main reason for undercounting of hate crimes in the North Carolina.

The struggle and education against bigotry and hatred is a community issue. Religious organizations as well as schools should educate the public about hate crimes. Religious leaders should be involved because hate groups often use the Bible as justification for their beliefs and actions. Women and other community groups should meet with local Parent Teacher Associations (PTA) and school principals to inquire about curricula used to help children appreciate diversity. The SPLC sends free materials to teachers on "Teaching Tolerance." Communities can assure that all local schools have these or similar materials available for teachers and students is an excellent and practical local project that ultimately would support change on the state level. It is important that local government and state government officials are aware of local communities concern of hate crime ordinances, processes, reporting and lack of diversity education.

Recommendations for Action...

- ⇒ General Assembly should support H941 Anti-Discrimination Ordinances. This bill gives county and municipal governments with populations of 100,000 or more, clear authority to adopt ordinances that prevent discrimination in the areas of housing, employment and public accommodations and gives residents a private right of action. This bill codifies existing law only.

So Much at Stake...

Women have much at stake in our current political system. Consider the following facts. Even though women workers are expected to make up 56 percent of the workforce by 2006, job discrimination, pay inequality, and biased employment opportunities still exist. Women make on average 73 cents to every dollar earned by a man and are particularly affected by economic downturns because of our predominance in low-wage, part-time, and temporary jobs. In addition, women and our children are disproportionately impacted by the lack of affordable childcare and healthcare in this country.

Women are: 54% of Pell Grant recipients; 60% of Social Security beneficiaries; 66% of Medicare recipients below the poverty line; 75% of Earned Income Tax Credit filers; 75% of all nursing home residents; 90% of TANF recipients; and 100% of the victims of violence against women.¹

Together women and children are: 85% of all Medicaid recipients; 100% of WIC program beneficiaries; and 100% of those helped by prenatal care.

As a result, women's lives are greatly affected by the decisions made in Raleigh as well as in Washington. Women have a tremendous amount at stake in our government's policy decisions.

Yet So Little Say

Unfortunately, few women actually sit at the table where these important policy decisions are made. At 52%, women were the majority of voters on Election Day in 2000. Yet, women are sorely absent from elected offices 80 years after securing the right to vote.

Including results from the 2000 election, women now make up 13% of the U.S. Senate, 13.5% of the U.S. House of Representatives, 10% of state governors, and 22% of state legislators. No woman has ever served as president or vice president of the United States.

When broken down by region, these numbers further detail the dearth of women in elected office. According to data from the Center for American Women and Politics, women in the Southeastern U.S. are much less likely to hold an elected office than women in other regions. Southern states are completely absent from the ranking of the top 20 states for the percentage of women represented in state legislatures. Of the five states with the lowest representation of women in state legislatures, four are in the South. At 38.8%, Washington state ranks first in the percentage of women in state legislatures. North Carolina is ranked 32nd with 18.8%, and lastly, Alabama with 7.9%.

It is no wonder that women's voices are not being heard when elected bodies determine policy priorities. Over the last eighty years, women have learned that merely having the vote is not enough. Women need real political power. America needs champions in elected office who truly understand what it means to work as hard as male colleagues and earn less, to struggle to find affordable child care, and to live in fear of rape and domestic violence.

¹ From Women's Action for New Directions Fact Sheet, *Women Take Action! On the Federal Budget*

As Debbie Stabenow, a recently elected U.S. Senator from Michigan, has stated, "It is important that we have moms in the United States Senate, and daughters and sisters, as well as dads. There's a different set of experiences that women bring that are important in decision making." (NYT, 11/13/00, A14) This concept is true not only at the federal level, but also at state and local levels. It is time for women's voices to be heard at every level, from the town hall, to the oval office, and everywhere in between.

Rising Campaign Costs Leave Women Behind

Why does the composition of policy-making bodies not reflect the voting strength of women or the proportion of women in society?

Money is one answer to this question. As campaign costs rise, people who, traditionally, have been shut out of the political process. These people, women, people of color, and low-income voters, will continue to find themselves at a disadvantage. When money dominates politics, the good-ole-boy network flourishes.

Such a political system works against women and their interests in two fundamental ways. First, qualified female candidates often have a more difficult time raising money than their male counterparts, and therefore, are prevented from mounting serious campaigns. Secondly, the issues that women, along with many Americans, care about most are not given a fair voice. The influence of special interests and campaign donations largely prevent a non-biased discussion of such issues.

The current system is unjust because it excludes otherwise qualified women, simply because they often do not have large sums of money with which to campaign. Women need an alternative that will allow non-wealthy, female candidates to compete with men on Election Day.

Recommendations for Action...

