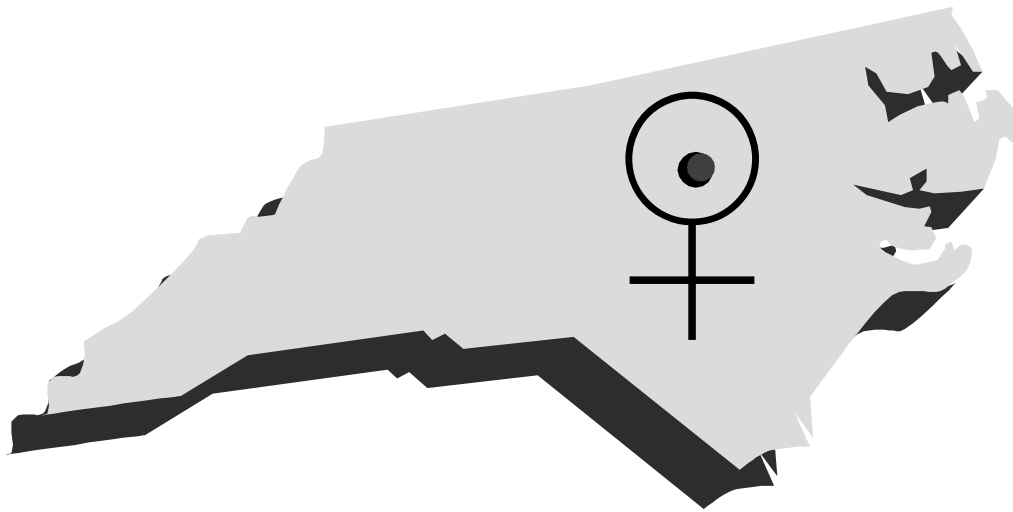


Draft Women's Agenda

2006-2007



N | W O M E N
C | U N I T E D

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TABLE OF CONTENTS

CHAPTER I: ACCESS TO HEALTH CARE

♀ AGING.....	1
♀ ACCESS TO HEALTHCARE	3
♀ ADOLESCENT PREGNANCY	4
♀ MENTAL HEALTH	5
♀ EMERGENCY CONTRACEPTION	7

CHAPTER II: CIVIC PARTICIPATION AND EQUALITY

♀ EMPLOYMENT DISCRIMINATION	8
♀ EQUAL POLITICAL REPRESENTATION.....	9
♀ HATE CRIMES	10
♀ MARRIAGE AND FAMILY	11
♀ EDUCATION	12

CHAPTER III: ECONOMIC SELF-SUFFICIENCY

♀ HOUSING.....	15
♀ ECONOMIC SELF-SUFFICIENCY	16

CHAPTER IV: VIOLENCE AGAINST WOMEN

♀ DOMESTIC VIOLENCE	18
♀ SEXUAL ASSAULT.....	19

REFERENCES.....	20
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Chapter I: Access to Health Care

♀ *Aging*

Since Medicaid is the state's largest expense after public education, legislators are always looking for ways to cut non-entitlement programs and keep eligibility levels low for benefits for the elderly. Ironically, the new Part D Medicare prescription drug program and increases in Social Security payments have resulted in the loss of Medicaid for some impoverished elderly North Carolinians. Few doctors, moreover, will accept new Medicare patients. As a result, despite the federal Medicare and Medicaid programs, many elderly and disabled residents lack access to the health care they need.

A report in 2006 to the legislative Study Commission on Aging confirmed what was already well known: that there is an "institutional bias" in funding for long term care. That is, elderly and disabled people prefer to remain at home, but funding is lacking for home care although available for care in adult care homes and nursing homes. The Community Alternatives Program for Disabled Adults (CAP/DA), which provides funds for home care, is limited in the number of persons that can be accepted, as is the Special Assistance In-Home Project, which provides some funding for persons eligible for care in adult care homes. The Home and Community Care Block Grant, which is used to provide various services such as Meals on Wheels, personal care, and transportation, without regard to income (those who can pay are expected to assist with the cost of their care), has a waiting list of approximately 10,000 persons. Increases in appropriations for this fund are never adequate to make substantial reductions in the waiting list—which continues to grow along with the elderly population in the state. Adult Day and Adult Day Health Centers, which offer care and stimulating activities during the day for elderly and disabled persons, constantly struggle with inadequate payments and difficult costs for transportation. Yet they offer working families a means of keeping elderly or disabled relatives at home.

A continuing problem is the turnover in care givers. Low pay, lack of benefits, very hard working conditions, and lack of respect are some of the difficulties experienced by aides in stressful jobs in long term care facilities. They may work at more than one job. This situation translates directly into lower quality care for residents. A new kind of voluntary licensure for facilities named NOVA (new Organizational Vision Award) will require those facilities who choose it to provide a supportive workplace, balanced workloads, training, and career development for aides. Legislation to provide "pass-through" money that would go directly for wages or benefits of caregivers has failed to gain support from legislators.

The substantial prescription drug benefit offered by the state's Health and Wellness Fund called Senior Care (\$1200 a year during the last two years for elderly persons with incomes under 200 percent of Federal Poverty Level) ended with the beginning of the less-generous Part D Medicare insurance system in 2006. Other states with substantial benefits made some provision for continuation of a state assistance program; only North Carolina did not. A continuing subsidy for some low-income persons and funding for medication management for at-risk persons with multiple prescriptions are possibilities to be explored.

The elderly population in North Carolina is growing rapidly. Of the more than one million citizens over 65, 60.3 percent are women, and of those over 85, 66 percent are women. Aging issues therefore, are women's issues. And many of these women live in poverty. Their choices in long term care are limited. Families, whatever their incomes, should be able to care for elderly relatives in their own homes if possible. When institutional care is the only option, the facility should be staffed by well-trained caregivers and provide excellent care.

RECOMMENDATIONS FOR ACTION...

