1. Introduction

During the twentieth century, women made significant economic, political, and social advances, but they are far from enjoying gender equality. Throughout the United States, women earn less than men, are seriously underrepresented in political office, and make up a disproportionate share of people in poverty. Even in areas where there have been significant advances in women's status, rates of progress are slow. For example, at the rate of progress achieved over the past ten years, women will not achieve wage parity for more than 60 years. If women's representation in Congress changes at the rate it did during the 1990s, it will take more than a century to achieve equality in political representation.

To make significant progress toward gender equity, policymakers, researchers, and advocates need reliable data about women and the issues affecting their lives. Recognizing this need, the Institute for Women's Policy Research (IWPR) initiated a series of reports on *The Status of Women in the States* in 1996. The biennial series is now in its fourth round. Over the course of a decade, reports on each of the 50 states and the District of Columbia are being completed. This year, IWPR produced reports on nine states, together with an updated national report summarizing results for all the states and the nation as a whole.

Goals of The Status of Women in the States Reports

The Status of Women in the States reports are produced to inform citizens about the progress of women in their state relative to women in other states, to men, and to the nation as a whole. The reports have three main 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 and a continuing monitor of women's progress throughout the country. The reports also highlight issues of particular importance to women in different states through the contributions of IWPR's advisory committees in each state.

The 2002 reports contain indicators describing women's status in five main areas: political participation, employment and earnings, social and economic autonomy, reproductive rights, and health and well-being. In addition, the reports provide information about the basic demographics of the state (see Appendix I). For the five major issue areas addressed in this report, IWPR compiled composite indices based on the indicators presented to provide an overall assessment of the status of women in each area and to rank the states from 1 to 51 (including the District of Columbia; see Appendix II for details).

Although state-by-state rankings provide important insights into women's status throughout the country–indicating where progress is greater or less–in no state do women have adequate policies ensuring their equal rights. Women have not achieved equality with men in any state, including those ranked relatively high on the indices compiled for this report. All women continue to face important obstacles to achieving economic, political, and social parity.

To address the continuing barriers to women across the United States, the reports also include letter grades for each state for each of the five major issue areas. IWPR designed the grading system to highlight the gaps between men's and women's access to various rights and resources. States were graded based on the difference between their performance and goals set by IWPR (e.g., no remaining wage gap or the proportional representation of women in political office; see Appendix II). For example, since no state has eliminated the gap between women's and men's earnings, no state received an A on the employment and earnings composite index. Because women in the United States are closer to achieving some goals than others, the curve for each index is somewhat different. Using the grades, policymakers, researchers, and advocates can quickly identify remaining barriers to equality for women in their state.

IWPR designed *The Status of Women in the States* to actively involve state researchers, policymakers, and advocates concerned with women's status. Beginning in 1996, state advisory committees helped design *The Status of Women in the States* reports, reviewed drafts, and disseminated the findings in their states. IWPR's partnership with the state advisory committees is a participatory process of preparing, reviewing, producing, and publicizing the reports. This participation has been crucial to improving the reports and increasing their effectiveness and impact in each round. Many of the advisory committees have used the reports to advance policies to improve women's status.

About the Indicators and the Data

IWPR referred to several sources for guidelines on what to include in these reports. The Beijing Declaration and Platform for Action from the U.N. Fourth World Conference on Women guided some of its 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 their advancement. IWPR also turned to members of its state advisory committees, who 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 women's lives. An important source of this expertise was IWPR's Working Group on Social Indicators of Women's Status, described below.

Ultimately the IWPR research team selected indicators by using several principles: relevance, representativeness, reliability, and comparability of data across all the states and the District of Columbia. While women's status is constantly changing, the evidence contained in this report represents a compilation of the best available data for measuring women's status.

To facilitate comparisons among states, IWPR uses only data collected in the same way for each state. Much of the data is from federal government agencies, including the Census Bureau, the Bureau of Labor Statistics, the Centers for Disease Control, and the National Center for Health Statistics. Nonprofit and research organizations also provide data.

Many figures rely on the U.S. Census Bureau's Current Population Survey (CPS), a monthly survey of a nationally representative sample of households. To ensure sufficiently large sample sizes for cross-state comparisons, several years of data were combined and then tabulated. The decennial censuses provide the most comprehensive data for states and local areas, but because they are conducted only every ten years, their data are often out of date. CPS data are used to provide more timely information. For this set of reports, IWPR used new economic data from the years 1998-2000. Most 2000 decennial Census data were not yet available at the time these reports were prepared, but IWPR used these data where possible. Some figures, necessarily, rely on older data from the 1990 Census and other sources; historical data from 1980 or earlier are also presented on some topics.

Because the CPS has a much smaller sample than the decennial Census, the population subgroups that can be reliably studied are limited (for information on sample sizes, see Appendix II). The decision to use more recent data with smaller sample sizes is in no way meant to minimize how profoundly differences among women—for example, by race, ethnicity, age, sexual orientation, and family structure—affect their status or how important it is to implement policies that speak to these differences. IWPR made it a top priority to report these differences wherever possible using existing data. Identifying and reporting on sub-regions within states (cities, counties, or urban and rural areas) were also beyond the scope of this project. The lack of disaggregated data often masks regional differences among women within the states. For example, pockets of poverty are not identified, and community-level differences in women's status are not described. While these differences are important, addressing them was not possible due to data and resource constraints.

A lack of reliable and comparable state-by-state data limits IWPR's treatment of several important topics: violence against women; issues concerning nontradi-

tional families of all types; issues of special importance to lesbians; and issues concerning women with disabilities. The report also does not analyze women's unpaid labor or women in nontraditional occupations. In addition, income and poverty data across states are limited in their comparability by the lack of good indicators of differences in the cost of living by states; thus, poor states may look worse than they really are, and rich states may look better than they really are. IWPR firmly believes that all of these topics are of utmost concern to women in the United States and continues to search for data and methods to address them. In some cases, IWPR's state advisory committees have contributed their own data and analyses of these issues to the report to supplement IWPR's analysis. Nonetheless, many of these issues do not receive sufficient treatment in national surveys or other data collection efforts.

These data concerns highlight the sometimes problematic politics of data collection: researchers do not know enough about many of the serious issues affecting women's lives because women do not yet have sufficient political or economic power to demand the necessary data. As a research institute concerned with women, IWPR presses for changes in data collection and analysis in order to compile a more complete understanding of women's status. Currently, IWPR is leading a Working Group on Social Indicators of Women's Status designed to assess the measurement of women's status in the United States, determine how better indicators could be developed using existing data sets, make recommendations about gathering or improving data, and build short- and long-term agendas to encourage policy-relevant research on women's well-being and status.

To address gaps in state-by-state data and to highlight issues of special concern within particular states, IWPR also encourages state advisory committees to contribute text presenting state-specific data on topics not covered by the reports. These contributions enhance the reports' usefulness to the residents of each state, while maintaining comparability across all the states, since the contributed data do not affect the rankings or grades.

Readers of this report should keep a few technical notes in mind. In some cases, differences reported between two states—or between a state and the nation—for a given indicator are statistically significant. That is, they are unlikely to have occurred by chance and probably represent a true difference between the 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 between two values (for any given sample size), the more likely it is that the difference will be statistically significant.

Finally, when comparing indicators based on data from different years, the reader should note that in the 1990-2002 period, the United States experienced a major economic recession at the start of the decade, followed by a slow and gradual recovery, with strong economic growth (in most states) in the last few years of the 1990s. By 2000, however, the economy had slowed significantly, and a recession began in March 2001.

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

The Status of Women in the States 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. The reports have helped IWPR's state partners and others to educate the public about issues concerning women's status; inform policies and programs to increase women's voter turnout; and make the case for establishing commissions for women, expanding child care subsidies for low-income women, strengthening supports for women-owned businesses, developing training programs for women to enter non-traditional occupations, and improving women's access to health care. Data on the status of women give citizens the information they need to address the key issues facing women and their families.

2. Overview of the Status of Women in South Carolina

South Carolina illustrates both the advances and limited progress achieved by women in the United States. While women in South Carolina are seeing important changes in their lives and access to political, economic, and social rights, they do not enjoy equality with men and lack many of the legal guarantees that would allow them to achieve it. Women in South Carolina, and the nation, would benefit significantly from stronger enforcement of equal opportunity laws, better political representation, adequate and affordable child care, stronger poverty reduction programs, and other policies to improve their status.

Of the 50 states and the District of Columbia, South Carolina ranks in the middle third of the states for two areas of women's lives: the state is 30th for women's employment and earnings, and 33rd for their social and economic autonomy. South Carolina drops to the bottom third of all states for three other areas: it is 36th for reproductive rights and 40th for both women's health and well-being and for political participation (see Chart 2.1).

Women in South Carolina clearly have not achieved equality with men, and the problems facing South Carolina women demand immediate and significant

Chart 2.1
How South Carolina Ranks on Key Indicators

Indicators	National Rank*	Regional Rank*	Grade
Composite Political Participation Index	**40**	**6**	**D-**
Women's Voter Registration, 1998 and 2000	15	1	
Women's Voter Turnout, 1998 and 2000	13	1	
Women in Elected Office Composite Index, 2002	50	8	
Women's Institutional Resources, 2002	1	1	
Composite Employment and Earnings Index	**30**	**6**	**C**
Women's Median Annual Earnings, 1999	37	7	
Ratio of Women's to Men's Earnings, 1999	33	7	
Women's Labor Force Participation, 1999	35	7	
Women in Managerial and Professional Occupations, 1999	16	4	
Composite Social and Economic Autonomy Index	**33**	**6**	**D+**
Percent with Health Insurance Among Nonelderly Women, 2000	9	1	
Educational Attainment: Percent of Women with Four or More Years of College, 1990	40	8	
Women's Business Ownership, 1997	30	7	
Percent of Women Above the Poverty Level, 1999	35	6	
Composite Reproductive Rights Index	**36**	**8**	**D**
Composite Health and Well-Being Index	**40**	**5**	**D+**

See Appendix II for a detailed description of the methodology and sources used for the indices presented here.
*The national rankings are of a possible 51, referring to the 50 states and the District of Columbia, except for the Political Participation indicators, which do not include the District of Columbia. The regional rankings are of a maximum of nine (except for the Political Participation indicators, which do not include the District of Columbia) and refer to the South Atlantic region (DC, DE, FL, GA, MD, NC, SC, VA, and WV).
Calculated by the Institute for Women's Policy Research.

attention from policymakers, women's advocates, and researchers concerned with women's status. As a result, in an evaluation of South Carolina women's status compared with goals set for women's status, South Carolina earns the grades of C in employment and earnings, D+ in social and economic autonomy and in health and well-being, D in reproductive rights, and D- in political participation.

South Carolina joins the District of Columbia, Delaware, Florida, Georgia, Maryland, North Carolina, Virginia, and West Virginia as part of the South Atlantic region. Overall, the status of women in South Carolina is below the average among these nine states. South Carolina ranks about average, at fifth, for women's health and well-being, but it ranks lower in every other issue area. It is sixth for women's employment and earnings, social and economic autonomy, and political participation. It falls to eighth of nine for women's reproductive rights.

There are a number of important areas where South Carolina could improve women's status:

- South Carolina is the worst state in the country for the proportion of elected officials who are women. As of fall 2002, no members of its congressional delegation and just over 10 percent of state legislators were women.
- At 29 cents per dollar, South Carolina's wage gap between men's and women's earnings is larger than the national wage gap of 27 cents. Between 1979 and 1999, the wage gap decreased half as quickly in South Carolina as nationally.
- Women in South Carolina are much less likely to be self-employed than women nationally. In 1999, 3.6 percent of employed women in South Carolina were self-employed, compared with 6.1 percent of women nationwide.
- While, overall, women in South Carolina are less likely to work than women nationally, women with young children are much more likely to work in South Carolina than women nationally. Nonetheless, only eight percent of children eligible under federal rules are receiving child care subsidies.
- Although single mothers in South Carolina are less likely to live in poverty than single mothers nationally, they still have a 31 percent poverty rate. Overall, women's poverty rate is higher in South Carolina than nationally.
- In South Carolina, health insurance companies are not required to cover contraceptives or infertility treatments, and women are not allowed access to abortion without a waiting period. Minors must receive parental consent for abortion.
- South Carolina women are among the most likely to have diabetes or AIDS and to experience activities limitations due to their health.

However, women in South Carolina do well in some areas:

- South Carolina is one of just 15 states with both a women's commission and formal women's caucuses in both houses of the state legislature.
- South Carolina leads the South Atlantic region for women's voter registration and turnout.
- Women in South Carolina are more likely than women in most states to work as managers or professionals.
- South Carolina women are a third more likely than women nationally to have health insurance coverage.
- South Carolina women are among the least likely to die of lung cancer.

South Carolina is a medium-sized state, home to over two million women. South Carolina has a smaller percentage of white, Hispanic, Asian American, Native American, and immigrant women than the country as a whole, but a much higher proportion of the state's population is made up of African American women (see also Native American and Hispanic Women in South Carolina). A much higher proportion of women in South Carolina live in rural areas (see Appendix I for more details). Women in rural areas face special challenges accessing services (such as domestic violence shelters, health providers, or family planning resources) and finding employment.

Native American and Hispanic Women in South Carolina

The 2000 Census reports that over 27,456 individuals in South Carolina identified themselves as persons of Native American Indian descent and ancestry. Of those, 13,716 persons identified themselves as Native American Indian alone (U.S. Department of Commerce, Bureau of the Census, 2001b). In addition, there are presently about 16 organized Native American Indian Tribal groups and intertribal organizations in South Carolina (The Eastern Cherokee, Southern Iroquois and United Tribes of South Carolina, Inc., 2002b).

The Native American population is disproportionately affected by health problems, poverty, and other issues. For example:

- Hispanic, Native American, Asian American, and African American women are all more likely to live in poverty than white women (IWPR, 2001b). In South Carolina, women's poverty levels also vary by region and county (see the focus on the Economic Status of South Carolina Counties: Geographic Contrasts for more information). Native American children disproportionately grow up in poverty in South Carolina compared with all other cultural groups and races. On the Catawba Reservation, for example, the percentage of female-headed families with children under 18 years of age living in poverty is 36.8, and the percentage of female-headed families with children under five years of age living in poverty reaches an astonishing 42.9 percent (U.S. Department of Commerce, Bureau of the Census, 2002d). In South Carolina, 12.9 percent of all women live in poverty (see Figure 6.4), showing the great disparity between the Native American women living on this reservation and those in the rest of the state.

- The per capita income for Native Americans and Hispanics in South Carolina is less than the income of whites in the state (South Carolina Budget and Control Board, Office of Research and Statistics, 2001). An examination of Native Americans living on the Catawba Reservation shows that personal income per capita is significantly less than that of the state as a whole, at $16,295 versus $24,300 (see Table 5.3; U.S. Department of Commerce, Bureau of the Census, 2002d).

- The Native American infant mortality rate is more than twice as high as that of whites in South Carolina (Hodgkinson, Hamilton Outtz, and Obarakpor, 1990).

- Native American high school graduates attain literacy levels slightly above white eighth graders, and Native Americans currently have the lowest graduation rate from higher education of any ethnic minority group, at 58 percent. Only 66 percent of Native American adults graduated from high school (American Council on Education, Office of Minorities in Education, 2002). Native Americans received less than one percent of the total bachelor's degrees awarded in 1993-94 (U.S. Department of Education, National Center for Education Statistics, 1994). At the same time, Native American teachers and health professionals are scarce, accounting for less that one percent of all higher education teachers, physicians and registered nurses (U.S. Department of Education, National Center for Education Statistics, 1993).

In addition, since South Carolina is an agricultural state with products such as tobacco, cotton, peaches, and soy, many migrant workers of Hispanic origin have come to work in the state. Agriculture has also been the traditional industry of the indigenous Native American Indian communities in the rural parts of the state (The Eastern Cherokee, Southern Iroquois and United Tribes of South Carolina, Inc., 2002a). Migrant and farm worker populations have special needs that still need to be fully recognized, including lack of access to health care. Challenges include but are not limited to language barriers, transportation issues, medical access, and cultural differences. The conditions associated with the migratory lifestyle also impose multiple obstacles to educational achievement, such as discontinuity in education, social and cultural iso- (continued on next page)

lation, strenuous work outside of school, extreme poverty, poor health, and limited proficiency in English (Kindler, 1995). In the Hispanic community in particular, the migratory patterns of the farm workers affect the educational achievement and participation of Hispanic children. Regardless of the legal status of migrant workers in the state, adequate support services, facilities, and medical access must be addressed.

South Carolina currently has some of the worst rates of violent crimes against women in the nation (see the focus box on Domestic Violence in South Carolina for more information). Nonwhite victims represent almost 50 percent of the total number of domestic violence victims (South Carolina Governor's Task Force on Domestic Violence, 2000). Victims of domestic violence face difficulties associated with poverty, housing, education, and access to services. Further efforts must be made to increase educational attainment, employment opportunities and other resources that will help the women from Hispanic, Native American, and other minority communities achieve economic security and financial self-sufficiency. Considerable support is needed throughout the state to ensure that culturally competent domestic violence services are available to address the special needs of these populations.

Further strategic planning in the state should study and address the needs of minority groups. Very little data currently exist on the Native American population. In order to address the lack of available data on Native American women in the state, the Eastern Cherokee, Southern Iroquois, and United Tribes of South Carolina conducted a survey for the Governor's American Indian Ad Hoc Task Force on Indian Issues and Concerns. Many of the Native American women surveyed expressed serious concerns about access to education, violence, health care, and health insurance. Seventy-four percent of those surveyed felt that Native Americans had "no voice" in South Carolina (Goins, 2002).

In order to effectively meet the concerns of those in the Native American population, further research is critical. While U.S. Census data on the Catawba Reservation certainly help paint a picture of Native American life in South Carolina, further studies on the Native American populations in the rest of the state are needed. A closer examination of all minority groups is warranted. The state should require that all data collected be disaggregated by race and gender.

South Carolina women continue to face serious obstacles to achieving equality with men and attaining a standing equal to the average for women in the United States. They have made important advances in improving their status, and their efforts are reflected in some relatively high rankings on a few indicators of women's status. Still, their continued problems are evident in rankings in the bottom half of all states for most areas of women's lives.

Political Participation

Women in South Carolina register and vote at rates somewhat higher than in the country as a whole, and they have high levels of political representation through institutional resources such as a commission for women (South Carolina is tied with 14 other states on this indicator). However, they fall to the bottom of the states for their representation in elected office, at 50th. Overall, the state ranks 40th and receives a grade of D- on the political participation composite index. Greater representation in elected office could benefit women overall by encouraging the adoption of more women-friendly policies, which in turn could enhance women's status in other areas.

Employment and Earnings

Women in South Carolina participate in the workforce less often and earn lower wages than women in the nation as a whole. Their earnings in relation to men's are also lower than in most of the country. In

contrast, South Carolina ranks among the top third of states for the proportion of women in professional and managerial positions. These rankings combine to place South Carolina at 30th in the nation on the employment and earnings composite index. The state receives a grade of C in this area.

Social and Economic Autonomy

While South Carolina women are more likely to have health insurance, they are less likely to own a business or be self-employed, to have a college education, or to live above poverty compared with women nationally. Almost 13 percent of South Carolina women live below the poverty line. Overall, South Carolina ranks 33rd and receives a grade of D+ for women's social and economic autonomy.

Reproductive Rights

South Carolina women lack many important reproductive rights and resources, and as a result the state ranks 36th of 51 on the reproductive rights composite index. Poor women in South Carolina can receive public funding for abortion only under federally mandated, limited circumstances, and the state lacks mandates for comprehensive contraceptive coverage or infertility treatments. Only 42 percent of women live in counties with abortion providers. Thus, for most women in South Carolina, especially those in rural areas, abortion is virtually inaccessible. Like most states, South Carolina does not guarantee many important reproductive rights. The state receives a grade of D on this composite index.

Health and Well-Being

Women in South Carolina experience many obstacles to good health and well-being compared to women in other states. South Carolina women have better lung cancer mortality rates than women in most of the country, and they rank about average for mortality rates from heart disease, breast cancer, and suicide. In contrast, they rank well below average for their overall mental health and the incidence of chlamydia, and they are much more likely to be diagnosed with diabetes, have AIDS, and have limitations on their physical activity because of health issues than women nationally. South Carolina ranks 40th nationally and receives a grade of D+ for women's overall health and well-being.

3. Women's Resources and Rights Checklist

The Fourth World Conference on Women, held in Beijing in September 1995, heightened awareness of women's status around the world and pointed to the importance of government action and public policy for the well-being of women. At the conference, representatives of 189 countries, including the United States, unanimously adopted the Beijing Declaration and Platform for Action, which pledged their governments to action on behalf of women. The Platform for Action outlines critical issues of concern to women and remaining obstacles to women's advancement.

Many of the laws, policies, and programs that already exist in the United States meet the goals of the Platform for Action and support the rights of women identified in the Platform (President's Interagency Council on Women, 2000). In some ways, women in the United States enjoy access to relatively high levels of gender equality compared with women around the world. In other areas, the United States and many individual states have an opportunity to better support women's rights.

The Women's Resources and Rights Checklist, Chart 3.1, provides an overview of the policies supporting women's rights and the resources available to women in South Carolina. This list was derived from ideas presented in the Platform for Action, including the need for policies that help prevent violence against women, promote women's economic equality, alleviate poverty among women, improve their physical, mental, and reproductive health and well-being, and enhance their political power. The rights and resources outlined in the Women's Resources and Rights Checklist fall under several categories: protection from violence, access to income support (e.g., through welfare and child support collection), women-friendly employment protections, family leave benefits, legislation protecting sexual minorities, reproductive rights, and institutional representation of women's concerns.

Many of the indicators in Chart 3.1 can be affected by state policy decisions (see Appendix III for detailed explanations of the indicators). As a result, the Women's Resources and Rights Checklist provides a measure of South Carolina's commitment to policies designed to help women achieve economic, political, and social well-being. In South Carolina, women lack many of the rights on this checklist. The state has adopted seven out of 31 possible policies presented in the Women's Resources and Rights Checklist.

Violence Against Women

Violence against women can greatly affect women's physical health, psychological well-being, and economic and social stability. Women who experience domestic violence, stalking, sexual assault, and other violence often need appropriate social services and health care to help them escape violent situations. They also need protection from perpetrators of violence and increased awareness among police, prosecutors, and health care professionals about the issues facing victims of violence. This training provides the tools to recognize the signs of abuse and intervene effectively. South Carolina lacks several important policies and provisions that can help curtail violence and protect survivors.

South Carolina has adopted a domestic battery statute complementing its assault and battery laws. In many states, such provisions are designed to provide enhanced penalties for repeat offenders. A total of 34 states have adopted this type of law.

South Carolina requires domestic violence training for police but not health care professionals. Ten states require domestic violence training for both groups by statute.

Without a law protecting victims of domestic violence, some insurance companies use domestic violence to justify discrimination against them, by denying, canceling, or limiting coverage and/or charging a higher premium for coverage. A total of 22 states prohibit insurance companies from using domestic violence as a basis for discrimination. South Carolina does not.

Chart 3.1
Women's Resources and Rights Checklist

	Yes	No	Other Information	Total Number of States with Policy (of 51) or U.S. Average
Violence Against Women				
Has South Carolina adopted a domestic battery statute complementing assault laws?	✓			34
Does South Carolina law require domestic violence training of new police recruits and health care professionals?		✓	Police only	10
Does South Carolina law prohibit domestic violence discrimination in insurance?		✓		22
Is a first stalking offense a felony in South Carolina?		✓	Felony or misdemeanor	12
Does South Carolina law require sexual assault training for police, prosecutors, and health care professionals?		✓		4
Child Support				
Percent of single-mother households receiving child support or alimony:			35%	34%
Percent of child support cases with orders for collection in which support was collected:			59%	39%
Welfare and Poverty Policies				
Does South Carolina extend TANF benefits to children born or conceived while a mother is receiving welfare?		✓		28
Does South Carolina allow receipt of TANF benefits up to or beyond the 60-month federal time limit?	✓		60-month limit	44
Does South Carolina allow welfare recipients at least 24 months before requiring participation in work activities?		✓	Immediate	13
Does South Carolina provide transitional child care under TANF for more than 12 months?	✓		24 months	14
Has South Carolina's TANF plan been certified or submitted for certification under the Family Violence Option or made other provisions for victims of domestic violence?		✓		37
In determining welfare eligibility, does South Carolina disregard the equivalent of at least 50 percent of earnings from a full-time, minimum wage job?	✓			11
Does South Carolina have a state Earned Income Tax Credit?		✓		16
Maximum TANF benefit for a family of three (two children) in South Carolina, 2001:			$203.00	$379.00
Employment/Unemployment Benefits				
Is South Carolina's minimum wage higher than the federal level as of January 2002?[1]		✓		12
Does South Carolina have mandatory temporary disability insurance?		✓		5
Does South Carolina provide Unemployment Insurance benefits to:				
Low-wage earners?	✓			14
Workers seeking part-time jobs?		✓		9

Chart 3.1 continued	Yes	No	Other Information	Total Number of States with Policy (of 51) or U.S. Average
Workers who leave their jobs for certain circumstances ("good cause quits")?		✓		30
Has South Carolina implemented adjustments to achieve pay equity in its state civil service?		✓		20
Family Leave Benefits				
Has South Carolina proposed legislation extending Unemployment Insurance benefits to workers on temporary leave to care for infants and newly adopted children?		✓		0 Enacted; 20 Proposed
Has South Carolina proposed legislation allowing use of temporary disability insurance to cover periods of work absence due to family care needs?		✓		1 Enacted; 3 Proposed
Sexual Orientation and Gender Identity				
Does South Carolina have civil rights legislation prohibiting discrimination on the basis of sexual orientation and/or gender identity?		✓		14
Has South Carolina adopted legislation creating enhanced penalties or a separate offense for crimes based on sexual orientation?		✓		28
Has South Carolina avoided adopting a ban on same-sex marriage?		✓		16
Reproductive Rights				
Does South Carolina allow access to abortion services:				
Without mandatory parental consent or notification?		✓		8
Without a waiting period?		✓		29
Does South Carolina provide public funding for abortions under any or most circumstances if a woman is eligible?		✓		16
Does South Carolina require health insurers to provide comprehensive coverage for contraceptives?		✓		19
Does South Carolina require health insurers to provide coverage of infertility treatments?		✓		11
Does South Carolina allow the non-legal parent in a gay/lesbian couple to adopt his/her partner's child?[2]			No case has been tried	25
Does South Carolina require schools to provide sex education?[3]	✓			23
Institutional Resources				
Does South Carolina have a commission for women?	✓			40
Total Policies[4]	**7**	**23**		**31 possible**

See Appendix III for a detailed description and sources for the items on this checklist.

[1] South Carolina has no state minimum wage as of January 2002. In most cases, the federal minimum wage of $5.15 prevails.

[2] Most states that allow such adoptions do so as a result of court decisions. In South Carolina, no case has yet been tried.

[3] While abstinence is stressed, South Carolina also requires that contraception be taught in its sex education curriculum.

[4] Policies in the "yes" and "no" columns do not add up to 31 because some of South Carolina's policies have mixed evaluations and thus fall in the "other" column.

Compiled by the Institute for Women's Policy Research.

Domestic Violence in South Carolina

When the South Carolina Commission on Women and Governor Jim Hodges conducted hearings on women's health throughout the state in 2000, a frequently expressed concern was the level of violence against women and its debilitating effects on the health and well-being of the state's women. To address these issues, Governor Hodges appointed the Governor's Task Force on Domestic Violence, which studied the problem and made a series of recommendations to alleviate it.

According to the Task Force, the extent of the problem was not and perhaps could not be overstated in the hearings. Of all the states, South Carolina had the highest rate of women murdered by men in 1998—62 women were murdered by men in that year. Also in 1998, there were 17,806 crisis calls to the South Carolina Department of Social Services, and 4,809 of those calls requested emergency shelter from perpetrators of domestic violence. Those who received shelter stayed an average of 18 days. But 564 women who requested it were not provided shelter because of a shortage of facilities. Over 13,000 people received other services because of domestic violence, and some 5,500 perpetrators received batterer treatment (South Carolina Governor's Task Force on Domestic Violence, 2000).

In 1999, 53,725 domestic violence offenses were reported to law enforcement officials. Although domestic violence incidents may injure men or women, in South Carolina, 84 percent of those treated for injuries by intimate partners were women in 1999 (South Carolina Governor's Task Force on Domestic Violence, 2000).

These large numbers reflect the true extent of the problem of violence against women. One recent survey by the state's Department of Health and Environmental Control found that a quarter of South Carolina women had, at some time in their lives, suffered from intimate partner abuse (Centers for Disease Control and Prevention, 2000a).

Information Needs

Despite the persuasive data discussed by the Task Force, it is also clear that there are additional data needs surrounding domestic violence. Uniformity is one of the main needs. State and federal agencies use different definitions for domestic violence, which makes it difficult to determine with confidence the total extent of the problem. It is also not possible to link civil and criminal cases that involve the same parties and the same causes of action. Case dispositions in magistrate's courts are not fully documented, making it impossible to know the number of orders of protection that are issued. Case tracking for cases of violence against women is not sufficiently well-developed, and although it is clear that the extent of the problem is large, it is not clear precisely where and how the most useful interventions might occur (South Carolina Governor's Task Force on Domestic Violence, 2000).

Recommendations

To improve the tracking and handling of violence against women, the Governor's Task Force made a number of recommendations for action. These include the following:

1. A permanent state commission on domestic violence should be established.
2. A workplace domestic violence policy for all state agencies should be established, and the state should call upon all employers in South Carolina to do the same.
3. A call should be issued to all sectors of society to increase their efforts to stop tolerance for domestic violence.

(continued on next page)

4. The state should initiate a carefully planned and targeted public education campaign to promote understanding of domestic violence and ways to stop it.
5. Increased recovery services should be provided for survivors and their families.
6. Community coordinating councils and protocols should be established to guide coordinated interventions with victims and their families and perpetrators.
7. An annual Governor's Conference on Domestic Violence should be conducted.
8. Resources for children exposed to domestic violence should be expanded.
9. Criminal domestic violence education for the judiciary should be mandatory.
10. All law enforcement leaders should be encouraged to participate in the mandatory criminal domestic violence training for law enforcement officers and to expedite the required participation by all officers under their authority.
11. Domestic violence courts should be established across the state.
12. Ways to increase legal representation for domestic violence victims in Family Court and summary court can be explored.
13. Electronic monitoring of offenders can be expanded through the Victim Alert program.
14. Development of specialized domestic violence prosecutors for summary courts should be encouraged.
15. Legislation should be supported to require courts to order perpetrators to treatment.
16. The state should support amendment of the Pre-Trial Intervention (PTI) law to exclude criminal domestic violence offenders and urge prosecutors to use their existing legal discretion to exclude such perpetrators from PTI.
17. Legislation to protect health care organizations, child care programs, and schools from liability when evidence of criminal domestic violence is gathered on their premises should be supported.
18. Legislation to make it unlawful for convicted domestic violence offenders to possess firearms should be supported.
19. Legislation to allow judges to order domestic violence offenders to be held for up to 48 hours after arrest should be supported.
20. Legislation to waive the fees that victims must pay when filing for restraining orders under the laws related to harassment and stalking should be supported.
21. The state should encourage the development of statewide law enforcement policies and procedures which strictly govern the use of Uniform Traffic Citations in criminal domestic violence cases and require that those citations be followed by incident reports and warrants.

Other recommendations call for a review of all cases of convicted offenders who are incarcerated for reasons of violence against an intimate partner or family member, in order to look for evidence of a history of victimization by domestic violence and to determine suitability for parole, as well as the development of more detailed information gathering and dissemination processes covering domestic violence.

Conclusion

South Carolina's women suffer from a degree of violence that is greater than the norms in other states. However, the state has struggled with the problem and has an action plan that could effectively deal with it and, perhaps, reduce it in future years.

In addition to domestic violence policies, many states also have provisions related to crimes such as stalking, harassment, and sexual assault. In twelve states, a first stalking offense is considered a felony. In 26 states, stalking can be classified as either a felony or a misdemeanor, depending on circumstances such as use of a weapon or prior convictions. Felony status is considered preferable because it usually leads to quicker arrest, eliminating the need for police to investigate the seriousness of the stalking to determine probable cause (U.S. Department of Justice, Office of Justice Programs, Violence Against Women Grants Office, 1998). In South Carolina, a first stalking offense can be either a felony or misdemeanor.

Finally, four states have adopted laws requiring sexual assault training for police, prosecutors, and health care professionals. South Carolina is not one of those states (for more on these issues, see Domestic Violence in South Carolina).

Child Support

Many single-mother households experience low wages and poverty, and child support or alimony is one way to supplement their incomes. Child support can make a substantial difference in low-income families' lives by lifting many out of poverty. Among nonwelfare, low-income families with child support arrangements, poverty rates would increase by more than 30 percent without their child support income (IWPR, 1999).

In the United States, approximately 34 percent of single-mother households receive some level of child support or alimony. In South Carolina, 35 percent receive such support, about the same as the national average. According to the U.S. Department of Health and Human Services, Office of Child Support Enforcement, 61 percent of child support cases have support orders established (U.S. Department of Health and Human Services, Administration for Children and Families, 2001). Child support, however, is collected in only 39 percent of cases with orders (or about 24 percent of all child support cases). The enforcement efforts made by state and local agencies can affect the extent of collections (Gershenzon, 1993). Of all child support cases with orders for collection in South Carolina in 1998, child support was collected in 59 percent. This proportion is substantially above the average for the United States as a whole.

Welfare and Poverty Policies

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) enacted the most sweeping changes to the federal welfare system since it was established in the 1930s. PRWORA ended entitlements to federal cash assistance, replacing the Aid to Families with Dependent Children (AFDC) program with the Temporary Assistance for Needy Families (TANF) program. While AFDC provided minimum guaranteed income support for all eligible families (most frequently those headed by low-income single mothers), TANF benefits are restricted to a five-year lifetime limit and are contingent on work participation after 24 months. TANF funds are distributed to states in the form of block grants, and states are free to devise their own eligibility rules, participation requirements, and sanction policies within federal restrictions.

States have adopted widely divergent TANF plans, and the provisions of their welfare programs can have important ramifications for the economic security of low-income residents, the majority of whom are women and children. These policies affect the ability of welfare recipients to receive training and education for better-paying jobs, leave family situations involving domestic violence and other negative circumstances, and support their families during times of economic hardship. Although it has a few supportive policies, South Carolina has adopted many TANF policies that are relatively harmful to women.

As of June 2001, 23 states had Child Exclusion policies, or "Family Caps," which deny or limit benefits to children born to a family that is receiving welfare. Such policies are intended to reduce childbearing among unwed parents and to prevent women from having more children for the sole purpose of increasing their cash benefits. Research suggests, though, that cash assistance does not influence women's childbearing decisions, making the Family

Cap an unnecessary source of economic hardship (IWPR, 1998). Under a "Family Cap," South Carolina does not extend full TANF benefits to children born or conceived while a mother receives welfare. Twenty-seven states and the District of Columbia do not have any kind of Family Cap.

South Carolina's time limits on receiving TANF are the maximum they can be under federal regulations. In South Carolina, recipients are limited to 60 months, while the average for all states is 55.4 months. Thirty-seven states and the District of Columbia have a time limit of 60 months. Seven states report lifetime time limits of less than 60 months. Six states have no lifetime limits for individuals complying with TANF requirements. These states use state money to supplement federal funding.

Federal law requires nonexempt residents to participate in work activities within two years of receiving cash assistance. States have the option of establishing stricter guidelines, and many have elected to do so. In 29 states, including South Carolina, nonexempt recipients are required to engage in work activities immediately under TANF. Nine other states have work requirements within less than 24 months. Twelve states require recipients to work within 24 months or when determined able to work, whichever comes first. One state, Vermont, allows recipients 30 months before requiring work to receive benefits.

PRWORA also replaced former child care entitlements with the Child Care Development Fund, which consolidated funding streams for child care, increased overall child care funds to states, and allowed states significant discretion in determining eligibility for child care. This new system requires that states use no less than 70 percent of the new funds to provide child care assistance to several types of families: those receiving TANF, those transitioning away from welfare through work activities, and those designated as being at risk of becoming dependent on TANF (U.S. Department of Health and Human Services, Administration for Children and Families, 1999). In addition to these funds, many states use TANF or additional state funds to provide child care services. States also have substantial discretion over designing their child care programs, including how long they provide child care services to families.

Currently, for families transitioning away from welfare, 14 states, including South Carolina, guarantee child care beyond twelve months. Eighteen states provide a total of twelve months of transitional child care. Nineteen states provide less than twelve months of transitional child care. Expanding child care services is a crucial form of support for working families, especially single mothers, and can be critical to ensuring families' self-sufficiency.

As of June 2001, 36 states and the District of Columbia were recognized by the U.S. Department of Health and Human Services, Administration for Children and Families, as having adopted the Family Violence Option, which allows victims of violence to be exempted from work requirements, lifetime time limits, or both, as part of state TANF plans. South Carolina has not adopted the Family Violence Option.

PRWORA also gave states increased flexibility in how they treat earnings in determining income eligibility for TANF applicants. One standard for measuring the generosity of state rules is whether they disregard 50 percent or more of the earnings of a full-time, minimum-wage worker. South Carolina has a relatively generous policy on how it treats earnings in determining TANF eligibility. The state disregards at least 50 percent of the earnings of a full-time, minimum-wage job. Generous earnings disregards can help ease the transition away from welfare for women and their families as they strive for self-sufficiency. Eleven states disregard at least 50 percent of earnings when determining income eligibility for TANF.

The federal Earned Income Tax Credit (EITC) program began in 1975 and has been expanded several times over the years to support work and decrease poverty. The EITC program allows low-income families to receive tax rebates on all or some of the taxes taken out of their paychecks during the year. The success of the program has prompted some states to enact state EITCs in recent years. State EITCs reduce poverty and play a critical role in supporting families with low earnings, especially those families making the transition from welfare to work.

Currently, 16 states offer an EITC modeled on the federal EITC (Zahradnik, Johnson, and Mazerov,

2001). Eleven of these states have a refundable EITC, which means that families can receive the full amount of their tax credits even if they exceed the total amount of families' income tax liabilities. Refundable EITCs benefit many more low-income working families than non-refundable EITCs. South Carolina has not enacted an EITC.

Among all 50 states and the District of Columbia, the median maximum cash assistance benefit check in 2001 for families receiving TANF was $379 per month for a family of three (two children and one parent). In South Carolina, the maximum monthly benefit was $203, substantially below the national average.

Even states with relatively generous welfare policies do not always provide welfare recipients adequate opportunities to take advantage of the resources available to them, often because of poor implementation of state TANF plans. For example, welfare recipients are not always aware of the benefits that are available to them, such as child care, Food Stamps, or Medicaid, especially after they lose cash assistance under TANF (Shumacher and Greenberg, 1999; Ku and Garrett, 2000). In addition, they may not be aware of policies such as Family Violence exemptions or other regulations allowing them to extend their eligibility for receiving benefits. Through rigorous training of caseworkers, an emphasis on informing welfare recipients of available resources and their rights, and other policies, states can work to ensure that welfare recipients are able to take full advantage of the economic and support services available to them.

Employment/Unemployment Benefits

Employment policies and protections are crucial to helping women achieve economic self-sufficiency and to providing them a safety net during periods of unemployment. South Carolina employment policies are relatively unsupportive of women workers. The minimum wage is particularly important to women because they constitute the majority of low-wage workers. Research by IWPR and the Economic Policy Institute has found that women would be a majority of the workers affected by a one-dollar increase in the minimum wage (Bernstein, Hartmann, and Schmitt, 1999). As of January 2002, eleven states and the District of Columbia had minimum wage rates higher than the federal level of $5.15. Three states had minimum wage rates lower than the federal level (but the federal level generally applies to most employees in these states). Seven states had no minimum wage law, and 29 states had state minimum wages equal to the federal level. In South Carolina, there is no minimum wage level. The federal level of $5.15 an hour generally applies to most workers.

Temporary Disability Insurance (TDI) is also an important resource for women because it provides partial income replacement to employees who leave work because of an illness or accident unrelated to their jobs. In the five states with mandated programs (California, Hawaii, New Jersey, New York, and Rhode Island), employees and/or their employers pay a small percentage of the employee's salary into an insurance fund. In return, employees are provided with partial wage replacement if they become ill or disabled. Moreover, in states with TDI programs, women workers typically receive eight to twelve weeks of partial wage replacement for maternity leaves through TDI (Hartmann, et al., 1995). South Carolina does not require mandatory TDI. Failure to require mandatory TDI coverage leaves many women, especially single mothers, vulnerable in case of injury or illness.

Unemployment Insurance (UI) provides workers and their families a safety net during periods of unemployment. In order to receive UI, potential recipients must meet several eligibility requirements. IWPR research has shown that nearly 14 percent of unemployed women workers are disqualified from receiving UI by earnings criteria, more than twice the rate for unemployed men (see Appendix III for more details on UI requirements; Yoon, Spalter-Roth, and Baldwin, 1995). States typically set eligibility standards for UI and can enact policies that are more or less inclusive and more or less generous to claimants.

In South Carolina, some UI policies are relatively harmful to women. On the one hand, earnings requirements generally allow many low-wage earners in South Carolina to qualify for benefits. On the

other hand, policies prohibit workers seeking part-time jobs from qualifying for unemployment benefits. Because women are more likely than men to seek part-time work, the failure to cover part-time workers disproportionately harms women. South Carolina's UI policies also do not allow women to qualify for insurance in cases of "good cause quits," in which a worker leaves a job for personal circumstances, which might include moving with a spouse, harassment on the job, own or family illness, or other situations.

To decrease wage inequality between women and men, some states have implemented pay equity remedies, which are policies designed to raise the wages of jobs undervalued at least partly because of the sex or race of the workers who hold those jobs. Since 1997, 20 states have implemented programs to raise the wages of workers in female-dominated jobs in their state employment systems (National Committee on Pay Equity, 1997). A study by IWPR found that in states implementing pay equity remedies, the remedies improved female/male wage ratios (Hartmann and Aaronson, 1994). South Carolina has not implemented policies within its state civil service to achieve pay equity for state government employees.

Family Leave Benefits

As women's labor force participation has increased, so has the need for paid family leave. The Family and Medical Leave Act of 1993 provides for unpaid time off from work to care for sick relatives or a newborn or adopted child, guaranteeing leave-takers' jobs when they return to work. This legislation does not replace the income workers lose while taking leave to care for their families, however. Among workers, 77 percent who need leave but fail to take it cannot afford the time without pay, and 25 percent of low-income workers who do take some leave have to turn to welfare for support (U.S. Department of Labor, 2001).

Some states have responded to this gap in recent years by adopting policies that give families more options for paid family leave. One initiative proposed by 20 states would extend UI benefits to workers on temporary leave to care for infants and newly adopted children (Society for Human Resource Management, 2001; National Partnership for Women and Families, 2001a). If adopted, "Baby UI" is expected to improve parent-child bonding, encourage more stable child-care arrangements, and increase workforce attachment (Lovell and Rahmanou, 2000). South Carolina has not introduced Baby UI legislation.

Another strategy used by some states to provide paid family leave involves extending mandatory TDI programs to provide insurance coverage for periods of work absence due to family care needs, in addition to the worker's own illness or disability. In September 2002, California amended its TDI program to include family leave with partial pay for up to six weeks. New York and New Jersey have proposed similar expansions of their plans, and Massachusetts has proposed adopting a new mandatory TDI program that would include coverage for family leave (National Partnership for Women and Families, 2001b). South Carolina has not (and does not have mandatory TDI).

If South Carolina were to provide family leave benefits by adopting and expanding TDI and/or adopting Baby UI, all workers would be better able to care for their families.

Sexual Orientation and Gender Identity

South Carolina lacks several policies that would provide lesbians and other sexual minorities access to the same rights as other citizens. Thirteen states and the District of Columbia have adopted statutes prohibiting discrimination on the basis of sexual orientation. South Carolina has not adopted such a law. Another 27 states and the District of Columbia have passed laws creating enhanced penalties or separate offenses for perpetrators of hate crimes committed against victims because of their sexual orientation. South Carolina has not passed a hate crime bill that addresses crimes against gay, lesbian, and bisexual residents. South Carolina also has specifically prohibited same-sex marriage. Thirty-five states have banned same-sex marriage. Only one state, Vermont, has expressly allowed gay and lesbian couples to take advantage of the same rights and

benefits extended to married couples under state law, through the passage of a "civil union" act. Vermont's law, which was signed in April 2000, allows gay and lesbian couples to claim benefits such as inheritance rights, property rights, tax advantages, and the authority to make medical decisions for a partner once they are registered as a civil union.

Reproductive Rights

While indicators concerning reproductive rights are covered in detail later in the report, they also represent crucial components of any list of desirable policies for women. In South Carolina, women have relatively low levels of access to abortion, contraception, and other family planning resources. Without adequate access, women have limited resources to make careful, informed, and independent decisions about childbearing, which can in turn have a substantial impact on their well-being and the well-being of their children.

Institutional Resources

Since South Carolina women have a state-level commission for women, they have one form of representation that might help create more women-friendly policies in their state (see the section on Political Participation for details). Forty states currently have state-level commissions for women.

Conclusion

In order for women in South Carolina to achieve more equality and greater well-being, the state should adopt the policies it still lacks from the Women's Resources and Rights Checklist. Although this list does not encompass all the policies necessary to guarantee equality, it represents a sample of exemplary women-friendly provisions. Each of the policies also reflects the goals of the Beijing Declaration and Platform for Action by addressing issues of concern to women and obstacles to women's equality. Thus, these rights and resources are important for improving women's lives and the well-being of their families.

4. Political Participation

Political participation allows women to influence policies that affect their lives. By voting, running for office, and taking advantage of other avenues for participation, women can make their concerns, experiences, and priorities visible in policy decisions. Recognizing the lack of equity in political participation and leadership throughout the world, the Beijing Declaration and Platform for Action makes ensuring women's equal access to avenues for participation and decision-making a major objective. This section presents data on several aspects of women's involvement in the political process in South Carolina: voter registration and turnout, female state and federal elected and appointed representation, and women's state institutional resources.