- ⇒ Under **The Voter-Owned Elections Act**, a bill introduced in the North Carolina General Assembly, candidates who can demonstrate broad support in their communities and who agree to strict fundraising and spending limits would be eligible to receive funding to run for office from the newly created Fair Elections Fund. Participation in the program would be voluntary for candidates and taxpayers. The entire cost would come to one penny a day per eligible voter in North Carolina. This type of program is already in place in Maine and Arizona, where it is meeting with great success. The bill currently has 73 cosponsors in the General Assembly drawn from both political parties. A strong, grassroots movement is necessary to give legislators the political will to pass this important piece of legislation.

Domestic Violence

Domestic violence is a serious, widespread social problem in our country and in our state. Nearly 25% of American women report being raped and/or physically assaulted by a current or former spouse, cohabiting partner, or date at some time in their lifetime, according to the National Violence Against Women Survey.² Women of all races and socioeconomic backgrounds are vulnerable to violence by an intimate partner. In North Carolina, domestic violence programs provided services to over 40,000 new primary victims from July 2000 through June 2001, and served nearly 30,000 secondary victims during this same time period³. Secondary victims are usually children, and numerous studies indicate that there is an overlap of 30 to 60 percent between violence against women and violence against children in the same families.⁴ In addition, these crimes are severely underreported.⁵ Without appropriate intervention, domestic violence often escalates into homicide. On average, more than three women are murdered by their husbands or boyfriends in this country every day.⁶ In North Carolina, 13 domestic violence related homicides were reported from May 4th to July 19th, 2002.⁷

The Battered Women's Movement grew out of the Women's Movement in the 1970s when women started talking about domestic violence and developing informal "safe houses." The first reported shelter opened in North Carolina in 1978 in Winston-Salem. Currently, our state has approximately 95 domestic violence programs and approximately 70 shelters. Some programs serve multiple counties and some counties have more than one program. We have made significant progress in North Carolina as the result of people joining together to advocate for change. These efforts have led to the passing of laws that make marital rape a crime; legislation that allows judges to grant victims protective orders without an attorney; laws that allow the arrest of an abuser without a warrant; enhanced penalties for stalking and repeat offenders; and an increase in the marriage license fee, which is used to support domestic violence programs. We still have a long way to go, however, to create a system that holds batterers accountable for their behavior and improves the safety of battered women and their children.

The first critical need that we must address is providing adequate and consistent funding to domestic violence programs. New programs should be funded at the same level as existing programs without decreasing funding to existing programs. For fiscal year 2002, the Council for Women provided full funding to 75 domestic violence programs in the amount of \$31,500 and partial funding to 20 additional programs in the amount of \$15,000. These funding levels are significantly below the costs of running even a minimal program. Increasing funding by the state would assist in providing stability for programs and enhance the services that they are able to provide. Every domestic violence victim in North Carolina should have easy access to comprehensive services.

² The Centers for Disease Control and Prevention and The National Institute of Justice, *Extent, Nature, and Consequences of Intimate Partner Violence*, July 2000.

³ North Carolina Council for Women, Domestic Violence Program, 2001.

⁴ Effective Intervention in Domestic Violence and Child Maltreatment Cases: Guidelines for Policy and Practice. Recommendations from the National Council of Juvenile and Family Court Judges Family Violence Department, 1999.

⁵ Estimates from the National Crime Victimization Survey indicate that about half of the intimate partner violence against women was reported to the police. Rennison, C.M., US Department of Justice, Bureau of Justice Statistics, 2000.

⁶ In 1998, approximately 1,830 murders were attributed to intimates, and 1,320 victims were women. US Department of Justice, Intimate Partner Violence, May 2000.

⁷ DA toughens abuse policy, Angela Bible, The Durham Herald, July 25, 2002.

Chapter 50B needs to be expanded to protect all victims of domestic violence. Currently, a victim in a same sex dating relationship cannot pursue a protective order under Chapter 50B, although incidents of domestic violence occur at approximately the same rate in homosexual relationships as in heterosexual relationships.⁸ Chapter 50B must also be clarified to ensure that victims are able to renew protective orders multiple times as intended by the statute. Finally, a protective order entered pursuant to a consent order is entitled to the same enforcement as a protective order entered pursuant to a hearing. The statute needs to be clarified to ensure that victims are equally protected.

Another important issue for victims of domestic violence is the determination of custody. Children are often witnesses to domestic violence, if not victims themselves, and the courts should not further place them at risk by awarding custody to a batterer. The parenting of men who batter exposes children to multiple potential sources of emotional and physical injury.⁹ The law should clearly state that awarding custody to a perpetrator of domestic violence is contrary to the child's best interests. A rebuttable presumption awarding custody to the non-offending parent should be in place to guide these decisions and ensure that children are safe.

Finally, additional legislation is needed to prohibit the purchase or possession of firearms by persons convicted of domestic violence crimes and persons subject to protective orders as required by federal law. Most of the domestic violence homicides in our state are committed with handguns. The Washington Post reported that nearly 3,000 domestic abusers purchased firearms between 1998 and 2001, despite federal laws designed to prevent such purchases.¹⁰ State laws that mirror the federal laws would greatly enhance our ability to prevent abusers from obtaining or possessing firearms.

