

UNEQUAL LIVES

The State of Black Women and Families in the Rural South



ACKNOWLEDGMENTS

The Children's Defense Fund's Southern Regional Office (CDF-SRO) serves as the regional administrator for the Southern Rural Black Women's Initiative for Economic and Social Justice (SRBWI) and is the state lead for program activities in Mississippi. The Federation of Child Care Centers of Alabama (FOCAL) is SRBWI state lead in Alabama, and the Southwest Georgia Project for Community Education leads the work in Georgia. SRBWI's state and regional program activities are guided by an executive committee including these three state leads, the asset and finance development director, and senior program consultants.

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SOUTHERN RURAL BLACK WOMEN'S INITIATIVE

The Southern Rural Black Women's Initiative, administered by the Southern Regional Office of the Children's Defense Fund, is the nation's foremost voice on the issues and concerns of black and low-income women and families in the deep and rural South. SRBWI works in 77 rural counties in the Black Belt of Alabama and Georgia, and in the Delta of Mississippi, many of which are among the most neglected regions in the nation.

For over a decade, the Initiative has helped to funnel more than \$12 million dollars to rural communities, harnessed the leadership of more than 2,500 women and girls, and advanced legislation and policies at the local, state, and federal levels to improve the long-term economic outcomes for women, children and families in rural counties in the states of Alabama, Georgia, and Mississippi.

Report Partner

CENTER FOR RESEARCH AND POLICY IN THE PUBLIC INTEREST (CR2PI) at THE NEW YORK WOMEN'S FOUNDATION



The Center for Research and Policy in the Public Interest (CR2PI) at the New York Women's Foundation conducts original research and policy analysis focused on black and low-income women, their families and communities. Research generated at CR2PI is used to build knowledge, influence the public debate, and create informed public policies at the local, state, and national levels. The ultimate goal of our research and policy analysis is to increase access and relieve disparities for economically vulnerable families and to help build more connected communities throughout the United States. The Center also serves as an innovation and leadership development hub for women of color practitioners, scholars, and advocates.

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DELTA REGIONAL AUTHORITY

OFFICE OF THE FEDERAL CO-CHAIRMAN

There is great power in rural America: Our farmers feed the world, our people overwhelmingly serve and protect this country, our renewable and natural resources drive factories and communities, and our Main Street business owners represent our country in global marketplaces.

Today, however, our rural communities face significant challenges to their economic stability and overall wellbeing. These issues include double-digit poverty in many areas, the lack of strong infrastructure and access to quality health care, lower levels of educational attainment, and the loss of the economic growth they once had.

At the Delta Regional Authority, we have made efforts through our Today's Delta Project to collect data about the lived experiences of communities in the region to prompt policies, programs, and economic development initiatives to improve outcomes across the board in the area. In the 252 counties and parishes we serve across the Mississippi River Delta and the Alabama Black Belt Regions, families are struggling to make ends meet, and the issues raised above are preventing them from accessing opportunities that could set them on a sure path to full economic security.

To achieve strong policies and attract investments to the region, we must have solid quantitative and qualitative data to justify decision-making. Sadly, in many rural areas, good data is missing or often hard to find. This report, *Unequal Lives: The State of Black Women and Families in the Rural South*, goes a long way toward closing the gap in information and data. It is also in alignment with our efforts and helps us with the roadmap for positive and lasting change in rural communities that have often been left out.

I commend the Southern Rural Black Women's Initiative for their work, vision, and commitment to lifting up and making visible the daily challenges and barriers to building the long-term economic security of Black women, children, and families in the rural South. The data compiled in this report will help decision-makers, local officials, and community organizers craft the policies and programs that will address the infrastructure, access, and services rural Black women and impoverished families across the South need to live healthy lifestyles, pursue quality education, and make better lives for their children.