Help North Carolina's older citizens live independent lives by

- Increasing funding for Community Alternatives Program and the Special Assistance In-Home Project to enable frail elderly persons to live at home instead of in institutional care.
- Providing "pass-through" funds for wages and benefits for aides in long-term care facilities to improve hiring and retention of trained workers.
- Forming a supplementary plan for a quality permanent prescription drug benefit with medication management for low-income elderly.
- Increasing funding for the Home and Community Care Block Grant for services to elderly persons living at home.



♀ *Access to Healthcare*

Over twenty-percent or approximately 1 in 5 women of childbearing age in NC is uninsured according to The Alan Guttmacher Institute, whose findings were based on the Current Population Survey. According to 2003 figures recently released by the U.S. Census Bureau, NC had the tenth largest growth in percentage of people without health insurance. Other studies suggest that even more women are underinsured, which means that their health insurance does not adequately meet their health needs such as providing coverage for preventive health care or necessary and costly medical procedures.

The importance of preventive health care, which can aid in earlier diagnosis of disease, cannot be overestimated. The difference in outcome between women who have access to health care and those who do not underscores the need for preventive care. According to the *2003 Women's Health Report Card*, issued by the NC Program for Women's Health Research, a collaborative program of The School of Medicine, The School of Public Health, and the Cecil G. Sheps Center for Health Services Research and the University of NC at Chapel Hill, while Caucasian women have a higher incidence of breast cancer, minority women have a much higher death rate from breast cancer. Earlier diagnosis through mammograms often plays a critical role in preventing death.

The disparity in health care access has devastating results on a statewide basis. According to the Henry Kaiser Family Foundation, NC has the sixth highest rate of infant mortality in the nation. Almost 24 percent of African American women attend late or no prenatal care. The "2003 NC Women's Health Report Card" states that the rate of infant mortality for African Americans in NC is more than double that for white North Carolinians.

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

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

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

According to the *2003 Women Health Report Card*, the rate of sexually transmitted infections, including HIV/AIDS, has increased among all racial groups. In fact, heterosexual women, especially young women of color, are the fastest growing population infected with HIV. The bottom line is that too many women in NC are in jeopardy of poor health outcomes simply because they do not have access to preventive and reliable health care.

RECOMMENDATIONS FOR ACTION...

- Amend the state constitution to recognize health care as a fundamental right.
- Increase funding to Public Health Departments to provide adequate, accessible family planning services and information to underserved women.
- Remove restrictions and adequately fund the State Abortion Fund.

♀ *Adolescent Pregnancy*

Preventing adolescent pregnancy is an ongoing public policy need in NC. In 2002, more than 18,000 girls ages 10-19 became pregnant – representing 51 teen pregnancies per day. Fortunately, the state's adolescent pregnancy rates continue to decline, and since 1990, NC's rates have declined by more than 30 percent. Compromising the news regarding declining rates is the fact that the state still has the thirteenth highest birth rate for 15-19-year-olds in the US. NC also has the nation's highest birth rate among Hispanic teens. State officials have taken some important steps to address teen pregnancy, and public funding is provided for prevention programs and initiatives.

Currently in NC, 61 local programs receive full or partial support from a \$3.3 million plus per year appropriation that supports adolescent pregnancy prevention projects. Federal Temporary Assistance for Needy Families (TANF) funds represent \$1.5 million of the \$3.3 million. Many of these funded projects are located in the poorest communities with the highest teen pregnancy rates. The funds are used to support primary prevention programs (meaning prevention of first pregnancies) and secondary prevention programs (prevention of second pregnancies, including support and encouragement to teen parents in completing high school or GED requirements, and in the improvement of parenting skills). Before these funds were cut in 2002, seventy-one (71) local programs were being funded. Funds appropriated during the 2004 Legislative Session, did not fall below the 2003 level of funding. However, cuts that were made in 2002 have not been restored and many local communities throughout NC have fewer or no resources to combat teen pregnancies and out-of-wedlock births. The goal is not only to restore funding to the 2001 level, but also to increase funding for these important prevention programs so that more young people can be served.

While strides are being made in the state, much more needs to be done. In tandem with preventing teen pregnancy, more emphasis should be placed on preventing sexually transmitted diseases. NC has, according to data from the CDC, the – (1) seventh highest rate of syphilis infection in the United States, (2) seventh highest rate of chlamydia infection in the United States, and (3) fifth highest rate of gonorrhea infection in the United States. Adolescents in NC are much more likely to become infected with syphilis compared to adolescents in other states. NC's adolescent population is more likely to become infected with chlamydia compared to adolescents in other states. (Chlamydia, if untreated, causes sterilization.) Adolescents in the state are more likely to become infected with gonorrhea compared to adolescents in other states. In addition, according to a Yale University study, teen girls who have recently had a baby may have a higher risk of contracting an STD in the year after giving birth. Researchers stress the need for postpartum follow-up for young mothers that includes STD prevention as well as pregnancy prevention.

Adolescents are the least likely segment of the population to use health services. Without assurances and access to confidential health services, teenagers often will not seek care or will stop seeking the care they desire and need. NC law permits adolescents to receive confidential health services related to pregnancy, sexually transmitted infections including HIV/AIDS, mental health, and substance abuse. Health care professionals will and are required by law to notify a minor's parents or guardians if the minor's life is in danger. While it is desirable that teenagers talk to their parents about important health issues, it is more

important not to delay appropriate medical care. Laws and policies should encourage, not discourage, young people to seek the health care they need and enable them to talk candidly with health care providers, and that is why NC's law allowing minors to consent to certain health services should be safeguarded.

Another avenue for addressing teen pregnancy as well as the prevention of sexually transmitted diseases in adolescents is through responsible age-appropriate sex education in NC's public schools. Comprehensive sex education provides balanced instruction that includes abstinence as well as accurate information about contraception and the prevention of sexually transmitted infections. Comprehensive sex education works, which is why it is supported by most major medical organizations, including the American Medical Association, the American Academy of Pediatrics, and the American Nurses Association. NC's Abstinence Until Marriage Law (GS 115C-81(e1)) that was enacted in 1995 contains flaws and inaccurate medical references to sexually transmitted diseases, including AIDS/HIV. Those errors should be corrected. Teenagers need accurate and reliable information about their sexual and reproductive health and the prevention of sexually transmitted infections.