Over the past few decades, a growing gender gap in attitudes among voters—the tendency for women and men to vote differently—suggests that some of women's political preferences differ from men's. Women, for example, tend to support funding for social services and child care, as well as measures combating violence against women, more than men do. In public opinion surveys, women express concern about issues like education, health care, and reproductive rights at higher rates than men (Conway, Steuernagel, and Ahern, 1997). Because women are often primary care providers in families, these issues can have an especially profound effect on women's lives.

Political participation allows women to demand that policymakers address these and other priorities. Voting is one way for them to express their concerns. Women's representation in political office also gives them a more prominent voice. In fact, regardless of party affiliation, female officeholders are more likely than male officeholders to support women's agendas (Center for American Women and Politics [CAWP], 1991; Swers, 2002). In addition, legislatures with larger proportions of female elected officials tend to address women's issues more often and more seriously than those with fewer

Chart 4.1
Political Participation: National and Regional Ranks

Indicators	National Rank* (of 50)	Regional Rank* (of 8)	Grade
Composite Political Participation Index	**40**	**6**	**D-**
Women's Voter Registration (percent of women 18 and older who reported being registered to vote in 1998 and 2000)[a]	15	1	
Women's Voter Turnout (percent of women 18 and older who reported voting in 1998 and 2000)[a]	13	1	
Women in Elected Office Composite Index (percent of state and national elected officeholders who are women, 2002)[b, c, d]	50	8	
Women's Institutional Resources (number of institutional resources for women in South Carolina, 2002)[e, f]	1	1	

See Appendix II for methodology.
* The national rankings are of a possible 50, because the District of Columbia is not included in these rankings. The regional rankings are of a maximum of eight and refer to the states in the South Atlantic region (DE, FL, GA, MD, NC, SC, VA, and WV).
Source: [a] U.S. Department of Commerce, Bureau of the Census, 2000c, 2002c; [b] CAWP, 2002a, 2002b, 2002c, 2002d; [c] Council of State Governments, 2000; [d] Compiled by IWPR based on Center for Policy Alternatives, 1995; [e] CAWP, 1998; [f] National Association of Commissions for Women, 2000.
Calculated by the Institute for Women's Policy Research.

female representatives (Dodson, 1991; Thomas, 1994). Finally, representation through institutions such as women's commissions or women's legislative caucuses provides ongoing channels for expressing women's concerns and makes policymakers more accessible to women, especially when those institutions work closely with women's organizations (Stetson and Mazur, 1995).

Overall, women in South Carolina do not fare well on measures of political participation when compared with women in the United States as a whole. At 40th, the state ranks near the bottom of all states on the political participation composite index. It ranks first in the nation for women's institutional resources (although 15 states share the rank of first on this indicator). In contrast, South Carolina falls to the bottom at 50th for women in elected office (see Chart 4.1). South Carolina ranks above the middle of the states for women's voter turnout (13th) and registration (15th).

Within the South Atlantic region, South Carolina ranks sixth of eight states. It fares well on three of the indicators—women's institutional resources, voter turnout, and voter registration—ranking first. Still, South Carolina, at eighth, is last in the region for women in elected office.

South Carolina's grade of D- for the political participation index represents women's muted voice in the political process of the state. Women in South Carolina and throughout the country need better representation in political processes.

Voter Registration and Turnout

Voting is one of the most fundamental ways Americans express their political needs and interests. Through voting, citizens choose leaders to represent them and their concerns. Recognizing this, early women's movements made suffrage one of their first goals. Ratified in 1920, the Nineteenth Amendment established U.S. women's right to vote, and that year about eight million out of 51.8 million women voted for the first time (National Women's Political Caucus, 1995). African American and other minority women were denied the right to vote in many states until the Voting Rights Act of 1965 was passed. Even after women of all races were able to exercise their right to vote, many candidates and political observers did not take women voters seriously. Instead, they assumed women would either ignore politics or simply vote like their fathers or husbands (Carroll and Zerrilli, 1993).

Women now register and vote at a slightly higher rate than men. In 2000, about 69 million women, or 65.6 percent of those eligible, reported being registered to vote, compared with more than 60 million, or 62.2 percent, of eligible men (see Table 4.1). South Carolina's 2000 voter registration rates were higher than the national rates for both women and men. In South Carolina, 71.4 percent of women reported being registered to vote in the November 2000 elections, while 64.2 percent of men did. In 1998, men and women's voter registration rates in South Carolina were similarly higher than the national rates. South Carolina ranks 15th among all the states and first in the South Atlantic region for women's voter registration levels in the 1998 and 2000 elections combined.

Women voters have constituted a majority of U.S. voters since 1964. In both 1998 and 2000, 53 percent of all voters were women. In most states, women have higher voter turnout rates than men, and South Carolina is no exception. In 2000, 61.8 percent of South Carolina women reported voting, while in 1998, 49.3 percent did (see Table 4.2). As a result, in both 1998 and 2000, women's voter turnout in South Carolina was above national levels for women and also higher than men's voter turnout both in the state and nationally. South Carolina ranks 13th among all the states and first in the South Atlantic region for women's voter turnout in the 1998 and 2000 elections combined.

Voter turnout jumped substantially for both sexes in the nation as a whole between 1998 and 2000, primarily because 2000 was a presidential election year. Presidential elections traditionally have much higher turnout than non-presidential elections. In South Carolina, women not only voted at a higher rate than men in 2000 (61.8 percent and 55.5 percent respectively), but both women's and men's voter turnout increased substantially from 1998. That year, 49.3 percent of women and 44.7 percent of men in the

Table 4.1
Voter Registration for Women and Men in South Carolina and the United States

	South Carolina		United States	
	Percent	Number	Percent	Number
2000 Voter Registration[a]*				
Women	71.4%	1,124,000	65.6%	69,193,000
Men	64.2%	869,000	62.2%	60,356,000
1998 Voter Registration[b]*				
Women	70.9%	1,055,000	63.5%	65,445,000
Men	64.1%	852,000	60.6%	57,659,000
Number and Percent of All Voter Registration Applications, 1999-2000, Received at:[c]				
Public Assistance Offices	4.5%	13,428	2.9%	1,314,500
Disability Services Offices	1.0%	3,141	0.4%	190,009

* Percent of all women and men aged 18 and older who reported registering, based on data from the 1998 and 2000 November Supplements of the Current Population Survey. These data are self-reports and tend to overstate actual voter registration.

Source: [a] U.S. Department of Commerce, Bureau of the Census, 2002c; [b] U.S. Department of Commerce, Bureau of the Census, 2000c; [c] Federal Election Commission, 2000.

Compiled by the Institute for Women's Policy Research.

state voted. Overall, compared with other Western democracies, voter turnout is relatively low for both sexes in the United States.

Lower levels of voter turnout among minority men and women can mean that their interests and concerns are less well represented in the political process. In 1998, 46.4 percent of white men and 46.5 percent of white women voted, compared with 37.6 percent of African American men and 41.9 percent of African American women. Even lower proportions of Hispanic and Asian American citizens voted: just 18.8 percent of Hispanic men, 21.3 percent of Hispanic women, 18.6 percent of Asian American men, and 19.7 percent of Asian American women voted in 1998. Data for minorities are not available by sex at the state level, but in South Carolina, 49.3 percent of all whites and 42.8 percent of all African Americans voted in 1998 (data not shown; data not available for Hispanics and Asian Americans in South Carolina; U.S. Department of Commerce, Bureau of the Census, 2000c).

Table 4.2
Women's and Men's Voter Turnout in South Carolina and the United States

	South Carolina		United States	
	Percent	Number	Percent	Number
2000 Voter Turnout[a]*				
Women	61.8%	973,000	56.2%	59,284,000
Men	55.5%	752,000	53.1%	51,542,000
1998 Voter Turnout[b]*				
Women	49.3%	734,000	42.4%	43,706,000
Men	44.7%	593,000	41.4%	39,391,000

* Percent of all women and men aged 18 and older who reported voting, based on data from the 1998 and 2000 November Supplements of the Current Population Survey. These data are self-reports and tend to overstate actual voter turnout.

Source: [a] U.S. Department of Commerce, Bureau of the Census, 2002c; [b] U.S. Department of Commerce, Bureau of the Census, 2000c.

Compiled by the Institute for Women's Policy Research.

Over the years, most U.S. states have developed relatively complicated systems of voter registration. Voting has typically required advance registration at a few specified locations, and this system is historically a major cause of low U.S. voting rates (Wolfinger and Rosenstone, 1980). Those in poverty and persons with disabilities are particularly disadvantaged by the inaccessible and cumbersome voter registration system. Voting itself is also more difficult for people with disabilities because of problems such as inadequate transportation to the polls. In response to these issues, several states have eliminated registration requirements or allowed registration on the same day as voting. In these states, both voting and registration rates are among the highest in the country.

Effective January 1995, the National Voter Registration Act (NVRA) required states to allow citizens to register to vote when receiving or renewing a driver's license or applying for AFDC, Food Stamps, Medicaid, the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), and disability services. Under the new welfare system, applicants for TANF and related programs continue to have the opportunity to register to vote when seeking welfare benefits.

In 1999-2000, states processed voter registration applications for over 20 million people through public agencies, including 1.3 million through public assistance agencies, 13,428 of whom live in South Carolina (see Table 4.1). Another 190,000 applications in the United States and 3,141 in South Carolina were received at disability services offices. In South Carolina, a higher proportion of all applications, 4.5 percent, was received through public assistance offices than were in the nation as a whole (2.9 percent). In addition, a higher proportion, 1.0 percent, was received through disability services offices in South Carolina than in the United States as a whole (0.4 percent).

Women in Public Office

Elected Officials in the Legislative and Executive Branches

Although women constitute a minority of elected officials at both the national and state levels, their presence has grown steadily over the years. As more women hold office, women's issues are also becoming more prominent in legislative agendas (Thomas, 1994). Thirteen women served in the 2001-02 U.S. Senate (107th Congress). Women also filled 60 of the 435 seats in the 107th U.S. House of Representatives (not including Eleanor Holmes Norton, the nonvoting delegate from the District of Columbia, and Donna Christian-Green, the nonvoting delegate from the Virgin Islands). Women of color filled only 21 House seats and no Senate seats. Women from South Carolina filled no seats in the U.S. House or Senate, meaning that they had no national representation (see Table 4.3).

Table 4.3
Women in Elected Office in South Carolina and the United States, 2002

	South Carolina	United States
Number of Women in Statewide Executive Elected Office[a, b]	1	88
Women of Color[c]	0	4
Number of Women in the U.S. Congress:		
U.S. Senate[d]	0 of 2	13 of 100
Women of Color[c]	0	0
U.S. House[e]	0 of 6	60 of 435
Women of Color[c]	0	21
Number of Women Running for the U.S. Congress, 2000[f, g]*		
U.S. Senate**	0 of 0	9 of 89
U.S. House	1 of 14	122 of 799
Percent of State Legislators Who Are Women[h]	10.6%	22.6%

* These figures refer to candidates running for congressional seats in the general election and exclude those running in primaries.

** South Carolina had no Senate race in 2000.

Source: [a] CAWP, 2002a; [b] Council of State Governments, 2000; [c] CAWP, 2002e; [d] CAWP, 2002c; [e] CAWP, 2002d; [f] CAWP, 2001a; [g] Federal Election Commission, 2001a, 2001b; [h] CAWP, 2002b.

Compiled by the Institute for Women's Policy Research.

Women's Political Representation in South Carolina

Women hold high and significant posts in both political parties in the United States. Nationally, Congresswoman Nancy Pelosi (D-CA) was elected Democratic Whip, one of the most important leadership positions, in the U.S. House of Representatives in 2001. Republican Congresswoman Jennifer Dunn (R-WA) is the fifth woman in history to serve on the prestigious House Ways and Means Committee, and she made history in 1998 as the first woman of either party to run for House Majority Leader or any top leadership post. Two of the Democratic party's best and highest-profile fundraisers are women—Representative Nita Lowey and Senator Patty Murray. Within the White House, Condoleeza Rice serves as President George W. Bush's National Security Advisor, and Mary Matalin serves as Assistant to the President and Counselor to the Vice President, Richard Cheney.

In South Carolina, women have not achieved an equivalent level of political power. No woman represents South Carolina in the 107th Congress. Only five South Carolina women have ever been elected to Congress, all of them Democrats (CAWP, 2002f). Four of those five won special elections to fill vacancies caused by the deaths of their husbands.

In statewide elections, women have held executive offices only three times in South Carolina history (CAWP, 2002f). The state Senate has 46 members, including only two women as of 2002. The 124-member state House of Representatives includes 16 women. This results in just a 10.6 percent rate of women's representation in the state legislature (see Table 4.3). While many other states, including many others in the Southeastern United States, have improved on these statistics, South Carolina's have remained static.

Ironically, however, women in South Carolina hold great power at the voting booth. In 2000, more than 56 percent of South Carolinians casting ballots were women (see Table 4.2).

This power at the voting booth has been hard won. South Carolina's women won the right to vote with the passage of the 19th amendment, but the state did not ratify the amendment until after its adoption in 1920. Women also were banned from running for office until March 1921. South Carolina elected its first woman state senator in 1928. Notably, it is also one of just 15 states that have not ratified the Equal Rights Amendment to the U.S. Constitution. Women of color have faced an even more difficult struggle in gaining the right to vote. In 1957 and 1960, the U.S. Congress enacted voting rights laws that took small steps toward increasing minority voting participation for all Americans. The Voting Rights Act of 1965 finally prohibited discrimination in voting practices or procedures because of race and color. The Act specifically prohibited literacy tests and poll taxes, which had been used to prevent many people of color from voting. The Civil Rights movement was integral to ensuring that the Act was implemented and enforced for African American voters.

Women in South Carolina now hold some important offices, particularly in the judiciary. In the South Carolina Supreme Court, a woman Chief Justice presides over four male Associate Justices. In the Court of Appeals, the state's intermediate appellate court, the Chief Judge is also a woman. She presides over eight Associate Judges, one of whom is also female (South Carolina Judicial Department, 2002).

Why more women don't run for office is complicated. In a study conducted by the Barbara Lee Family Foundation, female political candidates often described an "old boy network" dominating their state party structure and stressed the importance of women making connections within that network in order to achieve success (Barbara Lee Family Foundation, 2001). In addition, non-incumbent candidates perceive the advantages held by incumbents–name familiarity, visibility, access to financial resources, and the opportunity to campaign during the

(continued on next page)

officeholding term–to be barriers to elective success. Since women as a group are relative newcomers to the political arena, many female candidates express serious concerns over campaigning against incumbents, who will most likely be male (Carroll, 1994).

Lack of proactive recruitment of women is another barrier. Political parties' reluctance to approach women and to present them with the opportunity to run in races where there is at least some chance of general election victory is an important issue that inhibits substantial increases in the representation of women among elective officeholders (Carroll, 1994).

To increase the numbers of women in elective office in South Carolina and in the rest of the country, it is imperative that qualified female candidates be sought out, encouraged to run, and given guidance to deal with campaign issues. A new political action committee, South Carolina's B-List, was created to do exactly those things in order to get more women into elective office in South Carolina (for contact information on South Carolina's B-List, see Appendix V).

At the state level, only one woman held an elected executive office in South Carolina (the chief state education official). No women of color served in a statewide elected office in South Carolina. The proportion of women in the state legislature was also extremely low, at 10.6 percent, compared with a 22.6 percent average for the nation as a whole.

Based on the proportion of women in elected office, South Carolina ranks last in the nation and in the South Atlantic region on this component of the political participation index. Women in South Carolina have clearly not attained proportional political representation in elected office.

Research on women as political candidates suggests that they generally win elected office at similar rates to men, but far fewer women run for office (National Women's Political Caucus, 1994). In 2000, 122 women out of 799 total candidates (15.2 percent) ran for office in the U.S. House of Representatives, while nine women of 89 total candidates (10.1 percent) ran for office in the U.S. Senate. Thus, women's rates of representation (13.8 percent in the House and 13.0 percent of the Senate) were very close to their proportion of candidacies for office. This suggests that, for women to win their proportionate share of political offices in the near term, the number and percentage of seats they run for must be much higher than they were during the 1990s. In South Carolina, there was no Senate race in the 2000 general election, but only one woman of 14 total candidates (7.1 percent) ran for a seat in the U.S. House, for a rate considerably lower than the national average.

Policies and practices that encourage women to run for office—including those that would help them challenge incumbents—can be integral to increasing women's political voice (Burrell, 1994). Such policies include campaign finance reform, recruitment of female candidates by political parties and other organizations, and fair and equal media treatment for male and female candidates (see also Women's Political Representation in South Carolina).

Women Executive Appointees

Women appointed to political positions in the executive branch can also influence policy to better account for women's needs and interests. Women's representation in appointed office in the executive branch has grown substantially over the past several years. In the period between 1997 and 2001, the percentage of women appointees serving in leadership positions in state executive branches across the United States rose by 6.6 percentage points, from 28.3 to 34.9 percent (Center for Women in Government and Civil Society, 2001). Women in South Carolina served in a similar proportion of appointed executive offices in 2001, at 33.3 percent (Table 4.4). A total of 13 women served out of 39 possible positions.

Women of color, all of whom were African American, filled five appointed executive positions

Table 4.4
Women in Appointed Office in South Carolina and the United States, 2002

	South Carolina	United States
Number and Percent of Women in Appointed Executive Office	13 of 39	665 of 1,905
	33.3%	34.9%
White	8	547
African American	5	70
Hispanic	0	29
Asian American	0	18
Native American	0	1

Source: Center for Women in Government and Civil Society, 2001.
Compiled by the Institute for Women's Policy Research.

in South Carolina in 2001. In the United States as a whole, out of 1,905 possible positions, 70 African American women, 29 Hispanic women, 18 Asian American women, and just one Native American woman served in appointed executive office (for a proportion of 6.2 percent women of color).

Women in the Judicial Branch

Women can also play an important role in implementing and deciding policy in the judicial branch, especially as judges on state courts. Judicial interpretation of the law is crucial to many policy areas of concern to women, including reproductive rights, discrimination, violence, and family law (Kenney, 2001). Women's presence in judicial policymaking in these areas can shape the way these issues are decided. As of 2001, among state supreme courts, the median rate of representation for women was 26 percent. In South Carolina, it was lower, at just 20 percent (see Table 4.5).

Recognizing the importance of the court system to guaranteeing women's rights, during the 1980s many states created gender bias task forces designed to analyze whether women received equal treatment under the law within their judicial systems. The first of these was created in 1982 in New Jersey. The first gender bias task force for federal court circuits was created in 1992 within the Ninth Circuit (encompassing nine Western states; Resnik, 1996). These task forces have repeatedly found evidence of discrimination against women and made recommendations for improving judicial equality. As of 1999, 45 states had established gender bias task forces at some point in their history. South Carolina has never had a gender bias task force (NOW Legal Defense and Education Fund, National Judicial Education Program, 2001).

Table 4.5
Women in the Judiciary in South Carolina and the United States

	South Carolina	Total, United States
Percent of State Supreme Court Seats Held by Women, 2001	20%	26%*
Has South Carolina Ever Had a Gender Bias Task Force, as of 1999?	No	45

* Median for all 50 states.
Source: Kenney, 2001.
Compiled by the Institute for Women's Policy Research.

Institutional Resources

Women's institutional resources in state government, including commissions for women and women's caucuses, can increase the visibility of women's political concerns and interests. When adequately staffed and funded, politically stable, and structured to be accessible to women's groups, they can advance women's political voices by providing information about women's issues and attracting the attention of policymakers and the public to women's political concerns (Stetson and Mazur, 1995). They can also serve as an access point for women and women's groups to express their interests to public officials. Such institutions can ensure that women's issues remain on the political agenda.

South Carolina has a state-level, government-appointed commission for women, the Governor's Office Commission on Women, and a bicameral women's caucus in the State House of Representatives and Senate (see Table 4.6). Nationwide, 40 states have state-level commissions for women and 33 have women's caucuses. Fifteen states have both a commission for women and formal caucuses in each house of the state legislature. Based on the number of institutional resources available to women in South Carolina, the state is tied with 14 other states for first in the nation on this indicator.

Table 4.6
Institutional Resources for Women in South Carolina and the United States, 2002

	Yes	No	Total, United States
Does South Carolina have a:			
Commission for Women?[a]	✓		40
Legislative Caucus in the State Legislature?[b]	Bicameral		33
House of Representatives?	✓		
Senate?	✓		

Source: [a] National Association of Commissions for Women, 2000, updated by IWPR; [b] CAWP, 1998, updated by IWPR.
Compiled by the Institute for Women's Policy Research.

5. Employment and Earnings

Because earnings are the largest component of income for most families, earnings and economic well-being are closely linked. Noting the historic and ongoing inequities between women's and men's economic status, the Beijing Declaration and Platform for Action stresses the need to promote women's economic rights. Its recommendations include improving women's access to employment, eliminating occupational segregation and employment discrimination, and helping men and women balance work and family responsibilities. This section surveys several aspects of women's economic status by examining the following topics: women's earnings, the female/male earnings ratio, women's labor force participation, and the industries and occupations in which women work.

Families often rely on women's earnings to remain out of poverty (Cancian, Danziger, and Gottschalk, 1993; Spalter-Roth, Hartmann, and Andrews, 1990). Moreover, women's employment status and earnings have grown in importance for the overall well-being of women and their families as demographic and economic changes have occurred. Men, for example, experienced stagnant or negative real wage growth during the 1980s and the early portion of the 1990s. More married-couple families now rely on both husbands' and wives' earnings. In addition, more women head households on their own, and more women are in the labor force.

Women in South Carolina rank 30th in the nation on IWPR's employment and earnings composite index (see Chart 5.1), placing it in the middle third of all states on this index. Its best rank is 16th, for the percent of women in managerial and professional occupations, placing it in the top third of all the states on this indicator. It ranks 33rd for the ratio of women's to men's earnings, just barely in the middle third of

Chart 5.1
Employment and Earnings: National and Regional Ranks

Indicators	National Rank* (of 51)	Regional Rank* (of 9)	Grade
Composite Employment and Earnings Index	**30**	**6**	**C**
Women's Median Annual Earnings (for full-time, year-round workers, aged 16 and older, 1999)[a]	37	7	
Ratio of Women's to Men's Earnings (median annual earnings of full-time, year-round women and men workers aged 16 and older, 1999)[a]	33	7	
Women's Labor Force Participation (percent of all women, aged 16 and older, in the civilian non-institutional population who are either employed or looking for work, 2000)[b]	35	7	
Women in Managerial and Professional Occupations (percent of all employed women, aged 16 and older, in managerial or professional specialty occupations, 1999)[c]	16	4	

See Appendix II for methodology.

* The national rankings are of a possible 51, including the 50 states and the District of Columbia. The regional rankings are of a maximum of nine and refer to the South Atlantic region (DC, DE, FL, GA, MD, NC, SC, VA, and WV).

Source: [a] IWPR, 2001b; [b] U.S. Department of Labor, Bureau of Labor Statistics, 2002; [c] U.S. Department of Labor, Bureau of Labor Statistics, 2001a.

Calculated by the Institute for Women's Policy Research.

the states. It ranks even more poorly on other important measures of employment and earnings: 35th for women's labor force participation and 37th for women's median annual earnings. Both of these rankings are in the bottom third of all states.

Regionally, South Carolina ranks sixth out of nine states (including the District of Columbia) on the employment and earnings composite index. It ranks fourth for women in managerial and professional occupations but falls to seventh for each of the other indicators of women's employment and earnings.

Most of South Carolina's rankings on indicators of employment and earnings are below the middle of all states; women in South Carolina do not come close to full economic equality with men. Like women in most states, they lag substantially behind men in their wages and labor force participation. As a result, South Carolina receives a grade of C on the employment and earnings index.

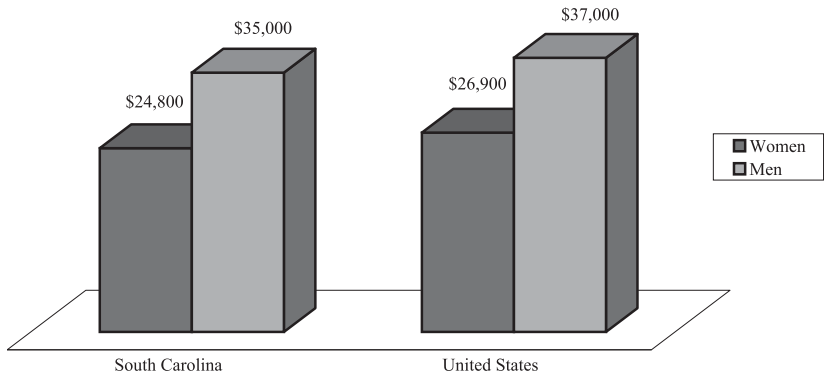
Women's Earnings

South Carolina women working full-time, year-round have lower median annual earnings than women in the United States as a whole ($24,800 and $26,900, respectively; see Figure 5.1; see Appendix II for details on the methodology used for 1998-2000 Current Population Survey data presented in this report). Similarly, median annual earnings for men in South Carolina are lower than in the United States as a whole ($35,000 and $37,000, respectively). Median annual earnings for women in South Carolina rank seventh in the South Atlantic region and 37th in the nation. Women in the District of Columbia rank the highest with earnings of $35,800.

Between 1989 and 1999, women in South Carolina saw their median annual earnings increase by 15.3 percent in real terms, a rate of growth that led the South Atlantic region. The lowest rate of growth was in Georgia, where women's earnings grew only 1.4 percent (data not shown; all growth rates are calculated for earnings that have been adjusted to remove the effects of inflation; IWPR, 2001b and 1995a).

Unfortunately, the data set used to estimate state-level women's earnings does not provide enough cases to reliably estimate earnings separately for women of different races and ethnicities. National data show, however, that in 1999 the median annual earnings of African American women were $24,800, those of Native American women were $23,300, and those of Hispanic women were $20,000, substantially below that of non-Hispanic white women, who earned $28,500. The earnings of Asian American women were the highest of all groups at $30,000 (median earnings of full-time, year-round women workers aged 15 years and over; all data converted to 2000 dollars; IWPR, 2001b; see also Racial Disparities in South Carolina Women's Economic Status).

Figure 5.1
Median Annual Earnings of Women and Men Employed Full-Time/Year-Round in South Carolina and the United States, 1999 (2000 Dollars)



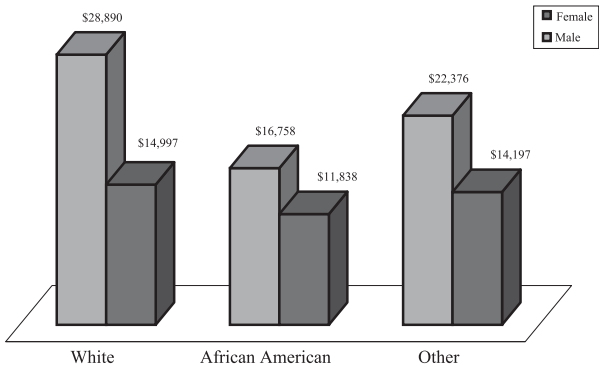
For women and men aged 16 and older. See Appendix II for methodology.
Source: IWPR, 2001b.
Calculated by the Institute for Women's Policy Research.

Racial Disparities in South Carolina Women's Economic Status

While women's economic status in South Carolina has improved in important ways in the last 25 years, the state still ranks in the bottom half of the country on almost every indicator of women's employment and earnings, indicating a strong need for effective policies to address gender-based economic inequities. In addition, the state clearly needs to develop policies that address race-based differences in economic well-being. These differences are important particularly because the most disadvantaged racial group, African Americans, comprised 30.4 percent of the South Carolina population in 2000, compared with 12.4 percent nationwide (see Appendix Table 1.1).

As Figure 5.2 shows, as of 1989, non-whites, and particularly African Americans, in South Carolina earned much less than whites. In addition, women of all races earned less on average than any male racial group. Thus, approximately one-third of South Carolina's population (white males) is much more economically advantaged than any other subgroup of the population.

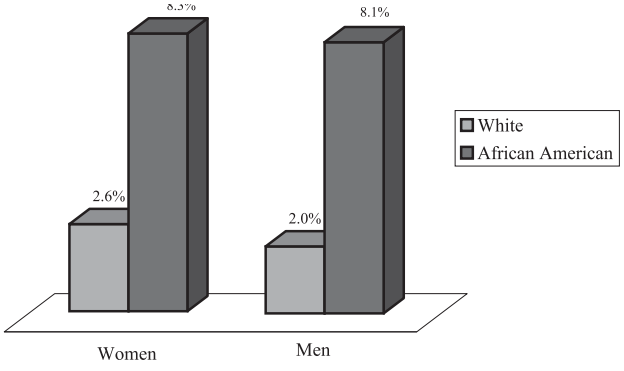
Figure 5.2
Median Earnings in South Carolina, by Race and Gender, 1989



Source: South Carolina Budget and Control Board Office of Research and Statistics, 2001.
Compiled by Mary Jean Horney.

The disadvantaged economic status of African American women in South Carolina is also evident in the state's poverty rates by race. In 1999, 26.0 percent of African American women in South Carolina lived below the poverty level, compared to 8.1 percent of white women. The overall poverty rate for South Carolina women that year was 12.9 percent (IWPR, 2001b).

Figure 5.3
Unemployment Rates in South Carolina, by Race and Gender, 1998



Source: South Carolina Budget and Control Board Office of Research and Statistics, 2001.
Compiled by Mary Jean Horney.

Racial disparities are also evident in three other socioeconomic indicators: unemployment rates, occupational distributions, and educational attainment. As Figure 5.3 shows, women have only slightly higher unemployment rates than men among both whites and African Americans. However, unemployment rates for African Americans, both men and women, are three to four times higher than for their white counterparts.

Another significant indicator of sex- and race-based disparities is South Carolina's occupational distribution by sex and by race (see Figures 5.4 and 5.11a). The tendency for women to be concentrated in clerical and

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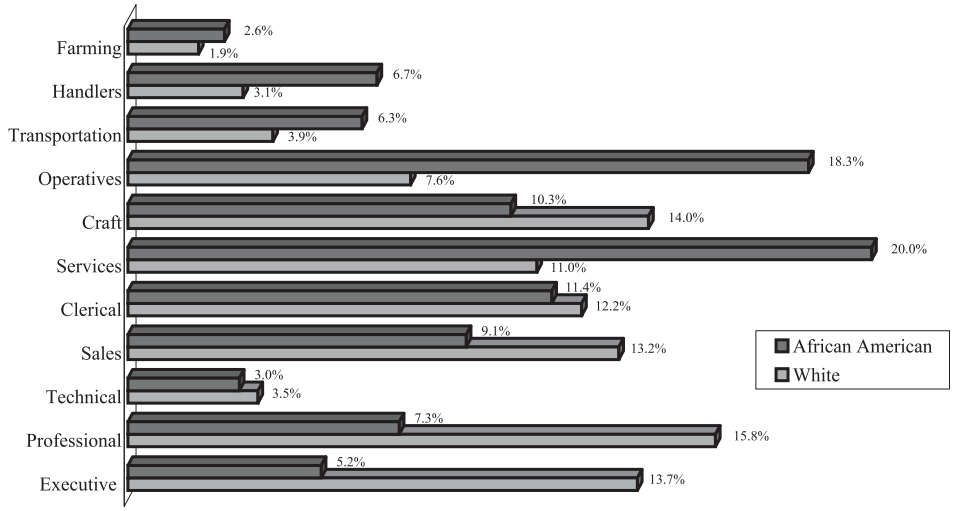
Figure 5.4
Occupational Distribution in South Carolina by Race, 1998

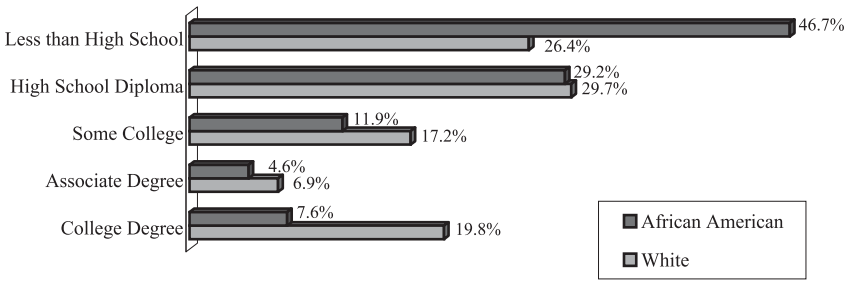


Source: South Carolina Budget and Control Board Office of Research and Statistics, 2001.
Compiled by Mary Jean Horney.

service occupations and the tendency for African Americans to be concentrated in services and jobs as operatives (such as machine operators, assemblers, and inspectors) reduce the earnings potential of these groups, since bothare relatively low-earning occupations. Based on existing sex-based occupational segregation, approximately 37 percent of women would need to change jobs in order to have a distribution similar to men's. In addition, 26 percent of African Americans would need to change jobs to have an occupational distribution similar to white workers' (these calculations are based on data from the South Carolina Budget and Control Board Office of Research and Statistics, 2001).

The surest path to higher earnings and economic autonomy is through education. The wide disparities in African American and white educational attainment in South Carolina are integrally linked to the economic inequities discussed above. As Figure 5.5 shows, in 1990, 46.7 percent of African Americans in South Carolina had less than a high school education, while only 26.4 percent of whites did. Almost 20.0 percent of whites had four or more years of college, but only 7.6 percent of African Americans did. Policy initiatives designed to reduce this dramatic differential in educational attainment may hold the most potential for eliminating the state's economic inequality, especially that related to race.

Figure 5.5
Educational Attainment in South Carolina by Race, 1990



Among individuals aged 25 and older.
Source: South Carolina Budget and Control Board Office of Research and Statistics, 2001.
Compiled by Mary Jean Horney.

A national survey by the Census Bureau also shows that, in 1997, the median annual earnings of women with disabilities were only 78 percent of the earnings of women without disabilities (for female workers 21-64 years of age; McNeil, 2000).

The Wage and Pension Gap

The Wage Gap and Women's Relative Earnings

In the United States, women's wages have historically lagged behind men's. In 1999, the median earnings of women who worked full-time, year-round were only 72.7 percent of men's (based on calculations from three years of pooled data). In other words, women were earning about 73 cents for every dollar earned by men.

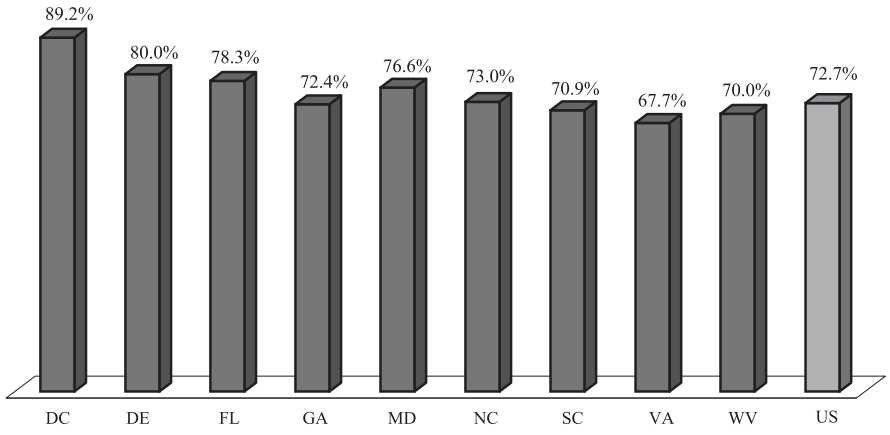
In South Carolina, women earned about 70.9 percent of what men earned in 1999. Compared with the earnings ratio for the nation as whole, South Carolina women experience less earnings equality with men (see Figure 5.6). South Carolina ranks 33rd in the nation for the ratio of women's to men's earnings for full-time, year-round work. In contrast, the District of Columbia has the highest earnings ratio at 89.2 percent. Compared with the other states in the South Atlantic region, South Carolina ranks seventh. The District of Columbia ranks first in the region and Delaware ranks second at 80.0 percent, while Virginia ranks last with a 67.7 percent wage ratio. Unfortunately, the wage gap remains large in South Carolina, as it does throughout the United States.

There are many factors that help explain differences in women's and men's wages. Earnings are determined partly by human capital, or the development of job-related skills through education, job training, and workforce experience, and women and men continue to differ in the amount of human capital they attain.

Women and men also tend to hold different occupations, work in different industries, and join unions at different rates. Research shows that the combined effect of differences in human capital, jobs, and unionization is likely to account for roughly three-fifths of the gender wage gap (Council of Economic Advisers, 1998), leaving a substantial portion that cannot be explained. Evidence from case studies and litigation suggests that discrimination continues to play a role in reducing women's earnings. Differences in human capital and job characteristics may also reflect discrimination, to the extent that women face greater barriers to obtaining human capital or are discouraged or prevented from entering certain occupations or industries.

This report uses the overall wage gap between women and men who work full-

Figure 5.6
Ratio of Women's to Men's Full-Time/Year-Round Median Annual Earnings in States in the South Atlantic Region, 1999



For women and men aged 16 and older. See Appendix II for methodology.
Source: IWPR, 2001b.
Calculated by the Institute for Women's Policy Research.

time year-round as an indicator of women's status because it accurately reflects the difference in women's and men's access to earnings. While some of the earnings gap is due to measurable differences in human capital and job characteristics, women and men do not have equal opportunities to increase their human capital, nor do they face equal employment opportunities in all occupations and industries.

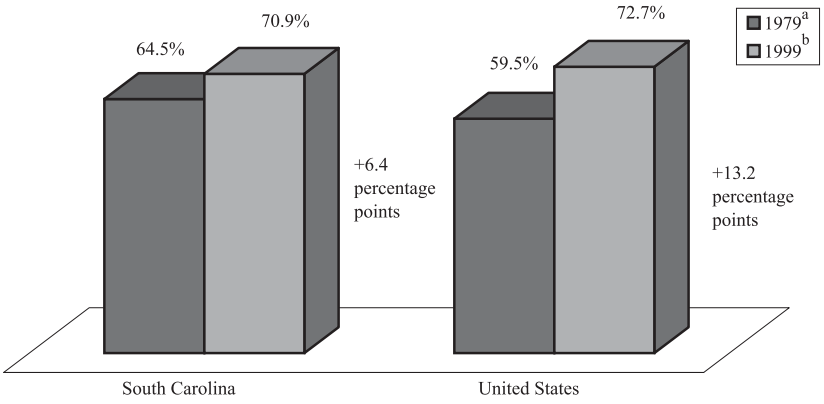
Narrowing the Wage Gap

Throughout the 1960s and 1970s, the ratio of women's earnings to men's in the United States remained fairly constant at around 60 percent. During the 1980s, however, women made progress in narrowing the gap between men's earnings and their own. Women increased their educational attainment and their time in the labor market and entered better-paying occupations in large numbers, partly because of equal opportunity laws. At the same time, though, adverse economic trends such as declining wages in the low-wage sector of the labor market began to make it more difficult to close the gap, since women still tend to be concentrated at the low end of the earnings distribution. If women had not increased their relative skill levels and work experience as much as they did during the 1980s, those adverse trends might have led to a widening of the gap rather than the considerable narrowing that occurred (Blau and Kahn, 1994).

One factor that probably also helped to narrow the earnings gap between women and men is unionization. Women have increased their share of union membership, and being unionized tends to raise women's wages relatively more than men's. Research by IWPR found that union membership raises women's weekly wages by 38.2 percent and men's by 26.0 percent (data not shown; Hartmann, Allen, and Owens, 1999). In South Carolina, the wages of all unionized women were 26.4 percent higher than those of nonunionized women. Unionization also raises the wages of women of color relatively more than the wages of non-Hispanic white women and the wages of low earners relatively more than the wages of high earners (Spalter-Roth, Hartmann, and Collins, 1993). In the United States, unionized minority women earned 38.6 percent more than nonunionized ones in 1997. Similar data are not available for South Carolina due to small sample sizes (Hartmann, Allen, and Owens, 1999).

Although women's real wage growth has been strong over most of the past few decades, part of the narrowing in the wage gap that occurred in the past two decades was due to a fall in men's real earnings. Between 1979 and 1999, about two-thirds (63 percent) of the narrowing of the national female/male earnings gap was due to women's rising real earnings, while about one third (37 percent) was due to men's falling real earnings. During the latter half of this period, the growth in women's real earnings slowed, and even more of the narrowing of the gap was due to falling real wages for men. From 1989 to 1999, almost half of the narrowing (47.5 percent)

Figure 5.7
Change in the Wage Ratio Between 1979 and 1999 in South Carolina and the United States



For women and men aged 16 and older. See Appendix II for methodology.
Source: [a] IWPR, 1995a; [b] IWPR, 2001b.
Calculated by the Institute for Women's Policy Research.

was due to the fall in men's real earnings (IWPR, 1995a and 2001b). As men's real earnings have increased during the last few years, the wage gap between men and women increased again, as women's wage growth did not keep pace with men's. At the national level, the highest wage ratio for annual earnings for full-time, year-round workers, 74.2 percent, was observed in 1997, but by 2000 the ratio had fallen to 73.3 percent, a gap of 26.7 percent (U.S. Department of Commerce, Bureau of the Census, 2002b).

South Carolina moved at a much slower rate than the United States as a whole in increasing women's annual earnings relative to men's between 1979 and 1999 (see Figure 5.7). In South Carolina, the annual earnings ratio increased by only 6.4 percentage points, compared with an increase of 13.2 percentage points in the United States over the same period.

Earnings and Earnings Ratios by Educational Levels

Between 1979 and 1999, women with higher levels of education in both South Carolina and the United States saw their median annual earnings increase more than women with lower levels of educational attainment. As Table 5.1 shows, South Carolina experienced increases that ranged from 5.9 percent (in constant dollars) for women with high school diplomas to 34.1 percent for those with a four-year college education, while women who had not completed high school experienced an earnings decrease of 23.6 percent.

South Carolina women with high school through college education experienced a narrowing of the wage gap that ranged from 8.3 percent (for women with some college) and 9.4 percent (for women with high school diplomas) to 23.4 percent (for women with a four-year college education). In contrast, women's relative earnings (as measured by the female/male earnings ratio) decreased for women with the most education. Women with more than a four-year college education experienced a 0.7 percent widening of the wage gap. Thus, men at this high educational level had even larger earnings increases than women. Those with the lowest educational attainment (less than high school completion) experienced a much worse widening of the wage gap, at 17.1 percent, indicating that men with this level of education fared better than women in South Carolina.

The low and falling earnings of women with the least education make it especially important that all women have the opportunity to increase their education. For example, many welfare recipients lack a high school diploma or further education, but in many cases they are encouraged or required to leave the welfare rolls in favor of immediate employment. These single mothers may be consigned to a lifetime of low earnings if they are not allowed the opportu-

Table 5.1
Women's Earnings and the Earnings Ratio in South Carolina by Educational Attainment, 1979 and 1999 (2000 Dollars)

Educational Attainment	Women's Median Annual Earnings, 1999[a]	Percent Change in Real Earnings, 1979[b] and 1999[a]	Female/Male Earnings Ratio, 1999[a]	Percent Change in Earnings Ratio, 1979[b] and 1999[a]
Less than 12th Grade	$14,500	-23.6	58.7%	+17.1
High School Only	$21,100	+5.9	71.4%	+9.4
Some College	$25,000	+12.5	67.6%	+8.3
College	$35,000	+34.1	71.4%	+23.4
College Plus	$42,400	+29.8	67.7%	-0.7

Source: [a] IWPR, 2001b; [b] IWPR, 1995a.
Calculated by the Institute for Women's Policy Research.

nity to complete and acquire some education beyond high school (Negrey, et al., 2002). As Table 5.1 shows, women with some college, a college degree, or postgraduate training, have much higher earnings than those without, and their earnings have generally been growing.

Pension Receipt and Benefit Levels

On average, women earn less and live longer than men. Older women typically enter retirement with fewer economic resources than men. For today's women, the likelihood of having long-term financial support from a man is less than in previous generations. It is particularly unlikely that a woman can depend principally on a husband's financial support in her old age. For older African American and Hispanic women, the economic challenges can be particularly severe. Overall, there is a substantial gender and race gap in all sources of retirement income, including Social Security, pensions, savings, and post-retirement employment (Shaw and Hill, 2001).

In 1999, 18.4 percent of women and 27.8 percent of men aged 50 and older received income from pensions and other retirement sources (excluding Social Security income) in the United States (see Table 5.2; for data on Social Security income see Figure 6.10). Similarly, 17.4 percent of women, compared with 26.6 percent of men, aged 50 and older in South Carolina received pensions and other retirement income. In both South Carolina and the United States, there was also a substantial gap in the level of benefits received in 1999. Nationally, women aged 50 and older received median annual benefits of $6,200, while men aged 50 and older received benefits twice as large, $12,400. The gap in South Carolina is even bigger, as the median annual benefits for men are $10,500 more than those for women. Median annual benefits for women in South Carolina were somewhat lower than those for women in the United States as a whole ($5,100 and $6,200, respectively), while median annual benefits for men in South Carolina were much higher than in the United States as a whole ($15,600 and $12,400, respectively).

Minority men and women are much less likely to receive pensions than white men and women. Unfortunately, the data set used to examine pensions and other retirement income at the state level does not provide enough cases to reliably estimate pensions and other retirement income by state separately for women and men of different races and ethnicities.

In the United States as a whole, however, 20.1 percent of white women aged 50 and older received pensions and other retirement income, compared with only 11.9 percent of minority women. Similarly, 30.2 percent of white men aged 50 and older received benefits, compared with only 17.4 percent of minority men (IWPR, 2001a). This gap is larger than the wage gap between minority and white women's earnings.

Table 5.2
Pension-Related Income Among Women and Men Aged 50 and Older in South Carolina and the United States, 1999

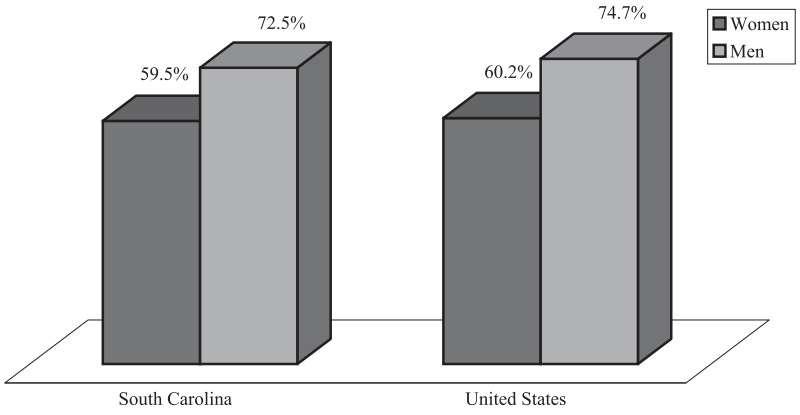
	South Carolina		United States	
	Women	Men	Women	Men
Percent Receiving Pensions and Other Retirement Income*	17.4%	26.6%	18.4%	27.8%
Median Annual Benefits**	$5,100	$15,600	$6,200	$12,400

* Includes veterans' pensions, survivor pensions, and any other pension and retirement income (excluding Social Security income), including income from company or union pension plans, government pensions, regular payments from IRA or Keogh accounts, and regular payments from annuities or paid insurance policies.
** For those receiving benefits.
Source: IWPR, 2001a.
Calculated by the Institute for Women's Policy Research.