Chris Masingill, Federal Co-Chairman
Delta Regional Authority



INTRODUCTION

by Shirley Sherrod

“Our Nation Is Moving Toward Two Societies, One Black, One White—Separate and Unequal”

—The Kerner Report

Fifteen years ago, I was among four women from the states of Alabama, Georgia, and Mississippi who had been invited to the Ford Foundation to discuss our experiences working in the rural South on the behalf of Black women, children, and families. In our gathering, we spoke about the unique and specific barriers to building the long-term economic security and well-being of Black women in the rural South and the need to create an organization that would work across geographic boundaries to advance policies and economic development models that take into account the rich history and culture of women and communities. One year later, a slightly expanded group reconvened and formed the Southern Rural Black Women’s Initiative (SRBWI).

Since our inception, we have organized Human Rights Commissions in eleven counties throughout the rural South, created a leadership institute to support younger women in the region, and established a Southern Rural Black Women’s Hall of Fame that highlights the contributions of women civil rights leaders in the rural South. Collectively, these initiatives and efforts represent our larger vision and commitment to creating a society where Southern Rural Black Women are recognized and supported for the hard-working innovators, business people, mothers, community leaders and activists that we are.

As gaps in income and wealth continue to widen in the United States and structural and institutional barriers to economic security persist, this report, **Unequal Lives: The State of Black Women and Families in the Rural South**, reminds us that there is still much work to do to ensure that all women, children, and families have a fair shot at success and opportunity in our society. For far too long, the discussions around poverty and economic vulnerability have focused almost exclusively on exploitive and extractive industries and economic systems that reinforce inequities or shortchange rural workers.

In the report, we call for a bundle of policies and programs that focus on economic innovation, local ownership, and regional infrastructure capable of building community assets and leveraging the synergy between rural and urban economies. Moreover, we encourage policies and incentives that encourage African-Americans and young people to stay in their communities and neighborhoods in the rural South rather than fleeing to large urban cities in search of better opportunities and for the necessary infrastructure—quality schools, hospitals, broadband access, and other technology—necessary to compete in a global economy.

Since the release of the Kerner Report nearly a half century ago, there has been some progress, but not nearly large enough in scale to shift the tide of economic, social and political inequality that still permeates many parts of the rural South and that impacts Black women and families specifically. With the report, we hope to shine a long-overdue spotlight on the inequities and the resulting injustices that Black women face on a daily basis as they work to obtain full economic security and to create a better life and future for their families.

Over the past 14 years, through determination and our work here at the Southern Rural Black Women’s Initiative and throughout the region, we have demonstrated what can be achieved with the support of local women-led leadership, great philanthropic partners, and strong economic development models. It is our hope that the report will spark a dialogue and open up conversations about how to create an economy and build communities that work for all citizens, including those living in the rural South.

EXECUTIVE SUMMARY

INTRODUCTION

“Whatever problems facing America, whether it’s poverty, unemployment or a failing education system—it is magnified here in the rural South, and for women. There’s no doubt about it.

We have a poor education system, which means quality employers don’t locate to the [Mississippi] Delta. Even if people are educated, they are underemployed or not employed at all ...That means incomes are low and then you don’t have access to quality healthcare and food. All of these things are connected.”

— Ms. Arnell, Leland, Mississippi

In the rural South, more than 1 in 4 children and nearly as many women live in poverty. When race and ethnicity are taken into consideration, the poverty rate is more than double for African-Americans and Latinos compared to their white counterparts.

For women and children living in the rural South, poverty is the result of unequal social, political and economic conditions—failing school systems, high levels of unemployment, poor public infrastructure and housing, and the lack of access to quality healthcare—that have persisted over many decades.

This report, **Unequal Lives: The State of Black Women and Families in the Rural South**, by the Southern Rural Black Women’s Initiative, aims to shed light on the most significant and persistent barriers to success, opportunity, and economic security for lower-income women and families in the rural South. It also provides an in-depth analysis of the economic security, health, and overall wellbeing of women living in nine counties across the rural South in the states of Alabama, Georgia and Mississippi.