RECOMMENDATIONS FOR ACTION...

- Restore state funding for pregnancy prevention programs and initiatives to the 2001 funding level, and then increase these funds to address the growing needs of the state's adolescent population.
- Correct the medical errors and flaws in the Abstinence Until Marriage Law (GS 115C-81(e1)) and support age-appropriate and developmentally appropriate comprehensive sex education and abstinence-plus sex education programs that are accurate and honest; promote healthy, positive, and responsible decisions; and that respect the value and the rights of all individuals.
- Safeguard adolescents' access to confidential health care services by preserving the law (General Statute 90-21.5) that allows a minor to consent to limited health services such as diagnosis and treatment of substance abuse, mental health, sexually transmitted diseases including HIV/AIDS, and pregnancy.

Mental Health

It is estimated that one in five persons will, over their lifetime, experience a mental illness. However, according to the Surgeon General's report on mental health released in 1999, less than one third of adults with a diagnosable mental disorder and even a smaller proportion of children, receive any mental health services in a given year. Studies have shown that mental disorders are treatable: the 80% successful treatment rate is higher than for illnesses like heart disease. Why then the disparity? The stigma attached to mental illness, the cost of treatment, and the fragmentation and lack of service availability are major factors which prevent people from getting treatment. The Surgeon General's report also reminds us of the impact of mental illness: "Untreated, mental disorders can lead to lost productivity, unsuccessful relationships, and significant stress and dysfunction. Mental illness in adults can have a significant and continuing effect on children in their care."

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

What many of those with private insurance find however is that treatment for mental disorders is treated differently than that for 'physical' disorders. Mental health treatment, when included in health plans, is often limited by lifetime caps on dollar amounts, caps on the number of annual visits, and or higher co-payments to visit a mental health professional. In the face of mounting evidence that mental illness is biologically based, with genetic and chromosomal links, and despite evidence of the higher effective treatment rates for mental

health disorders when compared to many physical disorders, insurance companies continue to discriminate against persons with mental illness seeking treatment.

Those uninsured, or on Medicaid, are dependent on the public mental health system in North Carolina. In March of 2000, in response to a call for reform of North Carolina's public mental health system, the Division of Mental Health, Developmental Disabilities and Substance Abuse Services presented to a Legislative Study Committee some staggering estimates of deficits in the mental health system; based on epidemiological studies, waiting lists, and statewide surveys, 670,000 adults and children in North Carolina were in need of mental health, developmental disability and substance abuse services estimated at a cost of 2.5 billion dollars. Recent figures from the Fiscal Research Division at the Legislature estimated that 598,780 adults and children in North Carolina have a serious mental illness and that 44% of those will seek help from the public funded system due to their level of disability and lack of health coverage.

Factoring in federal funding, state appropriations, and local funding, current financing of this system is estimated to serve only the most severely in need. Note that 250,000 people in North Carolina would be left with unmet mental health service needs and more than likely a large percentage of the 425,000 served would be left without some of the needed services. In our current health care system the disabled population is dependent on institutions and government support. Those with mental illness are at high risk for homelessness and incarceration, and are less able to fulfill their potential.

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

RECOMMENDATIONS FOR ACTION...

- Enact comprehensive mental health parity legislation in health coverage ending discriminatory differences between mental and physical health care
- Urge lawmakers to build on the recent increase in community-based mental health funding to ensure services to those in need.
- Support policies and programs that connect primary care and mental health services.

♀ *Emergency Contraception*

Emergency Contraception in the Emergency Room for Survivors of Sexual Assault

An estimated 25,000 women become pregnant as a result of rape each year in the United States. Approximately 88 percent, or 22,000 of these unintended pregnancies could be prevented if victims are provided access to emergency contraception (EC). In NCWU's 2004-2005 study regarding the dispensation of EC to victims of sexual assault in emergency rooms, one in four hospitals in North Carolina do not provide EC to survivors of sexual assault. With 5,000 sexual assault victims seeking help at emergency rooms in North Carolina each year, this results in 1,000 rape victims who are sent away without being provided emergency contraception. Sexual assault victims living in rural counties will disproportionately encounter hospitals which do not have a standard policy to dispense EC. Also relevant to the administration of EC is the availability of a SANE program. According to NCWU's research, hospitals with a SANE program are more likely to offer information and provide EC than hospitals without a program.

The Federal Drug Administration has found Plan B, the brand name for emergency contraception, to be a safe, effective, and approved method of preventing pregnancy after unprotected intercourse. Emergency contraception is a high dose of birth control that does not affect an already established pregnancy, but instead prevents an impending pregnancy by inhibiting ovulation, fertilization, or by preventing implantation of a fertilized egg. Providing EC in emergency rooms to sexual assault victims is imperative because EC is time sensitive. EC reduces the likelihood of pregnancy by 89% if taken within 72 hours of intercourse (although it can be effective up to even 120 hours).

Nine states – California, Massachusetts, New Jersey, New Mexico, New York, Ohio, Oregon, South Carolina and Washington – mandate that hospital providers offer EC to women after sexual assault. In 2005, Congress introduced two bills (HR 2928 and S1264) which would require federally funded hospitals to offer EC to victims of sexual assault. The House found in HR 2928 that many hospitals routinely do not offer EC to women seeking treatment and that nine out of ten women of reproductive age are unaware of EC, increasing the importance that hospitals offer EC because most women are unlikely to ask for it.

The American College of Emergency Physicians, American College of Obstetrics and Gynecology, and the American Medical Association all support making EC available in emergency rooms. The American College of Emergency Physicians includes dispensation of EC to rape victims in its standard protocol. All hospitals in North Carolina should provide EC in their standard ER care for survivors of sexual assault. regardless of the physician on duty.

Health care providers have a duty to ensure that patients receive accurate information and appropriate care. Failure to provide this care jeopardizes women's health and violates medical ethics. Medical ethics and sound science -not religious ideology- should determine medical decisions.