Despite tremendous progress in the arena of domestic violence, statistics show that this type of crime remains prevalent in North Carolina. More must be done to further aid victims of domestic violence. We must advocate for protective legislation and secure adequate funding so that domestic violence programs are accessible to the women and children that need them.

Recommendations for Action...

- ⇒ The General Assembly should pass legislation increasing funding for domestic violence programs and providing funding for new programs at the same level as existing programs.
- ⇒ The General Assembly should pass legislation expanding Chapter 50B, ensuring that all victims of domestic violence are able to seek protective orders against their abusers. This legislation should also clarify the language in Chapter 50B to ensure that victims of domestic violence can renew their protective orders as intended by the statute. Finally, legislators should enhance the enforcement provisions of Chapter 50B pertaining to consent orders.
- ⇒ The General Assembly should pass legislation providing for a rebuttable presumption stating that an award of custody to the parent who committed acts of domestic violence is contrary to the child's best interests.
- ⇒ The General Assembly should pass legislation prohibiting the purchase or possession of firearms by persons convicted of domestic violence crimes and persons subject to protective orders as required by federal law.

⁸ The National Coalition of Anti-Violence Programs, 1997 Report on Lesbian, Gay, Bisexual, Transgender Domestic Violence.

⁹ *The Batterer as a Parent*, Lundy Bancroft. Synergy, Volume 6, No. 1, Winter 2002.

¹⁰ *Domestic Abusers Bought Guns*, Dan Eggen. Washington Post, June 26, 2002, Page A8.

Economic Self-Sufficiency

If the measurement of success is a decline in welfare rolls, North Carolina's Work First program has been highly successful. Created one year ahead of the federal program named Temporary Assistance to Needy Families (TANF), Work First achieved a 60% decline in case loads from 1995 to 2002. Of those who have left, about 70 percent earn wages in their first year off the rolls. County Social Service staff have re-learned their jobs to change an emphasis on dependency to an emphasis on preparing for work. Low-income families have worked hard to move into employment. Even in the time of recession, only a small percentage returned to Work First. So far, so good—but a long way from wonderful.

Median earnings of families who leave Work First are about \$7500 a year, an amount that is 62 percent of the federal poverty level for a family of two. From 1990 to 2000 the number of children living in poverty in our state increased from 17 percent to 19 percent. During that same period the percentage of children living in high-risk families increased by 15 percent. The child care subsidies critically necessary for families to become self-supporting are inadequate. More than 20,000 children are on a waiting list for subsidies. In addition, families need assistance with transportation, housing, and health insurance if they are to hold jobs and meet their most basic needs.

Heartwarming stories of families who went from welfare to prosperity have a predictable similarity: Mom got an education that led to a responsible and well-paying job. The uncertainties she experienced as an older student far from schooldays were replaced by the self-confidence that came from realizing she could get good grades and that she had a lot of potential she hadn't known about. But the present system is notably ungenerous in providing opportunities for education for anyone who is receiving TANF benefits. Federal law counts only a very limited type and amount of education in meeting its work requirements. The state is allowed to use its own funds for cash assistance to families in an educational program; however it has not done so. Such an investment for a number of families would be returned many times over in tax receipts along with less-measurable benefits from assisting families to become fully self-sustaining.

Unfortunately, TANF does not seek to reduce poverty; rather, it evaluates states on caseload decline and number of families working and so encourages them to help families to seek low-paying and readily available jobs. The federal definition of allowable work activities should be expanded to include education, care-giving to sick family members and participation in other services that help remove barriers to employment.

With TANF assistance come rules and regulations so confining that some people simply refuse to try to conform to them. One of the most important regulations is that a family can get support from TANF for only two years. They can return to the TANF rolls after being off for a while but must observe the federal time limit of five years' total assistance. In order to receive Work First assistance, families must sign a "Mutual Responsibility" contract, agreeing to ensure (1) their children will get immunizations and regular medical check-ups; (2) their school-age children will attend school regularly; (3) teen parents will live at home and stay in school; (4) the single parent will cooperate in locating the other spouse for child support; and (5) the applicant will look for a job and participate in work activities for 35 hours a week. Two-parent families are subject to harsher rules entitled pay-after-

performance. Failure to meet these requirements will result in sanctions, with North Carolina sanctioning more of its welfare beneficiaries than most other states (28.6% sanctioned in an average month in 1998).

North Carolina is unique in having developed a two-part welfare system. Twenty-one counties called Electing Counties were selected by the General Assembly to create their own programs and rules. The 79 Standard Counties follow statewide rules and control a grant for providing services such as transportation and training. But some Electing Counties with more freedom have reduced benefits, curtailed time limits, and invoked harsher sanctions. Although some counties have assessed community needs, they have often decided they could not afford to address them. In rural counties where few jobs are available, the threat of sanctions does absolutely nothing to expand employment.