Using the most recent data available from the U.S. Census Bureau American Community Survey, various city and regional agencies, and other relevant sources, the report focuses on six main issue areas that shape the lives of women and families, including poverty, income and employment; education and health; and public infrastructure and housing.

The report focuses on nine counties in three states that are persistently poor as defined by the United States Department of Agriculture (USDA). These are counties where 20 percent or more of the population have lived in poverty for five consecutive census years.¹

The overarching goals of the report are to:

- Provide baseline quantitative and qualitative data on the economic, social and health status of women in the rural South;
- Advance two-generational, parent-child models to alleviate poverty and promote economic security;
- Identify strategic opportunities for collective impact across the region and in local communities;
- Inform public policies, resource allocation, and advocacy efforts at the local, state and federal levels; and
- Provide practitioners, government officials, community leaders, and other key stakeholders with easily accessible data and information on low-income women and families in the rural South.

LIMITATIONS OF THE REPORT

While this report tells us much about the economic security and overall wellbeing of Black women, children, and families in the rural South in the nine counties studied, it does not paint an all-encompassing picture. At the outset, we recognized the severe gap in data and information available on Latino and Native American women, LGBTQ communities, women with disabilities, and women who are incarcerated in the rural South. We were also limited by the lack of available data at the county levels on critical issues such as domestic violence and incarceration. However, we intend for this report to spark further conversations and provide the impetus for additional research and data collection in these key areas.

KEY FINDINGS

In the rural South, poverty and economic vulnerability are exacerbated by other community challenges, including poorer health outcomes, the lack of strong public infrastructure such as transportation and broadband access, inadequate housing, and lower levels of educational attainment than in comparable metropolitan areas. For example, in the rural counties studied, nearly 1 in 4 residents reported being in poor or fair health, compared to just 1 in 10 in the top-ranked metro counties in each of the three states.

Race and ethnicity, along with familial status, are strong predictors of economic security among women in the rural South. In the rural counties studied, the poverty rate of single-mother-headed households is 30 percent higher than that of similarly situated households across the three states. When race and ethnicity are taken into consideration, Black women heads of households in rural counties are nearly twice as likely to be poor as their white counterparts.

Philanthropic investments in the South on efforts to support programs aimed at building the long-term economic security and well-being of women and girls has not kept pace with need. In 2012, just 5.4 percent of all foundation funding in the South went to programs focused on women and girls, and less than 1 percent to programs focused on Black women and girls.

The loss of major industries and jobs in the rural South has had a direct impact on employment opportunities and the long-term economic security of women. The unemployment rates of the counties studied are more than double that of the state level and nearly triple the national rate. For Black women in rural counties surveyed, the unemployment rate was 23.6 percent, a rate four times higher than that of white women in the same counties, at 5.9 percent.

The lack of strong public infrastructure, such as a reliable transportation system and broadband access, creates isolation from the economy, jobs, healthcare, education, and even quality grocery stores and restaurants for low-income women in rural counties. In rural counties in Mississippi, only 59 percent of residents have access to the Internet—the lowest rate in the nation—and the public transportation system is a patchwork of local transportation services and an overburdened bus system that has limited availability, especially when it comes to routes through certain communities.