RECOMMENDATIONS FOR ACTION...

The General Assembly should support legislation that requires hospitals to provide EC to survivors of sexual assault on-site regardless of the physician on duty.

Chapter II: Civic Participation and Equality

♀ *Employment Discrimination*

Acts of discrimination and hatred are daily occurrences in the lives of American women, particularly women of color, immigrants, poor and disabled women, aging women and lesbian, bisexual and transgender women. According to the Equal Employment Opportunity Commission (EEOC), discrimination in employment based on gender and pregnancy are becoming more prevalent rather than less. In addition, there is a substantial increase in the number of complaints filed under the Equal Pay Act and because of sexual harassment. Women still experience problems with the glass ceiling and are still paid only 75 cents on the dollar for equal work with their male counterparts.



County and municipal governments should promote equal treatment of all individuals by improving complainants and respondents access to the administrative process for employment discrimination related complaints; increasing opportunities for mediation of claims; providing parties with a faster, less expensive and more effective resolution to complaints; and providing more technical assistance to businesses, employers, and housing providers to prevent discriminatory practices through educational workshops and seminars. Local ordinances should protect all people from being discriminated against because of their race, color, sex, religion, national origin, familial status, age, disability, veteran's status, sexual orientation, and gender identity/expression. Counties and municipal governments should offer remedies available under existing state and federal law; a jury or a court cannot award punitive damages unless they can be awarded under existing federal or state law.



Recent litigation has curtailed enforcement efforts of localities seeking to enforce antidiscrimination ordinances. This estoppel has created backlogs of employment discrimination complaints and inadequate resolutions of other complaints.

Currently, state and federal law offer no protection against discrimination based on sexual orientation or gender identity/expression. In 2005, House Bill 1203, State Government Equal Employment Opportunity, sought to amend the State Personnel Act to ensure that state and local government employees could work free from fear of discrimination. This legislation should be reintroduced and passed, along with broader legislation barring discrimination by private employers.

RECOMMENDATIONS FOR ACTION...

- General Assembly should support Anti-Discrimination Ordinances legislation. This bill gives county and municipal governments with populations of 100,000 or more, clear authority to adopt ordinances that prevent discrimination in the areas of housing, employment and public accommodations and gives residents a private right of action.
- General Assembly should pass legislation guaranteeing that lesbian, gay, bisexual and transgender people are free to work free from discrimination based on sexual orientation and gender identity/expression in both public and private employment.

♀ *Equal Political Representation*

SO MUCH AT STAKE, YET SO LITTLE SAY

Women have a tremendous amount at stake in our current political system. Their active participation as voters and candidates can impact important issues, including domestic violence, pay equity and health care, that affect their daily lives. Even though 55% of the registered voters in North Carolina are women, they are sorely scarce in elected offices. Women hold less than one-fourth of the seats in the N.C. General Assembly, less than one-sixth of all elected offices and one-third of appointed seats on boards and commissions, despite research showing that a majority of likely voters are supportive of women as candidates. Voting is not enough. To gain real political power, we must elect people who truly understand women's concerns.

REMOVING BARRIERS TO EQUAL PARTICIPATION

We can help to even the playing field by expanding "Clean Elections," increasing voter participation and advocating women's appointment to state and local boards and commissions.

Money is one reason that the composition of policy-making bodies does not reflect women's voting strength. As campaign costs rise, those traditionally excluded from the political process – including women – are at a disadvantage and our voices are not heard. In NC, female candidates raise, on average, 85% of what male candidates raise and the candidate who raises the most wins nearly 90% of the time, leaving women facing stiff odds.

"Clean Elections," as adopted in 2000 by Maine and Arizona, provide an alternative to the money chase, offering optional public funding to candidates who demonstrate broad community support and accept strict fundraising and spending limits. These states enjoyed an increase in women legislative candidates. Even Arizona's governor, Janet Napolitano, ran as a Clean Elections candidate. In 2002, the NC General Assembly passed the Judicial Campaign Reform Act, providing this alternative for NC appellate court candidates. In the 2005-2006 sessions, we must work to defend and fully fund the program and expand it to include other NC races.

Women must also increase our role as voters. NC ranks among the worst 15 states in the nation for voter participation. While 55% of voters are women, hundreds of thousands of women currently don't vote. Same-day registration, a practical reform that was introduced in the 2005 session, is already offered in the six states with substantially higher voter participation than ours. Adoption would allow an unregistered, eligible voter to register and vote at an Early Voting Site -- all at the same time.

Finally, we must encourage the appointment of qualified women to state and local boards and commissions and demand accurate and timely reporting of demographic data on appointees. Legislation passed in 1998 mandates proportional gender representation and requires annual reporting to the Secretary of State. We must urge the General Assembly to appropriate funds for this effort and to create a website to alert all NC citizens to openings on boards and commissions.

RECOMMENDATIONS FOR ACTION...

- The General Assembly should expand the Judicial Campaign Reform program to include General Assembly, Council of State, and gubernatorial candidates, and authorize local communities to provide a public funding option in local races.

- The General Assembly should authorize the phasing in of Same-Day Registration beginning with early voting sites in all 100 counties, and expanding as quickly as is feasible.
- The General Assembly should appropriate money for the Secretary of State's office for reporting and tracking of demographic data on appointees, and to provide for a state website to publicize current openings on appointed boards and commissions.

♀ *Hate Crimes*

According to the Southern Poverty and Law Center (SPLC), every hour a hate crime is committed. Experts recognize that hate crimes are undercounted. Of those reported, eight blacks, three whites, three gays, three Jews, and one Latino become hate crime victims everyday. (Did these experts count women?)