One practical reform is a system for screening and assistance for substance abuse, a major barrier for many families. Counties in some cases have originated a variety of programs to aid families in getting hired, staying on the job, and supporting themselves. These efforts need to be encouraged and replicated wherever that is possible.

A report from NC Equity and NC Justice and Community Development in 2001, **Working Hard is Not Enough**, demonstrated with great thoroughness that over a million North Carolina families were earning less than a living income. The Living Income Standard, a bare bones budget requiring a wage of \$11.00 an hour for a family of one adult and one pre-school child in an urban area and \$8.50 an hour for the same family in a rural area, is a good deal higher than federal poverty level. North Carolina will not have true welfare reform until the state recognizes the hard situation of many of its citizens. It must address the need for educational benefits and other assistance to enable families moving off welfare to earn decent wages and attain real self-sufficiency.

Recommendations for Action...

For improving Work First:

- ⇒ The General Assembly should increase benefits and income eligibility requirements to meet the living income standard.
- ⇒ The General Assembly should create a state program allowing families to keep public assistance and child care subsidy benefits while completing their education or job-retraining.

Educational Opportunity

The open door policy of the North Carolina Community College System offers access to literacy training, workforce development, higher education, and lifelong learning, all of which serve to empower the women and men of our state. With more than 800,000 students enrolling in NC community colleges annually, the system provides educational opportunity to individuals who otherwise would not have access. In 2000-2001, one in six adults in NC enrolled in a community college program. That same year, more than 24,000 North Carolinians received training for new jobs at community colleges.

Even though community colleges have been instrumental in improving the quality of life for all North Carolinians during the past 35 years, their effect in the lives of women is perhaps greater. In fact, the impact of any budget cuts in community college funding will be significant for women in our state.

In 2000-01, women comprised 60% (n=145,775) of the North Carolina community college curriculum enrollment. Women who rely on these college courses may find classes closed or cancelled, program completions delayed, career entry postponed, and earnings potentials reduced.

In 2000-2001, women comprised 49% (n=279,694) of the North Carolina community college continuing education enrollment. The women who rely on short term training for advancement or to remain employed in companies with changing employment skills may be delayed in advancement and/or be subject to employment terminations in disproportionate numbers.

In 2000-2001, more than 80% of the students enrolled in associate degree, diploma, and certificate programs were women. These program majors closely parallel careers that have enabled women to earn wages that grant them a degree of independence and success. They include our largest enrollment of women in a program, the Early Childhood Associate (n=6,766 with 97.80% women), as well as the non-traditional program, Aviation Management and Career Pilot Technology (n=2 with 100% women).

In 2000-2001, women comprised less than 20% of the students enrolled in 93 associate degree, diploma, and certificate programs in NC community colleges. These majors often mirror careers in which women are underrepresented. Enrollment by women ranges from less than one percent in plumbing to 20% in Basic Law Enforcement Training. Forty-three program majors enroll five or fewer women. Any attrition in these programs due to budget reductions will affect the availability of non-traditional women employees in these occupations.

Child Care Assistance is a unique financial aid program offered by the North Carolina community colleges where low-income parents can receive financial support to help care for their children while they are in college. Continued funding of community college programs such as Child Care Assistance will insure that mothers will be able to increase their earning capacities, leaving behind poverty and public assistance. Having appropriate child care options while these women attend classes enables them to prepare for challenging and lucrative careers that ultimately will improve their families' lives and contribute to the betterment of our society.

One-half of all public school teachers in North Carolina begin their educations at their local community colleges. North Carolina currently is experiencing a teacher shortage crisis, and if

community colleges limit their enrollment due to budget cuts, the state will have even greater difficulty in meeting the needs of public school children in coming years.

Health care fields face similar shortages in North Carolina. Community colleges train most of the nurses, nurse assistants, medical assistants, dental hygienists, dental technicians, and medical technicians in our state. With the demand for these workers continually exceeding the number of qualified personnel, health care in this state will soon face an unprecedented crisis.

North Carolina's community colleges continue to provide access and opportunity for women seeking training and higher education. In addition, community colleges provide the foundations for an improved quality of life for students from all walks of life. Whether teaching adult basic reading skills, high school GED for adults, and English as a second language or job skills, workforce retraining, and college degrees, the North Carolina Community College system leads the way for women to gain the skills and credentials to become self-sufficient and empowered citizens who will work to improve life for all North Carolinians. Therefore it is imperative that the NC General Assembly continue to provide adequate funding for community colleges to insure the future success of women in our state—a future that is inextricably linked to the welfare and prosperity of all North Carolinians.

Source: NC Community College System
A Matter of Facts 2002

Recommendations for Action...