Labor Force Participation

One of the most notable changes in the U.S. economy over the past decades has been the rapid rise in women's participation in the labor force. Between 1965 and 2000, women's labor force participation increased from 39 to 60 percent (these data reflect the

Figure 5.8
Percent of Women and Men in the Labor Force in South Carolina and the United States, 2000



For women and men in the civilian non-institutional population, aged 16 and older.
Source: U.S. Department of Labor, Bureau of Labor Statistics, 2002.
Compiled by the Institute for Women's Policy Research.

proportion of the civilian noninstitutional population aged 16 and older who are employed or looking for work; U.S. Department of Labor, Bureau of Labor Statistics [BLS], 2001a). Women now make up nearly half of the U.S. labor force at 46.5 percent of all workers (full-time and part-time combined). According to projections by the BLS, women's share of the labor force will continue to increase, growing to 48 percent by 2010 (Fullerton and Toossi, 2001).

In 2000, 59.5 percent of women in South Carolina were in the labor force, compared with 60.2 percent of women in the United States, earning South Carolina the rank of 35th in the nation. Men's labor force participation rate in South Carolina was also lower than the rate for men in the United States (see Figure 5.8).

Unemployment and Personal Income Per Capita

In South Carolina, a similar proportion of women workers are unemployed as in the nation as a whole. In 2000, the unemployment rates for women in South Carolina and the nation were identical, at 4.1 percent. Men's unemployment rate of 3.6 percent was lower than the national rate of 3.9 percent (see Figure 5.9).

While South Carolina experienced average unemployment rates in 2000 and the 1990s, the state experienced much lower than average unemployment rates during the 1980s. As a result, personal income per capita in South Carolina grew more quickly than it did for the nation between 1980 and 1990 (27.0 percent versus 19.9 percent; see Table 5.3). During the 1990s, unemployment rates in South Carolina decreased, but not as quickly as national rates. Still, income per capita in South Carolina grew 2.0 percentage points faster than in the nation.

Table 5.3
Personal Income Per Capita for Both Women and Men in South Carolina and the United States, 2000

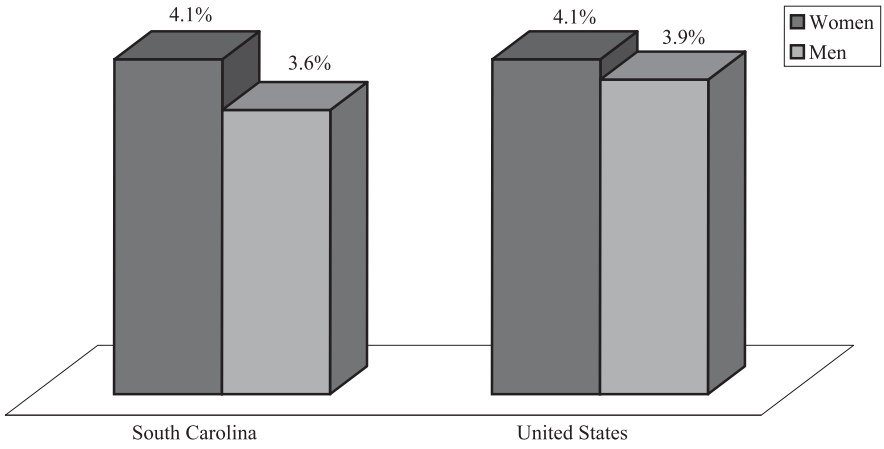
	South Carolina	United States
Personal Income Per Capita, 2000	**$24,300**	**$29,700**
Personal Income Per Capita, Percent Change*:		
Between 1990 and 2000	19.3%	17.3%
Between 1980 and 1990	27.0%	19.9%
Between 1980 and 2000	51.6%	40.6%

* In constant dollars.
Source: U.S. Bureau of Economic Analysis, 2001.
Calculated by the Institute for Women's Policy Research.

Part-Time and Full-Time Work

The percent of the female workforce in South Carolina employed full-time is larger than the national average (74.5 percent versus 71.5 percent; see Table 5.4), while the percent working part-time is smaller than the national average (20.6 percent versus 24.2 percent). Within the part-time category, the percent of women in the labor force who are "involuntary" part-time employees—that is, they would prefer full-time work were it available—is lower in South Carolina than in the United States (1.5 percent and 2.0 percent, respectively). A lower proportion of South Carolina's female labor force is also working part-time voluntarily compared with that of the United States (17.9 percent and 20.6 percent, respectively).

Figure 5.9
Unemployment Rates for Women and Men in South Carolina and the United States, 2000



For women and men in the civilian non-institutional population, aged 16 and older.
Source: U.S. Department of Labor, Bureau of Labor Statistics, 2002.
Compiled by the Institute for Women's Policy Research.

Workers are considered involuntary part-time workers if, when interviewed, they state that their reason for working part-time (fewer than 35 hours per week) is slack work—usually reduced hours at one's normally full-time job, unfavorable business condi-

Table 5.4
Full-Time, Part-Time, and Unemployment Rates for Women and Men in South Carolina and the United States, 1999

	South Carolina		United States	
	Female Labor Force	Male Labor Force	Female Labor Force	Male Labor Force
Total Number in the Labor Force	**936,000**	**1,025,000**	**64,855,000**	**74,512,000**
Percent Employed Full-Time	74.5	86.5	71.5	85.8
Percent Employed Part-Time*	20.6	9.5	24.2	10.1
Percent Voluntary Part-Time	17.9	7.8	20.6	8.3
Percent Involuntary Part-Time	1.5	0.9	2.0	1.3
Percent Unemployed	4.9	4.1	4.3	4.1

For men and women aged 16 and older.
* Percent part-time includes workers normally employed part-time who were temporarily absent from work the week of the survey. Those who were absent that week are not included in the numbers for voluntary and involuntary part-time. Thus, these two categories do not add to the total percent working part-time.
Source: U.S. Department of Labor, Bureau of Labor Statistics, 2001a, Tables 1, 12, and 13.
Compiled by the Institute for Women's Policy Research.

tions, reduced seasonal demand, or inability to find full-time work. Many reasons for part-time work, including lack of child care, are not considered involuntary by the Bureau of Labor Statistics, since workers must indicate they are available for full-time work to be considered involuntarily employed part-time. This definition, therefore, likely understates the extent to which women would prefer to work full-time.

Labor Force Participation of Women by Race and Ethnicity

According to IWPR analysis of data from the Current Population Survey from 1998-2000, 59.1 percent of women of all races aged 16 and older in South Carolina were in the labor force in 1999, a rate slightly lower than in the United States as a whole, 60.5 percent (see Table 5.5). White women's labor force participation rate was lower in South Carolina than in the United States as a whole (58.6 percent compared with 60.6 percent). African American women historically have had a higher labor force participation rate than white and Hispanic women and continued to do so in 1999 nationally. In South Carolina, African American women also had high labor force participation; they had an average labor force participation rate that was 1.4 percentage points higher than that for white women. Data for Hispanic, Asian American, or Native American women in South Carolina were not available due to small sample sizes. Hispanic women traditionally have the lowest average participation rates among women; in the United States as a whole, only 56.7 percent of Hispanic women were in the workforce in 1999. Nationally, labor force participation rates were 59.4 percent for Asian American women and 59.0 percent for Native American women in 1999, slightly below the rate for all women.

Labor Force Participation of Women by Age

Workforce participation varies across the life cycle. Women's highest levels of participation generally occur between ages 25 and 54, which are also considered the prime earning years. Table 5.6 shows the relationship between labor force participation and age for women in South Carolina and in the United States. Although women in South Carolina generally have slightly lower labor force participation than their U.S. counterparts, at some ages South Carolina women have considerably higher rates. Nationally,

Table 5.5
Labor Force Participation of Women in South Carolina and the United States by Race and Ethnicity, 1999

Race and Ethnicity	South Carolina		United States	
	Number of Women in Labor Force	Percent in Labor Force	Number of Women in Labor Force	Percent in Labor Force
All Races	**949,000**	**59.1**	**65,769,000**	**60.5**
White*	676,000	58.6	47,805,000	60.6
African American*	245,000	60.0	8,602,000	63.9
Hispanic**	N/A	N/A	6,364,000	56.7
Asian American*	N/A	N/A	2,515,000	59.4
Native American*	N/A	N/A	494,000	59.0

For women aged 16 and older.
The numbers and percentages in this table are based on three years of pooled data for the years 1998-2000; they differ slightly from official labor force participation rates published by the U.S. Department of Labor, Bureau of Labor Statistics, for 1999. See Appendix II for details on the methodology.
N/A = Not available.
* Non-Hispanic.
** Hispanics may be of any race.
Calculated by the Institute for Women's Policy Research.

Table 5.6
Labor Force Participation of Women in South Carolina and the United States by Age, 1999

Age Groups	South Carolina Number of Women in Labor Force	South Carolina Percent in Labor Force	United States Number of Women in Labor Force	United States Percent in Labor Force
All Ages	**949,000**	**59.1**	**65,769,000**	**60.5**
Ages 16-19	53,000	48.6	3,809,000	48.5
Ages 20-24	72,000	67.8	6,774,000	73.2
Ages 25-34	201,000	84.1	14,750,000	76.7
Ages 35-44	277,000	78.9	17,625,000	78.0
Ages 45-54	216,000	74.2	14,493,000	77.3
Ages 55-64	98,000	43.3	6,477,000	52.9
Ages 65 and Older	32,000	11.3	1,842,000	9.8

For women aged 16 and older.
The numbers and percentages in this table are based on three years of pooled data for the years 1998-2000; they differ slightly from official labor force participation rates published by the U.S. Department of Labor, Bureau of Labor Statistics, for 1999. See Appendix II for details on the methodology.
Source: IWPR, 2001b.
Calculated by the Institute for Women's Policy Research.

the highest labor force participation of women occurs between ages 35 and 44, with 78.0 percent of these women working. In South Carolina, in contrast, the highest rate of labor force participation occurs between ages 25 and 34, with 84.1 percent in the workforce (compared with 76.7 percent in the United States as a whole for this age group). South Carolina's very high rate for this age group is offset by generally lower rates of labor force participation in most other age groups. Young women in their teens (ages 16-19), many of whom are attending school, are much less likely to participate in the labor market than any other age group except the pre-retirement and retired cohorts. In South Carolina, 48.6 percent of teenage women reported being in the labor force, about the same as for female teens in United States (48.5 percent).

As women near retirement age, they are much less likely to work than younger women. In the United States, women aged 55-64 have a labor participation rate of 52.9 percent. In South Carolina, only 43.3 percent of these women are in the workforce. Finally, 11.3 percent of women aged 65 and older in South Carolina are in the workforce, somewhat more than the 9.8 percent labor force participation rate nationally in this age group.

Labor Force Participation of Women with Children

Mothers represent the fastest growing group in the U.S. labor market (Brown, 1994). In 1999, 55 percent of women with children under age one were in the labor force, compared with 31 percent in 1976 (U.S. Department of Commerce, Bureau of the Census, 2001a). In general, the workforce participation rate for women with children in the United States tends to be higher than the rate for all women (67.5 percent versus 60.5 percent in 1999). This is partially explained by the fact that the overall labor force participation rate is for all women aged 16 and older; thus, both teenagers and retirement-age women are included in the statistics, even though they have much lower labor force participation rates. Mothers, in contrast, tend to be in age groups with higher labor force participation rates. This is also true in South Carolina. With its very high labor force participation rate of women aged 25 to 34, it is not surprising that labor force participation rates of mothers are also very high in South Carolina. Among mothers of children under age 18, 72.3 percent work in South Carolina, compared with 67.5 percent nationally (see Table 5.7). For mothers of young children under age six, South Carolina's par-

Table 5.7
Labor Force Participation of Women with Children in South Carolina and the United States, 1999

	South Carolina Percent in the Labor Force	United States Percent in the Labor Force
Women with Children		
Under Age 18*	72.3	67.5
Under Age 6	70.2	63.4

For women aged 16 and older.
* Children under age 6 are also included in children under 18.
Source: IWPR, 2001b.
Calculated by the Institute for Women's Policy Research.

ticipation rate is even higher compared with the national rate (70.2 versus 63.4, for a difference of 6.8 percentage points).

Child Care and Other Caregiving

The high and growing rates of labor force participation of women with children suggest that the demand for child care is also growing. Many women report a variety of problems finding suitable child care (affordable, good quality, and conveniently located), and women use a wide variety of types of child care. These arrangements include doing shift work to allow both parents to take turns providing care; bringing a child to a parent's workplace; working at home; using another family member (usually a sibling or grandparent) to provide care; using a babysitter in one's own home or in the babysitter's home in a family child care setting; using a group child care center; or leaving the child unattended (U.S. Department of Commerce, Bureau of the Census, 1996).

As full-time work among women has grown, so has the use of formal child care centers, but child care costs are a substantial barrier to employment for many women. Child care expenditures use up a large percentage of earnings, especially for lower-income mothers. For example, among single mothers with family incomes within 200 percent of the poverty level, the costs for those who paid for child care amount to 19 percent of the mother's earnings on average. Among married mothers at the same income level, child care costs amount to 30 percent of the mother's earnings on average (although the costs of child care are similar for both types of women, the individual earnings of married women with children are less on average than those of single women with children; IWPR, 1996).

As more low-income women are encouraged or required (through welfare reform) to enter the labor market, the growing need for affordable child care must be addressed. Child care subsidies for low-income mothers are essential to enable them to purchase good quality child care without sacrificing their families' economic well-being. Currently, subsidies exist in all states, but they are often inadequate; many poor women and families do not receive them. The Child Care and Development Fund (CCDF) is the primary federal funding source of child care subsidies for low-income families, although states also receive child care funding from the Social Services Block Grant (SSBG) and TANF. Each state qualifies to receive an amount of CCDF funds each year and can receive additional CCDF funds by spending state dollars for child care subsidies and quality initiatives.

Recent data show that, nationally, only 12 percent of those children potentially eligible for child care subsidies under federal rules actually received subsidies under the federal government's Child Care and Development Fund in 1999. In South Carolina, an even lower proportion, eight percent, of these children received subsidies (see Table 5.8; the proportion of eligible children receiving CCDF subsidies does not include the child care monies that come from SSBG or TANF). Clearly many South Carolina families in need of economic support for child care are not receiving it.

In addition to caring for children, many women are responsible for providing care for friends and relatives who experience long-term illness or disability. Although few data on caregiving exist, research suggests that about a quarter of all households in the United States are giving or have given care to a relative or friend in the past year. More than 70 percent

Table 5.8
Percent of Eligible Children Receiving CCDF* Subsidies in South Carolina and the United States, 1999

	South Carolina	United States
Eligibility**		
Number of Children Eligible under Federal Provisions	231,000	14,749,500
Receipt		
Number and Percent of Children Eligible under Federal Law Receiving Subsidies in the State	17,840 8%	1,760,260 12%

* Child Care and Development Fund (CCDF).
** "Children eligible under federal provisions" refers to those children with parents working or in education or training who would be eligible for CCDF subsidies if state income eligibility limits were equal to the federal maximum. Many states set stricter limits, and therefore the pool of eligible children is often smaller under state provisions.
Source: U.S. Department of Health and Human Services, Administration for Children and Families, 2000a.
Compiled by the Institute for Women's Policy Research.

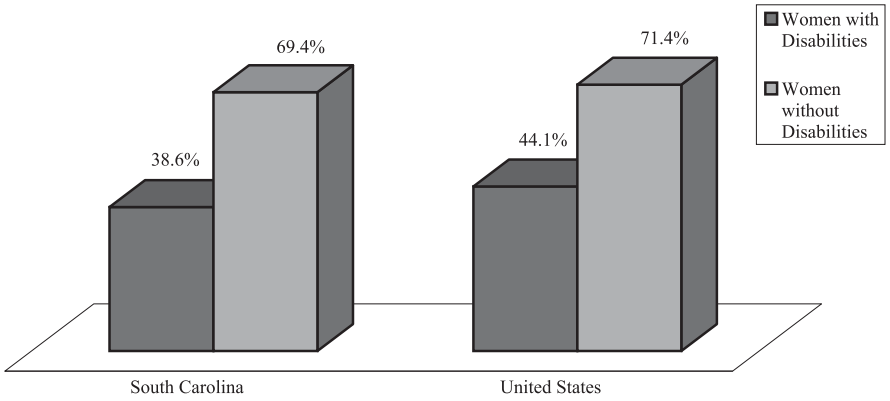
of those giving care are female. Caregivers on average provide slightly less than 18 hours per week of care. Many report giving up time with other family members; foregoing vacations, hobbies, or other activities; and making adjustments to work hours or schedules for caregiving (National Alliance for Caregiving and AARP, 1997). Like mothers of young children, other types of caregivers experience shortages of time, money, and other resources. They, too, require policies designed to lessen the burden of long-term care. Nonetheless, few such policies exist, and this kind of caregiving remains an issue for state and national policymakers to address.

Labor Force Participation of Women with Disabilities

While the past few decades have seen a dramatic increase in women's labor force participation, especially among working mothers, the increase in labor force participation of women with disabilities has not been as large. The Americans with Disabilities Act (ADA) of 1990 guarantees individuals with disabilities equal opportunity in public accommodations, employment, transportation, state and local government services, and telecommunications. The ADA also provides civil rights protection to individuals with disabilities similar to the protections provided to individuals on the basis of race, sex, national origin, age, and religion. Despite the ADA, women with disabilities continue to encounter numerous forms of discrimination, such as architectural, transportation, and communication barriers; assumptions regarding incapacity and ability; exclusionary qualification standards and criteria; segregation; and relegation to lesser services, benefits, jobs, or other opportunities; and gender discrimination (Kaye, 1998; Robertson, 2001). In addition, disability benefit policies provide some financial disincentives for disabled persons to work. With earnings, they face not only the possible loss of cash benefits but also the potential loss of medical coverage from public insurance programs (Bryen and Moulton, 1998).

The labor force participation of women with disabilities continues to lag substantially behind the labor force participation of women without disabilities. In 2000, 71.4 percent of women aged 21 through 64 without a disability in the United States were employed, compared with only 44.1 percent of women in the same age group with a disability (see Figure 5.10). Similarly, in South Carolina, 69.4 percent of women aged 21 through 64 without a disability were employed, compared with 38.6 percent of women with a disability. Clearly, South Carolina, like the nation as a whole, could devote more attention to the disadvantaged employment status of women with disabilities.

Figure 5.10
Labor Force Participation Rates of Women with and without Disabilities in South Carolina and the United States, 2000

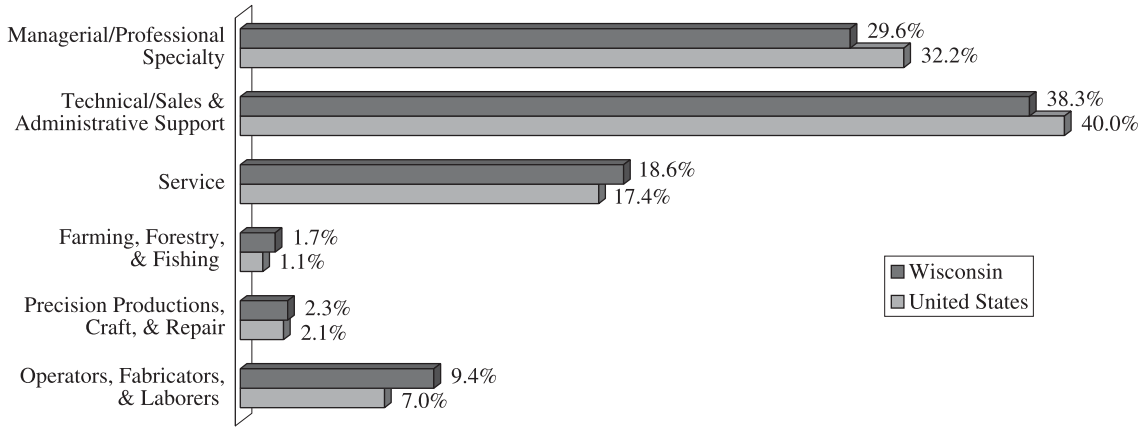


For women in the civilian non-institutional population, aged 21 to 64.
Source: U.S. Department of Commerce, Bureau of the Census, 2001c.
Compiled by the Institute for Women's Policy Research.

Occupation and Industry

The distribution of women in South Carolina across occupations diverges somewhat from the distribution in the United States. Nationally, technical, sales, and administrative support occupations provide 40.0 percent of all jobs held by women (see Figure 5.11a). At 38.5 percent, women in South Carolina are slightly less likely to be in these occupations than are women in the United States as a whole. Women in South Carolina are also less likely to work in service occupations (15.1 percent versus 17.4 percent), but they are considerably more likely to work as operators, fabricators, and laborers (10.8 percent versus 7.0 percent, respectively).

Figure 5.11a
Distribution of Women Across Occupations in South Carolina and the United States, 1999



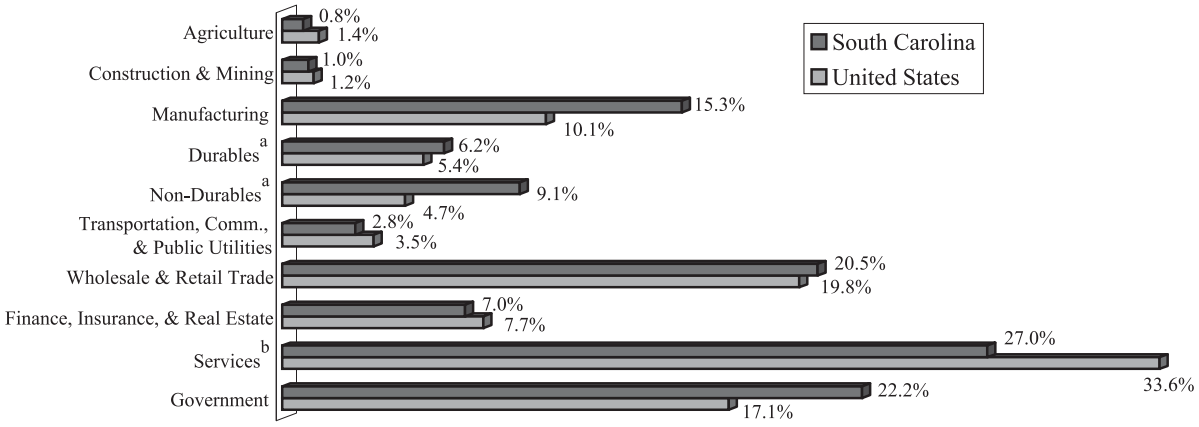
For employed women aged 16 and older.
Source: U.S. Department of Labor, Bureau of Labor Statistics, 2001a, Table 15.
Compiled by the Institute for Women's Policy Research.

Women in South Carolina are slightly more likely to work in managerial and professional specialty occupations than women throughout the United States (32.8 percent versus 32.2 percent). As a result, South Carolina ranks 16th in the nation and fourth in the South Atlantic region for the proportion of its female labor force employed in professional and managerial occupations.

Even when women work in higher paid occupations, such as managerial positions, they earn substantially less than men. An IWPR (1995b) study shows that women managers are unlikely to be among top earners in managerial positions. If women had equal access to top-earning jobs, 10 percent of women managers would be among the top 10 percent of earners for all managers; however, only 1 percent of women managers have earnings in the top 10 percent. In fact, only 6 percent of women had earnings in the top fifth. Similarly, a Catalyst (2000) study showed that only 4.1 percent (just 93) of the highest earning high-level executives in Fortune 500 companies were women as of 2000.

The distribution of women in South Carolina across industries also differs in some ways from that of the United States as a whole (see Figure 5.11b). In South Carolina, 27.0 percent of all women are employed in the service industries (including business, professional, and personnel services), while 33.6 percent are nationally. About 19.8 percent of employed women in the United States work in the wholesale and retail trade industries, as do a similar proportion—20.5 percent—of women in South Carolina. They are also about as likely to work in the finance, insurance, and real estate (F.I.R.E.) industry as are women in the United States as a whole (7.0 percent versus 7.7 percent nationally). About 17.1 percent of the nation's women work in government, compared with 22.2 percent of women in South Carolina. South Carolina women are much more likely to work in the manufacturing (durables or non-durables) industries (15.3 percent versus 10.1 percent), accounting for the relatively high proportion of women in South Carolina who work as operators, fabricators, and laborers.

Figure 5.11b
Distribution of Women Across Industries in South Carolina and the United States, 1999



For employed women aged 16 and older.
Percents do not add up to 100 percent because 'self-employed' and 'unpaid family workers' are excluded. [a] Durables and non-durables are included in manufacturing. [b] Private household workers are included in services.
Source: U.S. Department of Labor, Bureau of Labor Statistics, 2001a, Table 17.
Compiled by the Institute for Women's Policy Research.

6. Social and Economic Autonomy

While labor force participation and earnings are critical to women's financial security, many additional issues affect their ability to act independently, exercise choice, and control their lives. The Beijing Declaration and Platform for Action stresses the importance of adopting policies and strategies that ensure women equal access to education and health care, provide women access to business networks and services, and address the needs of women in poverty. This section highlights several topics important to women's social and economic autonomy: health insurance coverage, educational attainment, business ownership, and poverty.

Each of these issues affects women's lives in distinct yet interrelated ways. Access to health insurance plays a role in determining the overall quality of health care for women in a state and governs the extent of choice women have in selecting health care services. Educational attainment relates to social and economic autonomy in many ways: through labor force participation, hours of work and earnings, occupational prestige, civic participation, childbearing decisions, and career advancement. Women who own businesses control many aspects of their working lives and participate in their communities in many ways. Finally, women in poverty have limited choices. If they receive public income support, they must comply with legislative and administrative regulations enforced by their caseworkers. They do not have the economic means to travel freely, and their participation in society is limited in many ways. In addition, they often do not have access to the education and training necessary to improve their economic situations.

With its composite index of 33rd among the states, South Carolina ranks below average compared to all states on measures of social and economic autonomy (see Chart 6.1). South Carolina ranks quite high for women's health insurance coverage, at ninth, but much lower for women's educational attainment (40th). It is in the bottom half of all states for women's business ownership and the percent of women living above poverty (30th and 35th, respectively).

Chart 6.1
Social and Economic Autonomy: National and Regional Ranks

Indicators	National Rank* (of 51)	Regional Rank* (of 9)	Grade
Composite Social and Economic Autonomy Index	**33**	**6**	**D+**
Percent with Health Insurance (among nonelderly women, 2000)[a]	9	1	
Educational Attainment (percent of women aged 25 and older with four or more years of college, 1990)[b]	40	8	
Women's Business Ownership (percent of all firms owned by women, 1997)[c]	30	7	
Percent of Women Above Poverty (percent of women living above the poverty threshold, 1999)[d]	35	6	

See Appendix II for methodology.

* The national rankings are of a possible 51, including the 50 states and the District of Columbia. The regional rankings are of a maximum of nine and refer to the South Atlantic region (DC, DE, FL, GA, MD, NC, SC, VA, and WV).

Source: [a] Employee Benefit Research Institute, 2001; [b] Population Reference Bureau, 1993; [c] U.S. Department of Commerce, Bureau of the Census, 2001f; [d] IWPR, 2001b.

Calculated by the Institute for Women's Policy Research.

Regionally, South Carolina ranks sixth for the composite index of women's social and economic autonomy. Although it ranks first for women's health insurance coverage in the South Atlantic region, its rankings fall much lower for the other three indicators (for educational attainment, eighth; for women's business ownership, seventh; and for women above poverty, sixth).

Throughout the country, women have less access than men to most of the resources measured by the social and economic autonomy composite index. Nationally, men are more likely to have a college education, own a business, and live above the poverty line than women are. Women generally have health insurance at higher rates than men, largely because of public insurance programs for the poor such as Medicaid, but the rates of both men and women without health insurance are high in the United States. Trends in South Carolina do not diverge from these basic patterns. Moreover, women in South Carolina have even fewer resources than women in other states. As a result, the state receives a grade of D+ on the social and economic autonomy composite index.

Access to Health Insurance

Women in South Carolina are more likely than women in the nation as a whole to have health insurance. In South Carolina, 10.9 percent of women, compared with 16.6 percent of women in the United States, are not insured (see Table 6.1). South Carolina ranks ninth in the nation and first in the South Atlantic region in the proportion of women insured.

On average, women in South Carolina have more access to employer-based health insurance than women in the United States as a whole (73.8 percent and 68.7 percent, respectively). Men in South Carolina, on the other hand, have slightly less access than men in the United States (67.3 percent and 69.6 percent, respectively). In the United States as a whole, men are generally more likely than women to receive health insurance from their own employment, and women are more likely than men to receive employment-based health insurance through their spouses' insurance. South Carolina follows this national trend. In South Carolina, 46.0 percent of women receive employer-based health insurance coverage in their own name, versus just 41.9 percent for the nation as a whole. A slightly higher proportion of women also receive health insurance as dependents in South Carolina than in the United States as a whole (27.8 percent and 26.8 percent, respectively). Still, South Carolina women are more likely than South Carolina men to have health insurance as dependents and less likely to do so in their own name.

In the United States, because women of all ages are more likely than men to have very low incomes, they tend to have health insurance coverage from public sources, such as Medicaid, at higher rates.

Table 6.1
Percent of Women and Men without Health Insurance and with Different Sources of Health Insurance in South Carolina and the United States, 2000

	South Carolina		United States	
	Women	Men	Women	Men
Number	**1,279,000**	**1,213,000**	**86,993,000**	**83,215,000**
Percent Uninsured	10.9	19.8	16.6	18.8
Percent with Employer-Based Health Insurance	73.8	67.3	68.7	69.6
Own Name	46.0	54.8	41.9	56.4
Dependent	27.8	12.5	26.8	13.2
Percent with Public Insurance	14.8	10.5	11.9	8.5
Percent with Individually-Purchased Insurance	5.2	6.8	6.5	6.1

Women and men aged 18 to 64; total percentages exceed 100 because some people have more than one source of health insurance.
Source: Employee Benefit Research Institute, 2001.
Compiled by the Institute for Women's Policy Research.

This is true in South Carolina, although rates of public health insurance coverage are much higher for both women and men than they are nationally. In South Carolina, the rate of publicly insured women is higher than the U.S. rate (14.8 percent in South Carolina and 11.9 percent in the United States). This is much higher than the rate of public health insurance among men in the state and nationally (10.5 percent in South Carolina and 8.5 percent in the United States).

Despite its higher ranking, since about one in ten South Carolina women lack health insurance, the state could clearly do more to ensure women have access to quality health insurance.

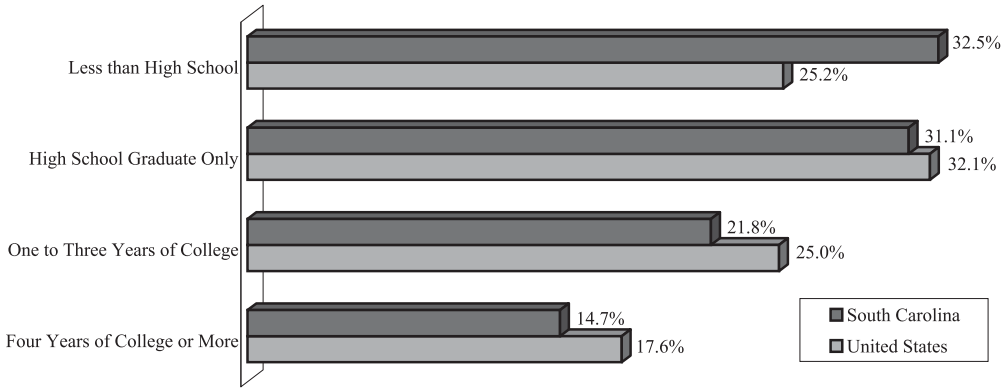
Education

In the United States, women have made steady progress in increasing their levels of education. Between 1980 and 2000, the percent of women aged 25 and older in the United States with a high school education or more increased by about one-fifth. As of 2000, comparable percentages of women and men had completed a high school education (83.4 percent of women and 82.8 percent of men).

During the same period, the percent of women aged 25 and older with four or more years of college increased by about three-fifths, from 13.6 percent in 1980 to 21.8 percent in 2000 (compared with 24.8 percent of men in 2000), bringing women closer to closing the education gap (U.S. Department of Commerce, Bureau of the Census, 2000a). Since 1982, a higher proportion of college graduates have been women than men, but among all those aged 25 and older, male college graduates still outnumber female college graduates.

Regional differences in education are conspicuous. The South and much of the Midwest have lower levels of education than other areas of the country. This is true in South Carolina, where in 1990, only 14.7 percent of women in South Carolina had completed a four-year college education, compared with 17.6 percent of women in the United States (see Figure 6.1). The proportion of women older than 25 in South Carolina without high school diplomas was substantially higher than that of women in the United States as a whole (32.5 percent and 25.2 percent, respectively). The proportion of women with only a high school education in South Carolina was 31.1 percent, one percentage point lower than the national average. South Carolina ranks near the bottom both nationally (40th) and regionally (eighth) on this indicator (see also Women and Education in South Carolina).

Figure 6.1
Educational Attainment of Women Aged 25 and Older in South Carolina and the United States, 1990



Source: Population Reference Bureau, 1993.
Compiled by the Institute for Women's Policy Research.

Women and Education in South Carolina

Although women have made substantial progress in achieving higher levels of education in the United States, women in South Carolina fall near the bottom of the country for women's educational attainment. Because education is directly related to earnings, low levels of education consign many women to poverty. In contrast, higher levels of education bring increased employment opportunities and earnings potential. Therefore, education should be a top priority for improving South Carolina women's status.

During the 1960s, high school guidance counselors in South Carolina promoted matriculation into post-secondary education for male students and encouraged young women to study basic business courses for possible jobs as secretaries, typists, bookkeepers, and receptionists. Only a few women students strayed from the norm and entered college with intentions of becoming doctors or lawyers. Today, although more women are receiving degrees in fields such as medicine and law (Doyle, 2000), many still enter lower-paying professions traditionally dominated by women, such as teaching, administration, social work, and other jobs.

Within South Carolina, more educational opportunities for women are available today than ever, thanks in part to the state's Life Scholarships, Palmetto Fellows Scholarships, and Teaching Scholarships, as well as other grants provided by the state and federal governments. The Life Scholarships and Palmetto Fellows Scholarships are designed to increase access to higher education, improve employability of South Carolina's students, encourage more students to attend college in South Carolina, and retain talented minority students who might otherwise pursue opportunities outside the state. The Teaching Scholarships are designed to retain teachers in the state and recruit talented high school seniors into the teaching profession. Adult education courses are also offered throughout the state's school districts.

Recommendations

Despite some advances, South Carolina could provide better opportunities for women to increase their educational level in several ways. The state government should consider the following policies:

1. Educate high school students about the long-term economic benefits of education.

2. Provide expanded educational opportunities to low-income women and other women who lack social and economic stability, including those in domestic violence shelters.

3. Better coordinate efforts by the South Carolina Department of Social Services and the Employment Security Commission to provide education and training to women on welfare.

4. Establish a state Education Center for Women, which would focus on helping women further their educational and employment goals, as well as focus on research and advocacy for women.

5. Establish and expand support for training programs at technical colleges for women without degrees.

6. Create and expand programs that provide non-traditional job training for women, such as in welding and machining.

7. Support women in these programs with adequate services, including transportation, child care, and other important resources.

8. Provide subsidies and other support for 24-hour child care services for women.

(continued on next page)

9. Establish a South Carolina workforce center, which would provide labor market information for South Carolina, as well as comprehensive services for job seekers and employers in the state.

Women's organizations in South Carolina should also focus on efforts to expand education and training programs for women, particularly low-income women, in the state.

Conclusion

While South Carolina is making positive strides to educate women through resources such as parenting classes, adult education classes, remedial classes at technical colleges and tuition-free opportunities through scholarships, it can expand these opportunities in many ways. Because education is basic to economic and social self-sufficiency, improving education is a critical element in improving women's status and lives.

Women Business Owners and Self-Employment

Owning a business can bring women increased control over their working lives and create important financial and social opportunities for them. It can encompass a wide range of arrangements, from owning a corporation, to consulting, to engaging in less lucrative activities such as providing child care in one's own home. Overall, both the number and proportion of businesses owned by women have been growing.

According to the U.S. Bureau of the Census, women owned more than 5.4 million firms nationwide in 1997, employing just under 7.1 million persons and generating $878.3 billion in business revenues (U.S. Department of Commerce, Bureau of the Census, 2001f). By 1997, women owned 64,232 or 24.7 percent of firms in South Carolina and employed 100,284 people (see Table 6.2). Women-owned businesses in South Carolina generated $11.4 billion in total sales and receipts in 1997 (in 2000 dollars). South Carolina ranks 30th in the country and seventh in the region for the proportion of businesses owned by women.

In South Carolina, 51.5 percent of women-owned firms are in the service industries. The next highest proportion (20.8 percent) are in retail trade (see Figure 6.2). This distribution is similar to national patterns, although women-owned businesses in the state are less likely to be in services and more likely to be in retail trade than they are nationally.

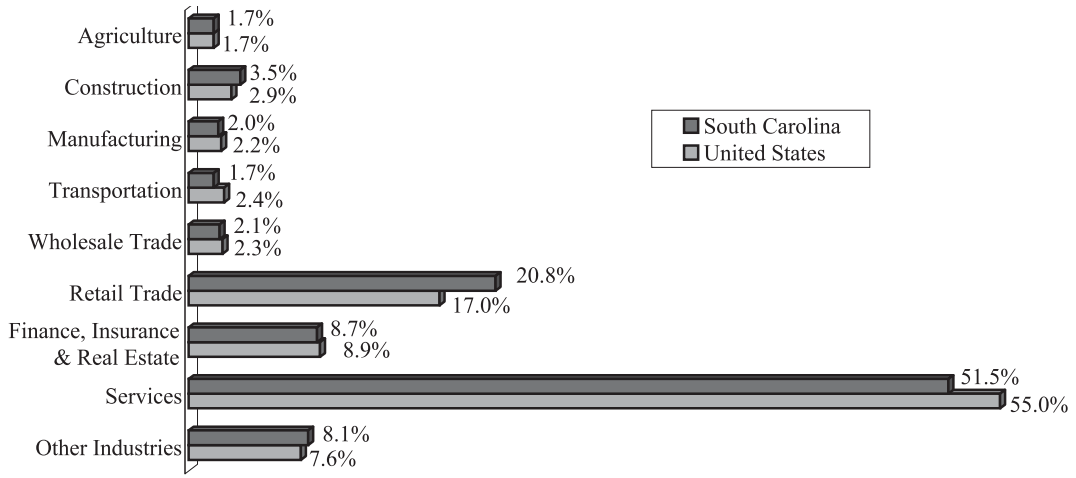
Like women's business ownership, self-employment for women (one kind of business ownership) has

Table 6.2
Women-Owned Firms in South Carolina and the United States, 1997

	South Carolina	United States
Number of Women-Owned Firms	**64,232**	**5,417,034**
Percent of All Firms that Are Women-Owned	24.7%	26.0%
Total Sales and Receipts (in billions, 2000 dollars)	**$11.4**	**$878.3**
Number Employed by Women-Owned Firms	**100,284**	**7,076,081**

Source: U.S. Department of Commerce, Bureau of the Census, 2001f.
Compiled by the Institute for Women's Policy Research.

Figure 6.2
Distribution of Women-Owned Firms Across Industries in South Carolina and the United States, 1997



Source: U.S. Department of Commerce, Bureau of the Census, 2001f.
Compiled by the Institute for Women's Policy Research.

also been increasing over recent decades. In 1975, women represented one in every four self-employed workers in the United States, and in 1998 they were approximately two of every five (U.S. Small Business Administration, 1999). The decision to become self-employed is influenced by many factors. An IWPR study shows that self-employed women tend to be older and married, have no young children, and have higher levels of education than average. They are also more likely to be covered by another person's health insurance (Spalter-Roth, Hartmann, and Shaw, 1993). Self-employed women are more likely to work part-time, with 42 percent of married self-employed women and 34 percent of nonmarried self-employed women working part-time (Devine, 1994).

Women in South Carolina are much less likely to be self-employed than women in the United States. In 1999, 3.6 percent of employed women in South Carolina were self-employed, compared with 6.1 percent of women nationwide (data not shown; U.S. Department of Labor, Bureau of Labor Statistics, 2001b).

Unfortunately, most self-employment is not especially well-paying for women, and about half of self-employed women combine this work with another job, either a wage or salaried job or a second type of self-employment (for example, child care and catering). In 1986-87 in the United States as a whole, women who worked full-time, year-round at only one type of self-employment had the lowest median hourly earnings of all full-time, year-round workers ($5.63); those with two or more types of self-employment with full-time schedules earned somewhat more ($6.68 per hour). In contrast, those who held only one full-time, year-round wage or salaried job earned the most ($12.24 per hour at the median; all figures in 2000 dollars). Those who combined wage and salaried work with self-employment had median earnings that ranged between these extremes. Many low-income women package earnings from many sources, including self-employment, in an effort to raise their family incomes (Spalter-Roth, Hartmann, and Shaw, 1993).

Some self-employed workers are independent contractors, a form of work that can be largely contingent, involving temporary or on-call work without job security, benefits, or opportunity for advancement. Even when working primarily for one client, independent contractors may be denied the fringe benefits (such as health insurance and employer-paid pension contributions) offered to wage and salaried workers employed by the same client firm. The typi-

cal self-employed woman who works full-time, year-round at just one type of self-employment has health insurance an average of only 1.7 months out of twelve, while full-time wage and salaried women average 9.6 months of health insurance coverage (those who lack health insurance entirely are also included in the averages; Spalter-Roth, Hartmann, and Shaw, 1993).

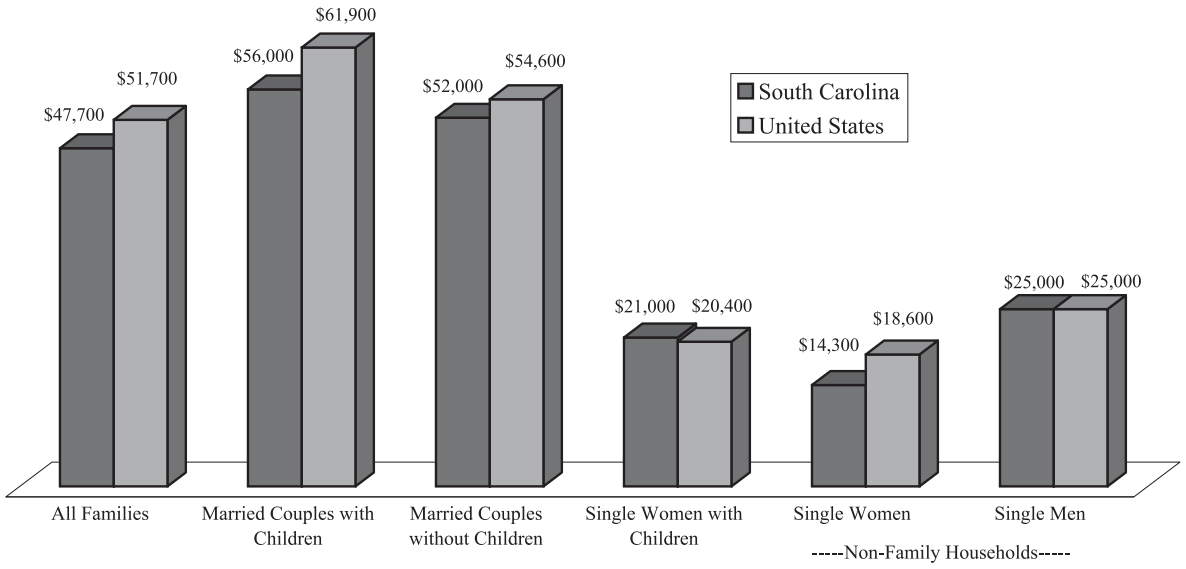
Overall, however, recent research finds that the rising earnings potential of women in self-employment compared with wage and salary work explains most of the upward trend in the self-employment of married women between 1970 and 1990. This suggests that the growing movement of women into self-employment represents an expansion in their opportunities (Lombard, 1996).

Women's Economic Security and Poverty

As women's responsibility for their families' economic well-being grows, the continuing wage gap and women's prevalence in low-paid, female-dominated occupations impede their ability to ensure their families' financial security, particularly for single mothers. In the United States, median family income for single-mother households was $20,400 in 1999, while that for married couples with children was $61,900 (see Figure 6.3). Figure 6.3 also shows that household income was lower on average for most family types in South Carolina than in the United States as a whole. Single men have the same average family income in the United States and in South Carolina ($25,000), and single mothers in South Carolina have marginally higher average family income ($21,000) than single mothers nationally ($20,400).

In 1999, the proportion of women aged 16 and older in poverty in South Carolina was larger than that of women in the United States—12.9 percent and 12.0 percent, respectively (see Figure 6.4). Thus, South Carolina ranks 35th in the nation and sixth of the nine states in its region for women living above poverty. Maryland has the least poverty in the region, with 8.7 percent of women living in poverty. Among men, on the other hand, poverty rates in 1999 were slightly

Figure 6.3
Median Annual Income for Selected Family Types and Single Women and Men in South Carolina and the United States, 1999 (2000 dollars)



Data for single men with children were not available due to small sample size.
Source: IWPR, 2001b.
Calculated by the Institute for Women's Policy Research.

The Economic Status of South Carolina Counties: Geographic Contrasts

The economic welfare of rural populations is often worse than that of urban populations, both in South Carolina and nationally. South Carolina counties that are more rural than the state average tend to have lower median incomes, higher unemployment rates, and more poverty than others. Because 38 percent of the state's women live in rural areas, these issues are crucial to women's well-being in South Carolina.