Although progress has been made in improving inter-group relations in the United States and in NC, stereotypes accompanied by fear remain commonplace. Without education as well as constructive steps to build understanding on a personal level, stereotypes will lead to discrimination, racist policies, and eventually, hate crimes. Organizations that promote and nurture hatred of others because of their race, religion, sex, disability, or sexual orientation are loosely referred to as hate groups. According to an Intelligence Report from the SPLC, there are only six states with more known hate groups than NC. There are 22 active hate groups in NC, among which are ten Ku Klux Klan and six Neo-Nazi groups



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

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

NC's Ethnic Intimidation Act, our state hate crime law, fails to address hate crimes and bias related incidents against women. The current law provides protections only for crimes motivated by race, color, religion, national origin and ethnicity, failing to address crimes motivated by bias based on sex, age, sexual orientation, gender identity/expression, and disability status.

RECOMMENDATIONS FOR ACTION...

- General Assembly should support legislation that would add sex, age, sexual orientation, gender, gender identity/expression, and disability status to the existing Ethnic Intimidation law.
- Assure that local schools have access to SPLC's "Teaching Tolerance" curricula or other similar materials.

♀ *Marriage and Family*

The 2000 census identified more than 16,000 same-sex couples in NC, including at least one male and one female couple in every county. These numbers are thought to be a substantial undercount, as many same-sex couples do not wish to self-identify to a government that discriminates against them. These couples are denied equal protection under the law under the so-called Defense of Marriage Act (DOMA). Because same-sex couples are denied access to civil marriage in NC, they are unable to access hundreds of state rights and benefits and more than 1100 federal rights and benefits.

These policies are especially hard on lesbian families, due to the income disparity between men and women. When family emergencies arise, these families don't have the same rights and resources to help them cope as heterosexual families. Although more than one third of lesbian couples are raising children, NC does not allow the same-sex partner of a legal parent to adopt their partner's children as a second parent. Children of gay and lesbian parents can be denied access to their second parent's health insurance and other benefits, potentially burdening the state with additional uninsured minors. Laws governing adoption, artificial insemination, and family planning should not discriminate against lesbian, bisexual, transgender women, same-sex couples, or single heterosexual women to ensure that all children have the opportunity to grow up in a loving family.

Recently, conservative legislators have attempted to write discrimination into the state and federal constitutions by amending them to deny same-sex couples access to marriage or any similar form of relationship recognition. If legislators are allowed to use the constitutions to address hot-button social issues such as same-sex marriage, surely amendments seeking to limit a woman's right to choose or to end affirmative action cannot be far behind. The state and federal constitutions should be used to protect rights, not diminish them.

RECOMMENDATIONS FOR ACTION...

- General Assembly should oppose any efforts to use the state or federal constitution to diminish the rights of any group of people, including denying recognition of marriage or similar relationships to same-sex couples.
- Local governments should adopt policies extending equal benefits to domestic partners of their employees.



♀ *North Carolina Public Education K – 12*

The original Constitution of North Carolina, adopted on December 18, 1776 included the specific provision “that a school or schools shall be established by the legislature, for the convenient instruction of youth.” The NC Supreme Court reaffirmed in 2004 that every child in NC is entitled to an equal opportunity to receive a sound basic education. The disagreement is on the question of how many dollars are needed to provide this equal sound basic education.

NC EDUCATIONAL PROGRAMS (current)

ABCs: The ABCs of Public Education. The ABCs is North Carolina's comprehensive plan to improve public schools that is based on three goals: strong Accountability, an emphasis on student mastery of Basic skills, and as much local Control as possible. The model focuses on schools meeting growth expectations for student achievement as well as on the overall percentage of students who scored at or above grade level. The model uses end-of-grade tests in grades 3-8 in reading and mathematics to measure growth at the elementary and middle school levels and end-of-course tests to measure growth at the high school level and at the middle school level where appropriate. Certified staff receive bonuses based on student growth and schools receive recognition based on the percentage of students' scores at or above grade level. New growth formulas and performance composites will be used for ABC calculations beginning for 2005-06 assessment results

NCLB: No Child Left Behind. NCLB is the more recent reauthorization of the Elementary and Secondary Authorization Act and represents a sweeping change in the federal government's role in local public education. NCLB has a variety of goals, but the most dominant ones are for every school to be at 100 percent proficiency by 2013-14 as measured by student achievement on state tests and for every child to be taught by a "Highly Qualified" teacher. The new law emphasizes new standards for teachers and new consequences for Title I schools that do not meet student achievement standards for two or more consecutive years. North Carolina is one of five states approved to participate in a national pilot to switch the order of the first two years of sanctions that the No Child Left Behind federal law applies to schools in Title I School Improvement, according to notice received by State Superintendent June Atkinson from the U.S. Department of Education. The pilot allows seven districts in North Carolina to offer supplemental educational services, or free tutoring, to economically disadvantaged students in the first year a school is in Title I School Improvement instead of public school choice options, the usual first year sanction. The seven districts in the pilot are: Burke, Cumberland, Durham, Guilford, Northampton, Pitt and Robeson. In public school choice, parents are given the option to transfer their children to another school designated by the district that is not in Title I School Improvement. When both the public school choice and tutoring options are available to a family, parents may choose the transfer option or tutoring services, but not both. Public school choice is offered to all students in a Title I school. Extra tutoring services, or supplemental educational services, are offered only to economically disadvantaged students, regardless of the level of their academic performance. In North Carolina, economically disadvantaged is defined as qualifying for free or reduced-price lunch. More information about NCLB, Title I, SES and other related topics is available at www.ncpublicschools.org/nclb. Questions also may be directed to the NC Department of Public Instruction (NCDPI) Communications division at 919.807.3450.

MORE AT FOUR: The *More at Four* Program is North Carolina's statewide pre-kindergarten initiative for at-risk 4-year-olds, designed to help children be more successful when they enter school. The purpose of More at Four is to provide a high quality educational program for at-risk children in the year before kindergarten entry. Children are eligible for More at Four based on poverty status and other risk factors with priority for service given to children who are otherwise unserved in a preschool program. To learn more about the More at Four Program, please contact the More at Four State Office. Parents or caregivers interested in enrolling a child in More at Four should call 1-866-NC-PREK4.