⇒ The NC General Assembly should continue to provide adequate funding for community colleges.

There is a housing crisis in North Carolina. According to the state's 2000 Consolidated Plan, put out by the NC Department of Commerce, 740,000 households do not have a safe, decent and affordable home in North Carolina. 39% of families that rent cannot afford a two-bedroom apartment in this state. Between 1995 and 1997, the percentage of teachers and public safety officers spending more than half their incomes on housing doubled. North Carolinians are working harder than ever, but their incomes have seriously lagged behind escalating rents and home prices.

In the Triangle, an estimated 102,500 residents live in poverty, 15,000 more than in 1989. In Charlotte, 88,000 families pay over one-third of their incomes for housing, with 30,000 of these paying more than half their incomes for housing. In many rural counties of the state, over 25% of the population lives in manufactured housing, often on rented land. Even before devastating Hurricane Floyd hit in September 1999, the US Department of Housing and Urban Development (HUD) estimated a need for over 57,000 safe, decent and affordable rental units in 30 eastern NC counties.

Women make up a disproportionate share of those who live in low-income housing. In 1998, HUD reported that 84% of recipients of federally subsidized housing in North Carolina were female-headed households. Elderly housing includes a high percentage of women, as females tend to outlive males and have lower incomes. Statewide statistics on homelessness in NC are sparse and cover only those shelters that receive federal grants (located in only half the counties of the state), but report that in fiscal year 2000, women and children made up half of the homeless population served. Women and children are the fastest growing group nationally and statewide, according to state homeless advocates.

In North Carolina, low-income housing is controlled by many agencies and factors:

- On the federal level, **HUD** funds **public housing agencies**, which administer public housing and Section 8 rental vouchers.
- The **NC Housing Finance Agency**, with funding from state and federal governments, helps finance the building of rental units, single-family homes, elderly housing complexes, some homeless and domestic violence shelters, special-needs homes, and can fund repairs and rehabilitation to older homes.
- The **NC Department of Commerce's Division of Community Assistance** administers federal Community Development Block Grants, which help fund low-income housing and infrastructure in small cities and towns.
- The **NC Department of Health and Human Services** administers federal grants aimed at alleviating homelessness.
- **Counties and municipalities** also help fund housing of many types, often through bond activity, general budget appropriations and CDBG funds.
- **Nonprofit organizations** build and rehabilitate housing using grants and low-interest loans from cities, the Housing Finance Agency and banks.

It is a complicated picture with many players who don't always work together, and who don't come close to eliminating the need for low-income housing in North Carolina. The 2000 Consolidated Plan stated that \$12 *billion* would be needed to alleviate all of North Carolina's housing needs.

The NC Low Income Housing Coalition recommends that these changes be made to increase the amount of affordable housing available in this state:

Recommendations for Action...

- ⇒ Increase the state's recurring annual appropriation to the NC Housing Trust Fund to \$50 million. The Trust Fund is a flexible source of funding for the Housing Finance Agency and is used, in part, to finance the building of rental units for the very poorest North Carolinians.
- ⇒ Pass legislation that protects consumers of manufactured housing from fraud and excessively high interest rates and payments, and create a program of consumer education for those considering buying a manufactured home.
- ⇒ Maximize the use of flood relief funding for low-income housing, particularly rental housing.
- ⇒ Expand the "Homestead Exemption" to reach more elderly homeowners. Currently, homeowners who are 65 years or older or are disabled, with annual incomes below \$18,000, are entitled to have the greater of \$20,000 or 50% of the appraised value of their home excluded from taxation.

It is estimated that one in five persons will, over their lifetime, experience a mental illness. However, according to the Surgeon General's report on mental health released in 1999, less than one third of adults with a diagnosable mental disorder and even a smaller proportion of children, receive any mental health services in a given year. Studies have shown that mental disorders are treatable; that treatment is more effective than a placebo. Why then the disparity? The stigma attached to mental illness, the cost of treatment, and the fragmentation and lack of service availability are major factors which prevent people from getting treatment. The Surgeon General's report also reminds us of the impact of mental illness: "Untreated, mental disorders can lead to lost productivity, unsuccessful relationships, and significant stress and dysfunction. Mental illness in adults can have a significant and continuing effect on children in their care."

Mood disorders, including depression, will affect 7 percent of Americans in a given year. For women, depression may be of particular concern. Recent studies have shown that women are two and a half times more likely to experience depression and that depression has a chromosomal link creating this disparity. Two thirds of those getting treatment for depression do so in primary health care settings and primary care doctors see most patients whose depression goes undiagnosed as they come in for routine outpatient care.