Table 6.3 provides a list of the most disadvantaged counties in South Carolina in terms of economic status. It reveals disturbing trends in all these rural counties. A low proportion of residents finish college, at rates at five percentage points below the statewide rate of 16.6 percent. Proportionately more people in these counties also have less than a ninth-grade education, at least five percentage points more than the state average of 13.6. In most of the eleven counties, one-fifth or more of the residents have not completed ninth grade.

Each of these counties also has high unemployment rates (one third of which are double-digit) and low household incomes. Median household incomes in these disadvantaged counties range from 25 to 40 percent below the state household median of $26,256. In addition, while 16.6 percent of all South Carolina families with children are living in poverty, between 27.6 and 42.9 percent of families with children in these counties live in poverty.

Table 6.3
Most Disadvantaged Counties in South Carolina by Education, Employment, and Poverty

	Economic Measures					Demographic Measures		
	Percent with Less than 9th Grade Education (1990)	Percent with Four or More Years of College (1990)	Unemployment Rate Percentage (1999)	Median Household Income (1989)	Percentage of Families with Children in Poverty (1989)	Rural Population Percentage (1990)	African American Population Percentage (2000)	Percent of Families with Female Heads (1990)
Allendale	25.0	9.5	7.6	$15,013	42.9	62.4	71.0	44.84
Bamberg	19.8	11.2	8.5	$17,496	31.5	55.0	62.5	35.13
Clarendon	21.0	10.2	7.8	$17,645	33.2	84.4	53.1	31.22
Dillon	22.6	8.5	9.8	$18,365	29.5	76.5	45.3	33.20
Hampton	20.3	8.8	5.8	$18,615	28.9	83.5	55.7	29.79
Jasper	21.6	4.8	3.5	$18,071	28.7	100.0	52.7	32.37
Lee	22.0	7.5	8.6	$18,174	31.2	80.7	63.6	34.79
McCormick	21.0	7.1	12.0	$19,226	27.6	100.0	53.9	29.38
Marion	19.3	9.1	13.0	$17,825	31.2	60.0	56.3	35.89
Marlboro	24.3	7.9	12.3	$18,068	27.9	59.0	50.7	34.29
Williamsburg	20.6	9.9	12.9	$18,409	28.8	89.5	66.3	31.44
South Carolina	**13.6**	**16.6**	**4.5**	**$26,256**	**16.6**	**45.4**	**29.5**	**24.10**

Source: South Carolina Budget and Control Board Office of Research and Statistics, 2001.
Compiled by Mary Jean Horney.

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As Table 6.3 shows, the disadvantaged status of these counties disproportionately affects certain segments of the population, particularly women and African Americans. Single mothers are also disproportionately represented in these counties. More than half of the residents in each of these counties live in rural areas, suggesting that economic hardship hits rural counties particularly hard.

There are many counties in the state whose economic positions are considerably stronger than the state average, further accentuating the disadvantaged positions of these counties. Lexington County, for example, has the highest median household income in the state, at $32,914. Twenty-one percent of Lexington county residents have four or more years of college, and only 8.4 percent have not completed ninth grade. The county unemployment rate is the lowest in the state (2.0 percent in 1999), and only 8.4 percent of families with children lived in poverty in 1989, a stark contrast to the counties in Table 6.3. The differences are even more striking when one notes that only 12.6 percent of Lexington County residents are African American (compared with 30.4 percent in the state as a whole), and 17.1 percent of their families are single women with children, compared with 29.0 percent and more in the bottom quartile of counties (South Carolina Budget and Control Board Office of Research and Statistics, 2001).

The counties in Table 6.3 encompass only 264,735 people, 6.6 percent of the state's population; the population of Lexington County by itself is almost as large (South Carolina Budget and Control Board Office of Research and Statistics, 2001). In addition, rural status alone does not guarantee a county's disadvantaged economic status. Kershaw, Oconee, and Pickens counties are notable exceptions of rural counties with higher economic status. Nonetheless, state-level policies to promote economic development in these areas would be appropriate to address the inequities facing South Carolina women and racial/ethnic minorities. Such policies would also make these counties more desirable places to live, thus promoting more geographically balanced growth throughout the state.

lower in South Carolina (7.6 percent) than in the United States as a whole (8.3 percent).

Women's poverty rates vary by race and ethnicity nationally and in South Carolina. Nationally, 23.5 percent of African American women aged 16 and older were living below the poverty level, compared with only 8.5 percent of white women in 1999. In South Carolina, 26.0 percent of African American women were living in poverty, compared with only 8.1 percent of white women. Data on poverty levels were not available for Native American women, Asian American women, and Hispanic women in South Carolina due to small sample sizes. However, nationally, 22.8 percent of Native American women, 22.4 percent of Hispanic women, and 10.9 percent of Asian American women aged 16 and older were living in poverty (data not shown; IWPR, 2001b).

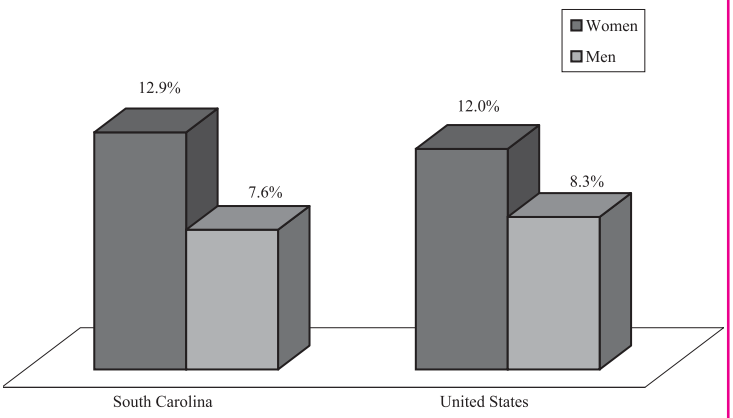
As Figure 6.5 shows, in contrast to women's poverty rates, poverty rates among all families were somewhat lower in South Carolina than in the nation as a whole, but single women without children especially fared much worse in South Carolina than in the United States.

Between 1995 and 1999, South Carolina's poverty rate among women decreased by 3.4 percent, the sixth fastest rate in the country (data not shown; IWPR, 2001b and 1995a). Nonetheless, the state's poverty rates remain relatively high compared with those in other states.

Although the poverty line is the federal standard of hardship in the United States, some researchers have begun to use basic family budgets as a more realistic measure of hardship. When the federal poverty line was created, it sought to measure the minimum amount of income needed for survival, by calculating minimum food expenses and multiplying them by three (Fisher, 1992). In contrast, the basic family budget method sets a higher standard by measuring how much income is required for a safe and decent standard of living. It also calculates the cost of every

major budget item a family needs—including housing, child care, health care, transportation, food, and taxes—based on family composition and where the family resides (Boushey, et al., 2001). It can be tailored specifically to a particular family type and to a specific region, state, or city. Thus, the family budget measure is more sensitive to variations in cost or standard of living than the federal poverty line, which is the same for all states. Over two and a half times as many people live below the basic family budget level as below the official poverty level in the United States.

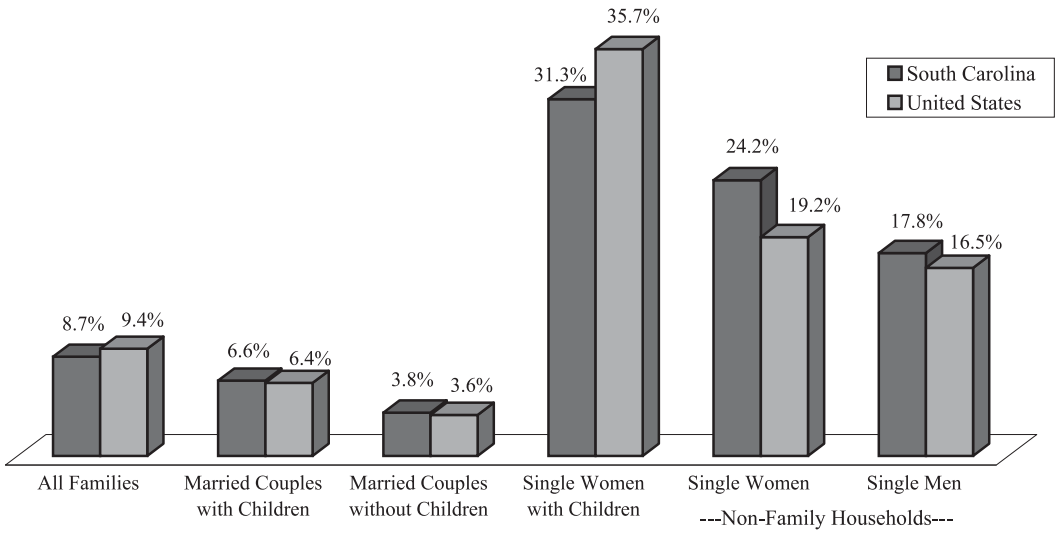
Figure 6.4
Percent of Women and Men Living in Poverty in South Carolina and the United States, 1999



Source: IWPR, 2001b.
Calculated by the Institute for Women's Policy Research.

Table 6.4 shows the proportion of people in families living below a minimum family budget level in South Carolina and the United States. Nationally, the proportion of people in these families (consisting of one or two parents and one to three children under the age of twelve) was 27.6 percent in 1999, much higher than the proportion living below the federal poverty line (10.1 percent; data not shown). In South Carolina, 25.5 percent of people had incomes below a basic family budget level, less than in the United States as a whole (see also The

Figure 6.5
Poverty Rates for Selected Family Types and Single Women and Men in South Carolina and the United States, 1999



Data for single men with children were not available due to small sample size.
Source: IWPR, 2001b.
Calculated by the Institute for Women's Policy Research.

Economic Status of South Carolina Counties: Geographic Contrasts).

Along with South Carolina's lower overall rate of family poverty, the poverty rate for single women with children is considerably lower than the nationwide rate (31.3 percent and 35.7 percent, respectively). Still, in South Carolina and in the nation as a whole, single women with children experience much higher levels of poverty than any other family type (see Figure 6.5).

Even these high rates of poverty probably understate the degree of hardship among these families, especially among working mothers. While counting noncash benefits would reduce their poverty rates, adding the cost of child care for working mothers would increase the calculated poverty rates in South Carolina and the nation (Renwick and Bergmann, 1993). Child care costs were not included at all in family expenditures when federal poverty thresholds were developed. For the country as a whole, single parents who do not work have basic cash needs at about 64 percent of the poverty line, while those who work have basic cash needs ranging from 113 to 186 percent of the poverty line, depending on the number and ages of their children. Overall, the net effect of this under- and over-estimation of poverty was a substantial underestimation. Renwick and Bergmann estimate a 1989 national poverty rate of 47 percent, compared with an official estimate of 39 percent, for single-parent families (Renwick and Bergmann, 1993). Poverty rates for low-income, married-couple families would also be much higher if child care costs were included (Renwick, 1993).

Another factor contributing to poverty among all types of households is the wage gap. IWPR research has found that in the nation as a whole, eliminating the wage gap, and thus raising women's wages to a level equal to those of men with similar qualifications, would cut the poverty rate among working married women and single mothers approximately in half. In South Carolina, poverty among working single-mother households would have dropped by more than half, from 35.2 percent to 16.4 percent, in 1997 (Hartmann, Allen, and Owens, 1999). While eliminating the wage gap would not completely eliminate poverty or hardship—there would still be many low-wage jobs—pay equity provisions would help many women support their families.

State Safety Nets for Economic Security

State and national safety nets, such as TANF and unemployment insurance, can be crucial in assisting women and families who lack economic security. The amount of cash welfare benefits varies widely from state to state. Figure 6.6 compares the size of South Carolina's maximum annual welfare benefit with the basic family budget level in the state, as a measure of how well the state's welfare safety net helps poor women achieve an acceptable standard of living. The poverty of many families is not alleviated by welfare alone. Many families also receive food stamps or other forms of noncash benefits. Still, research shows that, even when adding the value of noncash benefits, many women and their families remain poor (U.S. Department of Commerce, Bureau of the Census, 1997). In South Carolina, as in all of the United States, TANF benefits are substantially below basic family budget levels. In addition, the state's benefits are only about half the U.S. average of benefits. As a result, in South Carolina, the maximum TANF benefit is only 9.2 percent of basic family budget income in the state, compared with 14.9 percent nationally.

Table 6.4
Number and Percent of Persons in Families with Incomes Less Than a Minimum Family Budget Level* in South Carolina and the United States, 1998

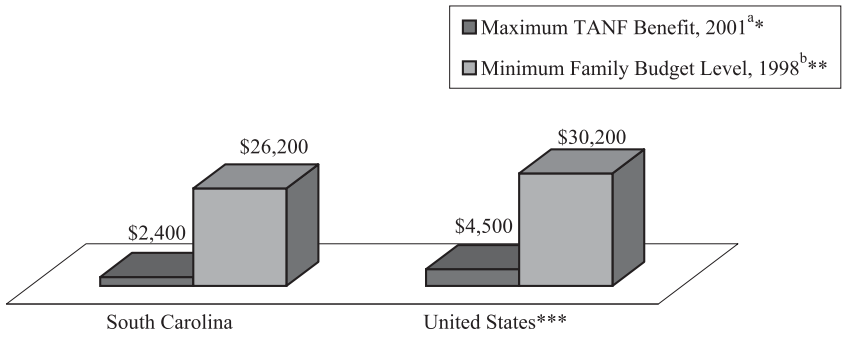
	South Carolina	United States
Number of Persons	203,000	14,154,000
Percent of Persons	25.5%	27.6%

* The Minimum Family Budget Level calculates the amount a family would need to earn to afford housing, food, child care, health insurance, transportation, and utilities. Families consist of one or two parents and one to three children under the age of twelve.

Source: Boushey, et al., 2001.
Compiled by the Institute for Women's Policy Research.

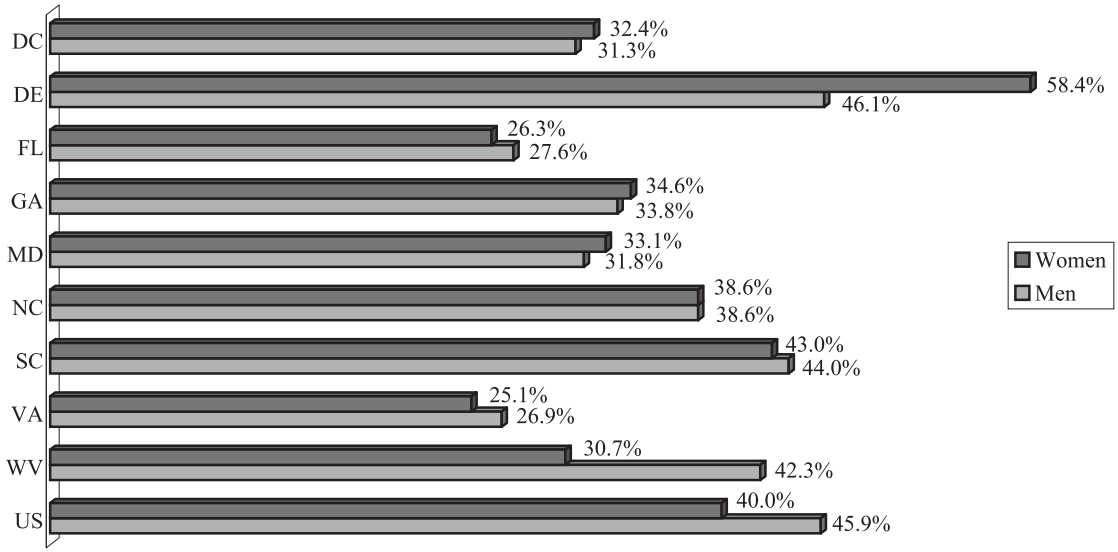
South Carolina does an average job of providing a safety net for unemployed women. In 2000, the unemployment rate for women in South Carolina (4.1 percent) was the same as the national average (see Figure 5.9). The percent of unemployed women in South Carolina receiving unemployment insurance benefits was higher than in the United States as a whole (see Figure 6.7). In contrast, the percent of unemployed men (at 3.6 percent) and the rate of unemployment insurance benefit receipt for men were both lower in South Carolina than nationwide. As in most states, unemployment insurance benefit receipt in South Carolina is higher for men than it is for women, although the difference is much smaller than it is nationally.

Figure 6.6
Maximum Annual TANF Benefits and Minimum Family Budget Levels in South Carolina and the United States



* TANF benefits are for a family of three with two children.
** The Minimum Family Budget Level calculates the amount a family (consisting of one parent and two children under the age of twelve) would need to earn to afford housing, food, child care, health insurance, transportation, and utilities (in 2000 dollars).
*** United States figures are medians among all 50 states and the District of Columbia.
Source: [a] Welfare Information Network, et al., 2001; [b] Boushey, et al., 2001.
Compiled by the Institute for Women's Policy Research.

Figure 6.7
Percent of Unemployed Women and Men with Unemployment Insurance in the South Atlantic States and the United States, 2001

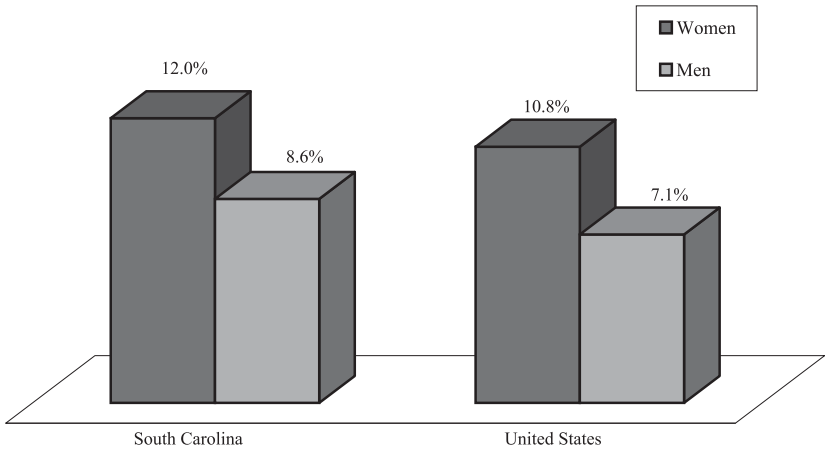


Source: Emsellem, et al., 2002.
Compiled by the Institute for Women's Policy Research.

Poverty and Age

Despite the increase in women's participation in the paid labor force over the past three decades, a variety of factors, such as the persistence of the wage gap, differences in women's and men's family responsibilities, and the rise in divorce and single motherhood, has left many women economically disadvantaged in their old age and is expected to continue to do so (National Council of Women's Organizations, Task Force on Women and Social Security, 1999). In 1999, 10.8 percent of women aged 50 and older were living in poverty, compared with 7.1 percent of men aged 50 and older in the United States (see Figure 6.8). The pattern is similar in South Carolina, although poverty rates are somewhat higher, with 12.0 percent of women and 8.6 percent of men aged 50 and older living in poverty.

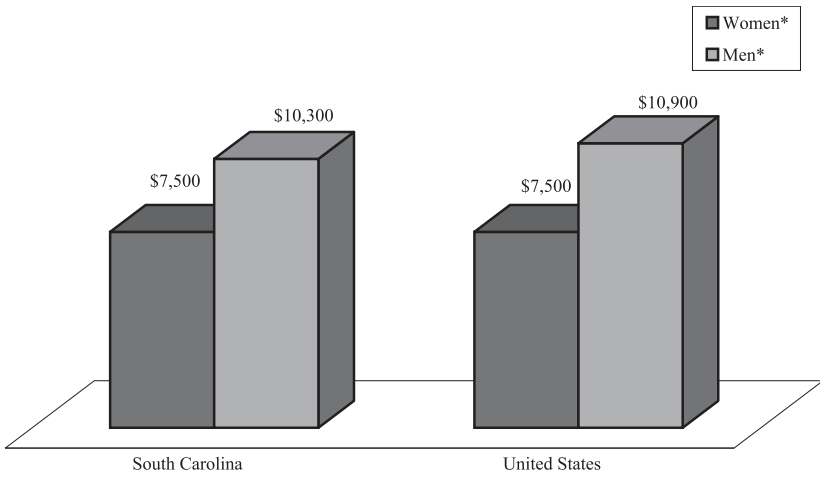
Figure 6.8
Percent of Women and Men Aged 50 and Older Living in Poverty in South Carolina and the United States, 1999



Source: IWPR, 2001a.
Calculated by the Institute for Women's Policy Research.

Among those receiving Social Security benefits, median annual benefits for women aged 50 and older in South Carolina are the same as they are nationally ($7,500), while median annual benefits for men aged 50 and older in South Carolina are slightly lower than the national median ($10,300 and $10,900, respectively; see Figure 6.9).

Figure 6.9
Median Annual Social Security Benefits Among Women and Men Aged 50 and Older in South Carolina and the United States, 1999



*Among those receiving benefits.
Source: IWPR, 2001a.
Calculated by the Institute for Women's Policy Research.

Social Security is the core of our nation's social insurance program for the elderly. For most people, it is the only income source that is fully adjusted for inflation and is not outlived. Typically, women are more dependent on Social Security, because they earn less, have fewer pension plan resources, and live longer than men. Indeed, without Social Security,

more than half of all women aged 65 or older would be poor. Social Security has helped reduce poverty rates among the elderly from 35 percent in 1959 to less than 11 percent in 1999. For 25 percent of unmarried elderly women (widowed, divorced, separated, or never married), Social Security is their only source of income (National Council of Women's Organizations, Task Force on Women and Social Security, 1999).

7. Reproductive Rights

Issues pertaining to reproductive rights and health can be controversial. Nonetheless, 189 countries, including the United States, adopted by consensus the Platform for Action from the U.N. Fourth Conference on Women. This document stresses that reproductive health includes the ability to have a safe, satisfying sex life, to reproduce, and to decide if, when, and how often to do so (U.N. Fourth World Conference on Women, 1995). The document also stresses that adolescent girls in particular need information and access to relevant services. Because reproductive issues are so important to women's lives, this section provides information on state policies concerning abortion, contraception, gay and lesbian adoption, infertility, and sex education. It also presents data on fertility and natality, including births to unmarried and teenage mothers.

In the United States, the 1973 Supreme Court case Roe v. Wade defined reproductive rights for federal law to include both the legal right to abortion and the ability to exercise that right at different stages of pregnancy. State legislative and executive bodies are nonetheless continually battling over legislation relating to access to abortion, including parental consent and notification, mandatory waiting periods, and public funding for abortion. The availability of providers also affects women's ability to access abortion. Because of ongoing efforts at the state and national levels to win judicial or legislative changes that would outlaw or restrict women's access to abortion, the stances of governors and state legislative bodies are critically important.

Reproductive issues encompass other policies as well. Laws requiring health insurers to cover contraception and infertility treatments allow insured women to exercise choice in deciding when, and if, to have children. Policies allowing gay and lesbian couples to adopt their partners' children give them a fundamental family planning choice. Sex education for high school students can provide them with the information they need to make educated choices about sexual activity.

The reproductive rights composite index shows that South Carolina, which ranks eighth in its region and 36th in the nation, lacks many resources concerning the reproductive rights of women when compared with other states (see Chart 7.1, Panels A and B). South Carolina's grade of D on the reproductive rights index reflects the gap between the ideal status of women's reproductive rights and resources and their actual status within the state.

Access to Abortion

Mandatory consent laws require minors to gain the consent of one or both parents before a physician can perform an abortion procedure, while notification laws require that they notify one or both parents of the decision to have an abortion. Of the 43 states

Chart 7.1 Panel A
Reproductive Rights: National and Regional Ranks

	National Rank* (of 51)	Regional Rank* (of 9)	Grade
Composite Reproductive Rights Index	**36**	**8**	**D**

See Appendix II for methodology.
* The national ranking is of a possible 51, including the 50 states and the District of Columbia. The regional ranking is of a maximum of nine and refers to the states in the South Atlantic region (DC, DE, FL, GA, MD, NC, SC, VA, and WV).
Calculated by the Institute for Women's Policy Research.

Chart 7.1 Panel B
Components of the Reproductive Rights Composite Index

	Yes	No	Other Information	Total Number of States with Policy (of 51) or U.S. Average
Does South Carolina allow access to abortion services:				
Without mandatory parental consent or notification?[a]		✓		8
Without a waiting period?[a]		✓		29
Does South Carolina provide public funding for abortions under any or most circumstances if a woman is eligible?[a]		✓		16
What percent of South Carolina women live in counties with an abortion provider?[b]			42%	68%
Is South Carolina's state government pro-choice?[c]				
Governor			Mixed	17
Senate		✓		11
House of Representatives		✓		8
Does South Carolina require health insurers to provide comprehensive coverage for contraceptives?[d]		✓		19
Does South Carolina require health insurers to provide coverage for infertility treatments?[e]		✓		11
Does South Carolina allow the non-legal parent in a gay/lesbian couple to adopt his/her partner's child?[f]*			No case has been tried	25
Does South Carolina require schools to provide sex education?[g]**	✓			23

* Most states that allow such adoptions do so as a result of court decisions. In South Carolina, no case has yet been tried. Source: [a] NARAL and NARAL Foundation, 2002; [b] Henshaw, 1998; [c] NARAL and NARAL Foundation, 2001; [d] Alan Guttmacher Institute, 2002a; [e] Plaza, 2001a; [f] National Center for Lesbian Rights, 2001; [g] Alan Guttmacher Institute, 2002b.
** While abstinence is stressed, South Carolina also requires that contraception be taught in its sex education curriculum.
Compiled by the Institute for Women's Policy Research.

with consent or notification laws on the books as of December 2001, 33 enforce their laws. Of these 33 states, 15 enforce notification laws and 18 enforce consent laws. In states with notification or consent laws, 38 allow for a judicial bypass if the minor appears before a judge and provides a reason that parental notification would place an undue burden on the decision to have an abortion. Two states provide for physician bypass, and two allow for both judicial and physician bypass. Utah is the only state to have no bypass procedure. As of December 2001, South Carolina still enforces its mandatory consent law (requiring consent of one parent or grandparent) but allows for a judicial bypass (see Chart 7.1, Panel B).

Waiting period legislation mandates that a physician cannot perform an abortion until a certain number of hours after his or her patient is notified of her options in dealing with a pregnancy. Waiting periods range from one to 72 hours. South Carolina is one of 22 states with mandatory waiting periods as of December 2001, and it is one of 18 states (with waiting periods ranging from one to 24 hours) that enforce their laws. South Carolina's waiting period is a minimum of one hour.

Public funding for women who qualify can be instrumental in reducing the financial obstacles to abortion for low-income women. In some states, public funding for abortions is available only under specific circumstances, such as rape or incest, life endangerment to the woman, or limited health circumstances of the fetus. Sixteen states fund abortions in all or most circumstances. South Carolina is

one of 28 states that do not provide public funding for abortions under any circumstances other than those required by the federal Medicaid law, which include pregnancies from reported rape or incest or those threatening the life of the woman.

The percent of women in South Carolina living in counties with abortion providers measures the availability of abortion services to women in the state. This proportion ranges from 16 to 100 percent across the states. As of 1996, in the bottom three states, 20 percent or fewer women lived in counties with at least one provider, while in the top six states, more than 90 percent of women lived in counties with at least one (Henshaw, 1998). At 42 percent of women living in counties with a provider, South Carolina's proportion falls in the bottom third of the nation. In addition, 80 percent of counties in South Carolina have no abortion provider at all. Women who live in these counties have extremely limited access to a provider. Thus, for the majority of women in South Carolina, particularly those in rural counties, access to abortion services can be problematic. In 41 states, more than half of all counties have no abortion provider, and in 21 states more than 90 percent of counties have none (Henshaw, 1998).

Debates over reproductive rights and family planning policies frequently involve potential restrictions on women's access to abortion and contraception, and the stances of elected officials play an important role in the success or failure of these efforts. To measure the level of support for or opposition to potential restrictions, the National Abortion and Reproductive Rights Action League (NARAL) examined the votes and public statements of governors and members of state legislatures. NARAL determined whether these public officials would support restrictions on access to abortion and contraception, including (but not limited to) provisions concerning parental consent, mandatory waiting periods, prohibitions on Medicaid funding for abortion, and bans on certain abortion procedures. NARAL also gathered official comments from governors' offices and conducted interviews with knowledgeable sources involved in reproductive issues in each state (NARAL and NARAL Foundation, 2001). For this study, governors and legislators who would support restrictions on abortion rights are considered anti-choice, and those who would oppose them are considered pro-choice. In South Carolina, the majority of members of the state Senate and House of Representatives are anti-choice. The governor was considered mixed (evaluated as closely divided on abortion rights). Thus, South Carolina women face a high level of support for restrictions on women's access to abortion and contraception.

Other Family Planning Policies and Resources

About 49 percent of traditional health plans do not cover any reversible method of contraception such as the pill or IUD. Others will pay for one or two types but not all five types of prescription methods—the pill, implants, injectables, IUDs, and diaphragms. About 39 percent of HMOs cover all five prescription methods (The Alan Guttmacher Institute, 1996). Because of the importance of contraception to women's control over their reproductive lives, women's advocates and policymakers have focused on insurance coverage of contraception as an important issue to women. Responding to a set of lawsuits filed against individual companies, in 2000 the Equal Employment Opportunity Commission ruled that employers that offer coverage for comparable prescription drugs must also cover prescription contraceptives under federal anti-discrimination laws.

Controversy about contraceptive coverage is leading lawmakers in many states to introduce bills that would require health insurers to cover contraception. Nineteen states require all private insurers to provide comprehensive contraceptive coverage. Seven states have provisions requiring partial coverage for contraception. In four of these states, insurance companies must offer at least one insurance package that covers some or all birth control prescription methods. One state, Minnesota, requires coverage of all prescription drugs, including contraceptives. Another, Texas, requires insurers with coverage for prescription drugs to cover oral contraceptives. In Oklahoma, a state regulation mandates that HMOs cover "voluntary family planning services," which is interpreted to include some kind of contraception (NARAL and NARAL Foundation, 2001). South Carolina does not have any of these requirements.

Publicly funded contraceptive services prevent many unintended pregnancies each year among the young, the unmarried, and the poor (Forrest and Amara, 1996). In addition to giving women more control over family planning, contraceptive services are financially beneficial. Every dollar spent for contraceptive services saves three dollars in public funds that would otherwise be needed for prenatal and newborn medical care alone (Frederick, 1998). In the United States, 39 percent of all women who are in need of publicly supported contraceptive services are served at publicly supported family planning clinics, compared to 35 percent in South Carolina (Table 7.1). In addition, just 31 percent of teenage women in need of publicly supported contraceptive services in South Carolina are served at publicly supported clinics, while nationally 37 percent of teenage women are. In order to support all women in choosing their family size, states should make a commitment to expand publicly supported contraceptive services.

Infertility treatments can also increase the reproductive choices open to women and men, but they are often prohibitively expensive, especially when they are not covered by insurance. In eleven states, legislatures have passed measures requiring insurance companies to pay for infertility treatments. In another three states, insurance companies must offer at least one package with infertility coverage to their policyholders (Plaza, 2001a). In South Carolina, insurance companies are not required to cover infertility treatments at all.

Because there is no comprehensive federal law concerning the reproductive rights of lesbians and gays, state courts currently hold considerable power over their choices in building their families. Courts have exercised this power in many ways, for example, by deciding whether lesbians and gays can legally adopt their partners' children, sometimes called second-parent adoption. Second-parent adoption provides the legal rights to otherwise non-legal parents in same-sex relationships that many legal parents take for granted, such as custodial rights in the case of divorce or death and the right to make health care decisions for the child. Research also suggests that children raised by homosexual parents have the same advantages and levels of health and development as those whose parents are heterosexual (American Academy of Pediatrics, 2002).

Court rulings in 25 states specifically extend second-parent adoption to lesbians and gays. In 18 of those states, lower courts have approved a petition to adopt; in five states, high or appellate courts have prohibited discrimination; and in two states, the state supreme court has prohibited discrimination against gays or lesbians in second-parent adoption cases. In six states, courts have ruled against second-parent adoption. Because many of the rulings have been issued from lower-level courts, there is room for these laws—both in favor of and against second-parent adoption—to be overturned by courts at a higher level. In addition, courts in the remaining 20 states (including South Carolina) have not ruled on a case involving second-parent adoption, creating a sense of ambiguity for lesbian and gay families. Only one state, Florida, has specifically banned second-parent adoption through state statute (National Center for Lesbian Rights, 2001). In South Carolina, there has been no case tried to either challenge or support the

Table 7.1
Contraceptive Coverage Among Low-Income and Teenage Women in South Carolina and the United States, 1995

	South Carolina	United States
Percent of All Women in Need of Publicly Supported Contraceptive Services Who are Served by Publicly Supported Family Planning Clinics	35%	39%
Percent of Teenage Women in Need of Publicly Supported Contraceptive Services Who are Served by Publicly Supported Family Planning Clinics	31%	37%

Source: Fredrick, 1998.
Compiled by the Institute for Women's Policy Research.

option of a non-biological parent in a gay/lesbian couple to adopt his or her partner's child.

Sexuality education is crucial to giving young women and men the knowledge they need to make informed decisions about their sexual activity and to avoid unwanted pregnancy and disease. In 23 states, including South Carolina, schools are required to provide sex education. Of those 23, nine states, including South Carolina, require that sexuality education stress abstinence but also provide students with information about contraception. Three states require that sex education programs teach abstinence but do not require that schools provide students with information about contraception (NARAL and NARAL Foundation, 2001).

Fertility and Natality

Women's reproductive rights are crucial to their ability to control the timing and circumstances of giving birth, which in turn gives them more control over their economic, health, and social status. In addition, women's reproductive rights can improve the economic and health status of their children, since women's ability to achieve their own well-being affects the well-being of their families.

Table 7.2
Fertility, Natality, and Infant Health

	South Carolina	United States
Fertility Rate in 2000 (live births per 1,000 women aged 15-44)[a]	**63.3**	**67.5**
Infant Mortality Rate in 1999 (deaths of infants under age one per 1,000 live births)[b]	**10.2**	**7.1**
Among Whites	6.7	5.8
Among African Americans	16.9	14.6
Percent of Low Birth Weight Babies (less than 5 lbs, 8 oz.),1999[a]	**9.8%**	**7.6%**
Among Whites	7.3%	6.6%
Among African Americans	14.7%	13.1%
Among Hispanics	5.5%	6.4%
Percent of Mothers Beginning Prenatal Care in the First Trimester of Pregnancy, 1999[c]	**81%**	**83%**
By Race and Ethnicity:		
Among Whites	87%	88%
Among African Americans	71%	74%
Among Hispanics	61%	74%
Among Asian Americans	81%	84%
Among Native Americans	79%	70%
By Age:		
Under Age 15	42%	48%
Ages 15-19	67%	69%
Ages 20-24	77%	78%
Ages 25-29	86%	87%
Ages 30-34	88%	90%
Ages 35 and Older	86%	88%
Births to Teenage Women (aged 15-19 years) as a Percent of all Births, 1999[d]	**14.1%**	**14.5%**
Births to Unmarried Women as a Percent of All Births, 1999[d]	**39.0%**	**33.0%**

Sources: [a] Martin, et al., 2002; [b] National Center for Health Statistics, 2001c; [c] National Center for Health Statistics, Division of Health Promotion, 2001; [d] U.S. Department of Commerce, Bureau of the Census, 2001d.
Compiled by the Institute for Women's Policy Research.

By 2000, the median age for women at the time of their first marriage was 25.1 years. As of 1999, the median age at first birth was 24.5 years (Fields and Casper, 2001; National Center for Health Statistics, 2001b). Fertility rates are somewhat lower in South Carolina than in the nation as a whole. Table 7.2 shows 63.3 live births per 1,000 women aged 15-44 in South Carolina, compared with 67.5 births per 1,000 women aged 15-44 in the United States as a whole, in 2000.

Table 7.2 also shows that there were 10.2 infant deaths per 1,000 births in South Carolina, a rate considerably higher than that for the United States as a whole, at 7.1 infant deaths per 1,000. Infant mortality also affects white and African American communities in the United States and in South Carolina at very different rates. In South Carolina, the infant mortality rate is 6.7 per 1,000 for white infants and 16.9 for African American infants. In the United States, mortality rates are 5.8 for white infants and 14.6 for African American infants. Thus, racial disparities in infant mortality rates are wider in South Carolina than in the United States as a whole (National Center for Health Statistics, 2001c).

Low birth weight (less than 5 lbs., 8 oz.) among babies also affects different racial and ethnic groups at different rates. In South Carolina, while the overall low birth weight rate is 9.8 percent (compared to 7.6 percent nationally), the percent of births of low weight is 7.3 among white infants, 5.5 among Hispanic infants, and 14.7 among African American infants. In the United States as a whole, the percent of births of low weight among white infants is 6.6; for Hispanic infants, 6.4; and for African American infants, 13.1. Thus, rates of low birth weight are higher in South Carolina for white and African American infants but lower for Hispanics. Nationally, disparities in both infant mortality and low birth-weight rates between African Americans and whites are growing. These differences are probably related to a variety of factors, including disparities in socioeconomic status, nutrition, maternal health, and access to prenatal care, among others (U.S. Department of Health and Human Services, Public Health Service, 2000).

For all women, access to prenatal care can be crucial to health during pregnancy and to reducing the risk of infant mortality and low birth weights (U.S. Department of Health and Human Services, Public Health Service, 2000). Nationwide, about 83 percent of women begin prenatal care in their first trimester of pregnancy, while 81 percent of South Carolina women do. Use of prenatal care varies sharply by race and education. In the United States as a whole, 88 percent of white women use prenatal care in the first trimester, while 84 percent of Asian American women, 74 percent of African American and Hispanic women, and 70 percent of Native American women do. In South Carolina, 87 percent of white women, 81 percent of Asian American women, 71 percent of African American women, 61 percent of Hispanic women, and 79 percent of Native American women do. Racial and ethnic disparities between whites, African Americans, and Hispanics in prenatal care are thus somewhat larger in South Carolina than nationally.

Use of prenatal care varies greatly by age, as well. In the United States in 1999, just 48 percent of girls under age 15 received prenatal care in the first trimester of pregnancy, compared with 69 percent of those aged 15-19. Rates are much higher, from 78 to 90 percent, for women over age 20. In South Carolina, just 42 percent of girls under age 15 received prenatal care in 1999, compared to 67 percent of those aged 15-19 and much higher rates, from 77 to 88 percent, for all women aged 20 and older.

Teenage mothers can have difficulties achieving an adequate standard of living because of their limited choices about education and employment (The Alan Guttmacher Institute, 1994; U.S. Department of Health and Human Services, Public Health Service, 2000). As Table 7.2 shows, teenage women also have decreased access to prenatal care in the first trimester compared to older women. In 1999, births to teenage mothers accounted for a similar proportion of all births in South Carolina (14.1 percent) as they did nationally (14.5 percent). Births to unmarried mothers, however, accounted for a considerably larger proportion of all births in South Carolina than they did nationally (39.0 percent in South Carolina compared with 33.0 percent for the nation as a whole; U.S. Department of Commerce, Bureau of the Census, 2001d).

8. Health and Well-Being

Health is a crucial factor in women's overall status. Health problems can seriously impair women's quality of life as well as their ability to care for themselves and their families. As with other resources described in this report, women in the United States vary in their access to health-related resources. To ensure equal access, the Beijing Declaration and Platform for Action stresses the need for strong prevention programs, research, and information campaigns targeting all groups of women, as well as adequate and affordable quality health care.

This section focuses on women's health in South Carolina. The composite index of women's health and well-being includes several indicators, including mortality from heart disease, breast cancer, and lung cancer; the incidence of diabetes, chlamydia, and AIDS; women's mental health status and mortality from suicide; and limitations on women's everyday activities. Because research links women's health and well-being to their ability to access the health care system (Mead, et al., 2001), this section also presents information on women's use of preventive services, health-related behaviors, and state-

Chart 8.1
Health and Well-Being: National and Regional Ranks

Indicators	National Rank* (of 51)	Regional Rank* (of 9)	Grade
Composite Health and Well-Being Index	**40**	**5**	**D+**
Average Annual Mortality Rate Among Women from Heart Disease (per 100,000, 1996-98)[a]	28	5	
Average Annual Mortality Rate Among Women from Lung Cancer (per 100,000, 1996-98)[a]	13	1	
Average Annual Mortality Rate Among Women from Breast Cancer (per 100,000, 1996-98)[a]	24	2	
Percent of Women Who Have Ever Been Told They Have Diabetes (2000)[b]	43	6	
Average Annual Incidence Rate of Chlamydia Among Women (per 100,000, 2000)[c]	36	4	
Average Annual Incidence Rate of AIDS Among Women (per 100,000 adolescents and adults, 2000)[d]	44	5	
Average Number of Days per Month on which Women's Mental Health Is Not Good (2000)[b]	32	5	
Average Annual Mortality Rate Among Women from Suicide (per 100,000, 1996-98)[e]	31	8	
Average Number of Days per Month on which Women's Activities Are Limited by Their Health (2000)[b]	45	7	

See Appendix II for methodology.

* The national rankings are of a possible 51, including the 50 states and the District of Columbia. The regional rankings are of a maximum of nine and refer to the states in the South Atlantic region (DC, DE, FL, GA, MD, NC, SC, VA, and WV).

Source: [a] National Center for Health Statistics, 2001a; [b] Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2001; [c] Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention, Division of STD Prevention, 2001; [d] Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention, 2001; [e] Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, 2001.

Calculated by the Institute for Women's Policy Research.

Women's Health in South Carolina

South Carolina Does Not Rank Well In Women's Health

Collectively, women in South Carolina live in poor health. Compared with all other states, South Carolina is ranked 40th for women's overall health status (see Chart 8.1). It also ranks 48th for women's life expectancy (National Women's Law Center, FOCUS on the Health of Women at the University of Pennsylvania Medical Center, and the Oregon Health and Science University, 2001). These rankings suggest that the state can improve women's health in many ways.

The Importance of Race and Gender

Several factors can help explain the low health status of women in South Carolina: poor health behaviors, poverty, rural geography, poor education, a low tax base, and poor access to health care. Discrimination by gender, race and ethnicity, socio-economic class, age, disability, and sexual orientation are also strong factors in determining women's health status. Studying health disparities by race, ethnicity, and gender can illuminate the many and complicated reasons for women's differing health status and provide major insights for improving all women's health.

As of 1990, South Carolina's women had an overall life expectancy of 77 years. However, white women had a life expectancy of 79 years, while African American women had a life expectancy of about 73 years (National Women's Law Center, FOCUS on the Health of Women at the University of Pennsylvania Medical Center, and the Oregon Health and Science University, 2001).

In South Carolina, African Americans and other racial/ethnic groups, including Hispanics, Asian Americans, and Native Americans, have higher morbidity and mortality rates by disease than whites do. African Americans also often succumb to diseases sooner and die at earlier ages (Shervais and Lumpkin, 2000). Since South Carolina's population is about one-third African American, the lower health status of African Americans greatly affects the average health status of all the state's residents. In addition, it speaks to the generally disadvantaged status of African American women.

For example, ischemic heart disease (IHD) affects women differently both by race and across stages in life:

- At ages 45-54, the IHD rate is about 33 per 100,000 for white women but about 79 per 100,000 for African American women.
- At ages 55-64, the IHD rate is about 130 per 100,000 for white women but about 250 per 100,000 for African American women.
- At ages 65-74, the IHD rate is about 360 per 100,000 for white women but 550 per 100,000 for African American women (Shervais and Lumpkin, 2000).

Similarly, rates of physical activity vary by gender and race. While 20.1 percent of white men were regularly active in 1996, only 16.1 percent of African American men. In the same period, 15.5 percent of white women were regularly active, but only 14.1 percent of African American women were (Powell, et al., 1999).

Finally, in a 1999 obesity report, South Carolina ranked tenth worst in the nation for overweight adults in 1998, and this indicator also varies by race. Over two-thirds of African American men (64.9 percent)

(continued on next page)

and African American women (64.2 percent) were overweight or obese, compared with 58.6 percent of white men and 40.0 percent of white women who were overweight or obese. For obesity alone, African American women had the highest prevalence rate at nearly 30.0 percent (Levin, Warner, and Allen, 1999). The condition of overweight or obesity substantially raises the risk of coronary heart disease, stroke, high blood pressure, diabetes, several types of cancers, and osteoarthritis, among other conditions (U.S. Department of Health and Human Services, Office of the Surgeon General, 2001). These conditions are leading causes of death and disability in South Carolina and affect African American women more than white women (Shervais and Lumpkin, 2000).

Where data are available for other races and ethnicities, similar health disparities exist. The population of Hispanic women in South Carolina has recently increased (see Appendix 1), and their immigration status, language barriers, and cultural differences all can affect their access to care (Parra-Medina and Rhoades, 2002). A task force on Native American issues recommends heightened attention to the health needs of South Carolina Native Americans, which, combined with advocacy by Hispanic residents and others, may succeed in developing more effective health care for all women of color (Goins, 2002).

Insurance Coverage: A Major Concern Among Women

As of 2000, 10.9 percent of women aged 18-64 were uninsured, and another 14.8 percent were covered by public insurance (Table 6.1). Among low-income women in the state, while 44.8 were covered by private or other insurance, and 17.1 percent were covered by Medicaid, 38.1 percent were uninsured in 1997-99 (these numbers are from a different source and thus are not directly comparable to those in Table 6.1; Henry J. Kaiser Family Foundation, 2001a). Moreover, even women covered by health insurance in South Carolina often find their coverage is more for episodic care and hospitalization than for health prevention and screenings (Burns, 2002).

During four "Governor's Healthy Women Today" forums held in 2000, the lack or inadequacy of health insurance coverage emerged as the number one issue of concern to women in South Carolina. Strong discontent was also expressed over the coverage of Viagra in the State Employee Health Insurance Plan and the historical lack of coverage for birth control pills for pregnancy prevention (Burns, 2002). South Carolina still does not require health insurers to provide comprehensive coverage of contraceptives (see Chart 3.1).