SMART START: Smart Start is a public-private initiative that provides early education funding to all of the state's 100 counties. Smart Start funds are administered at the local level through local nonprofit organizations called [Local Partnerships](#). The [North Carolina Partnership for Children \(NCPC\)](#) is the statewide non-profit organization that provides oversight and technical assistance for local partnerships. Services at the local level range depending on local needs. Funding for Smart Start is currently \$202.5 million in state funds. Smart Start has raised [more than \\$257 million in donations](#) since it began.

Currently, 79 local partnerships are established throughout the state to administer funding and programs. Smart Start funds are used to improve the quality of child care, make child care more affordable and accessible, provide access to health services and offer family support. Smart Start has achieved tremendous results in these areas and continues to strive to reach all children in North Carolina.

Smart Start has garnered much national recognition and is considered a model for comprehensive early childhood education initiatives. In 2001, the NCPC established a [National Technical Assistance Center](#) to assist other states with the development of an early education initiative.

PART II LEANDRO DECISION

Background

In 1994 parents, school boards and students from five low-wealth counties filed a lawsuit saying that the State did not provide enough money for them to provide a quality education for their children. Six urban school districts also asked to be parties to the *Leandro* lawsuit. The urban counties said that the state funding formula did not provide them with sufficient money to educate their at-risk students and students for whom English is their second language. In 2004 the state Supreme Court reaffirmed the constitutional right of every student to have the opportunity to receive a sound basic education and ordered the state to assume responsibility for the educational deficiencies.

Minimum *Leandro* Requirements

- Every classroom must be staffed with a competent, certified, well-trained teacher who is teaching the Standard Course of Study by implementing effective educational methods that provide differentiated, individualized instruction, assessment and remediation to the students in that class.
- A well-trained competent principal with the leadership skills and the ability to hire and to retain competent, certified and well trained teachers must lead every class room.
- Every school must be provided, in the most cost effective manner, the resources necessary to support effective instruction within that school to meet the needs of all children, including at-risk children.

2006 Update EDUCATION BUDGET ITEMS

Disadvantaged Student Supplemental Funding (DSSF) Adds \$27 million to local school systems to help students at risk of academic failure and will be distributed among 99 districts in the state. The original 16 plaintiff districts will continue to receive DSSF at the same level as in 2005, \$22.5 million.

Low Wealth Supplemental Funding \$41.9 million will be provided to low wealth counties for local school districts

Restore Base Budget Funding Eliminates the \$44 million discretionary cut to school budgets

More at Four \$84.6 million will allow 3200 new program slots and increase funding per slot by \$200.

ABC bonuses \$90 million for schools that met or exceeded expected growth. Gives additional funds to support evaluation of the effectiveness of schools' use of DSSF and Low Wealth monies and how the Dept of Instruction (DPI) assists schools in using the money most effectively.

Director of High School Turnaround Provides funds for a coordinator to assist districts in improving composite scores of persistently low performing high schools

School Nurse Funding Adds 65 more school nurse positions

Exceptional Children Increases funding per special needs student to \$2972.

Communities in Schools \$1 million for non-profit programs to help at risk students succeed in school

Literacy Coaches \$4.8 million for hiring 100 school based literacy coaches. The State Board of Education will allocate positions to 100 schools with the lowest average scored on 8th grade end-of-grade test in reading.

RECOMMENDATIONS FOR ACTION...

The 2006 –07 increased funding for education is excellent, but we need to follow the money. Communities need to ask these questions:

- How much money is my local school receiving?
- What are the plans for this money?
- Who is responsible for ensuring that the plans are followed?
- At the years end will you be able to trace how and where the funds were spent?
- Has education been improved for all students in the school district?

“North Carolina stands at a critical crossroads. A combination of powerful forces – economic changes, federal law and it’s own constitution – demand dramatic improvements to the system of public education. For North Carolina to succeed, state leaders must facilitate the development of a comprehensive plan for progressing from where we are to the desired educational objective. The plan must be based upon an honest and straightforward assessment of what it will really cost to produce the kind of student achievement and success in all corners of the state that both the law and the 21st century economy demand.” *

*Quote from “Common Ground”, a report published by the NC Justice Center. The entire report can be found at http://www.ncjustice.org/media/library/40_commongrd04.pdf

Special Thanks to the following organizations for information included in this paper (prepared by Mary Peterson, American Association of University Women, North Carolina):

NC Justice Center www.ncjustice.org

The Public School Forum of NC www.ncforum.org

Smart Start website www.smartstart-nc.org

Public Schools of NC www.ncpublicschools.org

More At Four www.governor.state.nc.us/Office/Education/Home.asp

Chapter III: Economic Self-Sufficiency

♀ *Housing*

One of the most severe problems facing hard-working but low-income North Carolinians is finding affordable housing. Often they must live with relatives or friends, do without necessities to pay their rent, or stay in homes that are in poor condition and sometimes even unsafe. Across North Carolina the cost of housing has risen faster than wages, putting affordable housing out of reach for thousands of families. Over 600,000 low-income families live in homes they cannot afford. Over 300,000 households pay more than half their income for housing. A family must earn at least \$60,000/year to afford the average home price. According to the 2003 NC Justice Center report, "Working Hard is Still Not Enough," 20 percent of homes do not have full plumbing or are overcrowded or cost more than 30% of the family income. Of North Carolina families with children, 25 percent do not have safe, affordable, comfortable housing. Population in homeless shelters has been increasing, with homeless children being the fastest-growing segment of this population.

Women make up a disproportionate share of those who live in low-income housing. In 1998, HUD reported that 84% of recipients of federally subsidized housing in North Carolina were in female-headed households. Elderly housing includes a high percentage of women, as females tend to outlive males and have lower incomes. In fiscal year 2000, women and children composed 50 percent of the homeless persons in shelters receiving federal grants.

One of the best ways to create affordable housing is through Housing Trust Funds (HTF's). There are currently more than 300 HTF's in cities, counties and states throughout the US. HTFs are generally distinct accounts that receive dedicated sources of public funds to support affordable housing. North Carolina's HTF received only \$3 million in the last budget cycle, and if the state has any hope of improving housing, available funding for the NC Housing Trust Fund must increase substantially.