This year, the U.S. Preventative Services Task Force, an independent scientific advisory panel, recommended that all patients who walk into offices for tests, physicals and appointments be asked two simple questions that target the warning signs for depression. Should those signs be identified, a standard depression screening that asks more specific questions can be used to make a diagnosis. It is critical however that those diagnosed receive appropriate treatment options, and that in the weeks following the screening/diagnosis that a follow-up is done. Implementing this screening is not simply up to doctors; much of today's preventative health screenings have come with the recognition by health systems and managed care plans that catching and treating a disease early on has a positive impact for both the patient and the health care system.

What many of those with private insurance find however is that treatment for mental disorders is treated differently than that for "physical" disorders. Mental health treatment, when included in health plans, is often limited by lifetime caps on dollar amounts, caps on the number of annual visits, and or higher co-payments to visit a mental health professional. In the face of mounting evidence that mental illness is biologically based, with genetic and chromosomal links, and despite evidence of the higher effective treatment rates for mental health disorders when compared to many physical disorders, insurance companies continue to discriminate against persons with mental illness seeking treatment. Insurance companies and business associations argue that rate increases will cause employers to drop mental health coverage altogether from insurance plans, even though numerous studies have concluded that premium increases with managed care would be less than 1%.

Those uninsured, or on Medicaid, are dependent on the public mental health system in North Carolina. In March of 2000, in response to a call for reform of North Carolina's public mental health system, the Division of Mental Health, Developmental Disabilities and Substance Abuse Services presented to a Legislative Study Committee some staggering estimates of deficits in the mental health system: based

on epidemiological studies, waiting lists, and statewide surveys, 670,000 adults and children in North Carolina were in need of mental health, developmental disability and substance abuse services estimated to cost 2.5 billion dollars. Cost estimates for the reformed health system outlined in the State's Plan for MH/DD/SAS services which would focus resources on the most severely disabled, are not yet available. Based on previous estimates in the 2000 reports, focusing on the most disabled could drop the need to 425,000 adults and children with an estimated cost of 1.3 billion.

Factoring in federal funding, Medicaid dollars, state appropriations, and local funding, current financing of this system is estimated to serve only the most severely in need, but note that 250,000 people in North Carolina would be left with unmet mental health service needs and more than likely a large percentage of the 425,000 served would be left with out some of the needed services. The Division estimates that not all of those would be accessing services through the public system, estimates for use of the public system may be 25-75% lower given that many have some form of private health insurance or ability to pay. Note that the current system provides only minimal, if any, funding for housing and transportation that allow persons with serious mental illnesses to live in and contribute to their community. We are left with a system in which the disabled population is dependent on institutions and government support, at high risk for homelessness and incarceration, and less able to fulfill their potential.

In North Carolina, those in the public mental health system are more likely find themselves in state institutional care than those living in other states. In light of changes in best practices for mental health care and the "Olmstead decision" that calls for care in the least restrictive setting, North Carolina has begun to plan for a shift from an institutional focus in providing care to providing care in community based settings. This shift requires not only a change in where services are provided but calls for services to be provided with an emphasis on supporting the needs and desires of consumers. A system in the process of reform requires not only the dedication of consumers and professionals to making the transition but the commitment of state appropriations to bridge the shift of dollars from the current institutional care to the development of needed supports and services in the community.

Recognizing this need, in September of 2001 the General Assembly created the Mental Health Trust Fund and endowed it with 37.5 million dollars. The fund was to be used to support the reform efforts and develop community based care. Due to North Carolina's ongoing budget problems, in February the Governor removed all but 12 million as part of his effort to fill the 800 million dollar deficit. This loss coupled with ongoing cuts to the state's mental health and Medicaid budgets have called into question the ability of the state to reform its system.

Recommendations for Action...

- ⇒ Advocates should support the enactment of comprehensive mental health and substance abuse parity at the national and state level, ensuring that health coverage for mental disorders is equal to that of physical disorders.
- ⇒ The General Assembly should increase funding for the public mental health system, including the designation of a recurring funding source for the Mental Health Trust Fund.

Pay Equity and Living Wage

Pay inequities between men's and women's earnings and segregation of women in low-paying jobs classified as "women's work" are important reasons why women are always coming from behind in the effort to achieve a living wage. Too often women are in occupations that simply do not provide sufficient income. A report sponsored by NC Justice and Community Development in 2001 ("Working Hard Is Not Enough," by Sorien Schmidt and Dan Gerlach) showed that one-third of North Carolina families were working hard but unable to earn an income that would provide for their families' basic needs. The report calculated the Living Income Standard (LIS) for North Carolina families, a budget for housing, child care, food, health care, transportation, taxes, and a few miscellaneous expenses. (Nothing was included for loan payments, savings, or entertainment.) The hourly wage necessary to meet the Living Income Standard was \$8.50 for a one-parent, one-child rural family and \$11.00 for an urban family. For a family with two adults and two young children, the LIS wage was \$14.25 for a rural family and \$16.25 for an urban family. Yet many families earn less. Real wages have declined, and the minimum wage of \$5.25 an hour has lost value and is sadly inadequate. The Living Income Standard is about twice federal poverty level and much higher than minimum wage.