A Success Story: The South Carolina Best Chance Network

A bright spot in women's health status in South Carolina is the high use of mammogram and pap smear screening among women in South Carolina. Based on its high rate of screenings (see Table 8.5), South Carolina received the highest grade awarded for these indicators by the Women's Health Report Card project, an analysis of women's health across the country (National Women's Law Center, FOCUS on the Health of Women at the University of Pennsylvania Medical Center, and the Oregon Health and Science University, 2001). The state's improved screening rates can likely be attributed to increased marketing of hospital-based breast care centers and to the ten-year-old South Carolina Breast and Cervical Cancer Early Detection and Prevention Program (BCCEDP). The BCCEDP represents a statewide network of health providers, including The Best Chance Network (BCN), which provides screening and education to uninsured and underinsured women. Since its founding in 1991, BCN has screened over 49,000 women (South Carolina Breast and Cervical Cancer Early Detection Screening Program, 2001). The success of BCN demonstrates what can be accomplished with sufficient funding and an effective model for service delivery, outreach, and care to address a severe health problem.

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A Promise for Change

Several important policy changes have recently been adopted to improve women's health in South Carolina:

- Effective January 1, 2002, the State Employee Health Insurance Plan began to cover birth control pills at the generic brand rate of $7.00/month or $84/year. This is expected to save women state employees $25-$35/month (2002 market prices) or up to $420/year.
- In 2001, the South Carolina General Assembly approved legislation creating a Marriage License Fee to support a fund for domestic violence programs in South Carolina.
- The state legislature also passed a state budget provision implementing the Breast and Cervical Cancer Treatment Act. This allows an 80:20 match of federal to state dollars to provide Medicaid coverage for treatment of Best-Chance-Network-enrolled women diagnosed with breast cancer (South Carolina Breast and Cervical Cancer Early Detection Screening Program, 2001).

These improvements represent three of the most substantial health advances for women in South Carolina in recent years. The growing momentum to address women's health issues should lead to more positive change in future years.

level policies and resources concerning women's health issues. Information on women's access to health insurance is presented earlier in this report.

Although women on average live longer than men—79 years compared with 73 years for men in the United States in 1998—women suffer from more nonfatal acute and chronic conditions and are more likely to live with disabilities and suffer from depression. In addition, women have higher rates of health service use, physician visits, and prescription and nonprescription drug use than men (Mead, et al., 2001).

Women's overall health status is closely connected to many of the other indicators in this report, including women's poverty status, access to health insurance, reproductive rights, and family planning. As a result, it is important to consider women's health as embedded in and related to their political, economic, and social status (National Women's Law Center, FOCUS on the Health of Women at the University of Pennsylvania Medical Center, and the Oregon Health and Science University, 2001). For example, many studies find direct and indirect relationships between income, education and work status, and health. Poor, uneducated women with few work opportunities are more likely to be unhealthy. Women with low incomes, little education, and no jobs also face considerable problems accessing the health care system, which indirectly influences their health status (Mead, et al., 2001). Research shows that, in contrast, women's employment has a positive effect on health. Studies suggest the link may result both because work provides health benefits to women and because healthier women "self-select" to work (Hartmann, Kuriansky, and Owens, 1996). Finally, research suggests that across the states, women's mortality rates, cause-specific death rates, and mean days of activity limitations due to health are highly correlated with their economic and political status, and especially with their political participation and with a smaller wage gap (Kawachi, et al., 1999).

South Carolina, which ranks 40th of all states, lags behind most states and the nation on indicators of women's health and well-being (see Chart 8.1). The state fares particularly badly for women's incidence rates of diabetes and of AIDS and for health limitations on women's everyday activities. Although South Carolina ranks 13th on the mortality rate

Table 8.1
Mortality and Incidence of Disease Among Women in South Carolina and the United States

Indicator	South Carolina	United States
Average Annual Mortality Rate Among Women from Heart Disease (per 100,000), 1996-98[a]	155.0	161.7
Average Annual Mortality Rate Among Women from Lung Cancer (per 100,000), 1996-98[a]	38.3	41.3
Average Annual Mortality Rate Among Women from Breast Cancer (per 100,000), 1996-98[a]	27.9	28.8
Percent of Women Who Have Ever Been Told They Have Diabetes, 2000[b]	7.0	5.9*
Average Annual Incidence Rate of Chlamydia Among Women (per 100,000), 2000[c]	433.7	404.0
Average Annual Incidence Rate of AIDS Among Women (per 100,000 adolescents and adults), 2000[d]	13.8	8.7

* Median rate for the 50 states and the District of Columbia.

Source: [a] National Center for Health Statistics, 2001a; [b] Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2001; [c] Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention, Division of STD Prevention, 2001; [d] Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention, 2001.

Compiled by the Institute for Women's Policy Research.

among women from lung cancer, it falls at or below average on every other indicator of women's health and well-being.

In the South Atlantic region, South Carolina ranks fifth of nine states for women's health and well-being overall. It ranks particularly well for mortality rates from lung and breast cancer (first and second out of nine states, respectively), but it falls at or below average on every other indicator, scoring particularly poorly on rates of suicide (eighth) and health limitations on women's everyday activities (seventh).

South Carolina's grade of D+ on the health and well-being index reflects the difference between women's actual health status in the state and national health goals, including those set by the U.S. Department of Health and Human Services in its Healthy People 2010 program (see Appendix II for a discussion of the composite methodology; see also Women's Health in South Carolina).

Mortality and Incidence of Disease

Heart disease has been the leading cause of death for both women and men of all ages in the United States since 1970. It is the second leading cause of death among women aged 45-74, following all cancers combined. It remains the leading cause of death for women aged 75 and older even when all cancers are combined (National Center for Health Statistics, 2001d). Since many of the factors contributing to heart disease, including high blood pressure, smoking, obesity, and inactivity, can be addressed by changing women's health habits, states can contribute to decreasing rates of death from heart disease by raising awareness of its risk factors and how to modify them. In addition, states can implement policies that facilitate access to health care professionals and preventive screening services.

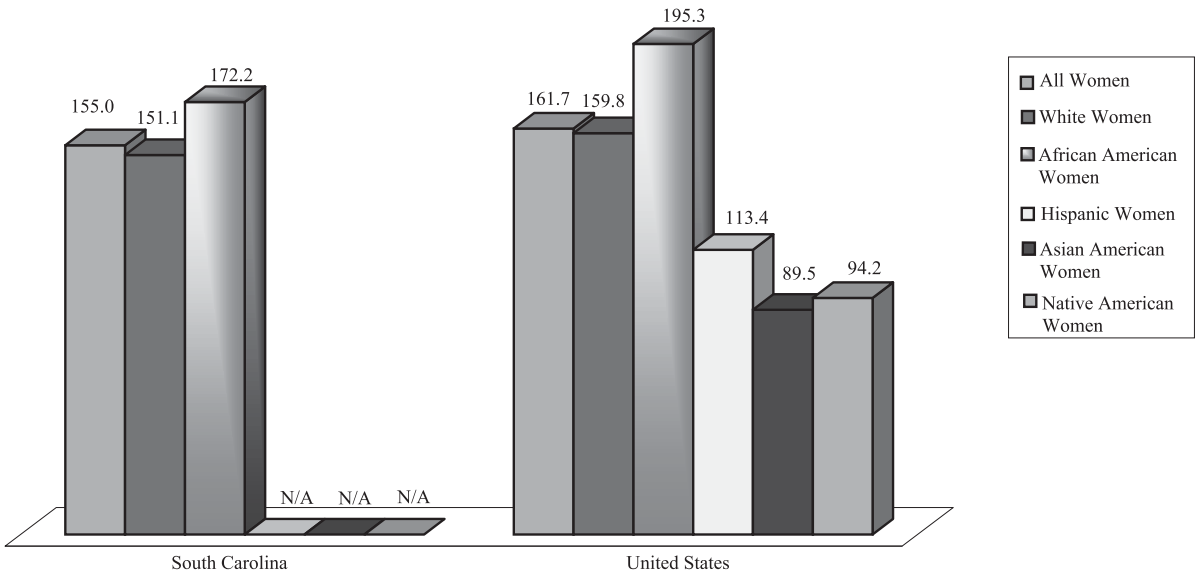
Women in South Carolina experience mortality from heart disease at a rate below the U.S. rate (155.0 and 161.7 per 100,000 women, respectively; see Table 8.1). The state ranks 28th among all the states on this indicator (South Carolina ranks below the midpoint for all states, despite lower than average rates, because the national average is based on the whole U.S. population and not the median rate among the states). Men's mortality from heart disease is substantially higher in both South Carolina and in the country as a whole (268.7 and 266.2 per 100,000 men, respectively; data not shown; National Center for Health Statistics, 2001a).

Women's mortality from heart disease varies greatly by race and ethnicity in South Carolina and the United States as a whole. As Figure 8.1 shows, mortality rates from heart disease are generally much worse among African American women than among white women, while Asian American women have the best rates. In the United States, the mortality rate from heart disease for 1996-98 among all women was 161.7 deaths per 100,000 women. For African American women, it was much larger, at 195.3 deaths per 100,000, while for white women it was smaller, at 159.8. For Hispanic women, the rate was only 113.4 deaths per 100,000; for Asian American women, it was 89.5; for Native American women, it was 94.2. In South Carolina, patterns of mortality from heart disease among women of different racial and ethnic groups were similar to those in the nation as a whole. African American women experienced a greater mortality rate from heart disease (172.2 per 100,000) than the average for all women, but a much better mortality rate than the national rate for African American women. White women experienced even better rates (151.1 per 100,000). Data were not available for Hispanic, Asian American, and Native American women in South Carolina.

Cancer is the leading cause of death for women aged 45-74. Women's lung cancer in particular, the leading cause of death among cancers, is on the rise. Among women nationally, the incidence of lung cancer doubled and the death rate rose 182 percent between the early 1970s and early 1990s (National Center for Health Statistics, 1996). Like heart disease, lung cancer is closely linked with cigarette smoking. State public awareness efforts on the link between cancer and smoking can be crucial to lowering lung cancer incidence and mortality. In South Carolina, the average mortality rate from lung cancer is 38.3 per 100,000 women, below the national rate of 41.3. South Carolina ranks 13th in the nation and first in the South Atlantic region on this indicator.

Mortality from lung cancer varies substantially by race and ethnicity. In South Carolina, 41.4 white

Figure 8.1
Average Annual Mortality Rates Among Women from Heart Disease in South Carolina and the United States by Race and Ethnicity, 1996-98*



* Deaths per 100,000.
N/A=Not Available
Source: National Center for Health Statistics, 2001a.
Compiled by the Institute for Women's Policy Research.

Table 8.2
Average Annual Mortality Rates Among Women from Lung and Breast Cancer in South Carolina and the United States by Race and Ethnicity, 1996-98

Indicator	South Carolina	United States
Average Annual Mortality Rate Among Women from Lung Cancer (per 100,000)	**38.3**	**41.3**
Among Whites*	41.4	43.7
Among African Americans*	29.5	41.3
Among Hispanics**	N/A	13.8
Among Asian Americans	N/A	19.4
Among Native Americans	N/A	25.0
Average Annual Mortality Rate Among Women from Breast Cancer (per 100,000)	**27.9**	**28.8**
Among Whites*	24.9	28.7
Among African Americans*	37.1	37.8
Among Hispanics**	N/A	17.6
Among Asian Americans	N/A	12.8
Among Native Americans	N/A	15.1

* Non-Hispanic.
** Hispanics may be of any race.
N/A = Not available.
Source: National Center for Health Statistics, 2001b.
Compiled by the Institute for Women's Policy Research.

women per 100,000 die from lung cancer each year, while 29.5 African American women do (data not available for Hispanic, Asian American, and Native American women in South Carolina; Table 8.2). Nationally, white women are also more likely to die from lung cancer than African American women. They are considerably more likely to die than Hispanic, Asian American, and Native American women: 43.7 white women, 41.3 African American women, 13.8 Hispanic women, 19.4 Asian American women, and 25.0 Native American women per 100,000 died of lung cancer in the United States annually in 1996-98.

Among cancers, breast cancer is the second most common cause of death for U.S. women. Approximately 203,500 new cases of invasive breast cancer are expected in 2002 (American Cancer Society, 2002). Breast cancer screening is crucial, not just for detecting breast cancer, but also for reducing breast cancer mortality. Consequently, health insurance coverage, breast cancer screenings, and public awareness of the need for screenings are all important issues to address as states attempt to diminish death rates from the disease. South Carolina's rate of mortality from breast cancer, 27.9 per 100,000, is close to that of the nation at 28.8 per 100,000 women. South Carolina ranks 24th in the nation and second in its region on this measure.

Mortality rates from breast cancer are much higher among African American women than they are among white women in South Carolina, at 24.9 white women compared with 37.1 African American women (data not available for Hispanic, Asian American, and Native American women; Table 8.2). This is similar to national trends, in which mortality rates from breast cancer are 28.7 white women, 37.8 African American women, 17.6 Hispanic women, 12.8 Asian American women, and 15.1 Native American women per 100,000.

People with diabetes are two to four times more likely to develop heart disease or stroke, blindness, kidney disease, and other serious health conditions than those without it, and women with diabetes have the same risk of heart disease as men (Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 1999). Rates of diabetes vary tremendously by race and ethnicity, with African Americans, Hispanics, and Native Americans experiencing much higher rates than white men and women (Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 1998). The overall risk of diabetes can be decreased by lowering the level of obesity and by improving health habits in a state. In South Carolina, 7.0 per-

Table 8.3
Average Annual Incidence Rate of AIDS Among Women in South Carolina and the United States by Race and Ethnicity, 1999*

Indicator	South Carolina	United States
Average Annual Incidence Rate of AIDS Among Women (per 100,000 adolescents and adults)	**14.8**	**9.3**
Among Whites	2.4	2.3
Among African Americans	43.9	49.0
Among Hispanics	N/A	14.9
Among Asian Americans	N/A	1.4
Among Native Americans	N/A	5.0

* Data differ from those provided in Table 8.1, which are for 2000. These numbers are based on unpublished numbers from the Centers for Disease Control for 1999.
N/A = Not available.
Source: The Henry J. Kaiser Family Foundation, 2001b.
Compiled by the Institute for Women's Policy Research.

cent of women have been diagnosed with diabetes at some point in their lifetime, a rate higher than the median rate for all states, 5.9 percent. At 43rd, South Carolina ranks poorly on this indicator of women's health.

Sexually transmitted diseases (STDs) are a common threat to younger women's health. As with many other health problems, education, awareness, and proper screening can be key to limiting the spread of STDs and diminishing the health impact associated with them. One of the more common STDs among women is chlamydia, which affects over 563,000 women in the United States. Chlamydia is often asymptomatic, as up to 85 percent of women who have it manifest no symptoms. Nonetheless, chla-mydia can lead to Pelvic Inflammatory Disease (PID), which is a serious threat to female reproductive capacity (U.S. Department of Health and Human Services, Public Health Service, 2000). As a result, screening for chlamydia is important to women's reproductive health. In South Carolina, chlamydia affects 433.7 women per 100,000, a rate substantially higher than that for the United States as a whole, 404.0 women per 100,000. South Carolina ranks 36th in the nation and fourth in the region on this indicator of women's health status.

The incidence of HIV and AIDS in women is one of the fastest growing threats to their health, especially among younger women. The gap between the incidence of AIDS in women and men is diminishing quickly. While in 1985 the incidence of AIDS-related illnesses among men was 13 times greater than for women, by 1998-99 men had less than four times as many AIDS-related illnesses as women. The proportion of people with AIDS who are women is likely to continue rising, since a higher proportion of those with HIV are women: in 2000, 17 percent of people with AIDS were women, while 28 percent of people with HIV were. The race and ethnicity disparities in the incidence of AIDS are alarming: in 1999, the AIDS rate per 100,000 women nationwide was 2.3 among white women, 49.0 among African American women, 14.9 among Hispanic women, 1.4 among Asian American women, and 5.0 among Native American women (Table 8.3). In South Carolina in 1999, the AIDS rate per 100,000 women was 2.4 among white women and 43.9 among African American women (data not available for Hispanic, Asian American, and Native American women). This disparity between white and African American women's rates of AIDS mirrors national patterns.

Overall, South Carolina had much higher incidence rates of AIDS than the nation as a whole in 2000, at 13.8 per 100,000 women, compared with the national rate of 8.7 per 100,000 (Table 8.1). The state ranks 44th on this indicator nationally and fifth out of nine states in the South Atlantic region. For men, the incidence of AIDS is also much higher in South Carolina than in the nation as a whole, at 36.3 cases per 100,000 men in South Carolina, compared with 28.0 cases in the United States as a

whole for men (data not shown; Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention, 2001).

Mental Health

Women experience some psychological conditions, such as depression, anxiety, panic, and eating disorders, at higher rates than men. However, they are less likely to suffer from substance abuse and conduct disorders than men are. Overall, about half of all women aged 15-54 experience symptoms of mental illness at some point in their lives (National Center for Health Statistics, 1996). Because of stigmas associated with psychological disorders and their treatment, many go untreated. In addition, while many health insurance policies cover some portion of alcohol and substance abuse programs, many do not adequately cover treatments of other psychological disorders. These treatments, however, are integral to helping patients achieve good mental health.

In South Carolina, women's self-reported evaluations indicate that women experience an average of 4.0 days per month on which their mental health is not good, and the state ranks 32nd nationally and fifth regionally on this measure (see Table 8.4 and Chart 8.1). Nationally, the median rate for all states is 3.8 days per month of poor mental health. In contrast, men's rate of poor mental health in South Carolina is lower than the national median, at 2.1 compared with 2.5 days, respectively. In South Carolina, men's lower rate of poor mental health compared with women's is similar to national trends. Nationally, the median rate of poor mental health days per month for women is 1.3 days more than it is for men. In South Carolina, this difference is even greater, at 1.9 days.

One of the most severe public health problems related to psychological disorders is suicide. In the United States, 1.3 percent of all deaths occur from suicide, about the same number of deaths as from AIDS (National Institute of Mental Health, 1999). Women are much less likely than men to commit suicide, with over four times as many men as women dying by suicide. However, women are two to three times as likely to attempt suicide as men are, and a total of 500,000 suicide attempts are estimated to have occurred in 1996. In addition, in 1999, suicide was the fourth leading cause of death among women aged 14-34, the fifth leading cause of death among women aged 35-44, and the eighth leading cause of death among women 45-54 (Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, 2002). Among women in the United States, the annual rate of mortality from suicide is 4.4 per 100,000. In South Carolina, the rate of death by suicide among women is slightly greater, at 4.8. South Carolina ranks 31st in the nation and eighth in the South Atlantic region on this indicator of women's health status.

Table 8.4
Mental Health Among Women and Men in South Carolina and the United States

Indicator	South Carolina		United States	
	Women	Men	Women	Men
Average Number of Days per Month of Poor Mental Health, 2000[a]	4.0	2.1	3.8*	2.5*
Average Annual Mortality Rate from Suicide (per 100,000), 1996-98[b]	4.8	20.6	4.4	19.6

* Median rate for the 50 states and the District of Columbia.
Source: [a] Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2001; [b] Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, 2001.
Compiled by the Institute for Women's Policy Research.

While risk factors for suicide often occur in combination, research indicates that 90 percent of men and women who kill themselves are experiencing depression, sustance abuse, or another diagnosable psychological disorder (National Institute of Mental Health, 1999). As a result, policies

that extend and expand mental health services to those who need them can help potential suicide victims. According to the National Institute of Mental Health, the most effective programs prevent suicide by addressing broader mental health issues, such as stress and substance abuse (National Institute of Mental Health, 1999).

Limitations on Activities

Women's overall health status strongly affects their ability to carry out everyday tasks, provide for their families, fulfill their goals, and live full and satisfying lives. Illness, disability, and generally poor health can obstruct their ability to do all these things. Women's self-evaluation of the number of days in a month on which their activities are limited by their health status measures the extent to which women are unable to perform the tasks they need and want to complete. Among all states, the median is 3.5; in South Carolina, the average number of days of limited activities for women is much greater, at 4.4 (see Figure 8.2). The state ranks 45th of all the states and seventh of eight regionally on this measure. For men, the rate in South Carolina (4.2 days per month) is also much greater than the median rate for all states (3.5 days per month).

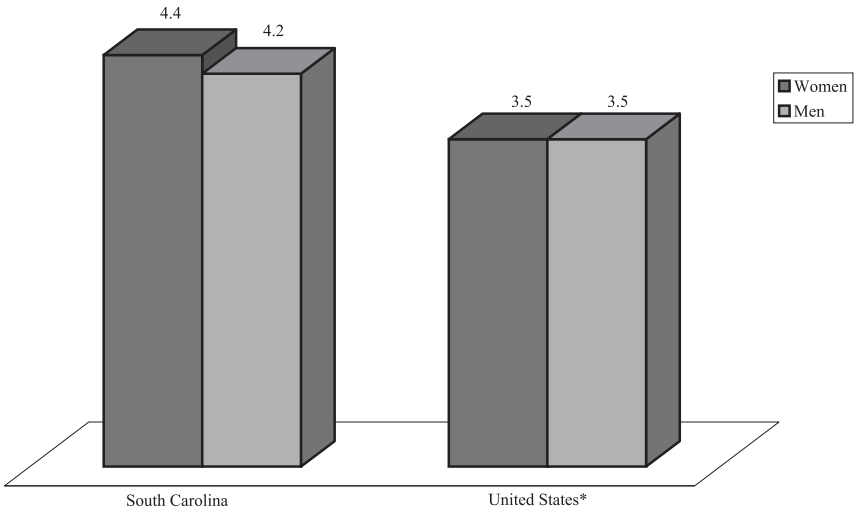
Preventive Care and Health Behaviors

Women's health status is affected tremendously by their use of early detection measures, preventive health care, and good personal health habits. In fact, preventive health care, healthy eating, and exercise, as well as the elimination of smoking and heavy drinking, can help women avoid many of the diseases and conditions described above. Table 8.5 presents data on women's use of preventive care, early detection resources, and good health habits in South Carolina.

Generally, women in South Carolina use preventive care resources at above-average levels. Of women over age 50, 75.7 percent have had a mammogram within the past two years, somewhat higher than the median percent for all states (71.1). South Carolina women also have higher usage rates of pap tests (90.8 percent, compared with 86.8 percent in the United States, among women aged 18 and older) and cholesterol screenings (76.1 percent compared with 71.2 percent, respectively, for women aged 18 and older) than the medians for all states.

In contrast, women in South Carolina are mixed in their use of good health habits. While the percent of South Carolina women who engage in binge drinking (five or more alcoholic beverages at one

Figure 8.2
Average Number of Days per Month of Limited Activities Among Women and Men in South Carolina and the United States, 2000



* Median rates for the 50 states and the District of Columbia.
Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2001.
Compiled by the Institute for Women's Policy Research.

Table 8.5
Preventive Care and Health Behaviors Among Women in South Carolina and the United States

	South Carolina	United States*
Preventive Care		
Percent of Women Aged 50 and Older Who Have Had a Mammogram in the Past Two Years, 2000[a]	75.7	71.1
Percent of Women Aged 18 and Older Who Have Had a Pap Smear in the Past Three Years, 2000[a]	90.8	86.8
Percent of Women Aged 18 and Older Who Have Been Screened for Cholesterol in the Past Five Years, 1997[b]	76.1	71.2
Health Behaviors		
Percent of Women Who Smoke (100 or more cigarettes in their lifetime and who now smoke every day or some days),2000[a]	21.5	21.2
Percent of Women Who Report Binge Drinking (Consumption of five or more drinks on at least one occasion during the preceding month), 1997[b]	3.7	6.7
Percent of Women Who Report No Leisure-Time Physical Activity During the Past Month, 2000[a]	30.4	28.6
Percent of Women Who Do Not Eat Five or More Servings of Fruits or Vegetables per Day, 2000[a]	73.0	73.1

* National rates are median rates for the 50 states and the District of Columbia.

Source: [a] Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2001; [b] Centers for Disease Control and Prevention, 2000b.

Compiled by the Institute for Women's Policy Research.

time during the past month) is substantially lower than the median for all states (3.7 and 6.7, respectively), the percent of adult women in South Carolina who smoke, 21.5 percent, is roughly the same as the median for all states, 21.2 percent (see Table 8.5). Women in South Carolina are also less likely to participate in physical activity but about as likely to eat the recommended amount of fruits and vegetables as women in other states.

State Health Policies and Resources

State policies can contribute to women's health status in significant ways. Because poverty is closely associated with poor health among women, policies allocating resources to Medicaid programs to help low-income men and women cover health-related expenses are critical for improving health and well-being. Women are particularly affected by resource allocations to Medicaid programs, since more women than men live in poverty. Consequently, over 50 percent more women receive Medicaid benefits than men (U.S. Department of Health and Human Services, Health Care Financing Administration, 1999). In South Carolina, more women than men receive health insurance from public sources (14.8 percent versus 10.5 percent; see Table 6.1).

During the 1990s, states gained increased autonomy in setting eligibility and benefit levels for Medicaid programs, and as a result their spending varied substantially. Table 8.6 shows the level of Medicaid spending per adult enrollee in South Carolina ("adults" are generally defined as nondisabled people aged 18-64, although some states extend "adult" to cover some younger people, such as pregnant teens or mothers classified as heads-of-household). At $1,126 in 1998, South Carolina's spending was

far below the average of $1,892 per adult enrollee. Without adequate financial support for their health care needs, the health status of low-income women and their families is likely to suffer. State and federal policy should also ensure that, as men and women move off welfare and into the workforce, they do not lose access to health insurance.

Studies show that the quality of insurance coverage substantially affects women's access to certain health resources and, consequently, their health status (Mead, et al., 2001). In order to advance women's and men's access to adequate health-related resources, many states have passed policies governing health care coverage by insurance companies for their policyholders. These policies include required coverage for preventive screenings for cervical cancer and osteoporosis; laws allowing women to choose a specialist in obstetrics and gynecology as their primary care physician or allowing direct access to one without referral; and mandates for coverage of mental health services. In addition, some states have mastectomy stay laws, requiring insurance companies to cover inpatient care for defined periods following a mastectomy. Overall, while South Carolina has many state insurance mandates important to women, it still lacks at least a few significant policies (see Table 8.6). Women in the state would benefit from policies requiring insurance companies to cover screenings for osteoporosis and to offer at least one policy covering mental health services at the same level as other services (currently, this is only a requirement when covering state employees).

Table 8.6
Health Policies and Resources in South Carolina and the United States

	Yes	No	Other Information	Total or Average, United States (of 51)
Medicaid Spending per Adult Enrollee, 1998[c]			**$1,126**	**$1,892**
Does South Carolina require insurance companies to:				
Cover screenings for cervical cancer?[a]	✓			25
Cover screenings for osteoporosis?[a]		✓		12
Cover inpatient care for a defined period after a mastectomy?[a]	✓			18
Allow women to identify a specialist in obstetrics and gynecology as their primary care physician or allow direct access to one?[a]	✓			39
Cover or offer at least one policy covering mental health services at the same level as other health services?[b]		✓	For state employees only	21

Source: [a] Plaza, 2001b; [b] National Conference of State Legislatures Health Policy Tracking Service, 2001; [c] Kaiser Commission on Medicaid and the Uninsured, 2001.
Compiled by the Institute for Women's Policy Research.

9. Conclusions and Policy Recommendations

Women in the United States have made a great deal of progress in recent decades. Women are more educated, they are more active in the workforce, and they have made some strides in narrowing the wage gap. In other areas, however, women face substantial and persistent obstacles to attaining equality. Women are far from achieving political representation in proportion to their share of the population, for example, and the need to defend and expand their reproductive rights endures. In addition, they clearly have not achieved economic equality with men.

Many improvements in women's status are complicated by larger economic and political factors. For example, while women are approaching parity with men in labor force participation, women's added earnings are, in many cases, simply compensating for earnings losses among married men in the last two decades. Since women's median earnings still lag behind men's, they do not contribute equally to supporting their families, much less achieve economic autonomy.

Many of the factors affecting women's status are interrelated. Educational attainment often directly relates to earnings; full-time work often correlates with health insurance or pension coverage. Greater female political representation can result in more women-friendly policies. But today's costly campaign process presents another barrier to women, who often have less access to the economic resources required to make them competitive candidates. Thus, in many cases the issues covered by this report are interdependent and mutually reinforcing.

Women's status varies significantly across states and regions. The reasons for these differences are not well understood. Very little research has been done on the causes of the diversity revealed in this report or the factors associated with it. Different local and regional economic structures—whether based on manufacturing, commerce, or government—undoubtedly affect women's employment and earnings opportunities, while cultural and historical factors may better explain variations in educational attainment, reproductive rights, and women's political behavior and opportunities. Differences in specific public policies undoubtedly account for some of the contrasts in outcomes among the states. Indicators such as those presented here can be used to monitor women's progress and evaluate the effects of policy changes on a state-by-state basis.

In a time when the federal government is transferring many responsibilities to the state and local levels, women in South Carolina need state-based public policies to adequately address these complex issues:

- Women's wages need to be raised by policies such as stronger enforcement of equal employment opportunity laws, improved educational opportunities, higher minimum wages, living wage ordinances, or the implementation of pay equity adjustments in the state civil service and/or in the private sector.

- The Commission for Minority Affairs should be redefined to include the growing diversity of other groups in the state, including Hispanics and Native Americans, in addition to its current emphasis on the status of African Americans in the state.

- South Carolina could devote more resources to the Governor's Commission on Women in support of advocacy for women's status. The commission has only an executive director, one employee, and a small budget – while the North Carolina Council for Women and Domestic Violence Commission, for example, has a staff of 17, a $500,000 operating budget and $6.5 million in grants, the majority of which are state appropriations.

- The General Assembly approved a Marriage License Fee in support of domestic violence programs in 2001, and these kinds of policies should be strengthened and continued. Women's physical security can be enhanced by increasing public safety and better protecting women from domestic violence, via anti-stalking and other legislation, such as requiring training for health care professionals. Required sexual assault training for police,

prosecutors, and health care professionals and legislation prohibiting domestic violence discrimination in insurance would both provide valuable services to protect and treat survivors.

- South Carolina can reduce women's poverty by implementing welfare reform programs that provide a range of important support services, such as education and learning opportunities, while still providing a basic safety net for those who earn very low wages or cannot work.

- Policies that might encourage women in South Carolina to run for office, such as campaign finance reform, recruitment of female candidates by political parties and other organizations, and fair and equal media treatment for male and female candidates are crucial to increasing women's political representation.

- Increased investment in targeted health prevention and treatment could improve women's health and reduce disparities in health status associated with race and socioeconomic status.

- Enhanced reproductive rights and policies would allow women more control over their overall economic, health, and social status by giving them more control over their reproductive lives. Policies that would help increase access to reproductive rights for women in South Carolina include requiring health insurers to provide comprehensive coverage of contraceptives and coverage of infertility treatments.

- Policies designed to promote the economic status of South Carolina's rural women, including access to jobs, education, and health care resources, are crucial to bettering the status of the state generally.

National policies also remain important in improving women's status across the country:

- The federal minimum wage, equal employment opportunity legislation, and health and safety standards are all critical in ensuring minimum levels of decency and fairness for women workers.

- Because union representation correlates strongly with higher wages for women and improved pay equity, benefits, and working conditions, federal laws that better protect and encourage unionization efforts would assist women workers.

- Policies such as paid family leave could be legislated nationally as well as at the state level through, for example, mandatory employer-provided insurance or the establishment of an employee/employer cost-share system.

- Because most income redistribution occurs at the national level, federal legislation on taxes, entitlements, and income security programs (such as the Earned Income Tax Credit, Social Security, Medicaid, Medicare, Food Stamps, and welfare) will continue to profoundly affect women's lives and should take women's needs and interests into account.

- Federal legislation on welfare reform should encourage meaningful skill development among low-income women to promote long-term economic well-being.

- Campaign finance reforms could be adopted to encourage a wider array of candidates, including women and minorities, to run for office. Standardized voting procedures for the entire country could also increase the civic participation of women of color, and all women, by enhancing Americans' sense that their votes matter.

- Greater federal protection for reproductive rights would guarantee women all over the country the resources needed to control their reproductive lives.

- The federal government should examine its data collection and reporting policies to provide more information on the status of women, especially those of minority racial and ethnic backgrounds.

In most cases, both state and national policies lag far behind the changing realities of women's lives. Careful consideration of policies that would improve women's status and better guarantee women's equality at the local, state, and national levels could address many of the issues and obstacles facing women as they strive to improve their status and well-being.

The South Carolina Advisory Committee

Appendices

Table of Appendices

Appendix I: Basic Demographics

This Appendix includes data on different populations within South Carolina. Statistics on age, the sex ratio, and the elderly female population are presented, as are the distribution of women by race and ethnicity and family type, as well as information on women in prisons. These data present an image of the state's female population and can be used to provide insight on the topics covered in this report. For example, compared with the United States as a whole, South Carolina has the same ratio of women to men, a similar age distribution, a much larger proportion of African American women, much smaller proportions of white, Hispanic, Asian, Native American, and foreign-born women, and a considerably larger proportion of women living in rural areas. Demographic factors have implications for the location of economic activity, the types of jobs available, market growth, and the types of public services needed.

South Carolina has the 26th largest population among all the states in the United States. There were over two million women of all ages in South Carolina in 2000 (see Appendix Table 1.1). Between 1990 and 2000, the population of South Carolina grew by 15.1 percent, more than the growth of the nation as a whole (13.1 percent; data not shown; U.S. Department of Commerce, Bureau of the Census, 2001b). Within its region, South Carolina's population growth rate is the fifth fastest, behind those of Georgia (26.4 percent), Florida (23.5 percent), North Carolina (21.4 percent), and Delaware (17.6 percent).

White women are a smaller share of the female population in South Carolina than they are in the United States as a whole, at 65.6 percent of women in the state (compared with 69.3 percent in the nation as a whole). Of all the racial and ethnic groups in South Carolina, the next largest group, African American women (30.4 percent) constitute a proportion more than twice as high as the national average (12.4 percent). The other groups combined make up just 4.0 percent of the female population in South Carolina, 14.3 percentage points less than in the United States. Notably, however, the proportion of South Carolina's population of Hispanic women grew 1.2 percentage points between 1990 and 2000, from 0.7 to 1.9 percent.

The proportion of married women in South Carolina is slightly higher than in the country as a whole, while the proportion of single women is slightly lower in South Carolina than in the nation. The proportions of widowed and divorced women in South Carolina are very similar to those in the nation as a whole. South Carolina's distribution of family types diverges very slightly from that in the nation overall. The proportion of single-person households is close to that of the nation as a whole (25.0 percent versus 25.8 percent), while the proportion of female-headed families in South Carolina is larger (14.8 versus 12.2 percent). The proportion of married-couple families in South Carolina is smaller than nationally, and other

Appendix Table 1.1
Basic Demographic Statistics for South Carolina and the United States

	South Carolina	United States
Total Population, 2000[a]	**4,012,012**	**281,421,906**
Number of Women, All Ages, 2000[a]	2,063,083	143,368,343
Sex Ratio (women to men, aged 18 and older), 2000[a]	1.1	1.1
Median Age of All Women, 1999[b]	36.7	36.6
Proportion of Women Over Age 65, 2000[a]	14.0%	14.4%
Distribution of Women by Race and Ethnicity, All Ages, 2000[c]		
White*	65.6%	69.3%
African American*	30.4%	12.4%
Hispanic**	1.9%	12.0%
Asian American*	0.9%	3.8%
Native American*	0.3%	0.7%
Other Race*	0.1%	0.2%
Two or More Races*	0.8%	1.6%
Distribution of Households by Type, 2000[a]		
Total Number of Family and Nonfamily Households	1,533,854	105,480,101
Married-Couple Families (with and without their own children)	51.1%	51.7%
Female-Headed Families (with and without their own children)	14.8%	12.2%
Male-Headed Families (with and without their own children)	4.1%	4.2%
Nonfamily Households: Single-Person Households	25.0%	25.8%
Nonfamily Households: Other	5.1%	6.1%
Distribution of Women Aged 15 and Older by Marital Status, 2000[d]		
Married	55.7%	54.3%
Single	23.0%	24.4%
Widowed	10.4%	10.2%
Divorced	10.8%	11.1%
Number of Lesbian Unmarried Partner Households, 2000[e]	**4,048**	**293,365**
Proportion of Women Aged 21-64 with a Disability, 2001[f]	**14.2%**	**13.9%**
Percent of Families with Children Under Age 18 Headed by Women, 2000[c]	**25.9%**	**20.6%**
Proportion of Women Living in Metropolitan Areas, All Ages, 1990[g]	**62.0%**	**83.1%**
Proportion of Women Who Are Foreign-Born, All Ages, 1990[g]	**1.5%**	**7.9%**
Percent of Federal and State Prison Population Who Are Women, 2000[h]	**6.5%**	**6.6%**

* Non-Hispanic.
** Hispanics may be of any race.
Source: [a] U.S. Department of Commerce, Bureau of the Census, 2001b; [b] U.S. Department of Commerce, Bureau of the Census, 2000b; [c] U.S. Department of Commerce, Bureau of the Census, 2002a; [d] U.S. Department of Commerce, Bureau of the Census, 2001e; [e] Smith and Gates, 2001; [f] U.S. Department of Commerce, Bureau of the Census, 2001c; [g] Population Reference Bureau, 1993; [h] U.S. Department of Justice, Bureau of Justice Statistics, 2001.
Compiled by the Institute for Women's Policy Research.

family types also have smaller proportions than in the nation as a whole. Families with children under age 18 that are headed by women constitute 25.9 percent of all families with children in South Carolina, a larger proportion than the 20.6 percent nationwide. In 2000, 4,048 lesbian unmarried partner households were reported in South Carolina, with a total of 293,365 nationwide.

South Carolina's proportion of women living in metropolitan areas is substantially lower than in the nation overall (62.0 percent compared with 83.1 percent of women in the United States). The percent of South Carolina's prison population that is female is about the same as the national average (6.5 and 6.6 percent, respectively). South Carolina had a much smaller foreign-born female population than the United States as a whole in 1990 (1.5 percent compared with 7.9 percent; while 2000 numbers for foreign-born women were not yet available for this writing, 2.9 percent of all South Carolina residents and 11.1 percent of all United States residents were foreign-born in 2000). South Carolina's proportion of women aged 21-64 with a disability is slightly higher than in the nation overall, at 14.2 compared to 13.9 percent.

Appendix II: Methodology, Terms, and Sources for Chart 2.1 (the Composite Indices and Grades)

Composite Political Participation 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 for women (such as a commission for women or a legislative 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 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 two resources: a commission for women and a women's legislative caucus. It 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" (see Appendix Chart 2.1). 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 the ideal state had both a commission for women and a women's legislative caucus in each house of the state legislature. 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 2000 and 1998) of all women aged 18 and older (in the civilian noninstitutionalized population) who reported registering. Source: U.S. Department of Commerce, Bureau of the Census, 2000c and 2002c, based on the Current Population Survey.

Women's Voter Turnout: This component indicator is the average percent (for the presidential and congressional elections of 2000 and 1998) of all women aged 18 and older (in the civilian noninstitutionalized population) who reported voting. Source: U.S. Department of Commerce, Bureau of the Census, 2000c and 2002c, based on the Current Population Survey.

Women in Elected Office: This composite indicator is based on a methodology developed by the Center for Policy Alternatives (1995). It has four components and reflects office-holding at the state and national levels as of April 2002. 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 percents 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. The resulting weighted scores for the four components were added to yield the total score on this composite for each state. The highest score of any state for this composite office-holding indicator is 4.28. These scores were then used to rank the states on the indicator for women in elected office. Source: Data were compiled by IWPR from several sources, including the Center for American Women and Politics, 2002a, 2002b, 2002c, and 2002d; Council of State Governments, 2000.

Appendix Chart 2.1
Criteria for Grading

Index	Criteria for a Grade of "A"	Highest Grade, U.S.
Composite Political Participation Index		**B**
Women's Voter Registration	Women's Voter Registration, Best State (91.1%)	
Women's Voter Turnout	Women's Voter Turnout, Best State (67.9%)	
Women in Elected Office Composite Index	50 Percent of Elected Positions Held by Women	
Women's Institutional Resources	Commission for Women and a Women's Legislative Caucus in Each House of State Legislature	
Composite Employment and Earnings Index		**A-**
Women's Median Annual Earnings	Men's Median Annual Earnings, United States ($36,960)	
Ratio of Women's to Men's Earnings	Women Earn 100 Percent of Men's Earnings	
Women's Labor Force Participation	Men's Labor Force Participation, United States (74.7%)	
Women in Managerial and Professional Occupations	Women in Managerial and Professional Occupations, Best State (48.0%)	
Composite Social and Economic Autonomy Index		**B+**
Percent of Women with Health Insurance	Percent of Women with Health Insurance, Best State (94.0%)	
Women's Educational Attainment	Men's Educational Attainment (percent with four years or more of college, United States; 24.0%)	
Women's Business Ownership	50 Percent of Businesses Owned by Women	
Percent of Women Above Poverty	Percent of Men Above Poverty, Best State (94.9%)	
Composite Reproductive Rights Index	Presence of All Relevant Policies and Resources (see Chart 7.1 Panel B)	**A**
Composite Health and Well-Being Index	Best State or Goals Set by Healthy People 2010 (U.S. Department of Health and Human Services) for All Relevant Indicators (see Appendix II for details)	**A-**

Calculated by the Institute for Women's Policy Research.

Women's Institutional Resources: This indicator measures the number of institutional resources for women available in the state from a maximum of two, including 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). States receive 1.0 point for each institutional resource present in their state, although they can receive partial credit if a bipartisan legislative caucus does not exist in both houses. States receive a score of 0.25 if informal or partisan meetings are held by women legislators in either house, 0.5 if a formal legislative caucus exists in one house but not the other, and 1.0 if a formal legislative caucus is present in both houses or the legislature is unicameral. Source: National Association of Commissions for Women, 2000, and Center for American Women and Politics, 1998, updated by IWPR.

Composite Employment and Earnings Index

This composite index consists of four component indicators: median annual earnings for women, the ratio of the earnings of women to the earnings of men, women's labor force participation, and the percent of employed women in managerial and professional specialty occupations.

To construct this composite index, each of the four component indicators was first standardized. For each of the four 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 in the composite. The states were 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 earnings were set at the median annual earnings for men in the United States as a whole; 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 and professional positions was set at the highest score for all states. Each state's score was then compared with the ideal score to determine the state's grade.

Women's Median Annual Earnings: Median yearly earnings (in 2000 dollars) of noninstitutionalized women aged 16 and older who worked full-time, year-round (more than 49 weeks during the year and more than 34 hours per week) in 1998, 1999, and 2000. Earnings were converted to constant dollars using the Consumer Price Index, and the median was selected from the merged data file for all three years. Three years of data were used in order to ensure a sufficiently large sample for each state; the data are referred to as 1999 data, the midpoint of the three years analyzed. The sample size for women ranges from 560 in Rhode Island to 5,174 in California; for men, the sample size ranges from 685 in the District of Columbia to 7,906 in California. In South Carolina, the sample size was 618 for women and 793 for men. These earnings data have not been adjusted for cost-of-living differences between the states because the federal government does not produce an index of such differences. Source: IWPR calculations of the 1999-2001 Annual Demographic Files (March) from the Current Population Survey, for the 1998-2000 calendar years; IWPR, 2001b.

Ratio of Women's to Men's Earnings: Median yearly earnings (in 2000 dollars) of noninstitutionalized women aged 16 and older who worked full-time, year-round (more than 49 weeks during the year and more than 34 hours per week) in 1998-2000 divided by the median yearly earnings (in 2000 dollars) of noninstitutionalized men aged 16 and older who worked full-time, year-round (more than 49 weeks during the year and more than 34 hours per week) in 1998-2000. See the description of women's median annual earnings, above, for a more detailed description of the methodology and for sample sizes. Source: IWPR calculations of the 1999-2001 Annual Demographic Files (March) from the Current Population Survey, for the 1998-2000 calendar years; IWPR, 2001b.

Women's Labor Force Participation (proportion of the adult female population in the labor force): Percent of civilian noninstitutionalized women aged 16 and older who were employed or looking for work (in 2000). This includes those employed full-time, part-time voluntarily or part-time involuntari-

ly, and those who are unemployed. Source: U.S. Department of Labor, Bureau of Labor Statistics, 2002 (based on the Current Population Survey).

Women in Managerial and Professional Occupations: Percent of civilian noninstitutionalized women aged 16 and older who were employed in executive, administrative, managerial, or professional specialty occupations (in 1999). Source: U.S. Department of Labor, Bureau of Labor Statistics, 2001a (based on the Current Population Survey).

Composite Social and Economic Autonomy Index

This composite index reflects four aspects of women's social and economic well-being: access to health insurance, educational attainment, business ownership, and the percent of women above the poverty level.

To construct this composite index, each of the four component indicators was first standardized. For each indicator, the observed value for the state was divided by the comparable value for the United States as a whole. The resulting values were summed for each state to create a composite score. To create the composite score, women's health insurance coverage, educational attainment, and business ownership were given a weight of 1.0, while poverty was given a weight of 4.0 (in the first three series of 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 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." The percentage of women with health insurance was set at the highest value for all states; the percentage of women with higher education was set at the national value for men; 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.

Percent with Health Insurance: Percent of civilian noninstitutionalized women from ages 18 through 64 who are insured. The state-by-state percents are based on the 2001 Annual Demographic Files (March) from the Current Population Survey, for calendar year 2000. Respondents are asked whether they had insurance from a variety of different sources during the previous year. They are counted as uninsured if they did not have health insurance for the entire year 2000. Because respondents are asked to report about all sources of insurance over the past year, some report insurance from more than one source. It is impossible to determine whether they had had more than one type simultaneously or changed sources of insurance over the course of the year. In 2001, the CPS included an expanded sample to improve state estimates of uninsured children. The expanded sample was not used in these estimates, however, because it was not yet available. Source: Employee Benefit Research Institute, 2001.

Educational Attainment: In 1989, the percent of women aged 25 and older with four or more years of college. Source: Population Reference Bureau, 1993, based on the Public Use Microdata Sample of the 1990 Census of Population.

Women's Business Ownership: In 1997, the percent of all firms (legal entities engaged in economic activity during any part of 1997 that filed an IRS Form 1040, Schedule C; 1065; any 1120; or 941) owned by women. This indicator includes five legal forms of organization: C corporations (any legally incorporated business, except subchapter S, under state laws), Subchapter S corporations (those with fewer than 75 shareholders who elect to be taxed as individuals), individual proprietorships (including self-employed individuals), partnerships, and others (a category encompassing cooperatives, estates, receiverships, and businesses classified as unknown legal forms of organization). The Bureau of the Census determines the sex of business owners by matching the social security numbers of individuals who file business tax returns with Social Security Administration records providing the sex codes indicated by individuals or their parents on their original applications for social security numbers. For partnerships and corporations, a business is classified as women-owned based on the sex of the

majority of the owners. Source: U.S. Department of Commerce, Bureau of the Census, 2001f, based on the 1997 Economic Census.