While North Carolina faces a challenge in creating affordable housing, increasing layoffs and predatory lending practices have contributed to a staggering increase in home foreclosures. In the six years between 1998 and 2004, foreclosure filings in the state have increased 189 percent, with some counties experiencing an increase of over 500 percent. In response, the revised state budget for 2004 included \$1.75 million for a NC Home Protection pilot program to help people avoid home foreclosure after losing a job. Under the pilot program, homeowners who have lost their jobs owing to the State's changing economic conditions would be able to apply for a bridge loan to help pay monthly mortgage payments while they look for new employment.

RECOMMENDATIONS FOR ACTION...

- Increase funding for the North Carolina Housing Trust Fund to \$50 million yearly to expand affordable housing for low-income families.
- Increase funding for the Home Protection Pilot Program and support improvements to North Carolina's foreclosure program.

♀ *Economic Self-Sufficiency*

The economic growth that has occurred in North Carolina since the 2001 recession has largely bypassed the state's working families. According to a 2005 report from the NC Justice Center, "Failing Jobs, Falling Wages" (by John Quintero and Elizabeth Jordan), on average North Carolina parents caring for their children must earn \$12.32/hour to meet their family's most basic needs. Unfortunately, almost half of North Carolina's families with children are not earning this living wage and women are more likely to be among them. Female-headed households make up only 13% of all North Carolina households but 37% of all households in poverty.

Minimum Wage: North Carolina's minimum wage will rise from \$5.15 to \$6.15 an hour in 2007, thanks to a formidable lobbying effort by some dedicated legislators and by grassroots supporters throughout the state. This significant effort to restore the value of fair pay for hard work will benefit 139,000 workers, the bulk of whom are women. Despite the victory, the minimum wage still buys less than it did in 1968 and is not a living wage. The campaign must begin all over again for an additional raise—and equally important, for indexing the wage to inflation so that its value is maintained over time.

Work First/TANF: Welfare reforms of the 1990's successfully decreased North Carolina's welfare rolls, but have not moved families out of poverty. North Carolina's cash assistance program, called Work First, cut its caseload over 73 percent from about 132,000 cases in January 2005 to 32,000 now. This reduction was perceived as healthy during the booming economy of the late 1990s, but showed its dire consequences when the recession began in 2001. Poverty among NC families with minor children went from 15% in 2000 to 19% in 2004, but the Work First caseload continued to drop 25% during that same period. Families are not receiving Work First in spite of their need for help due to three primary reasons: 1) North Carolina's extremely low benefit levels – less than one-fifth of poverty level or \$236/month – do not motivate families to endure the embarrassing and detailed application process; 2) welfare reform's emphasis on requiring families to work regardless of the pay and 3) time limits on the receipt of benefits. Those receiving Work First cash assistance may do so for only two years. They can return to the Work First rolls after being off for a while but will still have a federal life-time limit of five years for assistance.

At this time, the program is in transition because of new federal rules. In July 2006, US HHS issued very restrictive new work requirements for the federal Temporary Assistance for Needy Families Block Grant, which is the funding source for North Carolina's Work First program. The new rules require states to have more of their cash assistance caseload participating in a narrower range of work activities than previously required. They also do not give states credit for having reduced their caseload by getting previous years' recipients into jobs. The end result is that North Carolina and many other states will likely find it very hard to meet the federal work participation requirements and could face financial penalties. A penalty for North Carolina could amount to a loss of \$15 million in the first year and more thereafter. The narrowly drawn rules are expected to further reduce the number of welfare recipients, potentially leaving many more low-income families with no source for cash assistance aid.

Education and Training: Education is a prerequisite for success in today's service-based economy. While education alone is insufficient to guarantee economic success, it is an essential building block. Yet one-third of the state's low-income working families contain at least one parent who did not finish high school, nor complete a GED. Some adults are barely literate. More attention needs to be devoted to enrolling adults in community college and job training programs to connect them to occupations that pay a living wage, provide basic benefits, and offer a chance at upward mobility.

Earned Income Tax Credit: The problems of workers earning low wages are aggravated by an unfair tax burden. State and local taxes in 2003 took almost 11 percent of incomes of these workers, while the rich were taxed only about nine percent. About 20 percent of all those who filed federal income taxes in the state in 2002 took advantage of the federal Earned Income Tax Credit, which provides refunds of taxes for low-income workers who qualify. This cash credit (available to eligible workers even if they did not pay taxes) is considered

the federal benefit most useful in raising working families out of poverty. A state-level earned income tax credit, set at a percentage of the federal credit, could lessen the tax burden of families earning less than \$29,000 a year.

Pay Equity: In 2005, a woman earned only 77 cents for every dollar a man earned. According to the National Committee on Pay Equity, women earned on the average \$31,221, while men earned \$41,798. The disparity was greater for women of color. In 2004, African-American women earned on the average \$27,730, Latinas \$23,444, and Asian-American women \$35,975. Pay inequities between men's and women's earnings and segregation of women in low-paying jobs classified as "women's work," are important reasons why women are always coming from behind in the effort to achieve a living wage. Although the federal Equal Pay Act of 1963 prohibited unequal pay for equal or "substantially equal work," disparities persist.

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

One significant area in which a pay equity study is most possible is in state employment where wage scales are public records. In 1982 a report from the Office of State Personnel, "Patterns of Pay in N.C. State Government," demonstrated that white males earned more than either black or white females and minority men. Legislation providing for a comparable worth study was passed in 1984 but repealed the next year. Salary inequities were again brought to light in the "Comprehensive Pay Plan" of 1993 but never addressed. A recent OSP report in 2004 brought the same bad news. It showed that women are 48.9 percent of the state workforce subject to the State Personnel Act but make up 71.5 percent of those in the low wage brackets. As for African-American women, they are 16 percent of the state SPA workforce but 35 percent of those in the lowest salary grades. NCWU members helped to get a bill introduced which raised the minimum salary for a state SPA worker about \$2000 to \$20,112. The bill also called for a pay equity study commission to look at disparities in male and female salaries of state workers; so far that legislation has not been passed. Such a study, using a point system of evaluation, would examine whether different jobs with requirements for similar education, skill, and responsibility received equal pay. This study in state government, the state's largest employer, would be one step leading to pay equity in North Carolina.