A recent report from the NC Justice and Community Development Center ("Pay Equity in State Government: It's a Long Way Off," by Kim Cartron and Polly Williams) showed why women in state government are often struggling to support their families. The report brought the unhappy news that almost one-fourth of all state employees are in the ranks of the lowest wage earners, and of these employees almost three-fourths (73.3 percent) are women. Unfortunately, the new news is the same as the old news, because a 1982 report from the Office of State Personnel, "Patterns of Pay in N.C. State Government," demonstrated that white males earned more than black and white females and minority men. Legislation providing for a comparable worth study was passed in 1984 but was repealed the next year, and salary inequities revealed in the "Comprehensive Pay Plan" of 1993 were never addressed. Yet state government is the state's largest employer and has the obligation to set an example as a model for other employers.

Nationally, the gap between men's and women's wages continues to exist and to narrow at a snail's pace. The Equal Pay Act of 1963 prohibited unequal pay for equal or "substantially equal" work. In North Carolina women earn 78 cents for every dollar a man earns, a gender gap somewhat less than the national average only because the average wage for men in this state is under the national rate. Women of color earn just 68 cents for every dollar earned by men. Across the United States American working families lose \$200 billion in annual income because of the wage gap.

The wage gap affects how working women and their families live. It affects their ability to provide affordable quality child care, good health care, higher income, and a secure retirement. Since Social Security benefits are directly tied to earnings, women who live longer than men and earn less are likely to have an insecure old age.

The wage gap persists, furthermore, even as women have moved into higher-paying occupations and have more education. Women college graduates earn nearly \$15,000 less than white male college graduates. A woman of color with a master's degree earns \$9216 less than a man with a B.S. or a B.A. In information technology, where women play a significant role, the pay is good; however, women

represent only 29% of those in five key occupations and are most under-represented where the pay is the highest, for example, in electrical engineering, where women hold only 10 percent of the jobs. And overall, in information technology, women's median earnings are about 20 percent less than men's.

In jobs traditionally filled by women, such as teaching or administrative support, women's salaries are about 17 percent less than men's.

Legal remedies are inadequate, since the wage discrimination laws (the 1963 Equal Pay Act and the 1964 Civil Rights Act) are poorly enforced, and discrimination cases are costly and long drawn out and difficult to win. Salary information is not easily accessible in the private sector. Passage of the Fair Pay Act and the Paycheck Fairness Act in the U.S. Congress would prevent employers from penalizing employees who share salary information with co-workers instead of firing them as they are now able to do.

Gender segregation in occupations is still widespread, and women need to widen their career choices. Girls need encouragement to study math and science and consider nontraditional occupations. Balancing work and family responsibilities is as much of a problem as ever and can hamper a woman's career and earnings in the fast-moving and high-pressured workplace. Women are often in and out of the labor force, sometimes working only part-time because of having to care for children or elderly relatives.

But women should not accept excuses for lower earnings than men when a remedy is available. A comparable worth study, using a point system of evaluation, would examine whether different jobs with requirements for similar education, skill, and responsibility received equal pay. Such a study in state government would be one step toward pay equity in North Carolina.

Recommendations for Action...

- ⇒ The General Assembly should support a comparable worth study of jobs in state government and implement any recommendations resulting from the study.
- ⇒ Advocates should support the passage of national and state legislation that provides effective legal recourse to women and people of color who are not paid equal wages for equal work; and offer education and technical assistance to employers to assist them in implementing fair pay policies.
- ⇒ Advocates should monitor the implementation in North Carolina of federal laws enacted to prevent wage discrimination (1963 Equal Pay Act, 1964 Civil Rights Act, 1938 Fair Labor Standards Act).
- ⇒ Government, both at the state and federal level, should increase the minimum wage as well as support a state earned income tax credit.

Sexual Assault

In 2001, over 10,000 North Carolinians were affected by sexual violence. Sexual violence is a crime of power and control. Anyone, regardless of age, race, gender, education, sexual orientation, occupation, or physical ability can become a victim. In North Carolina, one woman for every five has been sexually assaulted at some point in her life. Sexual assault has a devastating impact on victims and on the community as a whole. Victims often feel physically, mentally, and spiritually violated, with reactions ranging from shock and denial to panic and confusion. They may also experience feelings of fear, anger, grief, guilt, shame, and loss of control. Some survivors may feel helpless, isolated, depressed, and possibly even suicidal.

Last year, North Carolina took several steps to increase the rights of sexual assault victims. The Testimonial Privilege for Violence Victims Bill became law, establishing a qualified privilege for communication between victims and rape crisis and/or domestic violence staff. Now, in order to obtain a record of such communication, a judge must first review the record under seal and determine if the information in the record is sufficiently relevant to a legal case to override the privilege.