Percent of Women Above Poverty: In 1998-2000, the percent of women living above the official poverty threshold, which varies by family size and composition. The average percent of women above the poverty level for the three years is used; three years of data ensure a sufficiently large sample for each state. In 1999, the poverty level for a family of four (with two children) was $17,463 (in 2000 dollars). Source: IWPR calculations of the 1999-2001 Annual Demographic Files (March) from the Current Population Survey for the calendar years 1998-2000; IWPR, 2001b.

Composite Reproductive Rights Index

This 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 under any circumstances if a woman is income eligible; percent of women living in counties with at least one abortion provider; whether the governor and state legislature are pro-choice; existence of state laws requiring health insurers to provide coverage of contraceptives; policies that mandate insurance coverage of infertility treatments; whether second-parent adoption is legal for gay/lesbian couples; and mandatory sex education for children in the public school system.

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 contraceptive coverage were each given a weight of 1.0. The infertility coverage law and gay/lesbian adoption law were each 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. The states were 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, pro-choice government, 100 percent of women living in counties with an abortion provider, insurance mandates for contraceptive coverage and infertility coverage, maximum legal guarantees of second-parent adoption, 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: NARAL and NARAL Foundation, 2002.

Waiting Period: States received a score of 1.0 if they allow a woman to have an abortion without a waiting period. Such 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: NARAL and NARAL Foundation, 2002.

Restrictions on Public Funding: If a state provides public funding for abortions under most circumstances for women who meet income eligibility standards, it received a score of 1.0. Source: NARAL and NARAL Foundation, 2002.

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: Henshaw, 1998.

Pro-Choice Governor or Legislature: This indicator is based on NARAL's asssessment 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. Each state received 0.33 points per pro-choice governmental body—gov-

ernor, 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 and NARAL Foundation, 2001.

Contraceptive Coverage Laws: Whether a state has a law or policy requiring that health insurers who provide coverage for prescription drugs extend coverage for FDA-approved contraceptives (e.g., drugs and devices) and related medical services, including exams and insertion/removal treatments. States received a score of 1.0 if they mandate full contraceptive coverage. They received a score of 0.5 if they mandate partial coverage, which may include mandating that insurance companies offer at least one insurance package covering some or all birth control prescription methods or requiring insurers with coverage for prescription drugs to cover oral contraceptives. Source: The Alan Guttmacher Institute, 2002a.

Coverage of Infertility Treatments: States mandating that insurance companies provide coverage of infertility treatments received a score of 1.0, while states mandating that insurance companies offer policyholders at least one package with coverage of infertility treatments received a score of 0.5. Source: Plaza, 2001a.

Same-Sex Couples and Adoption: Whether a state allows gays and lesbians the option of second-parent adoption, which occurs when a nonbiological parent in a couple adopts the child of his or her partner. At the state level, courts and/or legislatures have upheld or limited the right to second-parent adoption among gay and lesbian couples. States were given 1.0 point if the state supreme court has prohibited discrimination against these couples in adoption, 0.75 if an appellate or high court has, 0.5 if a lower court has approved a petition for second-parent adoption, 0.25 if a state has no official position on the subject, and no points if the state has banned second-parent adoption. Source: National Center for Lesbian Rights, 2001.

Mandatory Sex Education: States received a score of 1.0 if they require public middle, junior, or high schools to provide sex education classes. Source: The Alan Guttmacher Institute, 2002b.

Composite Health and Well-Being 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, prevalence 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 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." Mortality rates from heart disease, lung cancer, and breast cancer were set according to national goals for the year 2010, as determined by the U.S. Department of Health and Human Services under the Healthy People 2010 program (U.S. Department of Health and Human Services, Public Health Service, 2000). For heart disease and breast cancer, this entailed a 20 percent decrease from the national number. For lung cancer, it entailed a 22 percent decrease from the national number. For incidence of diabetes, chlamydia and AIDS and mortality from suicide, the Healthy People 2010 goals are to achieve levels that are "better than the best," and thus the ideal score was set at the lowest rate for each indicator among all states. In the absence of national objectives, mean days of poor mental health and mean days of activity limitations were also set at the 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 all women per 100,000 population (in 1996-98). Data are age-adjusted to the 2000 total U.S. population. Source: National Center for Health Statistics, 2001a.

Mortality from Lung Cancer: Average mortality among women from lung cancer per 100,000 population (in 1996-98). Data are age-adjusted to the 2000 U.S. standard population. Source: National Center for Health Statistics, 2001a.

Mortality from Breast Cancer: Average mortality among women from breast cancer per 100,000 population (in 1996-98). Data are age-adjusted to the 2000 U.S. standard population. Source: National Center for Health Statistics, 2001a.

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 2000. 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: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2001.

Incidence of Chlamydia: Average rate of chlamydia among women per 100,000 population (2000). Source: Centers for Disease Control, National Center for HIV, STD, and TB Prevention, Division of STD Prevention, 2001.

Incidence of AIDS: Average incidence of AIDS-indicating diseases among females aged 13 years and older per 100,000 population (in 2000). Source: Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention, 2001.

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 2000. 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: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2001.

Mortality from Suicide: Average annual mortality from suicide among all women per 100,000 population (in 1996-98). Data are age-adjusted to the 2000 total U.S. population. Source: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, 2001.

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 2000. 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: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2001.

Appendix III: Sources for Chart 3.1 (Women's Resources and Rights Checklist)

Violence Against Women

Separate Offense: States are given a "yes" if they classify domestic violence as an offense separate from general assault and battery or otherwise complement assault and battery laws with domestic violence statutes. These laws or provisions provide enhanced penalties for repeat offenders and help ensure equal treatment for victims of domestic violence. Sources: Institute for Law and Justice, 1999, 2000, and 2001.

Domestic Violence Training: Whether the state has adopted a statute requiring police recruits and health care professionals to undergo training about domestic violence. Sources: Family Violence Prevention Fund, 2001; Institute for Law and Justice, 1999, 2000, and 2001.

Insurance Mandates for Domestic Violence Victims: Whether a state has banned insurance companies from denying coverage to victims of domestic violence. Source: Family Violence Prevention Fund, 2001.

Stalking Offense Status: Whether a state classifies a first offense for stalking as a felony. Sources: Institute for Law and Justice, 1999, 2000, and 2001.

Sexual Assault Training: Whether a state has adopted a legislative requirement mandating sexual assault training for police, prosecutors, and health care professionals. Source: Family Violence Prevention Fund, 2001; Institute for Law and Justice, 1999, 2000, and 2001.

Child Support

Single-Mother Households Receiving Child Support or Alimony: A single-mother household is defined as a family headed by an unmarried woman with one or more of her own children (by birth, marriage, or adoption). Such a family is counted as receiving child support or alimony if it received full or partial payment of child support or alimony during the past year (Annie E. Casey Foundation, 2001). Figures are based on an average of data from the Current Population Survey for 1997-99. Source: Annie E. Casey Foundation, 2001.

Cases with Collection: A case is counted as having a collection if as little as one cent is collected during the year. These figures include data on child support for all family types. Source: U.S. Department of Health and Human Services, Administration for Children and Families, 2000b.

Welfare and Poverty Policies

Child Exclusion/Family Caps: Whether a state extends TANF benefits to children born or conceived while a mother receives welfare. Many states have adopted a prohibition on these benefits, sometimes called a "family cap." Sources: Welfare Information Network, 2001; Welfare Information Network, et al., 2001.

Time Limits: States may not use federal funds to assist families with an adult who has received federally funded assistance for 60 months or more. They can set lower time limits, however. States that allow welfare recipients to receive benefits for the maximum allowable time or more are indicated by "yes." Sources: Welfare Information Network, 2001; Welfare Information Network, et al., 2001.

Work Requirements: What constitutes work activities is a contentious issue at both the state and federal levels. State policies concerning these issues continue to evolve and are subject to caseworker discretion. This report uses each state's self-reported policy to identify which states require immediate work activities and which allow recipients time before they lose benefits. Those states that allow at least 24 months are indicated as "yes." To receive the full amount of their block grants, states must demonstrate that a specific portion of their TANF caseload is participating in activities that meet the federal definition of work. In fiscal year 2002, states must demonstrate that 50 percent of their TANF caseload is engaged in work. PRWORA also restricts the amount of a caseload that may be engaged in basic education or vocational training to be counted in the state's work participation figures and allows job training to count as work only for a limited period of time for any individual. Sources: Welfare Information Network, 2001; Welfare Information Network, et al., 2001.

Transitional Child Care: Whether a state extends child care to families moving off welfare beyond a minimum of twelve months. Sources: Center for Law and Social Policy and Center for Budget and Policy Priorities, 2000; Welfare Information Network, 2001; Welfare Information Network, et al., 2001.

Family Violence Provisions in TANF Plans: States can provide exemptions to time limits and other policies to victims of domestic violence under the Family Violence Option. This measure indicates whether a state has opted for certification or adopted other language providing for victims of domestic violence. Source: NOW Legal Defense and Education Fund, 2001.

Earnings Disregards: States are given leeway in determining how much of a low-income worker's earnings to disregard in determining eligibility for welfare recipiency. States that disregard at least 50 percent of low-income workers' earnings are indicated by a "yes." Sources: Welfare Information Network, 2001; Welfare Information Network, et al., 2001.

Size of TANF Benefit: Maximum monthly benefit received by TANF recipient families in a state (for a family of three with two children) in 2001. Sources: Welfare Information Network, 2001; Welfare Information Network, et al., 2001.

Earned Income Tax Credit: Whether a state has implemented a state EITC for low-income families. Source: Johnson, 2001.

Employment/Unemployment Benefits

Minimum Wage: States receive a "yes" if their state minimum wage rate as of January 2002 exceeded the federal rate. According to the Fair Labor Standards Act, the state minimum wage is controlling if it is higher than the federal minimum wage. A federal minimum wage increase was signed into law on August 20, 1996, and raised the federal standard to $5.15 per hour on September 1, 1997. Source: U.S. Department of Labor, 2002.

Temporary Disability Insurance (TDI): In the five states with mandated Temporary Disability Insurance programs (California, Hawaii, New Jersey, New York, and Rhode Island), employees and/or their employers pay a small percentage of the employee's salary into an insurance fund and, in return, employees are provided with partial wage replacement if they become ill or disabled, including by pregnancy and childbirth. Source: Hartmann, et al., 1995.

Access to Unemployment Insurance (UI) for Low-Wage Workers: In order to receive unemployment insurance, potential recipients must meet several eligibility requirements. Two of these are high quarter earnings and base period earnings requirements. The "base period" is a 12-month period preceding the start of a spell of unemployment. This, however, excludes the current calendar quarter and often the previous full calendar quarter (this has serious consequences for low-wage and contingent workers who need to count more recent earnings to qualify). The base period criterion states that the individual must have earned a minimum amount during the base period. The high quarter earnings criterion requires that individuals earn a total reaching a specified threshold amount in one of the quarters within the base period. IWPR research has shown that women are less likely to meet the two earnings requirements than men are. They are more than twice as likely as men to be disqualified from receipt of unemployment insurance benefits because of these requirements (Yoon, Spalter-Roth, and Baldwin, 1995). States typically set eligibility standards for unemployment insurance and can enact policies that are more or less inclusive and more or less generous to claimants. For example, some states have implemented an "alternative base period," allowing the most recent earnings to count to the advantage of the claimant.

Since states have the power to decide who receives unemployment insurance benefits, some states set high requirements, thereby excluding many low earners. A state was scored "yes" if it was relatively generous to low earners, such that base period wages required were less than or equal to $1,300 and high quarter wages required were less than or equal to $800. If the base period wages required were more than $2,000 or if high quarter wages required were more than $1,000, the state was scored "no." "Sometimes" was defined as base period and high quarter wages that fell between the "yes" and "no" ranges. Source: U.S. Department of

Labor, Employment and Training Administration, Unemployment Insurance Service, 2001.

Access to Unemployment Insurance for Part-Time Workers: Only nine states and the District of Columbia allow unemployed workers seeking a part-time position to qualify for unemployment insurance. Source: National Employment Law Project, 2001.

Access to Unemployment Insurance for "Good Cause Quits": Twenty-two states offer unemployment insurance coverage for voluntary quits caused by a variety of circumstances, such as moving with a spouse, harassment on the job, or other situations. The specifics of which circumstances are considered "good cause" differ by state. Source: National Association of Child Advocates, 1998; National Employment Law Project, 2001.

Pay Equity: Pay equity, or comparable worth, remedies are designed to raise the wages of jobs that are undervalued at least partly because of the gender or race of the workers who hold those jobs. States that have these policies within their civil service system are marked as "yes." Source: National Committee on Pay Equity, 1997.

Family Leave Benefits

Proposed Use of Unemployment Insurance for Paid Family Leave: Recent initiatives in several states have advanced the idea of using unemployment insurance to provide benefits during periods of family leave (sometimes known as "Baby UI"). At the federal level, as of August 2000, the Department of Labor allowed states to provide partial wage replacement under the unemployment compensation program on a voluntary, experimental basis to parents who take leave or otherwise leave employment following the birth or adoption of a child. State legislatures must approve plans to use unemployment insurance in this fashion. Source: National Partnership for Women and Families, 2001a; Society for Human Resource Management, 2001.

Temporary Disability Insurance for Family Leave: In three states–Massachusetts, New Jersey, and New York–legislation has been introduced to cover periods of family leave under new or existing mandatory Temporary Disability Insurance programs. In September 2002, California amended its TDI program to include family leave with partial pay for up to six weeks. Source: National Partnership for Women and Families, 2001b.

Sexual Orientation and Gender

Civil Rights Legislation: Whether a state has passed a statute extending anti-discrimination laws to apply to discrimination on the basis of sexual orientation or gender identity. Source: National Gay and Lesbian Task Force Policy Institute, 2001a.

Same-Sex Marriage: Whether a state has avoided adopting a policy–statute, executive order, or other regulation–prohibiting same-sex marriage. Source: National Gay and Lesbian Task Force Policy Institute, 2001c.

Hate Crimes Legislation: Whether a state has established enhanced penalties for crimes perpetrated against victims due to their sexual orientation or gender identity. Source: National Gay and Lesbian Task Force Policy Institute, 2001b.

Reproductive Rights

For information on sources concerning these indicators, please see the section describing the Composite Reproductive Rights Index in Appendix II.

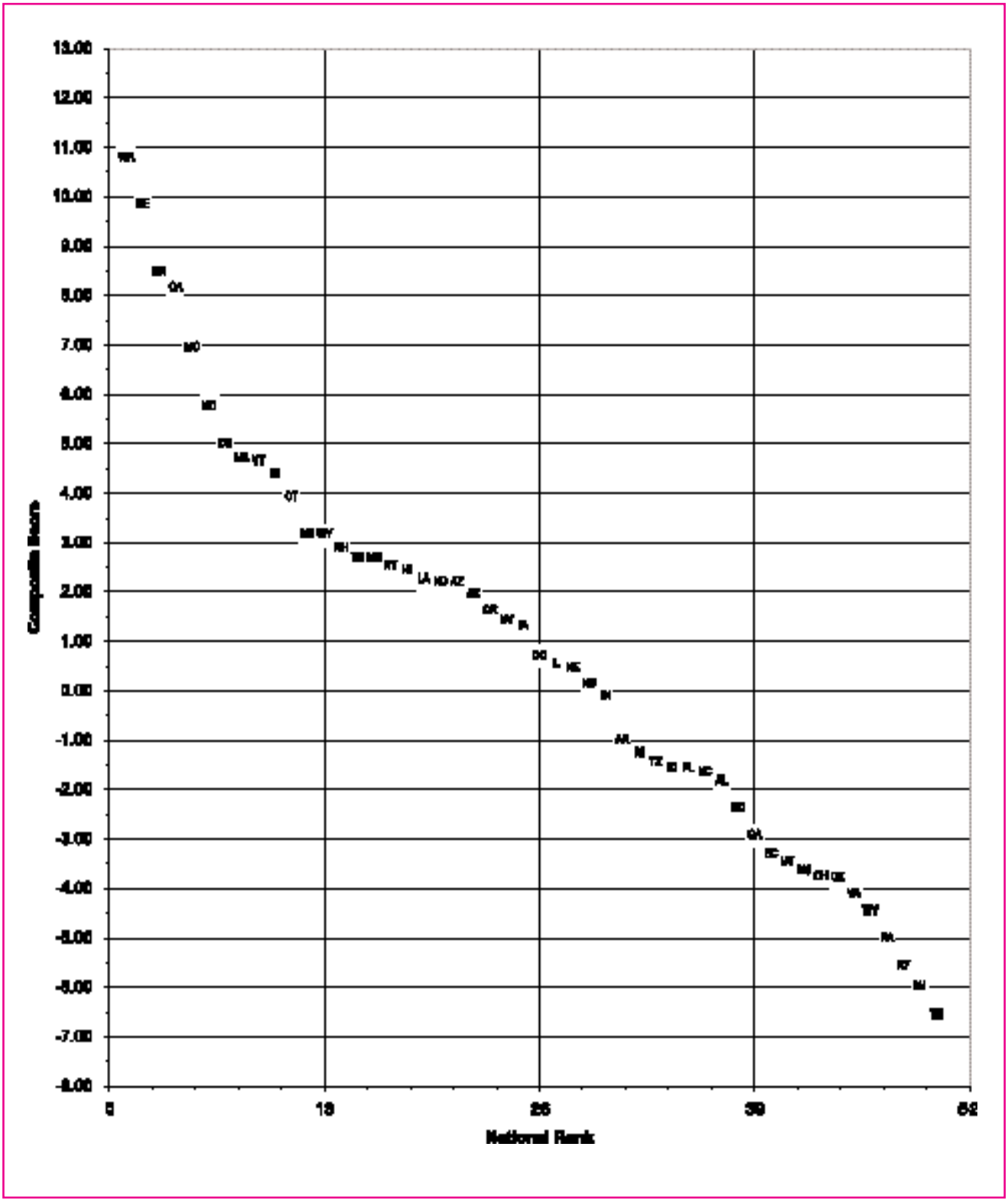
Institutional Resources

For information on sources concerning institutional resources, please see the section on institutional resources within the description of the Composite Political Participation Index in Appendix II.

Appendix IV: State-by-State Rankings on the Composite Indices and Their Components—Political Participation

	Composite Index			Women in Elected Office Composite Index		Percent of Women Registered to Vote, 1998 and 2000		Percent of Women Who Voted, 1998 and 2000		Number of Institutional Resources Available to Women in the State	
State	**Score**	**Rank**	**Grade**	**Score**	**Rank**	**Percent**	**Rank**	**Percent**	**Rank**	**Score**	**Rank**
Alabama	-2.18	37	D	0.94	44	75.0%	5	55.8%	12	1.25	20
Alaska	1.95	22	C	2.08	22	72.8%	12	60.5%	3	0.00	44
Arizona	2.21	21	C	3.33	4	54.2%	47	41.4%	50	0.00	44
Arkansas	-0.98	31	D+	2.03	23	63.9%	37	47.5%	36	0.50	41
California	8.18	4	B	3.87	2	53.6%	48	44.3%	44	2.00	1
Colorado	0.72	26	C-	2.12	21	67.8%	21	53.8%	18	0.25	42
Connecticut	3.93	11	C+	2.62	9	66.8%	27	50.6%	32	1.25	20
Delaware	5.01	7	C+	2.88	6	67.2%	25	51.5%	30	1.00	31
District of Columbia	n/a	n/a	n/a	n/a	n/a	72.0%	n/a	59.4%	n/a	n/a	n/a
Florida	-1.56	35	D	1.52	33	61.8%	44	46.9%	40	2.00	1
Georgia	-2.91	39	D	1.33	38	62.6%	40	43.7%	47	2.00	1
Hawaii	2.44	18	C	2.77	7	51.0%	50	43.9%	46	2.00	1
Idaho	-1.55	34	D	1.55	31	62.9%	39	52.0%	25	1.25	20
Illinois	0.56	27	C-	1.63	28	67.1%	26	52.0%	25	2.00	1
Indiana	-0.08	30	C-	1.55	31	66.8%	27	50.9%	31	2.00	1
Iowa	1.33	25	C	1.60	29	75.3%	4	59.6%	8	1.00	31
Kansas	0.15	29	C-	2.16	19	67.8%	21	51.7%	27	0.00	44
Kentucky	-5.55	48	D-	0.74	49	67.8%	21	49.6%	34	1.00	31
Louisiana	2.28	19	C	1.78	27	74.9%	6	51.7%	27	2.00	1
Maine	9.86	2	B	3.56	3	78.8%	3	60.1%	6	0.00	44
Maryland	5.77	6	B-	2.69	8	65.3%	33	54.2%	16	2.00	1
Massachusetts	4.72	8	C+	2.43	12	68.1%	20	53.2%	22	2.00	1
Michigan	4.40	10	C+	2.38	14	71.9%	13	56.3%	11	1.25	20
Minnesota	8.48	3	B	2.56	11	81.0%	2	67.9%	1	1.25	20
Mississippi	-3.63	42	D-	0.76	48	74.8%	7	52.5%	23	1.25	20
Missouri	6.97	5	B-	2.59	10	74.5%	9	56.5%	10	2.00	1
Montana	3.19	12	C	2.37	16	73.1%	11	59.4%	9	0.00	44
Nebraska	0.48	28	C-	1.57	30	71.9%	13	53.9%	17	1.50	16
Nevada	1.42	24	C	2.92	5	51.6%	49	41.8%	48	1.00	31
New Hampshire	2.89	14	C	2.37	16	67.5%	24	53.3%	21	1.00	31
New Jersey	-5.95	49	F	0.94	44	63.1%	38	45.3%	41	1.00	31
New Mexico	2.71	16	C	2.38	14	62.4%	41	51.7%	27	1.50	16
New York	2.55	17	C	2.41	13	59.8%	46	47.5%	36	2.00	1
North Carolina	-1.63	36	D	1.38	35	65.9%	32	47.0%	39	2.00	1
North Dakota	2.22	20	C	1.13	40	91.1%	1	63.3%	2	1.25	20
Ohio	-3.75	43	D-	1.36	36	66.3%	30	52.5%	23	0.00	44
Oklahoma	-3.76	44	D-	1.12	42	66.6%	29	48.1%	35	1.25	20
Oregon	1.63	23	C	1.88	25	69.9%	16	55.6%	13	1.25	20
Pennsylvania	-5.01	47	D-	0.93	46	62.3%	42	47.3%	38	1.50	16
Rhode Island	-1.25	32	D	1.13	40	68.3%	18	54.9%	15	2.00	1
South Carolina	-3.29	40	D-	0.60	50	71.2%	15	55.6%	13	2.00	1
South Dakota	-2.37	38	D	1.52	33	69.7%	17	53.4%	19	0.00	44
Tennessee	-6.55	50	F	0.80	47	64.2%	36	44.7%	42	1.00	31
Texas	-1.44	33	D	2.03	23	62.1%	43	41.7%	49	1.00	31
Utah	-3.45	41	D-	1.35	37	61.6%	45	49.7%	33	1.00	31
Vermont	4.66	9	C+	2.17	18	73.8%	10	60.1%	6	1.50	16
Virginia	-4.09	45	D-	1.01	43	64.5%	34	44.3%	44	2.00	1
Washington	10.80	1	B	4.28	1	66.0%	31	53.4%	19	0.25	42
West Virginia	-4.44	46	D-	1.17	39	64.4%	35	44.4%	43	1.25	20
Wisconsin	2.71	15	C	1.81	26	74.6%	8	60.2%	5	1.25	20
Wyoming	3.16	13	C	2.16	19	68.2%	19	60.3%	4	1.00	31
United States				**1.89**		**64.6%**		**49.3%**		**1.25**	**(median)**

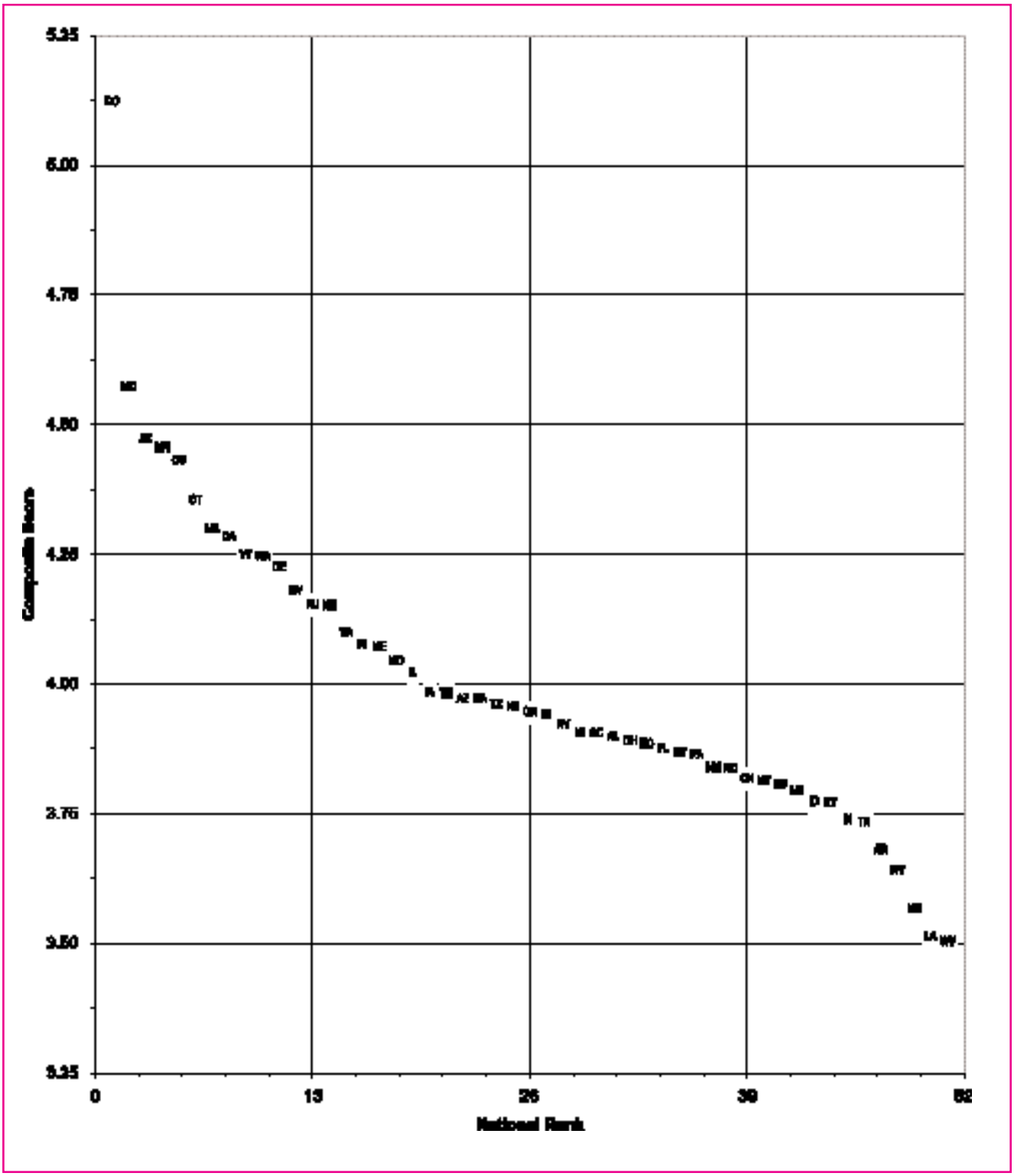
Appendix IV: State-by-State Rankings on the Composite Indices—Political Participation



Appendix IV: State-by-State Rankings on the Composite Indices and Their Components—Employment and Earnings

	Composite Index			Median Annual Earnings Full-Time, Year-Round for Employed Women		Earnings Ratio between Full-Time, Year-Round Employed Women and Men		Percent of Women in the Labor Force		Percent of Employed Women, Managerial or Professional Occupations	
State	**Score**	**Rank**	**Grade**	**Dollars**	**Rank**	**Percent**	**Rank**	**Percent**	**Rank**	**Percent**	**Rank**
Alabama	3.90	30	C	$25,850	25	76.5%	11	56.9%	45	30.3%	30
Alaska	4.47	3	B	$31,680	2	76.9%	7	67.8%	4	35.7%	6
Arizona	3.97	22	C+	$26,400	20	78.8%	5	56.6%	46	31.1%	26
Arkansas	3.68	47	D-	$22,176	45	74.0%	20	56.1%	47	29.2%	40
California	4.28	8	B	$29,986	10	81.1%	2	59.1%	37	34.5%	12
Colorado	4.43	5	B	$29,568	11	75.3%	16	65.5%	10	38.9%	3
Connecticut	4.35	6	B	$31,680	2	69.6%	41	62.9%	22	37.8%	4
Delaware	4.23	11	B-	$29,568	11	80.0%	4	63.8%	18	31.1%	26
District of Columbia	5.12	1	A-	$35,776	1	89.2%	1	64.7%	13	48.0%	1
Florida	3.88	33	C-	$25,850	25	78.3%	6	55.7%	49	29.4%	38
Georgia	3.97	22	C+	$25,344	30	72.4%	25	63.3%	19	31.6%	23
Hawaii	3.94	27	C	$26,400	20	72.1%	27	62.6%	24	29.8%	33
Idaho	3.77	43	D	$24,000	40	75.8%	14	61.9%	27	26.1%	51
Illinois	4.02	19	C+	$28,000	14	69.4%	42	63.1%	20	31.5%	24
Indiana	3.74	45	D	$25,000	34	67.6%	47	59.8%	34	28.5%	44
Iowa	3.98	20	C+	$25,340	33	74.1%	19	65.7%	8	30.0%	32
Kansas	3.96	24	C+	$25,344	30	72.4%	25	65.7%	8	29.8%	33
Kentucky	3.77	43	D	$24,288	39	71.4%	32	57.9%	40	29.7%	36
Louisiana	3.51	50	F	$22,176	45	65.2%	50	54.2%	50	28.7%	42
Maine	4.07	17	C+	$25,850	25	76.0%	13	63.9%	17	32.3%	19
Maryland	4.57	2	B+	$31,680	2	76.6%	9	64.3%	14	41.0%	2
Massachusetts	4.30	7	B	$30,264	7	75.4%	15	61.4%	30	35.9%	5
Michigan	3.91	29	C	$28,000	14	67.7%	45	61.5%	29	29.4%	38
Minnesota	4.46	4	B	$30,659	6	76.6%	9	70.3%	1	35.2%	9
Mississippi	3.57	49	F	$21,714	49	68.5%	44	57.0%	44	28.0%	46
Missouri	4.04	18	C+	$26,400	20	72.9%	23	64.3%	14	31.9%	20
Montana	3.81	40	D+	$21,500	51	70.5%	35	64.3%	14	31.4%	25
Nebraska	3.79	42	D+	$23,232	41	70.2%	36	69.0%	2	26.3%	50
Nevada	3.92	28	C	$26,400	20	76.1%	12	63.0%	21	27.3%	48
New Hampshire	4.15	13	B-	$27,918	17	71.5%	30	66.7%	7	32.9%	15
New Jersey	4.15	13	B-	$31,020	5	69.8%	39	58.4%	39	34.4%	13
New Mexico	3.84	37	D+	$23,086	43	72.1%	27	57.2%	42	33.4%	14
New York	4.18	12	B-	$30,000	9	76.8%	8	56.1%	47	34.6%	11
North Carolina	3.88	33	C-	$24,816	37	73.0%	22	61.6%	28	30.1%	31
North Dakota	3.84	37	D+	$21,714	49	72.0%	29	67.0%	6	29.8%	33
Ohio	3.89	32	C-	$26,717	19	66.8%	48	60.9%	32	31.1%	26
Oklahoma	3.82	39	D+	$25,000	34	74.9%	17	57.3%	41	29.2%	40
Oregon	3.95	26	C	$25,850	25	68.8%	43	62.2%	26	32.4%	17
Pennsylvania	3.86	36	C-	$26,884	18	70.1%	37	57.1%	43	30.6%	29
Rhode Island	4.08	16	C+	$29,568	11	71.5%	30	60.6%	33	31.8%	22
South Carolina	3.90	30	C	$24,816	37	70.9%	33	59.5%	35	32.8%	16
South Dakota	3.81	40	D+	$22,000	48	70.9%	33	67.7%	5	28.6%	43
Tennessee	3.73	46	D	$23,232	41	73.3%	21	59.1%	37	28.3%	45
Texas	3.96	24	C+	$25,344	30	74.5%	18	59.4%	36	32.4%	17
Utah	3.87	35	C-	$25,000	34	65.8%	49	62.7%	23	31.9%	20
Vermont	4.25	9	B	$25,747	29	80.5%	3	65.3%	11	35.4%	8
Virginia	4.10	15	C+	$28,000	14	67.7%	45	61.3%	31	35.7%	6
Washington	4.25	9	B	$30,096	8	72.8%	24	62.6%	24	35.0%	10
West Virginia	3.50	51	F	$22,176	45	70.0%	38	51.3%	51	27.8%	47
Wisconsin	3.98	20	C+	$26,000	24	69.8%	39	68.3%	3	29.6%	37
Wyoming	3.64	48	F	$22,541	44	64.4%	51	65.1%	12	26.9%	49
United States	**4.00**			**$26,884**		**72.7%**		**60.2%**		**32.2%**	

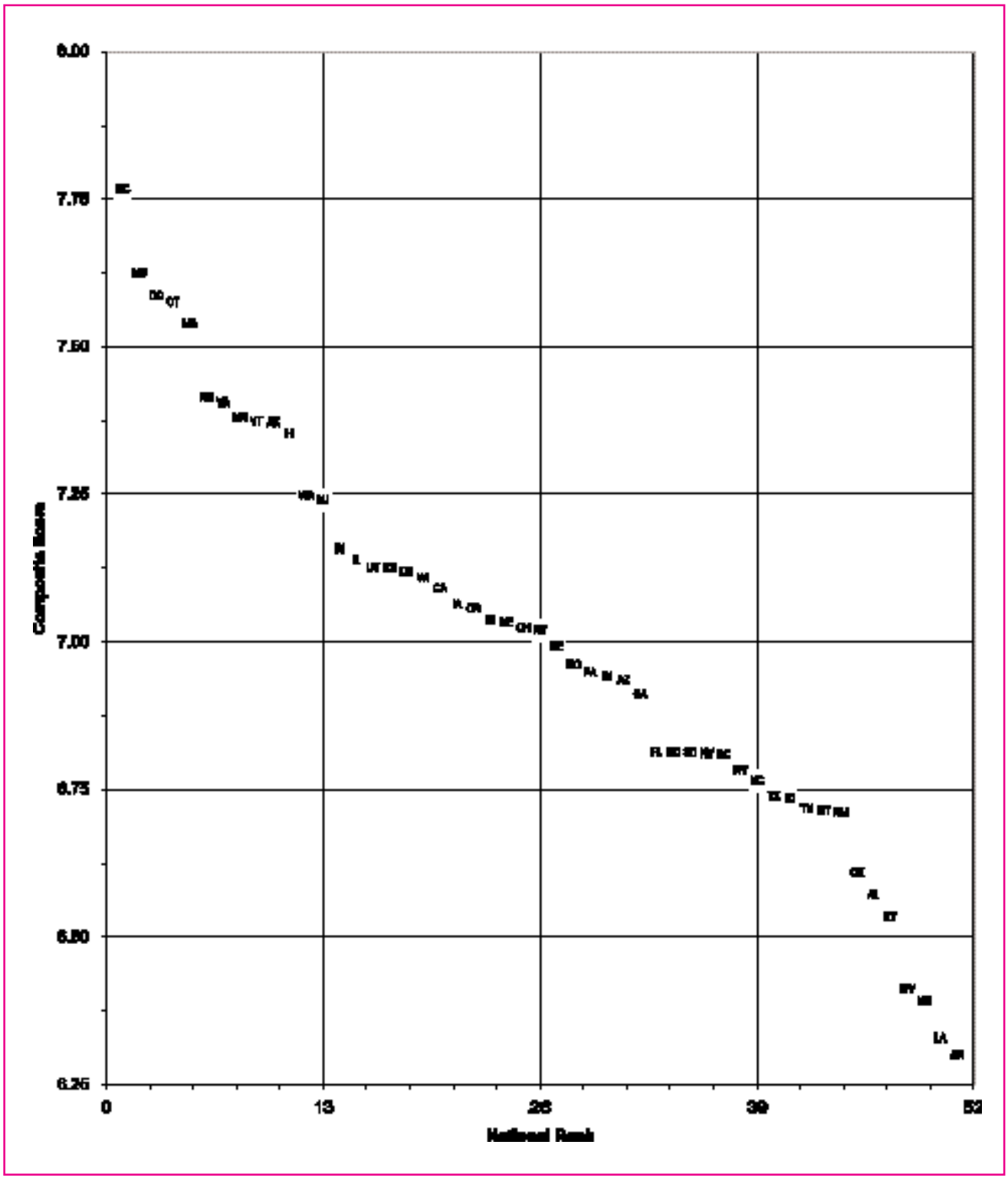
Appendix IV: State-by-State Rankings on the Composite Indices—Employment and Earnings



Appendix IV: State-by-State Rankings on the Composite Indices and Their Components—Social and Economic Autonomy

	Composite Index			Percent of Women with Health Insurance		Percent of Women with Four or More Years of College		Percent of Businesses that are Women-Owned		Percent of Women Living above Poverty	
State	Score	Rank	Grade	Percent	Rank	Percent	Rank	Percent	Rank	Percent	Rank
Alabama	6.57	46	D-	83.8%	30	13.5%	45	24.4%	33	85.1%	43
Alaska	7.37	9	B-	81.5%	39	22.2%	7	25.9%	18	91.1%	11
Arizona	6.93	31	C-	80.8%	44	17.2%	25	27.0%	13	87.1%	35
Arkansas	6.30	51	F	81.3%	42	11.9%	50	22.0%	50	83.6%	46
California	7.09	20	C+	79.1%	47	20.1%	13	27.3%	9	87.0%	37
Colorado	7.59	3	B	84.4%	28	23.5%	4	28.0%	4	91.7%	6
Connecticut	7.57	4	B	89.7%	7	23.8%	3	25.5%	24	91.8%	4
Delaware	7.12	16	C+	85.9%	24	18.7%	16	24.1%	36	90.2%	15
District of Columbia	7.77	1	B+	88.9%	10	30.6%	1	30.9%	1	83.2%	47
Florida	6.81	33	D+	79.6%	45	15.1%	36	25.9%	18	88.1%	31
Georgia	6.91	32	C-	83.4%	31	16.8%	27	25.6%	22	87.4%	32
Hawaii	7.35	11	B-	88.6%	11	20.9%	11	27.5%	6	89.1%	26
Idaho	6.73	41	D	83.0%	33	14.6%	41	23.5%	45	88.2%	30
Illinois	7.14	15	C+	83.3%	32	18.4%	17	27.2%	10	89.2%	24
Indiana	6.94	30	C-	87.2%	18	13.4%	46	25.9%	18	91.2%	10
Iowa	7.06	21	C	88.4%	12	15.0%	38	25.3%	25	92.0%	2
Kansas	7.12	16	C+	86.7%	22	18.4%	17	25.6%	22	89.2%	24
Kentucky	6.53	47	D-	81.4%	41	12.2%	49	23.4%	46	87.2%	34
Louisiana	6.33	50	F	76.8%	48	14.5%	42	23.9%	41	80.7%	51
Maine	7.03	24	C	87.0%	20	17.2%	25	24.0%	38	90.1%	16
Maryland	7.63	2	B	87.8%	15	23.1%	6	28.9%	3	91.3%	8
Massachusetts	7.54	5	B	90.1%	5	24.1%	2	26.6%	14	89.6%	20
Michigan	7.04	23	C	88.0%	14	15.1%	36	27.2%	10	89.8%	18
Minnesota	7.38	8	B-	91.4%	3	19.2%	15	26.4%	15	92.0%	2
Mississippi	6.39	49	F	81.5%	39	13.3%	47	22.8%	47	83.2%	47
Missouri	6.96	28	C-	87.2%	18	15.2%	35	25.2%	26	89.9%	17
Montana	6.71	43	D	79.3%	46	18.0%	20	23.9%	41	84.1%	45
Nebraska	6.99	27	C-	89.7%	7	16.7%	28	24.1%	36	89.0%	27
Nevada	6.81	33	D+	82.4%	36	12.8%	48	25.7%	21	90.4%	14
New Hampshire	7.41	6	B-	92.2%	2	21.1%	9	23.6%	44	92.5%	1
New Jersey	7.24	13	B-	83.0%	33	21.0%	10	23.7%	43	91.1%	11
New Mexico	6.71	43	D	70.7%	51	17.8%	22	29.4%	2	82.0%	50
New York	7.02	25	C	81.7%	38	20.7%	12	26.1%	17	85.1%	43
North Carolina	6.76	39	D+	84.7%	27	15.7%	32	24.5%	32	86.1%	41
North Dakota	6.81	33	D+	86.0%	23	16.7%	28	22.5%	49	87.4%	32
Ohio	7.02	25	C	87.5%	17	14.4%	43	26.2%	16	91.3%	8
Oklahoma	6.61	45	D-	76.5%	49	15.0%	38	24.0%	38	86.2%	40
Oregon	7.06	21	C	84.8%	26	18.1%	19	27.6%	5	86.9%	38
Pennsylvania	6.95	29	C-	89.9%	6	15.3%	34	24.2%	35	89.5%	21
Rhode Island	7.16	14	C+	94.0%	1	18.0%	20	24.6%	31	89.4%	23
South Carolina	6.81	33	D+	89.1%	9	14.7%	40	24.7%	30	87.1%	35
South Dakota	6.81	33	D+	86.8%	21	15.5%	33	21.5%	51	89.5%	21
Tennessee	6.72	42	D	87.8%	15	14.0%	44	24.0%	38	86.9%	38
Texas	6.74	40	D	75.8%	50	17.4%	24	25.0%	28	85.4%	42
Utah	7.12	16	C+	85.5%	25	17.5%	23	24.8%	29	91.4%	7
Vermont	7.37	9	B-	88.2%	13	23.2%	5	25.2%	26	88.7%	28
Virginia	7.40	7	B-	84.3%	29	21.3%	8	27.5%	6	90.8%	13
Washington	7.25	12	B-	82.8%	35	19.7%	14	27.5%	6	89.7%	19
West Virginia	6.41	48	F	81.3%	42	10.9%	51	27.1%	12	83.2%	47
Wisconsin	7.11	19	C+	91.4%	3	16.0%	31	24.4%	33	91.8%	4
Wyoming	6.78	38	D+	81.9%	37	16.1%	30	22.6%	48	88.4%	29
United States	**7.00**			**83.4%**		**17.6%**		**26.0%**		**88.0%**	

Appendix IV: State-by-State Rankings on the Composite Indices—Social and Economic Autonomy

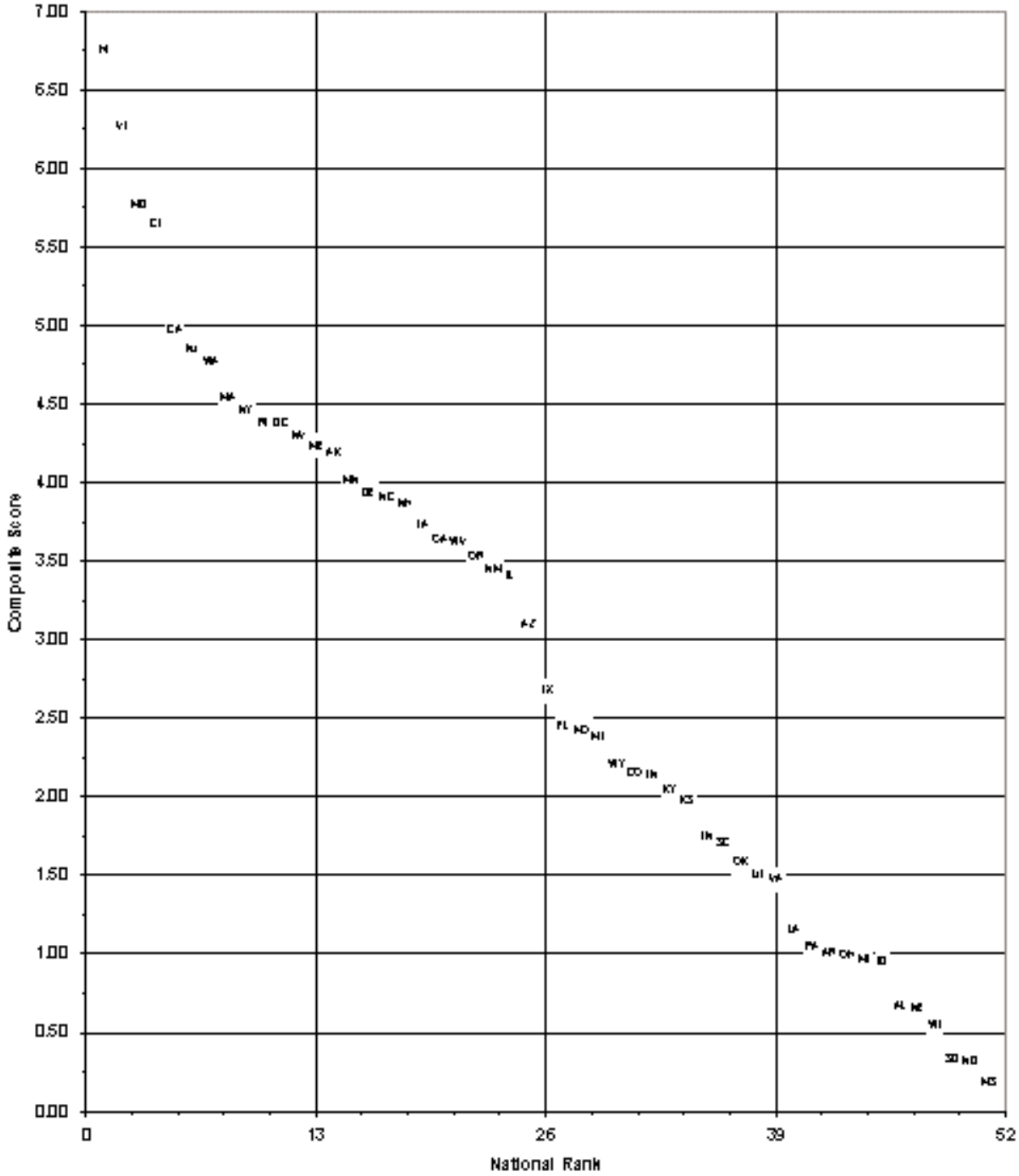


Appendix IV: State-by-State Rankings on the Composite Indices and Their Components—Reproductive Rights