RECOMMENDATIONS FOR ACTION...

- The legislature should provide an increment of another dollar in the minimum wage and index the wage to inflation.
- The legislature should pass a state Earned Income Tax Credit.
- The legislature and NC Department of Health and Human Services should make every effort to continue cash assistance benefits for low-income families with minor children.
- The General Assembly should support a pay equity study of jobs in state government and implement any recommendations resulting from the study.
- The General Assembly should create a state program allowing families to keep public assistance and child care subsidy benefits while completing their education or job-retraining.

♀ *Domestic Violence*

Domestic violence is a serious, widespread social problem in our country and in our state. Nearly 25% of American women report being raped and/or physically assaulted by a current or former spouse, cohabiting partner, or date at some time in their lifetime, according to the National Violence Against Women Survey.¹ Women of all races and socioeconomic backgrounds are vulnerable to violence by an intimate partner. In North Carolina, local domestic violence programs responded to over 104,000 crisis calls and provided services to over 50,000 victims in FY 04-05, a 42% increase since 1997.² Without appropriate intervention and services, domestic violence often escalates into homicide. On average, more than three women are murdered by their husbands or boyfriends in this country every day.³ In North Carolina, 82 domestic violence related homicides were reported in 2004 and 69 homicides were reported in 2005.⁴ North Carolina ranked 16th in the nation for the number of per capita homicides committed by men against women in 2003, according to the Violence Policy Center.⁵

North Carolina has made tremendous progress in recent years, including landmark legislation that was passed in 2004 through the efforts of the House Select Committee on Domestic Violence. This legislation created a new felony crime of non-fatal strangulation, enhanced safety for children by improving custody laws, and mandated training for law enforcement. In 2005, North Carolina became the 2nd state in the nation to pass comprehensive tenancy laws to protect victims. These important efforts are being continued through the work of the Joint Legislative Committee on Domestic Violence appointed in 2006.

The Joint Committee has proposed legislation to increase funding for the following: 1) shelter construction to meet the demand for shelter space; 2) visitation centers so that visitation can occur in a safe setting; and 3) family courts. In addition, the Joint Committee has recommended legislation that would increase the penalty for a second violation of a protective order to a felony. Some of the additional issues that we hope to address in the 2007 session include: increased funding for domestic violence programs, TANF, and the Housing Trust Fund to improve services to Work First participants and increase access to affordable housing; equal access and protection under Chapter 50B for all victims of domestic violence; strengthening criminal penalties for domestic violence; and requiring probationary sentences for offenders to be supervised to improve safety and accountability.

RECOMMENDATIONS FOR ACTION...

- Support the recommendations of the Joint Legislative Committee on Domestic Violence.
- Support the Legislative Agenda of the North Carolina Coalition Against Domestic Violence (www.nccadv.org).

¹ The Centers for Disease Control and Prevention and The National Institute of Justice, *Extent, Nature, and Consequences of Intimate Partner Violence*, July 2000.

² North Carolina Council for Women, *Domestic Violence Statistical Report, 2004-05*.

³ In 2000, approximately 1,687 murders were attributed to intimates, and 1,247 victims were women. US Department of Justice, *Intimate Partner Violence, 1993-2001*, <http://www.ojp.usdoj.gov/bjs/abstract/ipv01.htm>.

⁴ Data collected by the NC Coalition Against Domestic Violence based on news reports across the state.

⁵ Violence Policy Center, *When Men Murder Women: An Analysis of 2003 Homicide Data*, September 2005.

♀ *Sexual Assault*

Over the last 7 years NC Rape Crisis Centers have seen a 28% increase in victims seeking services. Since then, Rape Crisis Centers have received only one increase in funding from the General Fund and one non-recurring appropriation. In 1999, the North Carolina General Assembly increased funding from \$838,500 to its current level of \$1,117,500. When this increase was allocated only 65 programs shared the money. In 2006, there are 73 Rape Crisis Centers; all sharing the same \$1,117,500. These funds are critical for supporting sexual assault programs' 24-hour hotlines, crisis counseling, support groups, community education and prevention efforts, as well as victim accompaniment during medical treatment and throughout the legal process. The average salary of NC rape crisis first responder/victim advocates, who are on call 24 hours a day, seven days a week, is only \$21,033.⁶ The cost of preventing sexual violence is FAR LESS than treating its effects—medical treatment, counseling, work absenteeism, law enforcement time, prosecution and court costs.

Since the inception of Permanent Civil No-Contact Orders (50Cs) in December of 2004, there have been approximately 10,000 such orders filed. However, there have been less than fifty reports of violations of these orders⁷. However, in 2004 and 2005 over 3700 people were convicted on violation of the 50B order against them⁸. The difference is that the onus for reporting violations of 50Cs is on the victim, who must file a contempt of court order and attend a hearing. Conversely, violations of 50Bs are reported to the police for criminal action.

RECOMMENDATIONS FOR ACTION...

- Provide stable and adequate funding for new and existing sexual assault programs.
- Criminalize 50C violations.

⁶ Salary Survey Results for Local Rape Crisis Centers. NCCASA. (2000)

⁷ NC AOC. Raleigh, NC. July 2006.

⁸ "Tally of Offense Codes Used in the Criminal/Infraction Index in 2005". NC AOC, Raleigh, NC. February 2006

References

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The papers in this 2006 Draft Agenda were solicited from the organizations who are members of North Carolina Women United.

They represent a cross section of the issues important to the women of North Carolina and will form the basis for the discussions at the “Women’s Agenda Assemblies” held across the state in the fall of 2006.

For more information on the process and updates to these papers as issues evolve during the 2007-2008 Legislative session, see the NC Women United web site.

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