North Carolina's next step in protecting sexual assault victims' rights is to expand the current protective order language. Currently, the law only extends protection to those victims who have a "personal relationship" with the offender. The definition of a "personal relationship" is limited to those cases involving: a current or former spouse; a child of the victim and his or her offender; or a relationship stemming from either previously dating or living together. This definition excludes protection of sexual assault victims in cases of stalking, stranger rape, and rape of the disabled and elderly by caregivers who do not live with them. It also excludes acquaintance rape, statistically the most common form of sexual violence. Studies show that a protective order against or the arrest of the offender does reduce future incidents.

It is also important to re-examine sex offense crimes in North Carolina. Across the state, attorneys are pleading felony sex offense cases down to misdemeanors due to the difficulty of obtaining a conviction under the current rape and sexual offense laws. Establishing an additional "Sexual Assault" law would make an intentional assault on another in a sexual manner illegal. A behavior such as forced fondling would be a "reportable conviction" for the sex offender registry only if it is the second or subsequent conviction of a reportable conviction per G.S. 14-2086(4). This law would require the accusation of a class H felony, a lesser penalty for appropriate cases that could lead to a higher conviction rate.

Finally, the availability of funding for sexual assault programs has become an important concern. Currently, North Carolina's 64 sexual assault programs share \$225,000 in funds from the State. This money is critical for the continuation of sexual assault programs. These programs suffered significant fiscal losses in the previous year due to little or complete lack of community funding and loss of grant source funding. This \$225,000 supports numerous services: 24-hour hotlines, victim counseling, support groups, and community sexual violence education. This funding also allows advocates to accompany sexual violence victims throughout the long process of receiving medical treatment and navigating the legal system, as well as to help them through the difficult healing process. Without this vital funding, North Carolina's local sexual assault programs cannot provide necessary services and

eventually, will cease to exist. We cannot allow this to happen. The cost of preventing sexual violence is far less than addressing its aftermath. In the United States, rape is the most costly crime for its victims, totaling \$127 billion a year. Costs include medical treatment and counseling, the loss of earnings, pain, suffering and the loss of quality of life. North Carolina must support the stable funding of new and existing sexual assault programs.

Recommendations for Action...

- ⇒ The General Assembly should pass legislation expanding current protective order language so that a victim can be granted a protective order against any offender, regardless of whether or not the abuser and victim has a personal relationship.
- ⇒ The General Assembly should re-examine sex offense crimes in North Carolina so that defense attorney's are more easily able to convict offenders charged with a felony sex offense. Additional legislation should be established making an intentional assault on another in a sexual manner illegal.
- ⇒ The General Assembly should continue to be persistent in funding sexual assault programs throughout the state.

1. Access to Health Care

- Planned Parenthood of Central North Carolina (PPCNC)
Phone: (Administration) 919-929-5402, (Clinic) 919-942-7762
On the Web: <http://plannedparenthood.org/ppcnc/>
- NC Health Access Coalition
c/o NC Justice and Community Development Center
Phone: (919) 856-2568 On the Web: <http://www.ncjustice.org/health/>

2. Adolescent Pregnancy

- Adolescent Pregnancy Prevention Coalition of North Carolina
Phone: (919) 932-9885 On the Web: www.appcnc.org
- Planned Parenthood of Central North Carolina, *Please see above*

3. Aging

Triangle Chapter--Older Women's League (OWL)
Polly Williams, President Phone: 919-833-3805

4. Child Care

- Child Care Services Association
Phone: (919) 967-3272 On the Web: www.childcareservices.org
- Partnership for Children
Phone: (919) 821-7999 On the Web: www.smartstart-nc.org

5. Civil Rights

Orange County Department of Human Rights and Relations
Phone: (919) 245- 2250 On the Web: <http://www.co.orange.nc.us/hrr/index.htm>

6. Clean Elections

Democracy South
Phone: 919-967-9942 On the Web: <http://www.democracysouth.org/>

7. Domestic Violence

North Carolina Coalition Against Domestic Violence (NCCADV)
Phone: 919.956.9124 On the Web: <http://nccadv.org/>

8. Economic Self-Sufficiency

NC Justice Center
Phone: 919-856-2570 On the Web: <http://www.ncjustice.org/>

9. Educational Opportunity

American Association of University Women (AAUW)- North Carolina
Phone: 1-800-320-3933 On the Web: <http://www.rtpnet.org/aauwnc/>

10. Housing

Low Income Housing Coalition, On the Web: <http://www.nclihc.org/>

11. Mental Health

Mental Health Association in NC, Inc. (MHA-NC)
Phone: 919-981-0740 On the Web: <http://www.mha-nc.org/>

12. Pay Equity and Living Wage

NC Justice Center, *Please see above*

13. Sexual Assault

North Carolina Coalition Against Sexual Assault
Phone: 919-431-0995 On the Web: www.nccasa.org/