	Composite Index			Parental Consent/ Notification	Waiting Period	Public Funding	Percent of Women Living in Counties with Providers	Contraceptive Coverage	Pro-Choice Government	Infertility	Second-Parent Adoption	Mandatory Sex Education
State	Score	Rank	Grade	Score	Score	Score	Percent	Score	Score	Score	Score	Score
Alabama	0.67	46	F	0	0	0	42%	0.0	0.00	0.0	0.50	0
Alaska	4.19	14	B	0*	1	1	77%	0.0	0.67	0.0	0.50	1
Arizona	3.10	25	C+	0*	1	0	81%	1.0	0.67	0.0	0.25	0
Arkansas	1.01	42	F	0	0	0	22%	0.0	0.17	1.0	0.25	0
California	4.97	5	B+	0*	1	1	97%	1.0	1.00	0.5	0.50	0
Colorado	2.16	31	C-	0*	1	0	66%	0.5	0.50	0.0	0.00	0
Connecticut	5.65	4	A-	1	1	1	90%	1.0	1.00	0.5	1.00	0
Delaware	3.93	16	B-	0	0*	0	85%	1.0	0.83	0.0	0.50	1
Dist.Columbia	4.38	10	B	1	1	0	100%	0.0	1.00	0.0	0.75	1
Florida	2.45	27	C	0*	1	0	78%	0.0	0.17	0.0	0.00	1
Georgia	3.64	20	B-	0	1	0	51%	1.0	0.50	0.0	0.25	1
Hawaii	6.75	1	A	1	1	1	100%	1.0	1.00	1.0	0.50	1
Idaho	0.96	45	F	0	0	0	33%	0.5	0.00	0.0	0.25	0
Illinois	3.41	24	C+	0*	1	0	70%	0.0	0.33	1.0	0.75	1
Indiana	2.14	32	C-	0	0	1	39%	0.0	0.50	0.0	0.50	0
Iowa	3.73	19	B-	0	1	0	31%	1.0	0.67	0.0	0.50	1
Kansas	1.98	34	D+	0	0	0	52%	0.0	0.33	0.0	0.25	1
Kentucky	2.04	33	D+	0	0	0	25%	0.5	0.17	0.0	0.25	1
Louisiana	1.15	40	D-	0	0	0	40%	0.0	0.00	1.0	0.50	0
Maine	4.24	13	B	0	1	0	61%	1.0	1.00	0.0	0.25	1
Maryland	5.77	3	A-	0	1	1	85%	1.0	0.67	1.0	0.50	1
Massachusetts	4.54	8	B	0	0*	1	100%	1.0	0.67	1.0	0.75	0
Michigan	0.97	44	F	0	0	0	72%	0.0	0.00	0.0	0.50	0
Minnesota	4.01	15	B-	0	1	1	43%	0.5	0.33	0.0	0.50	1
Mississippi	0.18	51	F	0	0	0	18%	0.0	0.00	0.0	0.00	0
Missouri	2.43	28	C	0	1	0	47%	1.0	0.33	0.0	0.25	0
Montana	2.38	29	C	0*	0*	1	59%	0.0	0.17	1.0	0.25	0
Nebraska	0.66	47	F	0	0	0	53%	0.0	0.00	0.0	0.25	0
Nevada	4.30	12	B	0*	1	0	88%	1.0	0.67	0.0	0.50	1
New Hampshire	3.87	18	B-	1	1	0	74%	1.0	1.00	0.0	0.25	0
New Jersey	4.85	6	B+	0*	1	1	97%	0.5	0.50	0.0	0.75	1
New Mexico	3.45	23	C+	0*	1	1	53%	1.0	0.17	0.0	0.50	0
New York	4.46	9	B	1	1	1	92%	0.0	0.67	1.0	0.75	0
North Carolina	3.90	17	B-	0	1	0	61%	1.0	0.67	0.0	0.25	1
North Dakota	0.33	50	F	0	0	0	20%	0.0	0.00	0.0	0.25	0
Ohio	1.00	43	F	0	0	0	50%	0.0	0.00	1.0	0.00	0
Oklahoma	1.59	37	D	0	1	0	46%	0.5	0.00	0.0	0.25	0
Oregon	3.54	22	B-	1	1	1	62%	0.0	0.67	0.0	0.50	0
Pennsylvania	1.08	41	F	0	0	0	63%	0.0	0.17	0.0	0.50	0
Rhode Island	4.38	10	B	0	1	0	63%	1.0	0.50	1.0	0.50	1
South Carolina	1.71	36	D	0	0	0	42%	0.0	0.17	0.0	0.25	1
South Dakota	0.34	49	F	0	0	0	21%	0.0	0.00	0.0	0.25	0
Tennessee	1.75	35	D	0	0*	0	46%	0.0	0.17	0.0	0.25	1
Texas	2.68	26	C	0	1	0	68%	1.0	0.00	0.5	0.50	0
Utah	1.51	38	D	0	0	0	51%	0.0	0.00	0.0	0.00	1
Vermont	6.27	2	A-	1	1	1	77%	1.0	1.00	0.0	1.00	1
Virginia	1.48	39	D	0	0	0	52%	0.5	0.33	0.0	0.25	0
Washington	4.77	7	B+	1	1	1	85%	1.0	0.67	0.0	0.50	0
West Virginia	3.62	21	B-	0	1	1	16%	0.0	0.33	1.0	0.25	1
Wisconsin	0.55	48	F	0	0	0	38%	0.0	0.17	0.0	0.00	0
Wyoming	2.21	30	C-	0	1	0	25%	0.0	0.33	0.0	0.25	1

** Indicates the legislation is not enforced but remains part of the statutory code.*

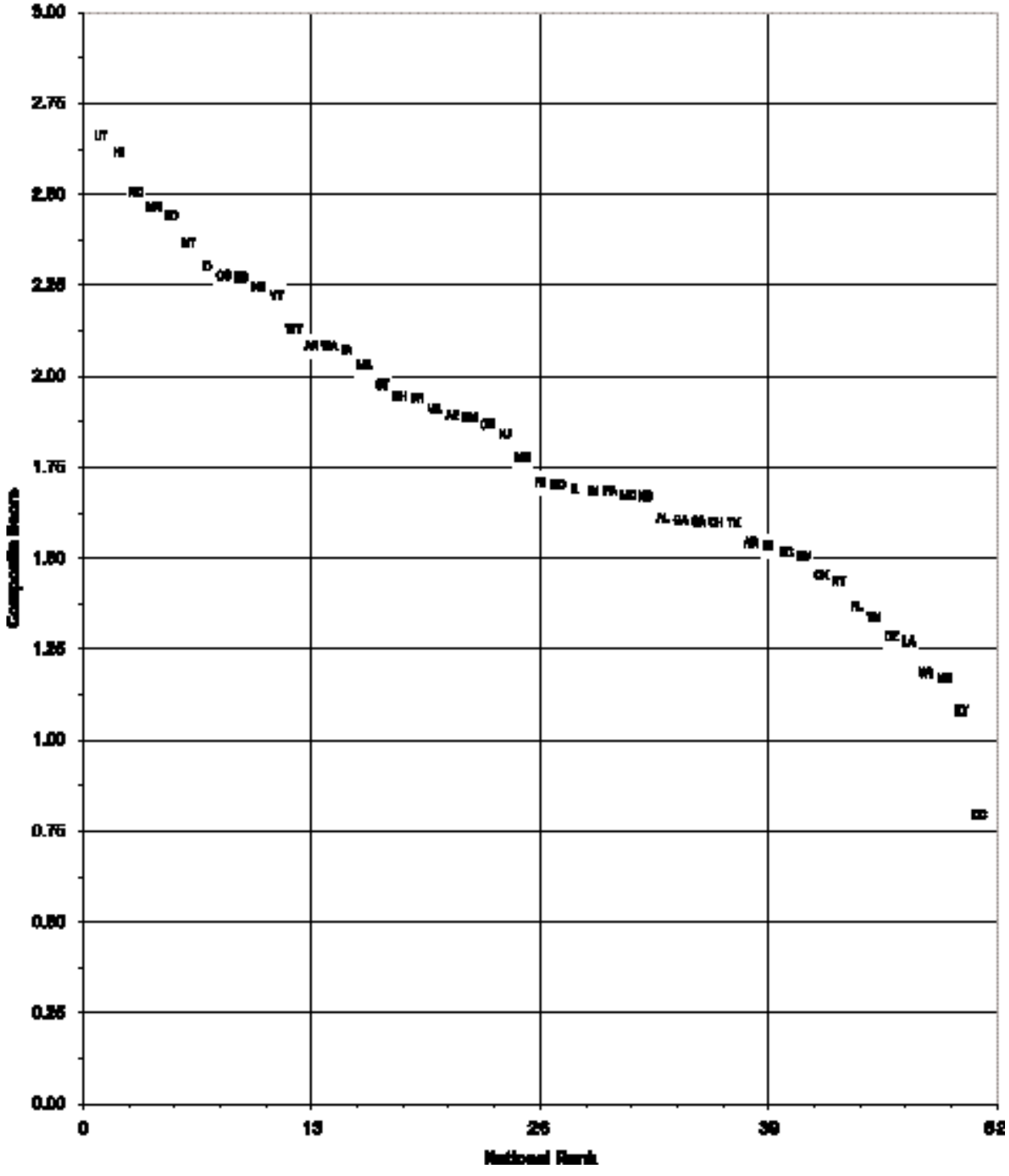
Appendix IV: State-by-State Rankings on the Composite Indices—Reproductive Rights



Appendix IV: State-by-State Rankings on the Composite Indices and Their Components—Health and Well-Being

	Composite Index			Heart Disease Mortality		Lung Cancer Mortality		Breast Cancer Mortality		Incidence of Diabetes		Incidence of Chlamydia		Incidence of AIDS		Poor Mental Health		Suicide Mortality		Limited Activities	
State	**Score**	**Rank**	**Grade**	**Rate**	**Rank**	**Rate**	**Rank**	**Rate**	**Rank**	**Percent**	**Rank**	**Rate**	**Rank**	**Rate**	**Rank**	**Days**	**Rank**	**Rate**	**Rank**	**Days**	**Rank**
Alabama	1.61	33	C-	130.5	17	38.7	16	26.9	13	7.4%	44	604.9	47	5.8	33	4.1	38	4.7	29	4.4	45
Alaska	2.08	13	B-	91.5	1	45.9	42	25.5	6	4.0%	1	632.8	49	2.6	20	3.7	21	8.4	50	2.9	5
Arizona	1.89	21	C+	138.6	21	38.8	17	25.7	7	5.8%	23	414.6	33	3.1	24	3.2	9	6.5	49	3.7	32
Arkansas	1.54	38	D+	160.9	32	43.6	33	26.6	10	6.3%	33	380.4	27	4.0	28	4.2	41	4.8	31	4.4	45
California	1.60	34	C-	164.6	36	39.1	19	27.2	17	6.1%	29	435.7	37	4.6	29	3.9	30	4.9	35	4.2	41
Colorado	2.27	8	B	112.6	6	31.3	3	23.6	2	4.1%	3	427.7	34	1.6	12	3.8	24	6.2	45	3.5	26
Connecticut	1.97	17	B-	144.9	24	41.5	26	30.1	39	5.1%	9	369.3	26	16.0	45	3.4	12	3.2	5	3.2	14
Delaware	1.28	46	D	166.0	39	50.2	48	33.5	50	5.6%	20	586.4	45	19.4	47	3.8	24	3.6	11	4.3	43
Dist. Columbia	0.79	51	F	137.2	19	41.4	25	40.4	51	8.2%	50	1009.5	51	87.8	51	4.2	41	3.1	4	3.6	29
Florida	1.37	44	D	162.0	35	43.8	34	27.1	14	6.9%	41	354.2	21	21.3	49	3.7	21	6.0	43	4.5	48
Georgia	1.60	34	C-	143.5	23	39.3	20	28.5	31	7.5%	46	602.1	46	9.6	40	4.0	32	4.2	20	3.8	35
Hawaii	2.62	2	A-	94.2	2	29.0	2	19.9	1	4.7%	7	464.6	41	2.8	22	2.7	1	5.1	38	3.3	18
Idaho	2.30	7	B	115.6	7	33.5	8	26.3	9	5.1%	9	228.8	8	0.2	2	4.2	41	5.1	38	3.2	14
Illinois	1.69	28	C	166.5	40	41.6	27	31.0	45	6.8%	40	407.6	29	8.0	37	3.5	14	3.2	5	3.5	26
Indiana	1.68	29	C	160.1	30	45.3	39	29.7	38	6.5%	35	358.4	23	2.6	20	4.1	38	4.2	20	3.4	23
Iowa	2.07	15	B-	161.6	34	36.5	11	28.0	26	6.1%	29	304.3	14	1.2	6	2.9	3	4.1	17	2.9	5
Kansas	2.27	8	B	126.1	13	38.3	13	26.2	8	5.5%	18	368.7	24	2.0	16	3.4	12	4.1	17	2.8	3
Kentucky	1.08	50	F	165.4	38	52.9	50	28.0	26	6.1%	29	317.4	16	2.4	18	5.3	51	4.2	20	6.1	51
Louisiana	1.27	47	D	160.8	31	45.0	37	30.5	42	7.5%	46	621.6	48	10.1	41	3.6	19	4.8	31	4.5	48
Maine	1.78	25	C+	148.7	25	50.2	48	27.8	23	5.5%	18	178.1	4	1.3	8	3.7	21	4.5	25	4.2	41
Maryland	1.67	31	C	157.9	29	46.3	44	31.5	46	5.8%	23	455.1	39	20.2	48	3.5	14	3.6	11	3.2	14
Massachusetts	2.03	16	B-	128.5	16	44.5	35	30.2	41	5.6%	20	264.4	11	11.9	43	3.8	24	3.2	5	3.3	18
Michigan	1.53	39	D+	182.8	47	42.7	30	28.9	36	6.7%	37	412.8	32	4.8	30	4.5	50	3.6	11	3.4	23
Minnesota	2.46	4	B+	97.8	3	35.6	9	27.6	20	5.1%	9	241.7	9	1.8	14	3.2	9	3.5	9	3.6	29
Mississippi	1.17	49	D-	182.6	46	40.0	21	28.6	33	8.2%	50	763.2	50	11.3	42	4.2	41	4.5	25	3.9	37
Missouri	1.70	27	C	177.2	44	45.7	41	27.9	24	5.9%	26	408.9	30	3.5	26	3.8	24	4.9	35	2.8	3
Montana	2.36	6	B	101.0	5	40.5	24	25.2	5	5.3%	15	247.1	10	0.0	1	3.0	5	6.4	48	3.1	10
Nebraska	2.25	10	B	120.3	9	33.2	7	27.7	22	4.5%	5	354.5	22	2.9	23	3.0	5	4.1	17	4.0	38
Nevada	1.50	41	D+	141.3	22	56.3	51	27.1	14	4.8%	8	351.7	20	6.2	34	4.2	41	9.2	51	3.5	26
New Hampshire	1.94	18	B-	161.0	33	47.7	46	30.1	39	4.0%	1	145.7	2	1.2	6	3.1	8	5.6	40	3.3	18
New Jersey	1.84	24	C+	173.6	43	42.9	31	32.6	49	5.4%	16	226.0	7	17.1	46	3.5	14	2.9	3	2.9	5
New Mexico	1.88	22	C+	124.4	12	31.9	5	26.7	12	6.7%	37	471.9	42	1.3	8	4.4	48	6.3	46	3.6	29
New York	1.44	43	D+	216.9	51	38.3	13	31.7	48	6.0%	27	285.7	13	23.4	50	3.8	24	2.8	1	3.4	23
North Carolina	1.67	31	C	153.9	27	39.0	18	28.6	33	6.7%	37	472.6	43	5.6	32	3.5	14	4.6	28	4.0	38
North Dakota	2.50	3	B+	120.9	10	31.7	4	28.0	26	5.2%	12	208.2	6	0.4	4	2.9	3	3.5	9	3.0	9
Ohio	1.60	34	C-	169.7	42	45.0	37	30.5	42	6.3%	33	431.7	35	2.2	17	4.0	32	3.4	8	3.7	32
Oklahoma	1.45	42	D+	184.5	48	44.5	35	27.5	19	6.0%	27	448.9	38	3.8	27	2.7	1	5.9	41	4.3	43
Oregon	1.87	23	C+	117.4	8	46.2	43	27.6	20	5.8%	23	309.3	15	1.4	10	4.3	46	6.3	46	3.7	32
Pennsylvania	1.68	29	C	168.6	41	40.3	22	30.8	44	7.4%	44	343.4	18	8.4	39	3.9	30	3.8	15	3.1	10
Rhode Island	1.71	26	C	179.6	45	46.5	45	31.5	46	5.2%	12	382.7	28	5.3	31	3.8	24	2.8	1	3.2	14
South Carolina	1.51	40	D+	155.0	28	38.3	13	27.9	24	7.0%	43	433.7	36	13.8	44	4.0	32	4.8	31	4.4	45
South Dakota	2.44	5	B+	127.7	14	32.1	6	25.0	4	5.4%	16	351.0	19	0.3	3	3.0	5	4.3	23	2.6	1
Tennessee	1.33	45	D	190.2	49	43.3	32	28.5	31	7.6%	48	410.6	31	8.1	38	3.5	14	5.0	37	4.0	38
Texas	1.59	37	C-	165.0	37	40.4	23	26.6	10	6.1%	29	559.4	44	6.4	35	4.1	38	4.4	24	3.8	35
Utah	2.66	1	A-	98.9	4	17.9	1	24.9	3	5.2%	12	150.3	3	1.9	15	4.0	32	6.0	43	2.9	5
Vermont	2.22	11	B	151.5	26	42.1	28	28.4	30	4.1%	3	143.2	1	1.5	11	3.2	9	3.7	14	3.1	10
Virginia	1.91	20	C+	137.8	20	42.2	29	29.4	37	6.9%	41	369.2	25	7.3	36	4.0	32	4.7	29	2.7	2
Washington	2.08	13	B-	123.0	11	45.5	40	27.1	14	5.7%	22	331.1	17	3.2	25	3.6	19	4.8	31	3.1	10
West Virginia	1.18	48	D-	190.2	49	50.1	47	28.6	33	7.6%	48	191.1	5	1.7	13	4.3	46	4.5	25	5.0	50
Wisconsin	1.94	18	C+	132.6	18	37.5	12	27.4	18	6.5%	35	462.6	40	2.4	18	4.4	48	4.0	16	3.3	18
Wyoming	2.13	12	B-	127.8	15	35.9	10	28.1	29	4.6%	6	279.5	12	0.5	5	4.0	32	5.9	41	3.3	18
United States	**1.72**			**161.7**		**41.3**		**28.8**		**5.9%***		**404.0**		**8.7**		**3.8***		**4.4**		**3.5***	

** Median for all 50 states and the District of Columbia.*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13
26
39
52
National Rank

Selected South Carolina Resources

Alliance for Full Acceptance
P.O. Box 22088
Charleston, SC 29413
Tel: (843) 883-0343
info@affa-sc.org
www.affa-sc.org

American Association of University Women, South Carolina
745 Tyson's Forest Drive
Rock Hill, SC 29732
Fax: (704) 529-1010
virginiawolf40@hotmail.com

American Heart Association/American Stroke Association
400 Percival Road
Columbia, SC 29206
Tel: (803) 738-9540
(888) 988-2238
Fax: (803) 787-0804
www.americanheart.org
www.strokeassociation.org

The Best Chance Network
P.O. Box 101106
Columbia, SC 29211
Tel: (803) 545-4106
www.scdhec.net/hs/cancer/bcn/html/

Center for Women
531 Savannah Highway
Charleston, SC 29407
Tel: (843) 763-7333
Fax: (843) 763-3441
c4women@bellsouth.net
www.c4women.org

Charleston NOW
PO Box 22382
Charleston, SC 29413
Tel: (843) 762-6690
charlestonnow@yahoo.com

Commission for Minority Affairs
6904 North Main Street
Suite 107
Columbia, SC 29203
Tel: (803) 333-9621
Fax: (803) 333-9627
www.state.sc.us/cma

The Community Foundation Serving South Carolina
90 Mary Street
Charleston, SC 29403
Tel: (843) 723-3635
Fax: (843) 577-3671
www.communityfoundationsc.org

Eastern Cherokee, Southern Iroquois, and United Tribes
of South Carolina, Inc.
P.O. Box 7062
Columbia, SC 29202
Tel: (803) 699-0446
Fax: (same as above)
www.cherokeesofsouthcarolina.com

Family Service Center of South Carolina
1800 Main Street
Columbia, SC 29202
Tel: (803) 733-5450
(800) 922-5651
Fax: (803) 929-6699
www.fsconline.org

The Free Medical Clinic
P.O. Box 4616
Columbia, SC 29204
Tel: (803) 765-1503
Fax: (803) 779-6178

Girl Scout Council of the Congaree Area, Inc.
3920 Forest Drive
Columbia, SC 29204
Tel: (803) 782-5133
Fax: (803) 782-0410
www.congaree.org

Governor's Commission on Women
1205 Pendleton Street
Suite 366
Columbia, SC 29201
Tel: (803) 73 on Street
Columbia, SC 29204
41973.luz@hispanicconnections.com

The Junior League of Charleston, Inc.
51 Folly Road
Charleston, South Carolina 29407
Tel: (843) 763-5284
www.jlcharleston.org

League of Women Voters of South Carolina
P.O. Box 8453
Columbia, SC 29202
Tel: (803) 929-0890
Fax: (803) 929-0173
www.lwvsc.org

Lowcountry Gay and Lesbian Alliance
P.O. Box 98
Charleston, SC 29402
Tel: (843) 720-8088
www.lgla.org

Mental Health Association, South Carolina
1823 Gadsden Street
Columbia, SC 29201
Tel: (803) 779-5363
Fax: (803) 779-0017
www.mha-sc.org

Mid-State Alzheimer's Association
120 Kaminer Way
Parkway Suite G
Columbia, SC 29202
Tel: (803) 772-3346
Fax: (803) 772-3349
www.scalzheimers.com

My Sister's House, Inc.
P.O. Box 5341
North Charleston, SC 29405
Twenty-Four Hour Crisis Line: (843) 744-3242
Toll Free Crisis Line:
(800) 273- HOPE
Tel: (843) 744-4069
Fax: (843) 747-6592

Office of Women in Higher Education
South Carolina State Network
c/o Sally Boyd, Coordinator
University of South Carolina
937 Assembly Street
Columbia, SC 29208
Tel: (803) 777-8155
Fax: (803) 777-9357

People Against Rape, Inc.
6296 Rivers Ave., Suite 307
North Charleston, SC 29406
Tel: (843)-745-0144
Fax: (843-745-0119

Perfect Fit For Success, Inc.
2700 Middleburg Drive, Suite 238
Columbia, SC 29204
Tel: (803) 254-1372
Fax: (803) 748-9310

Planned Parenthood
of South Carolina, Inc.
2712 Middleburg Drive, Suite 107
Columbia, SC 29204
Tel: (803) 256-2600
Fax: (803) 256-4905
www.plannedparenthoodsc.org

Sistercare, Inc.
P.O. Box 1029
Columbia, SC 29202
Crisis Hotline: (800) 637-7606
www.midnet.sc.edu/sistercare

South Carolina AFL-CIO
254 LaTonea Drive
Columbia, SC 29210
Tel: (803) 798-8300
Fax: (803) 798-2231

South Carolina Coalition Against
Domestic Violence and Sexual Assault
P.O. Box 7776
Columbia, SC 29202
Tel: (803) 256-2900
Tel: (800) 260-9293
Fax: (803) 256-1030
www.sccadvasa.org

South Carolina Department of
Disabilities and Special Needs
P.O. Box 4706
3440 Harden Street Ext.
Columbia, SC 29240
Tel/TTY: (803) 898-9600
Tel: (888) DSN-INFO
Fax: (803) 898-9653
www.state.sc.us/cma

South Carolina Department of Health
and Environmental Control,
Women's Health Program
2600 Bull Street
Columbia, SC 29201
Tel: (803) 898-0351

South Carolina Department
of Social Services
P.O. Box 1520
Columbia, SC 29202-1520
www.state.sc.us/dss/

South Carolina Employment Security
Commission
P. O. Box 995
1550 Gadsden Street
Columbia, SC 29202
www.sces.org

South Carolina Gay and Lesbian Pride
Movement
P.O. Box 12648
Columbia, SC 29211
Tel: (803) 771-7713
info@scglpm.org
www.scglpm.org

South Carolina Human Affairs
Commission
P.O. Box 4490
2611 Forest Drive, Suite 200
Columbia, SC 29204
Tel: (803) 737-7800
TTY: (803) 253-4125
Tel: (800) 521-0725
www.state.sc.us/schac

South Carolina Nurses Association
1821 Gadsden Street
Columbia, SC 29201
Tel: (803) 252-4781
Fax: (803) 779-3870
info@scnurses.org
www.scnurses.org

South Carolina Victim Assistance
Network
1900 Broad River Road,
Suite 200
Columbia, SC 29210
Tel: (803) 750-1200
(888) 852-1900
Fax: (803) 750-3003
www.scvan.org

United Way of the Midlands
1800 Main Street
Columbia, SC 29202
www.uway.org

University of South Carolina Office for
Sexual Health & Violence Prevention
Thomson Student Health Center,
Lower Level
University of South Carolina
Columbia, SC 29208
Tel: (803) 777-7619
Fax: (803) 777-5678
www.sa.sc.edu/sas

Wittershins Bookstore & Café
233 North Main Street, Suite 10
Greenville, SC 29601

Women's Caucus of the South Carolina
House of Representatives
c/o House Clerk's Office
State House
Box 11867
Columbia, SC 29211
Tel: (803) 734-2010

Women's Caucus of the South Carolina
Senate
c/o Senate Clerk's Office
State House
Box 142
Columbia, SC 29202
Tel: (803) 212-6700

Women's Economic Employment
Project
P.O. Box 1937
Hilton Head, SC 29925
Tel: (803) 681-5095

Women's Studies
College of Charleston
67 George Street
Charleston, SC 29424
Tel: (843) 453-5522
Fax: (843) 953-5403
www.cofc.edu/~wstudies

Women's Studies
University of South Carolina
201 Flinn Hall
Columbia, SC 29208
Tel: (803) 777-4007
Fax: (803) 777-9114
www.cla.sc.edu/WOST

Work In Progress
1413 Calhoun Street
Columbia, SC 29201
Tel: (803) 758-0066

YWCA of Greater Charleston, Inc.
106 Coming Street
Charleston, SC 29403-6164
Tel: (843) 722-1644
Fax: (843) 722-4992

YWCA of Greenville
700 Augusta Street
Greenville, SC 29605-3899
Tel: (864) 467-3700
Fax: (864) 467-3722
www.ywcagreenville.org

YWCA of the Midlands
1735 Devonshire Drive
Columbia, SC 29204
Tel: (803) 252-2151
Fax: (803) 252-2577

YWCA of Upper Lowlands, Inc.
246 Church Street
Sumter, SC 29150-4290
Tel: (803) 773-7158
Fax: (803) 773-3851

National Resources

AARP
601 E Street, NW
Washington, DC 20049
Tel: (202) 434-2277
Tel: (800) 424-3410
Fax: (202) 434-7599
www.aarp.org

ACORN
739 8th Street, SE
Washington, DC 20003
Tel: (202) 547-2500
Fax: (202) 546-2483
www.acorn.org

Administration on Aging
U.S. Department of Health and Human Services
330 Independence Avenue, SW
Washington, DC 20201
Tel: (202) 619-7501
Fax: (202) 260-1012
www.aoa.gov

AFL-CIO Civil, Women's,
and Human Rights Department
815 16th Street, NW
Washington, DC 20006
Tel: (202) 637-3000
Fax: (202) 637-5058
www.aflcio.org

African American Women Business Owners Association
3363 Alden Place, NE
Washington, DC 20019
Tel: (202) 399-3645
Fax: (202) 399-3645
aawboa@aol.com
www.blackpgs.com//aawboa

African American Women's Institute
Howard University
P.O. Box 590492
Washington, DC 20059
Tel: (202) 806-4556
Fax: (202) 806-9263
blackwomen@howard.edu
www.aawi.org

Agency for Health Care Research and Quality
U.S. Department of Health and Human Services
2101 E. Jefferson Street
Suite 501
Rockville, MD 20852
Tel: (301) 594-1364
Fax: (301) 594-2283
info@ahrq.gov
www.ahcpr.gov

Alan Guttmacher Institute
1120 Connecticut Avenue, NW
Suite 460
Washington, DC 20036
Tel: (202) 296-4012
Fax: (202) 223-5756
policyinfo@guttmacher.org
www.guttmacher.org

Alzheimer's Association
919 North Michigan Avenue
Suite 1100
Chicago, IL 60611-1676
Tel: (312) 335-8700
Tel: (800) 272-3900
Fax: (312) 335-1110
info@alz.org
www.alz.org

American Association of Black Women Entrepreneurs
P.O. Box 13933
Silver Spring, MD 20911-3933
Tel: (301) 565-0527

American Association of Homes and Services for the Aging
2519 Connecticut Ave, NW
Washington, DC 20008-1520
Tel: (202) 783-2242
Fax: (202) 783-2255
www.aahsa.org

American Association of University Women
1111 16th Street, NW
Washington, DC 20036
Tel: (800) 326-AAUW
TTY: (202) 785-7777
Fax: (202) 872-1425
info@aauw.org
www.aauw.org

AFSCME
American Federation of State, County, and Municipal Employees
1625 L Street, NW
Washington, DC 20036-5687
Tel: (202) 429-1000
TTY: (202) 659-0446
Fax: (202) 429-1923
www.afscme.org

American Medical Association
1101 Vermont Avenue, NW
Washington, DC 20005
Tel: (202) 789-7400
Fax: (202) 789-7485
www.ama-assn.org

American Women's Medical Association
801 Fairfax Street, Suite 400
Alexandria, VA 22314
Tel: (703) 838-0500
Fax: (703) 549-3864
info@amwa-doc.org
www.amwa-doc.org

American Nurses Association
600 Maryland Avenue, SW
Suite 100 West
Washington, DC 20024
Tel: (202) 651-7000
Tel: (800) 274-4ANA
Fax: (202) 651-7001
www.ana.org

American Psychological Association
750 First Street, NE
Washington, DC 20002-4242
Tel: (202) 336-5510
Tel: (800) 374-2721
TTY: (202) 336-6123
Fax: (202) 336-5500
www.apa.org

American Sociological Association
1307 New York Avenue, NW
Suite 700
Washington, DC 20005
Tel: (202) 383-9005
TTY: (202) 872-0486
Fax: (202) 638-0882
executive.office@asanet.org
www.asanet.org

American Women's Economic Development Corporation
216 East 45th Street
10th Floor
New York, NY 10017
Tel: (212) 692-9100
Fax: (212) 692-9296
orgs.womenconnect.com/awed

Asian Women in Business
One West 34th Street
Suite 200
New York, NY 10001
Tel: (212) 868-1368
Fax: (212) 863-1373
info@awib.org
www.awib.org

Association of American Colleges and Universities
1818 R Street, NW
Washington, DC 20009
Tel: (202) 387-3760
Fax: (202) 265-9532
www.aacu-edu.org

Association for Health Services Research
1801 K Street, NW
Suite 701-L
Washington, DC 20006-1301
Tel: (202) 292-6700
Fax: (202) 292-6800
info@ahsrhp.org
www.ahsr.org

Association of Women in Agriculture (AWA)
1909 University Avenue
Madison, WI 53705
Tel: (608) 231-3702
www.sit.wisc.edu/~awa/

Black Women United for Action
6551 Loisdale Court
Suite 222
Springfield, VA 22150
Tel: (703) 922-5757
Fax: (703) 922-7681
www.bwufa.org

Catalyst
120 Wall Street
New York, NY 10005
Tel: (212) 514-7600
Fax: (212) 514-8470
info@catalystwomen.org
www.catalystwomen.org

Catholics for a Free Choice
1436 U Street, NW
Suite 301
Washington, DC 20009-3997
Tel: (202) 986-6093
Fax: (202) 332-7995
cffc@catholicsforchoice.org
www.catholicsforchoice.org

Center for the Advancement of Public Policy
1735 S Street, NW
Washington, DC 20009
Tel: (202) 797-0606
Fax: (202) 265-6245
capp@essential.org
www.capponline.org

Center for American Women and Politics
Rutgers, The State University of New Jersey
191 Ryders Lane
New Brunswick, NJ 08901
Tel: (732) 932-9384
Fax: (732) 932-0014
www.rci.rutgers.edu/~cawp

Center for Law and Social Policy
1015 15th Street, NW
Suite 400
Washington, DC 20005
Tel: (202) 906-8000
Fax: (202) 842-2885
www.clasp.org

Center for Policy Alternatives
1875 Connecticut Avenue, NW
Suite 710
Washington, DC 20009
Tel: (202) 387-6030
Fax: (202) 387-8529
www.cfpa.org

Center for the Prevention of Sexual and Domestic Violence
2400 North 45th Street, #10
Seattle, WA 98103
Tel: (206) 634-1903
Fax: (206) 634-0115
cpsdv@cpsdv.org
www.cpsdv.org

Center for Reproductive Law and Policy
1146 19th Street, NW
Washington, DC 20036
Tel: (202) 530-2975
Fax: (202) 530-2976
info@crlp.org
www.crlp.org

Center for Research on Women
University of Memphis
Clement Hall 339
Memphis, TN 38152-3550
Tel: (901) 678-2770
Fax: (901) 678-3652
crow@memphis.edu
ca.memphis.edu/isc/crow

Center for Women's Business Research
1411 K Street, NW, Suite 1350
Washington, DC 20005-3407
Tel: (202) 638-3060
Fax: (202) 638-3064
www.womensbusinessresearch.org

Center for Women Policy Studies
1211 Connecticut Ave, NW
Suite 312
Washington, DC 20036
Tel: (202) 872-1770
Fax: (202) 296-8962
cwps@centerwomenpolicy.org
www.centerwomenpolicy.org

Center on Budget and Policy Priorities
820 First Street, NE, Suite 510
Washington, DC 20002
Tel: (202) 408-1080
Fax: (202) 408-1056
www.cbpp.org

Centers for Disease Control and Prevention
U.S. Department of Health and Human Services
1600 Clifton Road
Atlanta, GA 30333
Tel: (404) 639-3311
www.cdc.gov/nchs

Child Care Action Campaign
330 Seventh Avenue, 14th Floor
New York, NY 10001
Tel: (212) 239-0138
Fax: (212) 268-6515
www.childcareaction.org

Child Trends, Inc.
4301 Connecticut Avenue, NW
Suite 100
Washington, DC 20008
Tel: (202) 362-5580
Fax: (202) 362-5533
www.childtrends.org

Children's Defense Fund
25 E Street, NW
Washington, DC 20001
Tel: (202) 628-8787
cdfinfo@childrensdefense.org
www.childrensdefense.org

Church Women United
475 Riverside Drive, Suite 1626
New York, NY 10115
Tel: (212) 870-2347
Fax: (212) 870-2338
www.churchwomen.org

Coalition of Labor Union Women
1925 K Street, NW, Suite 402
Washington, DC 20006
Tel: (202) 223-8360
Fax: (202) 776-0537
info@cluw.org
www.cluw.org

Coalition on Human Needs
1120 Connecticut Avenue, NW
Suite 910
Washington, DC 20036
Tel: (202) 223-2532
Fax: (202) 223-2538
chn@chn.org
www.chn.org

Communication Workers of America
501 Third Street, NW
Washington, DC 20001
Tel: (202) 434-1100
Fax: (202) 434-1279
www.cwa-union.org

Economic Policy Institute
1660 L Street, NW
Suite 1200
Washington, DC 20036
Tel: (202) 775-8810
Fax: (202) 775-0819
www.epinet.org

Equal Rights Advocates
1663 Mission Street
Suite 250
San Francisco, CA 94103
Tel: (415) 621-0672
Fax: (415) 621-6744
Advice/Counseling Line:
(800) 839-4ERA
www.equalrights.org

Family Violence Prevention Fund
383 Rhode Island Street
Suite 304
San Francisco, CA 94103
Tel: (415) 252-8900
TTY: (800) 595-4TTY
Fax: (415) 252-8991
www.fvpf.org

Federally Employed Women
P.O. Box 27687
Washington, DC 20038-7687
Tel: (202) 898-0994
www.few.org

The Feminist Majority Foundation
1600 Wilson Boulevard
Suite 801
Arlington, VA 22209
Tel: (703) 522-2214
Fax: (703) 522-2219
femmaj@feminist.org
www.feminist.org

First Chance
Colorado Nonprofit Development Center
4130 Tejon Street Suite A
Denver CO 80211
Tel: 720 855 0501
www.ruralwomyn.net/firstchance.html

General Federation of Women's Clubs
1734 N Street, NW
Washington, DC 20036-2990
Tel: (202) 347-3168
Fax: (202) 835-0246
www.gfwc.org

Girls Incorporated National Resource Center
120 Wall Street, 3rd Floor
New York, NY 10005
Tel: (212) 509-2000
Fax: (215) 509-8708
www.girlsinc.org

Girl Scouts of the USA
420 5th Avenue
New York, NY 10018-2798
Tel: (800) GSUSA-4U
Fax: (212) 852-6509
www.girlscouts.org

Hadassah
50 West 58th Street
New York, NY 10019
Tel: (212) 355-7900
Fax: (212) 303-8282
www.hadassah.com

Human Rights Campaign
919 18th Street, NW
Suite 800
Washington, DC 20006
Tel: (202) 628-4160
Fax: (202) 347-5323
www.hrc.org

Institute for Research on Poverty
University of Wisconsin-Madison
1180 Observatory Drive
3412 Social Science Building
Madison, WI 53706-1393
Tel: (608) 262-6358
Fax: (608) 265-3119
www.ssc.wisc.edu/irp

Institute for Women's Policy Research
1707 L Street, NW, Suite 750
Washington, DC 20036
Tel: (202) 785-5100
Fax: (202) 833-4362
iwpr@iwpr.org
www.iwpr.org

International Center for Research on Women
1717 Massachusetts Avenue, NW
Suite 302
Washington, DC 20036
Tel: (202) 797-0007
Fax: (202) 797-0020
www.icrw.org

International Labour Organization
1828 L Street, NW, Suite 600
Washington, DC 20036
Tel: (202) 653-7652
Fax: (202) 653-7687
washington@ilo.org
www.ilo.org

International Women's Democracy Center
1730 Rhode Island Avenue, NW
Suite 715
Washington, DC 20036
Tel: (202) 530-0563
Fax: (202) 530-0564
info@iwdc.org
www.iwdc.org

Jacobs Institute of Women's Health
409 12th Street, SW
Washington, DC 20024-2188
Tel: (202) 863-4990
www.jiwh.org

Jewish Women International
1828 L Street, NW, Suite 250
Washington, DC 20036
Tel: (202) 857-1300
Fax: (202) 857-1380
www.jewishwomen.org

Joint Center for Political and Economic Studies
1090 Vermont Avenue, NW
Suite 1100
Washington, DC 20005-4928
Tel: (202) 789-3500
Fax: (202) 789-6390
www.jointcenter.org

Lambda Legal Defense and Education Fund
120 Wall Street, Suite 1500
New York, NY 10005-3904
Tel: (212) 809-8585
Fax: (212) 809-0055
www.lambdalegal.org

League of Conservation Voters
1920 L Street, NW, Suite 800
Washington, DC 20036
Tel: (202) 785-8683
Fax: (202) 835-0491
www.lcv.org

League of Women Voters
1730 M Street, NW, Suite 1000
Washington, DC 20036
Tel: (202) 429-1965
Fax: (202) 429-0854
www.lww.org

MANA - A National Latina Organization
1725 K Street, NW, Suite 501
Washington, DC 20006
Tel: (202) 833-0060
Fax: (202) 496-0588
www.hermana.org

McAuley Institute
8300 Colesville Road, Suite 310
Silver Spring, Maryland 20910
Tel: (301)588-8110
Fax: (301)588-8154
www.mcauley.org

Mexican American Legal Defense and Educational Fund
634 S. Spring Street
Los Angeles, CA 90014
Tel: (213) 629-2512
Fax: (213) 629-0266
www.maldef.org

Ms. Foundation for Women
120 Wall Street, 33rd Floor
New York, NY 10005
Tel: (212) 742-2300
Fax: (212) 742-1653
www.msfoundation.org

9 to 5, National Association of Working Women
231 W. Wisconsin Avenue Suite 900
Milwaukee, WI 53203-2308
Tel: (800) 522-0925
Tel: (414) 274-0925
Fax: (414) 272-2870
www.9to5.org

National Abortion Federation
1755 Massachusetts Avenue, NW
Suite 600
Washington, DC 20036
Tel: (202) 667-5881
Fax: (202) 667-5890
www.prochoice.org

National Abortion and Reproductive Rights Action League
1156 15th Street, NW, Suite 700
Washington, DC 20005
Tel: (202) 973-3000
Fax: (202) 973-3096
www.naral.org

National Asian Women's Health Organization
250 Montgomery Street
Suite 900
San Francisco, CA 94104
Tel: (415) 989-9747
Fax: (415) 989-9758
www.nawho.org

National Association of Anorexia Nervosa and Associated Disorders
P.O. Box 7
Highland Park, IL 60035
Tel: (847) 831-3438
Fax: (847) 433-4632
www.anad.org

National Association of Child Advocates
1522 K Street NW, Suite 600
Washington, DC 20005-1202
Tel: (202) 289-0777
Fax: (202) 289-0776
naca@childadvocacy.org
www.childadvocacy.org

National Association of Commissions for Women
8630 Fenton Street, Suite 934
Silver Spring, MD 20910
Tel: (301) 585-8101
Tel: (800) 338-9267
Fax: (301) 585-3445
www.nacw.org

National Association of the Deaf
814 Thayer Street
Silver Spring, MD 20910-4500
Tel: (301) 587-1788
TTY: (301) 587-1789
Fax: (301) 587-1791
NADinfo@nad.org
www.nad.org

National Association of Female Executives
P.O. Box 469031
Escondido, CA 92046
Tel: (800) 634-NAFE
Fax: (760) 745-7200
www.nafe.com

National Association of Negro Business and Professional Women's Clubs, Inc.
1806 New Hampshire Avenue
Washington, DC 20009
Tel: (202) 483-4206
Fax: (202) 462-7253
nanbpwc@aol.com
www.nanbpwc.org

National Association of Women Business Owners
1595 Spring Hill Road
Suite 330
Vienna, VA 22182
Tel: (703) 506-3268
Fax: (703) 506-3266
national@nawbo.org
www.nawbo.org

National Black Women's Health Project
600 Pennsylvania Avenue, SE
Suite 310
Washington, DC 20003
Tel: (202) 543-9311
Fax: (202) 543-9743

National Breast Cancer Coalition
1707 L Street, NW
Suite 1060
Washington, DC 20036
Tel: (202) 296-7477
Tel: (800) 622-2838
Fax: (202) 265-6854
www.natlbcc.org

National Center for American Indian Enterprise Development
815 NE Northgate Way
2nd Floor
Seattle, WA 98125
Tel: (206) 365-7735
Fax: (206) 365-7764
www.ncaied.org

National Center for Lesbian Rights
870 Market Street, Suite 570
San Francisco, CA 94102
Tel: (415) 392-6257
Fax: (415) 392-8442
www.nclrights.org

National Coalition Against Domestic Violence
P.O. Box 18749
Denver, CO 80218-0749
Tel: (303) 839-1852
Fax: (303) 831-9251
www.ncadv.org

National Committee on Pay Equity
P.O. Box 34446
Washington, DC 20043-4446
Tel: (301) 277-1033
Fax: (301) 277-4451
fairpay@patriot.net
www.feminist.com/fairpay

National Council for Research on Women
11 Hanover Square
New York, NY 10005
Tel: (212) 785-7335
Fax: (212) 785-7350
ncrw@ncrw.org
www.ncrw.org

National Council of Negro Women
633 Pennsylvania Avenue, NW
Washington, DC 20004
Tel: (202) 737-0120
Fax: (202) 737-0476
www.ncnw.org

National Council of Women's Organizations
733 15th Street, NW
Suite 1011
Washington, DC 20005
Tel: (202) 393-7122
Fax: (202) 387-7915
info@womensorganizations.org
www.womensorganizations.org

National Education Association
1201 16th Street, NW
Washington, DC 20036
Tel: (202) 833-4000
Fax: (202) 822-7974
www.nea.org

National Employment Law Project, Inc.
55 John Street, 7th Floor
New York, NY 10038
Tel: (212) 285-3025
Fax: (212) 285-3044
www.nelp.org

National Family Planning & Reproductive Health Association
1627 K Street NW
12th Floor
Washington, DC 20006
Tel: (202) 293-3114
info@nfprha.org
www.nfprha.org

National Federation of Democratic Women
19432 Burlington Drive
Detroit, MI 48203-1454
Tel: (313) 892-6199
Fax: (313) 892-8424
www.nfdw.org

National Federation of Republican Women
124 North Alfred Street
Alexandria, VA 22314
Tel: (703) 548-9688
Fax: (703) 548-9836
www.nfrw.org

National Gay and Lesbian Task Force
1700 Kalorama Road, NW
Washington, DC 20009-2624
Tel: (202) 332-6483
Fax: (202) 332-0207
www.ngltf.org

National Law Center on Homelessness and Poverty
1411 K Street, NW
Suite 1400
Washington, DC 20005
Tel: (202) 638-2535
Fax: (202) 628-2737
nlchp@nlchp.org
www.nlchp.org

National Organization for Women
733 15th Street, NW, 2nd Floor
Washington, DC 20005
Tel: (202) 628-8669
Fax: (202) 785-8576
now@now.org
www.now.org

National Organization for Women Legal Defense and Education Fund
359 Hudson Street, 5th Floor
New York, NY 10014
Tel: (212) 925-6635
Fax: (212) 226-1066
www.nowldef.org

National Partnership for Women and Families
1875 Connecticut Avenue, NW
Suite 650
Washington, DC 20009
Tel: (202) 986-2600
Fax: (202) 986-2539
info@nationalpartnership.org
www.nationalpartnership.org

National Political Congress of Black Women
8401 Colesville Road
Suite 400
Silver Spring, MD 20910
Tel: (301) 562-8000
Tel: (800) 274-1198
Fax: (301) 562-8303
info@npcbw.org
www.npcbw.org

National Prevention Information Network (HIV, STD, TB)
Centers for Disease Control and Prevention
P.O. Box 6003
Rockville, MD 20849-6003
Tel: (800) 458-5231
Fax: (888) 282-7681
info@cdcnpin.org
www.cdcnpin.org

National Urban League
120 Wall Street
New York, NY 10005
Tel: (212) 558-5300
Fax: (212) 344-5332
info@nul.org
www.nul.org

National Women's Business Council
409 Third Street, SW
Suite 210
Washington, DC 20024
Tel: (202) 205-3850
Fax: (202) 205-6825
nwbc@sba.gov
www.nwbc.gov

National Women's Health Network
514 10th Street, NW
Suite 400
Washington, DC 20004
Tel: (202) 347-1140
Fax: (202) 347-1168
www.womenshealthnetwork.org

National Women's Health Resource Center
120 Albany Street, Suite 820
New Brunswick, NJ 08901
Tel: (877) 986-9472
Fax: (732) 249-4671
www.healthywomen.org

National Women's Law Center
11 Dupont Circle, NW
Suite 800
Washington, DC 20036
Tel: (202) 588-5180
Fax: (202) 588-5185
www.nwlc.org

National Women's Political Caucus
1630 Connecticut Avenue, NW
Suite 201
Washington, DC 20009
Tel: (202) 785-1100
Fax: (202) 785-3605
www.nwpc.org

National Women's Studies Association
University of Maryland
7100 Baltimore Boulevard
Suite 500
College Park, MD 20740
Tel: (301) 403-0525
Fax: (301) 403-4137
nwsa@umail.umd.edu
www.nwsa.org

New Ways to Work
425 Market Street, Suite 2200
San Francisco, CA 94105
Tel: (415) 995-9860
Fax: (707) 824-4410
www.nww.org

OWL
The Voice of Midlife and Older Women
666 11th Street, NW, Suite 700
Washington, DC 20001
Tel: (202) 783-6686
Tel: (800) 825-3695
Fax: (202) 638-2356
www.owl-national.org

Organization of Chinese-American Women
4641 Montgomery Avenue
Suite 208
Bethesda, MD 20814
Tel: (301) 907-3898
Fax: (301) 907-3899

Pennsylvania Coalition Against Domestic Violence and National Resource Center
6400 Flank Drive, Suite 1300
Harrisburg, PA 17112
Tel: (717) 545-6400
Tel: (800) 537-2238
TTY: (800) 553-2508
Legal Line: (800) 903-0111
ext. 72
Fax: (717) 545-9456
www.pcadv.org

Pension Rights Center
1140 19th Street, NW
Suite 602
Washington, DC 20036
Tel: (202) 296-3776
Fax: (202) 833-2472
pnsnrights@aol.com
www.pensionrights.org

Planned Parenthood Federation of America
801 Seventh Avenue
New York, NY 10019
Tel: (212) 541-7800
Fax: (212) 245-1845
www.plannedparenthood.org

Population Reference Bureau, Inc.
1875 Connecticut Avenue, NW
Suite 520
Washington, DC 20009-5728
Tel: (202) 483-1100
Fax: (202) 328-3937
popref@prb.org
www.prb.org

Poverty and Race Research Action Council
3000 Connecticut Avenue, NW
Suite 200
Washington, DC 20008
Tel: (202) 387-9887
Fax: (202) 387-0764
info@prrac.org
www.prrac.org

Project Vote
88 Third Avenue, 3rd Floor
Brooklyn, NY 11217
Tel: (718) 246-7929
Fax: (718) 246-7939
pvnatfield@acorn.org

Religious Coalition for Reproductive Choice
1025 Vermont Avenue, NW
Suite 1130
Washington, DC 20005
Tel: (202) 628-7700
Fax: (202) 628-7716
info@rcrc.org
www.rcrc.org

Service Employers International Union
1313 L Street, NW
Washington, DC 20005
Tel: (202) 898-3200
Fax: (202) 898-3481
www.seiu.org

Substance Abuse and Mental Health Services Administration (SAMHSA)
5600 Fisher's Lane
Rockville, MD 20857
Tel: (301) 443-4795
Fax: (301) 443-0284
www.samhsa.gov

Third Wave Foundation
511 West 25th Street
Suite 301
New York, NY 10001
info@thirdwavefoundation.org
www.thirdwavefoundation.org

United Food and Commercial Workers International Union
Working Women's Department
1775 K Street, NW
Washington, DC 20006
Tel: (202) 223-3111
Fax: (202) 728-1836
www.ufcw.org

U.N. Division for the Advancement of Women
Two United Nations Plaza
New York, NY 10017
Tel: (212) 963-3177
Fax: (212) 963-3463

The Urban Institute
2100 M Street, NW
Washington, DC 20037
Tel: (202) 833-7200
Fax: (202) 331-9747
www.urban.org

U.S. Agency for International Development
Office of Women in Development
Washington, DC 20523-3801
Tel: (202) 712-0570
Fax: (202) 216-3173
genderreach@dai.com
www.genderreach.org

U.S. Small Business Administration
Office of Women's Business Ownership
409 Third Street, NW
Fourth Floor
Washington, DC 20416
Tel: (202) 205-6673
owbo@sba.gov

The White House Project
110 Wall Street, 2nd Floor
New York, NY
Tel: (212) 785-6001
admin@thewhitehouseproject.org
www.thewhitehouseproject.org

Wider Opportunities for Women
815 15th Street, NW, Suite 916
Washington, DC 20005
Tel: (202) 638-3143
Fax: (202) 638-4885
info@wowonline.org
www.wowonline.org

Women & Philanthropy
1015 18th Street, NW, Suite 202
Washington, DC 20036
Tel: (202) 887-9660
Fax: (202) 861-5483
www.womenphil.org

Women Employed
111 N. Wabash
13th Floor
Chicago, IL 60602
Tel: (312) 782-3902
Fax: (312) 782-5249
info@womenemployed.org
www.womenemployed.org

Women, Ink.
777 United Nations Plaza
New York, NY 10017
Tel: (212) 687-8633
Fax: (212) 661-2704
wink@womenink.org
www.womenink.org

Women Work!
The National Network for Women's Employment
1625 K Street, NW
Suite 300
Washington, DC 20006
Tel: (202) 467-6346
Fax: (202) 467-5366
www.womenwork.org

Women's Cancer Center
815 Pollard Road
Los Gatos, CA 95032
Tel: (650) 326-6500
Fax: (408) 866-3858

Women's Environmental and Development Organization
355 Lexington Avenue
3rd Floor
New York, NY 10017-6603
Tel: (212) 973-0325
Fax: (212) 973-0335
wedo@wedo.org
www.wedo.org

Women's Foreign Policy Group
1875 Connecticut Avenue, NW
Suite 720
Washington, DC 20009
Tel: (202) 884-8597
Fax: (202) 882-8487
wfpg@wfpg.org
www.wfpg.org

Women's Funding Network
1375 Sutter Street, Suite 406
San Francisco, CA 94109
Tel: (415) 441-0706
Fax: (415) 441-0827
info@wfnet.org
www.wfnet.org

Women's Institute for a Secure Retirement
1201 Pennsylvania Avenue, NW
Suite 619
Washington, DC 20004
Tel: (202) 393-5452
Fax: (202) 638-1336
www.network-democracy.org/socialsecurity/bb/whc/wiser.html

Women's International League for Peace and Freedom
1213 Race Street
Philadelphia, PA 19107
Tel: (215) 563-7110
Fax: (215) 563-5527
www.wilpf.org

Women's Law Project
125 S. 9th Street, Suite 300
Philadelphia, PA 19107
Tel: (215) 928-9801
info@womenslawproject.org
www.womenslawproject.org

Women's Research and Education Institute
1750 New York Avenue, NW
Suite 350
Washington, DC 20006
Tel: (202) 628-0444
Fax: (202) 628-0458
www.wrei.org

Women's Rural Entrepreneurial Network (WREN)
2015 Main Street
Bethlehem, NH 03574
Tel: (603) 869-WREN (9736)
Fax: (603) 869-9738
www.wrencommunity.org

Young Women's Christian Association of the USA (YWCA)
Empire State Building
350 Fifth Avenue, Suite 301
New York, NY 10118
Tel: (212) 273-7800
Fax: (212) 273-7939
www.ywca.org

The Young Women's Project
1328 Florida Avenue, NW
Suite 2000
Washington, DC 20009
Tel: (202) 332-3399
Fax: (202) 332-0066
ywp@youngwomensproject.org
www.youngwomensproject.org

Appendix VI: List of Census Bureau Regions

East North Central

Illinois
Indiana
Michigan
Ohio
Wisconsin

East South Central

Alabama
Kentucky
Mississippi
Tennessee

Middle Atlantic

New Jersey
New York
Pennsylvania

Mountain West

Arizona
Colorado
Idaho
Montana
New Mexico
Nevada
Utah
Wyoming

New England

Connecticut
Maine
Massachusetts
New Hampshire
Rhode Island
Vermont

Pacific West

Alaska
California
Hawaii
Oregon
Washington

South Atlantic

Delaware
District of Columbia
Florida
Georgia
Maryland
North Carolina
South Carolina
Virginia
West Virginia

West North Central

Iowa
Kansas
Minnesota
Missouri
Nebraska
North Dakota
South Dakota

West South Central

Arkansas
Louisiana
Oklahoma
Texas

References

The Alan Guttmacher Institute. 2002a. *State Policies in Brief: Insurance Coverage of Contraceptives, As of May 1, 2002*. New York: The Alan Guttmacher Institute.

The Alan Guttmacher Institute. 2002b. *State Policies in Brief: State Sexuality Education Policy, As of May 1, 2002*. New York: The Alan Guttmacher Institute.

The Alan Guttmacher Institute. 1996. *Reproductive Health Services and Managed Care Plans: Improving the Fit*. New York, NY: The Alan Guttmacher Institute.

The Alan Guttmacher Institute. 1994. *Sex and America's Teenagers*. New York, NY: The Alan Guttmacher Institute.

American Academy of Pediatrics. 2002. "AAP Says Children of Same-Sex Couples Deserve Two Legally Recognized Parents." Press Release. Washington, DC: American Academy of Pediatrics.

American Cancer Society. 2002. *Cancer Facts and Figures 2002*. Atlanta, GA: American Cancer Society.

American Council on Education, Office of Minorities in Education. 2002. *2000-2001: Eighteenth Annual Status Report on Minorities in Higher Education*. Washington, DC: American Council on Education.

The Annie E. Casey Foundation. 2001. *Kids Count Data Book: State Profiles of Child Well-Being*. Baltimore, MD: The Annie E. Casey Foundation.

The Barbara Lee Family Foundation. 2001. *Keys to the Governor's Office*. Cambridge, MA: The Barbara Lee Family Foundation.

Bernstein, Jared, Heidi Hartmann, and John Schmitt. 1999. *The Minimum Wage Increase: A Working Woman's Issue*. Washington, DC: Economic Policy Institute and the Institute for Women's Policy Research.

Blau, Francine, and Lawrence Kahn. 1997. "Swimming Upstream: Trends in the Gender Wage Differential in the 1980s." *Journal of Labor Economics* 15 (1, Part 1): 1-42.

Blau, Francine, and Lawrence Kahn. 1994. "Rising Wage Inequality and the U.S. Gender Gap." *American Economic Review*, 84(2).

Boushey, Heather, Chauna Brocht, Bethany Gundersen, and Jared Bernstein. 2001. *Hardships in America: The Real Story of Working Families*. Washington, DC: Economic Policy Institute.

Brown, Robin. 1994. *Children in Crisis*. New York: The H.W. Wilson Company.

Bryen, Diane Nelson, and Bonnie M. Moulton. 1998. "Why 'Employment, Independence, Marriage, and Sexuality?'Because…We Want it All!" Paper presented at the Sixth Annual Pittsburgh Employment Conference for Augmented Communicators, "Employment, Independence, Marriage, and Sexuality." Pittsburgh, PA.

Burrell, Barbara. 1994. *A Woman's Place Is in the House: Campaigning for Congress in the Feminist Era*. Ann Arbor: University of Michigan Press.

Burns, L., M. Waters, and J. Lumpkin. 2002. *Governor's Commission on Women "Healthy Women Today" Forum Report*. Columbia, SC: Governor's Commission on Women; South Carolina Department of Health and Environmental Control.

Cancian, Maria, Sheldon Danzinger, and Peter Gottschalk. 1993. "Working Wives and Family Income Inequality Among Married Couples." In *Uneven Tides: Rising Inequality in America*, Sheldon Danziger and Peter Gottschalk (eds). New York: Russell Sage Foundation.

Carroll, Susan J. 1994. *Women as Candidates in American Politics*. Bloomington, IN: Indiana University Press.

Carroll, Susan J., and Linda M.G. Zerrilli. 1993. "Feminist Challenges to Political Science." In *Political Science: The State of the Discipline II*, Ada W. Finifter (ed.). Washington, DC: American Political Science Association.

Catalyst. 2000. *The 2000 Catalyst Census of Women Corporate Officers and Top Earners*. New York: Catalyst.

Center for American Women and Politics (CAWP), Eagleton Institute of Politics, Rutgers University. 2002a. *Fact Sheet: Statewide Elective Executive Women 2002*. New Brunswick, NJ: Center for American Women and Politics.

Center for American Women and Politics (CAWP), Eagleton Institute of Politics, Rutgers University. 2002b. *Fact Sheet: Women in State Legislatures 2002*. New Brunswick, NJ: Center for American Women and Politics.

Center for American Women and Politics (CAWP), Eagleton Institute of Politics, Rutgers University. 2002c. *Fact Sheet: Women in the U.S. Congress 2002*. New Brunswick, NJ: Center for American Women and Politics.

Center for American Women and Politics (CAWP), Eagleton Institute of Politics, Rutgers University. 2002d. *Fact Sheet: Women in the U.S. House of Representatives 2002*. New Brunswick, NJ: Center for American Women and Politics.

Center for American Women and Politics (CAWP), Eagleton Institute of Politics, Rutgers University. 2002e. *Fact Sheet: Women of Color in Elective Office 2002*. New Brunswick, NJ: Center for American Women and Politics.

Center for American Women and Politics (CAWP), Eagleton Institute of Politics, Rutgers University. 2002f. *South Carolina Women in Elective Office - Historical Summary.* New Brunswick, NJ: Center for American Women and Politics. Information available at website: www.rci.rutgers.edu/~cawp/facts/StbySt/SC.html. Accessed June 2002.

Center for American Women and Politics (CAWP), Eagleton Institute of Politics, Rutgers University. 2001. *Fact Sheet: Women Candidates in 2000: Winners and Losers for U.S. Congress and Statewide Office*. New Brunswick, NJ: Center for American Women and Politics.

Center for American Women and Politics (CAWP), Eagleton Institute of Politics, Rutgers University. 1998. *Women's Caucuses in State Legislatures*, CAWP News and Notes 11(3).

Center for American Women and Politics (CAWP), Eagleton Institute of Politics, Rutgers University. 1991. *The Impact of Women in Public Office: Findings at a Glance*. New Brunswick, NJ: Center for American Women and Politics.

Center for Law and Social Policy and Center for Budget and Policy Priorities. 2000. *State Policy Documentation Project: Child Care Provision after Leaving Cash Assistance*. Data available at website: www.spdp.org. Accessed July 2001.

Center for Policy Alternatives. 1995. *A Matter of Simple Justice: Beijing Blue Book*. Washington, DC: Center for Policy Alternatives.

Center for Women in Government and Civil Society. 2001. *Appointed Policy Makers in State Government: A Demographic Analysis: Gender, Race, and Ethnicity Data*. Albany, NY: Center for Women in Government and Civil Society.

Centers for Disease Control and Prevention. 2000a. "Intimate Partner Violence Among Men and Women–South Carolina, 1998." *Morbidity and Mortality Weekly Report*, 49 (4 August): 691-4.

Centers for Disease Control and Prevention. 2000b. *State- and Sex–Specific Prevalence of Selected Characteristics–Behavioral Risk Factor Surveillance System, 1996 and 1997*. Morbidity and Mortality Weekly Report 49 (SS-6).

Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2001. *2000 BRFSS Summary Prevalence Report*. Atlanta, GA: Centers for Disease Control and Prevention.

Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 1999. *Diabetes: A Serious Public Health Problem, At-A-Glance 1999*. Report from website: www.cdc.gov/diabetes/pubs/glance.htm. Accessed December 1999.

Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 1998. *Chronic Diseases and Their Risk Factors*. Atlanta, GA: Centers for Disease Control and Prevention.

Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention. 2001. *Female Adult/Adolescent Annual AIDS Rates Per 100,000 Population, for Cases Reported in 2000, United States*. Table from website: www.cdc.gov/hiv/stats/hasr1202/fig1.htm. Accessed June 2001.

Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention, Division of STD Prevention. 2001. *Sexually Transmitted Disease Surveillance 2000*. Atlanta, GA: Centers for Disease Control and Prevention.

Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. 2002. *10 Leading Causes of Death, United States, 1999, All Races, Females*. Table from website: http://webapp.cdc.gov/sasweb/ncipc/leadcaus10.html. Accessed June 2002.

Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. 2001. *1996-1998, United States, Suicide Deaths and Rates Per 100,000*. Table from website: http://webapp.cdc.gov/sasweb/ncipc/mortrate.html. Accessed October 2001.

Conway, M. Margaret, Gertrude A. Steuernagel, and David W. Ahern. 1997. *Women and Political Participation: Cultural Change in the Political Arena*. Washington, DC: CQ Press.

Council of Economic Advisers. 1998. *Explaining Trends in the Gender Wage Gap*. Washington, DC: Council of Economic Advisers.

Council of State Governments. 2000. *The Book of the States*. Lexington, KY: Council of State Governments.

Devine, Theresa J. 1994. "Characteristics of Self-Employed Women in the United States." *Monthly Labor Review*, 117(3).

Dodson, Debra. 1991. *Gender and Policy Making: Studies of Women in Office*. New Brunswick, NJ: Center for the American Woman and Politics.

Doyle, Rodger. 2000. "By the Numbers: Women and the Professions." *Scientific American*, April. Article available at website: www.sciam.com/2000/0400issue/0400numbers.html. Accessed May 2002.

The Eastern Cherokee, Southern Iroquois and United Tribes of South Carolina, Inc. 2002a. *South Carolina Indians Today*. Columbia, SC: Eastern Cherokee, Southern Iroquois and United Tribes of South Carolina, Inc.

The Eastern Cherokee, Southern Iroquois and United Tribes of South Carolina, Inc. 2002b. *South Carolina Tribes*. Information available at website: http://cherokeesofsouthcarolina.com/sctribes.html.

Employee Benefit Research Institute. 2001. Unpublished calculations based on the 2001 Current Population Survey March Demographic Supplements, for calendar year 2000.

Emsellem, Maurice, Jessica Goldberg, Rick McHugh, Wendell Primus, Rebecca Smith, and Jeffrey Wenger. 2002. *Failing the Unemployed: A State by State Examination of Unemployment Insurance Systems*. Washington, DC, and New York: Economic Policy Institute, Center on Budget and Policy Priorities, and National Employment Law Project.

Family Violence Prevention Fund. 2001. *2001 State-By-State Legislative Report Card on Health Care Laws and Domestic Violence*. San Francisco, CA: Family Violence Prevention Fund.

Federal Election Commission. 2001a. *2000 House Campaign Summaries—Candidates Listed by State and District*. Data available at website: www.fec.gov/2000/state99.htm. Accessed February 2001.

Federal Election Commission. 2001b. *2000 Senate Campaigns—Candidates Listed by State*. Data available at website: www.fec.gov/2000/state20.htm. Accessed February 2001.

Federal Election Commission. 2000. *The Impact of the National Voter Registration Act on Federal Elections 1999-2000*. Washington, DC: Federal Election Commission.

Fields, Jason, and Lynne M. Casper. 2001. "America's Families and Living Arrangements 2000." *Current Population Reports*, P20-537.

Fisher, Gordon M. 1992. "The Development and History of the Poverty Thresholds." *Social Security Bulletin*, 55(4).

Forrest, J.D., and R. Amara. 1996. "Impact of Publicly Funded Contraceptive Services on Unintended Pregnancies and Implications for Medicaid Expenditure." *Family Planning Perspectives*, 28(5).

Fredrick, Beth. The Alan Guttmacher Institute. 1998. *Contraception Counts: State by State Information*. New York, NY: The Alan Guttmacher Institute.

Fullerton, Howard N., Jr., and Mitra Toossi. 2001. "Labor Force Projections to 2010: Steady Growth and Changing Composition." *Monthly Labor Review Online* 124 (11). Article available at website: www.bls.gov/opub/mlr/2001/11/art2exc.htm. Accessed June 2002.

Gershenzon, Leora. 1993. *U.S. Child Support Performance*. San Francisco, CA: The Child Support Reform Initiative.

Goins, William. 2002. *Survey Findings of The State of Native American Indian Women in South Carolina*. Survey conducted on behalf of the Governor's American Indian Ad Hoc Task Force on Affairs and Issues.

Hartmann, Heidi, and Stephanie Aaronson. 1994. "Pay Equity and Women's Wage Increases: Success in the States, A Model for the Nation." *Duke Journal of Gender Law & Policy*, volume 1.

Hartmann, Heidi, Katherine Allen, and Christine Owens. 1999. *Equal Pay for Working Families: National and State Data on the Pay Gap and its Costs*. Washington, DC: AFL-CIO and Institute for Women's Policy Research.

Hartmann, Heidi, Joan A. Kuriansky, and Christine L. Owens. 1996. "Employment and Women's Health," in *Women's Health: The Commonwealth Survey*, Marilyn M. Falik and Karen Scott Collins (eds). Baltimore, MD: Johns Hopkins University Press.

Hartmann, Heidi, Young-Hee Yoon, Roberta Spalter-Roth, and Lois Shaw. 1995. *Temporary Disability Insurance: A Model to Provide Income Security Over the Life Cycle*. Paper presented at the 1995 Annual Meetings of the American Economics Association of the Allied Social Science Associations. Washington, DC: Institute for Women's Policy Research.

The Henry J. Kaiser Family Foundation. 2001a. *State Estimates of Health Insurance Coverage of Women, Ages 18-64, 1997-1999:Women's Health Policy Fact Sheet*. Menlo Park, CA: The Henry J. Kaiser Family Foundation.

The Henry J. Kaiser Family Foundation. 2001b. *Women and HIV/AIDS*. Washington, DC: The Henry J. Kaiser Family Foundation.

Henshaw, Stanley K. 1998. "Abortion Incidence and Services in the United States, 1995-1996." *Family Planning Perspectives*, 30(6).

Hodgkinson, Harold L., Janice Hamilton Outtz, and Anita M. Obarakpor. 1990. *The Demographics of American Indians: One Percent of the People; Fifty Percent of the Diversity*. Washington, DC: Institute for Educational Leadership, Inc., Center for Demographic Policy.

Institute for Law and Justice. 2001. *2001 Session Laws*. Alexandria, VA: Institute for Law and Justice.

Institute for Law and Justice. 2000. *2000 Legislative Session: Violence Against Women Legislation*. Alexandria, VA: Institute for Law and Justice.

Institute for Law and Justice. 1999. *Domestic, Stalking, and Sexual Assault Legislation: State-by-State Analysis of 1999 Legislation*. Alexandria, VA: Institute for Law and Justice.

Institute for Women's Policy Research (IWPR). 2001a. Calculations based on the 1999-2001 Current Population Survey March Demographic Supplements, for calendar years 1998-2000. Originally prepared for the AARP Public Policy Institute. Available at website: http://research.aarp.org/econ/beyond50_states.html

Institute for Women's Policy Research (IWPR). 2001b. Unpublished calculations based on the 1999-2001 Current Population Survey March Demographic Supplements, for calendar years 1998-2000.

Institute for Women's Policy Research (IWPR). 1999. *Research-in-Brief: How Much Can Child Support Provide? Welfare, Family Income, and Child Support*. Washington, DC: Institute for Women's Policy Research.

Institute for Women's Policy Research (IWPR). 1998. "Reproductive Issues and Welfare Reform." *Welfare Reform Network News* 11/12.

Institute for Women's Policy Research (IWPR). 1996. *Research-in-Brief: Childcare Usage Among Low-Income and AFDC Families*. Washington, DC: Institute for Women's Policy Research. October.

Institute for Women's Policy Research (IWPR). 1995a. *A Cross-State Comparison of the Economic Status of Women. Calculations based on the U.S. Bureau of the Census Public Use Microdata Sample, 1990 and 1980*. Prepared by Susan M. Dynarski under the Public Policy Masters Program at the John F. Kennedy School of Government, Harvard University.

Institute for Women's Policy Research (IWPR). 1995b. *Research-in-Brief: Restructuring Work: How Have Women and Minority Managers Fared?* Washington, DC: Institute for Women's Policy Research. January.

Johnson, Nicole. 2001. *A Hand Up: How State Earned Income Tax Credits Help Working Families Escape Poverty in 2001*. Washington, DC: Center on Budget and Policy Priorities.

Kaiser Commission on Medicaid and the Uninsured. 2001. *Table 13: Medicaid Expenditures per Enrollee, by Group, 1998*. Table produced by the Urban Institute based on data from HCFA-2082 and NCFA-64 reports. Available at website: http://www.kff.org/docs/state/medicaiddata. Accessed December 2001.

Kawachi, Ichiro, Bruce P. Kennedy, Vanita Gupta, and Deborah Prothrow-Stith. 1999. "Women's Status and the Health of Women and Men: A View from the States." *Social Science and Medicine*, (48) 21-32.

Kaye, H. Stephen. 1998. *Disability Watch: The Status of People with Disabilities in the United States*. Oakland, CA: Disability Rights Advocates.

Kenney, Sally J. 2001. "Counting Women Judges: The Intersection of Law and Politics." Paper presented at conference on Critical Junctures in Women's Economic Lives, sponsored by the Center for True Economic Progress. St. Paul, MN.

Kindler, Anneka. 1995. "Education of Migrant Children in the United States." *Directions in Language and Education National Clearinghouse of Bilingual Education*, 1 (8).

Ku, Leighton, and Bowen Garrett. 2000. *How Welfare Reform and Economic Factors Affected Medicaid Participation: 1984-96*. Washington, DC: Urban Institute.

Levin, S., J. Warner, and P. Allen. 1999. *Report on the Impact of Obesity on Health in South Carolina*. Columbia, SC: Office of Public Health Nutrition, South Carolina Department of Health and Environmental Control and Norman J. Arnold School of Public Health, University of South Carolina.

Lombard, Karen. 1996. *Female Self-Employment and the Demand for Flexible, Non-Standard Work Schedules*. Working Paper. Miami, FL: University of Miami.

Lovell, Vicky, and Hedieh Rahmanou. 2000. *Fact Sheet: Paid Family and Medical Leave: Essential Support for Working Women and Men*. Washington, DC: Institute for Women's Policy Research.

Martin, Joyce A., Brady E. Hamilton, Stephanie J. Ventura, Fay Menacker, and Melissa M. Park. 2002. "Births: Final Data for 2000." *National Vital Statistics Report*, 50(5).

McNeil, John M. 2000. "Employment, Earnings, and Disability." Paper presented at the 2000 Annual Conference of the Western Economic Association International. Vancouver, British Columbia. Available at website: www.census.gov/hhes/www/disability.html. Accessed February 2002.

Mead, Holly, Kristine Witkowski, Barbara Gault, and Heidi Hartmann. 2001. "The Influence of Income, Education and Work Status on Women's Well-Being." *Women's Health Issues*, 11(3).

NARAL and NARAL Foundation. 2002. *Who Decides? A State-by-State Review of Abortion and Reproductive Rights*. Washington, DC: NARAL.

NARAL and NARAL Foundation. 2001. *Who Decides? A State-by-State Review of Abortion and Reproductive Rights*. Washington, DC: NARAL.

National Alliance for Caregiving and AARP. 1997. *Family Caregiving in the U.S.: Findings from a National Survey*. Bethesda, MD, and Washington, DC: NAC and AARP.

National Association of Child Advocates. 1998. *Issue Brief: Unemployment Insurance for Low-Income Families: New Challenges for Child Advocates*. Washington, DC: National Association of Child Advocates.

National Association of Commissions for Women. 2000. *Commissions for Women Roster 2000*. Data from website: www.nacw.org/mc_roster.html. Accessed August 2001.

National Center for Health Statistics. 2001a. *Death Rates and Number of Deaths by State, Race/Ethnicity, Sex, Age, and Cause, 1994-1998*. Table available from website: www.cdc.gov/nchs/statestatsbysexrace.htm. Accessed October 2001.

National Center for Health Statistics. 2001b. *National Vital Statistics Report*, 49(1).

National Center for Health Statistics. 2001c. *National Vital Statistics Report*, 49(8).

National Center for Health Statistics. 2001d. *National Vital Statistics Report*, 49(11).

National Center for Health Statistics. 1996. *Health, United States, 1995 Chartbook*. Hyattsville, MD: Public Health Service.

National Center for Health Statistics, Division of Health Promotion Statistics. 2001. *The Healthy People 2010 Database*. Data from website: http://wonder/cdc/gov/data2010/objsearc.htm. Accessed October 2001.

National Center for Lesbian Rights (NCLR). 2001. *Second Parent Adoptions: An Information Sheet*. San Francisco, CA: National Center for Lesbian Rights.

National Committee on Pay Equity. 1997. *State Government Pay Equity Activity*. Washington, DC: National Committee on Pay Equity.

National Conference of State Legislatures Health Policy Tracking Service. 2001. *Fact Sheet: Parity*. Washington, DC: National Conference of State Legislatures Health Policy Tracking Service.

National Council of Women's Organizations, Task Force on Women and Social Security. 1999. *Strengthening Social Security for Women: A Report from the Working Conference on Women and Social Security*. Washington, DC: Institute for Women's Policy Research.

National Employment Law Project. 2001. *Expanding Unemployment Insurance For Low-Wage Workers: State Legislative Highlights (1996-2001)*. New York: National Employment Law Project.

National Gay and Lesbian Task Force Policy Institute. 2001a. *GLBT Civil Rights Laws in the U.S.—August 2001*. Table from website: www.ngltf.org/downloads/civilmap0801.pdf. Accessed September 2001.

National Gay and Lesbian Task Force Policy Institute. 2001b. *Hate Crimes Laws in the U.S.—June 2001*. Table from website: www.ngltf.org/downloads/hatemap0601.pdf. Accessed September 2001.

National Gay and Lesbian Task Force Policy Institute. 2001c. *Specific Anti-Same-Sex Marriage Laws in the U.S.—June 2001*. Table from website: www.ngltf.org/downloads/marriagemap0601.pdf. Accessed September 2001.

National Institute of Mental Health. 1999. *In Harm's Way: Suicide in America*. Bethesda, MD: National Institute of Mental Health.

National Partnership for Women and Families. 2001a. *A Menu of Policy Models for State and Local Policy Leaders*. Washington, DC: National Partnership for Women and Families.

National Partnership for Women and Families. 2001b. *State Round-Up: State Family Leave Benefit Initiatives in 2001: Making Family Leave More Affordable*. Washington, DC: National Partnership for Women and Families.

National Women's Law Center, FOCUS on the Health of Women at the University of Pennsylvania Medical Center, and the Oregon Health and Science University. 2001. *Making the Grade on Women's Health: A National and State-by-State Report Card*. Washington, DC: National Women's Law Center, FOCUS on the Health of Women at the University of Pennsylvania Medical Center, and the Oregon Health and Science University.

National Women's Political Caucus. 1995. *Factsheet on Women's Political Progress*. Washington, DC: National Women's Political Caucus.

National Women's Political Caucus. 1994. *Perception and Reality: A Study Comparing the Success of Men and Women Candidates.* Washington, DC: National Women's Political Caucus.

Negrey, Cynthia, Stacie Golin, Sunhwa Lee, Holly Mead, and Barbara Gault. 2002. *Working First But Working Poor: The Need for Education and Training Following Welfare Reform*. Washington, DC: Institute for Women's Policy Research.

NOW Legal Defense and Education Fund. 2001. *Family Violence Option: 2001 State Law Update*. Washington, DC: NOW Legal Defense and Education Fund.

NOW Legal Defense and Education Fund, National Judicial Education Program. 2001. *Task Forces on Gender Bias in the Courts*. Available at website: www.nowldef.org/html/njep/tfstat.htm. Accessed September 2001.

Parra-Medina, D., and D. Rhoades. 2002. *2001-2002 Meetings of the South Carolina Hispanic Health Coalition and South Carolina Partners for Cancer Prevention*. The Women Studies Program and the Norman J. Arnold School of Public Health, University of South Carolina.

Plaza, Carla I. 2001a. *Women's Health: Coverage for Infertility Treatments*. Washington, DC: National Conference of State Legislatures Health Policy Tracking Service.

Plaza, Carla I. 2001b. *Women's Health: An Overview of Mandated Benefits*. Washington, DC: National Conference of State Legislatures Health Policy Tracking Service.

Population Reference Bureau. 1993. *What the 1990 Census Tells Us About Women: A State Factbook*. Washington, DC: Population Reference Bureau.

Powell, K., M. Greaney, Y. Huang, M. Whitt, and R. Fields, Ed. 1999. *Good Health: It's Your Move: Physical Activity in South Carolina*. Columbia, SC: The Prevention Research Center, The University of South Carolina; South Carolina Department of Health and Environmental Control.

President's Interagency Council on Women. 2000. *America's Commitment: Women 2000*. Washington, DC: White House Office of Women's Initiatives and Outreach.

Renwick, Trudi J. 1993. "Budget-Based Poverty Measurement: 1992 Basic Needs Budgets." Proceedings of the Social Statistics Section. Alexandria, VA: American Statistical Association.

Renwick, Trudi J., and Barbara R. Bergmann. 1993. "A Budget-Based Definition of Poverty with an Application to Single-Parent Families." *Journal of Human Resources*, 28(1).

Resnik, Judith. 1996. "Asking about Gender in Courts." *Signs* 21(4): 952-990.

Robertson, Barbara. 2001. *Women and Disability Resources*. Information from the Society for Disability Studies, University of Illinois at Chicago. Information from website: http://members.tripod.com/~Barbara_Robertson/Women.html. Accessed February 2002.

Schumacher, Rachel, and Mark Greenberg. 1999. *Child Care After Leaving Welfare: Early Evidence from State Studies*. Washington, DC: Center for Law and Social Policy.

Shaw, Lois, and Catherine Hill. 2001. *The Gender Gap in Pension Coverage: Evidence From the Survey of Income and Program Participation*. Final Report to the U.S. Department of Labor. Washington, DC: Institute for Women's Policy Research.

Shervais, M., and J. Lumpkin. 2000. *South Carolina Mortality Statistics by Gender, Race, and Life Stage, based on CDC Women's Health Data by State and Territory, 1999.* Columbia, SC: South Carolina Department of Health and Environmental Control, Women's Health Program and Bureau of Epidemiology.

Smith, David, and Gary J. Gates. 2001. *Gay and Lesbian Families in the United States: Same-Sex Unmarried Partner Households: A Preliminary Analysis of 2000 United States Census Data*. Washington, DC: Human Rights Campaign.

Society for Human Resource Management. 2001. *Birth and Adoption Leave Compensation: Legislation in the States*. Alexandria, VA: Society for Human Resource Management.

South Carolina Breast and Cervical Cancer Early Detection Screening Program. 2001. *Best Chance Network News*. vol. 9.

South Carolina Budget and Control Board Office of Research and Statistics. 2001. *The 2000-01 South Carolina Statistical Abstract*. Columbia, SC: South Carolina Office of Research and Statistics. Abstract available at website: www.ors.state.sc.us/cen_statabs.html. Accessed June 2002.

South Carolina Governor's Task Force on Domestic Violence. 2000. *Governor's Task Force on Domestic Violence Report*. Columbia, SC: Office of the Governor. Report available at website: www.state.sc.us/governor/documents/dvtf_report.pdf. Accessed June 2002.

South Carolina Judicial Department. 2002. *Supreme Court Justices and Court of Appeals Judges.* Information available at websites: www.judicial.state.sc.us/supreme/justices.cfm and www.judicial.state.sc.us/appeals/judges.cfm. Accessed June 2002.

Spalter-Roth, Roberta, Heidi Hartmann, and Linda M. Andrews. 1990. *Mothers, Children, and Low-Wage Work: The Ability to Earn a Family Wage*. Washington, DC: Institute for Women's Policy Research.

Spalter-Roth, Roberta, Heidi Hartmann, and Nancy Collins. 1993. *What Do Unions Do for Women?* Washington, DC: Institute for Women's Policy Research.

Spalter-Roth, Roberta, Heidi Hartmann, and Lois Shaw. 1993. *Exploring the Characteristics of Self-Employment and Part-Time Work Among Women*. Washington, DC: Institute for Women's Policy Research.

Stetson, Dorothy McBride, and Amy Mazur (eds.). 1995. *Comparative State Feminism*. Thousand Oaks, CA: Sage.

Swers, Michele. 2002. *The Difference Women Make: The Policy Impact of Women in Congress*. Chicago: University of Chicago Press.

Thomas, Sue. 1994. *How Women Legislate*. New York: Oxford University Press.

U.N. Fourth World Conference on Women. 1995. *Beijing Declaration and Platform for Action*. New York: United Nations.

U.S. Bureau of Economic Analysis. 2001. *Regional Accounts Data: Annual State Personal Income: Per Capita Personal Income*. Table from website: www.bea.doc.gov/bea/regional/spi/drill.cfm. Accessed July 2001.

U.S. Department of Commerce, Bureau of the Census. 2002a. *American FactFinder: Detailed Tables*. Data available at website: http://factfinder.census.gov.

U.S. Department of Commerce, Bureau of the Census. 2002b. *Historical Income Tables—People: Table P-38, Full-Time, Year-Round Workers (All Races) by Median Earnings and Sex: 1960-2000*. Table from website: www.census.gov/hhes/income/histinc/p38.html. Accessed February 2002.

U.S. Department of Commerce, Bureau of the Census. 2002c. *Reported Voting and Registration of the Total Voting-Age Population, by Sex, Race, and Hispanic Origin, for States: November 2000*. Table available at website: www.census.gov/population/www/socdemo/voting/p20-542.html.

U.S. Department of Commerce, Bureau of the Census. 2002d. *Profile of Selected Economic Characteristics: 2000; Catawba Reservation, SC*. Table available at website: http://factfinder.census.gov. Accessed August 2002.

U.S. Department of Commerce, Bureau of the Census. 2001a. *Fertility of American Women: June 2000*. Census Bureau Reports, P20-543RV.

U.S. Department of Commerce, Bureau of the Census. 2001b. *Profile of General Demographic Characteristics*. Table from website: www.census.gov/prod/cen2000/index.html. Accessed November 2001.

U.S. Department of Commerce, Bureau of the Census. 2001c. *Sex by Age by Disability Status by Employment Status for the Civilian Noninstitutionalized Population Five Years and Over*. Table from website: http://factfinder.census.gov/servlet/DatasetMainPageServlet. Accessed November 2001.

U.S. Department of Commerce, Bureau of the Census. 2001d. *Statistical Abstract of the United States: 2001*. Washington, DC: Bureau of the Census.

U.S. Department of Commerce, Bureau of the Census. 2001e. *Sex by Marital Status for the Population 15 Years and Over*. Table from website: http://factfinder.census.gov/servlet/DatasetMainPageServlet. Accessed November 2001.

U.S. Department of Commerce, Bureau of the Census. 2001f. *Women-Owned Businesses: 1997 Economic Census, Survey of Women-Owned Business Enterprises*. Company Statistics Series. EC97CS-2. Washington, DC: Bureau of the Census.

U.S. Department of Commerce, Bureau of the Census. 2000a. *Educational Attainment in the United States*. Current Population Reports P20-536.

U.S. Department of Commerce, Bureau of the Census. 2000b. *Population Estimates for the U.S. and States by Selected Age Groups, Annual Time Series, July 1, 1990 to July 1, 1999*. Table from website: www.census.gov/population/estimates/state/st-99-09.txt. Accessed September 2001.

U.S. Department of Commerce, Bureau of the Census. 2000c. *Reported Voting and Registration, by Sex, Race, and Hispanic Origin, for States: November 1998*. Table from website: www.census.gov/population/socdemo/voting/cps1998/tab04.txt. Accessed November 2001.

U.S. Department of Commerce, Bureau of the Census. 2000d. *Statistical Abstract of the United States: 2000*. Washington, DC: Bureau of the Census.

U.S. Department of Commerce, Bureau of the Census. 2000e. *Voting and Registration in the Election of November 1998*. P20-523RV. Washington, DC: Bureau of the Census.

U.S. Department of Commerce, Bureau of the Census. 1997. *Poverty in the U.S.: 1996*. Current Population Reports. P60-198.

U.S. Department of Commerce, Bureau of the Census. 1996. *Who's Minding Our Preschoolers?* Current Population Reports, P-70-53.

U.S. Department of Education, National Center for Education Statistics. 1994. Table A. *Total Degrees Awarded to American Indian and Alaskan Native Degree Recipients and Total Degree Recipients in Institutions of Higher Ed*ucation, by Degree Level: 1976-77 and 1993-94. Washington, DC: National Center for Education Statistics. Table available at website: http://nces.ed.gov/quicktables/Detail.asp?Key=111.

U.S. Department of Education, National Center for Education Statistics. 1993. *Distribution of Native American and Total Full-time Staff in Institutions of Higher Education, by Primary Occupation: Fall 1993*. Washington, DC: National Center for Education Statistics. Table available at website: http://nces.ed.gov/quicktables/Detail.asp?Key=112.

U.S. Department of Health and Human Services, Administration for Children and Families. 2001. *FY 2000 Preliminary Data Preview Report, July 2001*. Washington, DC: U.S. Department of Health and Human Services.

U.S. Department of Health and Human Services, Administration for Children and Families. 2000a. *Child Care and Development Block Grant/Child Care and Development Fund: Children served in Fiscal Year 1999 (average monthly)*. Table available at website: www.acf.dhhs.gov/news/press/2000/cctable.htm. Accessed December 2001.

U.S. Department of Health and Human Services, Administration for Children and Families. 2000b. *Twenty-Third Annual Report to Congress*. Washington, DC: U.S. Department of Health and Human Services.

U.S. Department of Health and Human Services, Administration for Children and Families. 1999. *Temporary Assistance for Needy Families (TANF) Program: Second Annual Report to Congress, August 1999*. Washington, DC: U.S. Department of Health and Human Services.

U.S. Department of Health and Human Services, Health Care Financing Administration. 1999. *Medicaid Eligibles by Basis of Eligibility and State, Fiscal Year 1997*. Table from website: www.hcfa.gov/medicaid/MCD97T17.htm. Accessed January 2000.

U.S. Department of Health and Human Services, Office of the Surgeon General. 2001. *Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity*. Rockville, MD: U.S. Department of Health and Human Services, Office of the Surgeon General.

U.S. Department of Health and Human Services, Public Health Service. 2000. *Healthy People 2010: National Health Promotion and Disease Prevention Objectives.* Washington, DC: U.S. Department of Health and Human Services.

U.S. Department of Justice, Bureau of Justice Statistics. 2001. *Prisoners in 2000*. Bureau of Justice Statistics Bulletin No. NCJ-188207. Washington, DC: U.S. Department of Justice.

U.S. Department of Justice, Office of Justice Programs, Violence Against Women Grants Office. 1998. *Stalking and Domestic Violence: The Third Annual Report to Congress under the Violence Against Women Act*. Washington, DC: Office of Justice Programs.

U.S. Department of Labor. 2002. *Minimum Wage Laws in the States*. Data available at website: www.dol.gov/esa/minwage/america.htm. Accessed April 2002.

U.S. Department of Labor. 2001. *Balancing the Needs of Families and Employers: Family and Medical Leave Surveys*. Washington, DC: U.S. Department of Labor.

U.S. Department of Labor, Bureau of Labor Statistics. 2002. *Employment Status of the Civilian Noninstitutional Population by Sex, Age, Race, and Hispanic Origin, 2000 Annual Average*. Data available at website: www.bls.gov/gps/home.htm. Accessed January 2002.

U.S. Department of Labor, Bureau of Labor Statistics. 2001a. *Geographic Profile of Employment and Unemployment, 1999*. Washington, DC: Government Printing Office.

U.S. Department of Labor, Bureau of Labor Statistics. 2001b. *Table 19. States: Experienced Labor Force by Class of Worker, Sex, Selected Age, Race, and Hispanic Origin, Annual Average 1999*. Unpublished table based on the Current Population Survey.

U.S. Department of Labor, Employment and Training Administration, Unemployment Insurance Service. 2001. *Comparison of State Employment Insurance Laws*. Washington, DC: U.S. Department of Labor.

U.S. Small Business Administration. 1999. *1999 Small Business Profile: United States*. Washington, DC: U.S. Small Business Administration.

Welfare Information Network. 2001. Personal correspondence with staff, December.

Welfare Information Network, National Governors' Association, Association of Public Human Service Agencies, and Administration for Children and Families. 2001. *State Plan Database*. Data available at website: www.welfareinfo.org/SPD-reports.htm. Accessed July 2001.

Wolfinger, Raymond, and Steven Rosenstone. 1980. *Who Votes?* New Haven: Yale University Press.

Yoon, Young-Hee, Roberta Spalter-Roth, and Marc Baldwin. 1995. *Unemployment Insurance: Barriers to Access for Women and Part-Time Workers*. Washington, DC: Institute for Women's Policy Research.

Zahradnik, Bob, Nicholas Johnson, and Michael Mazerov. 2001. *State Income Tax Burdens on Low-Income Families in 2000: Assessing the Burden and Opportunities for Relief*. Washington, DC: Center on Budget and Policy Priorities.