ECONOMIC SECURITY

- **The poverty rate for women in rural counties is significantly higher than the level of the state in which each county resides.** In Georgia, the state level poverty rate for women is 10.6 percent, and in the rural counties studied, the rate is 38.7 percent. In Alabama, the state poverty rate is 10.6, and in rural counties half of women live in poverty. Likewise, in Mississippi, the poverty rate for women is 24 percent and the rate in rural counties is nearly double.
- **The poverty rate for households headed by single, Black mothers in the rural counties studied is three times higher than households headed by white women with children, at 61 percent and 20.6 percent respectively.** By state and county, Black single mothers residing in Clay County in the state of Georgia had the highest rate of poverty of all counties included in this study, at 70.4 percent, with a similar rate found in Bolivar County, Mississippi.
- **In the rural counties studied in the states of Alabama, Georgia, and Mississippi, Black women experienced higher levels of poverty and economic vulnerability than white women.** Between 85- and 95 percent of Black women in the rural counties studied lived in poverty, and they were also more likely to have lower median incomes than either Black men or white women.
- **The ability to obtain secure full-time employment is a significant hurdle for Black women in the rural South.** Across the nine counties examined, the unemployment rate for Black women is 23.58 percent, a figure five times higher than for white women in the same counties. Of the counties studied, the most glaring disparity in the unemployment rate for women is in Wilcox County, Alabama, where the rate for Black women is 36.1 percent, compared to just 2.1 percent for their white counterparts.
- As many as one-third of the families with children under the age of 18 across the rural counties studied in each of the states relied on SNAP (Supplemental Nutrition Assistance Program) to make ends meet, a rate on par with the national average.
- **The poverty rate for younger women between the ages of 18-24 was highest among Black girls in the three counties studied in the state of Mississippi.** In Bolivar County, the poverty rate for younger Black women is nearly 2.5 times higher than the rate for their white counterparts.



EDUCATIONAL ATTAINMENT

- **Disparities in educational attainment among women were significant across the nine counties studied in Alabama, Georgia and Mississippi.** Across the counties, Black women were as much as three times less likely than white women to complete high school or its equivalency, and nearly two times less likely to hold a bachelor's degree or above than their white counterparts. The gap in educational attainment among women was starkest in Clay County, Georgia, where 36 percent of Black women had less than a high school education, compared to 8 percent of white women.
- **In Alabama, the educational attainment rate of women throughout the state as a whole is significantly higher than that of rural counties surveyed.** At the state level, only 6 percent of women lacked a high school diploma or its equivalency. In the rural counties studied—Wilcox, Lowndes and Conecuh—25 percent failed to graduate from high school or its equivalent.
- With few exceptions, when gender is taken into consideration, Black men in the counties studied are even less likely to complete high school or its equivalency or to obtain a bachelor's degree or better, compared to their female counterparts.



HEALTH AND WELL-BEING

- **Compared to residents in metropolitan counties in the three states studied, individuals in rural counties were more likely to indicate that they were in poor or fair health.** Lowndes and Wilcox counties in Alabama reported significantly higher rates, at 36 percent and 31 percent respectively: 40 percent higher than the rate for the state as a whole at 21 percent.
- **Close to 1 in 10 of new HIV diagnoses are in rural areas.** Half of rural HIV/AIDS diagnoses occur among African-Americans, with a disproportionate number of newly documented infections in the South.
- **In the South, the maternal mortality rate is alarmingly high.** Black women are 3.2 times more likely to die due to pregnancy and childbirth than white women. In the state of Mississippi, the mortality rate for Black women, 54.7 per 1,000, was much higher than the rate for white women, 29.3 per 1,000.²
- **The infant mortality rates in seven out of the nine counties studied were higher than the national rate of 6.1 infant deaths per 1,000.** The rate for Conecuh, a predominantly Black county in Alabama, was more than five times the national rate of 29 per 1,000.
- **Food insecurity and access to healthy food options is a major impediment to wellness in the rural South.** In the counties studied, 25 percent to 30 percent of residents reported food insecurity, and between 25 percent and 60 percent of low-income residents lived more than one mile from the nearest supermarket or grocery store.
- **Nationally, more than one-third, or 78.6 million Americans are obese. The South has the highest rate of adult obesity: 30.2 percent.** Across race and ethnicity, Blacks have the highest obesity rate at 47.8 percent. In the rural counties studied in Mississippi, just over 50 percent of women are obese, a rate slightly higher than the state average: 40 percent.
- **For many low-income families, housing costs can consume a substantial part of their monthly budget, and as much as fifty percent of individual earnings.** In the rural counties studied, 1 in 5 residents experienced severe housing insecurity, defined as one or more of the following: overcrowding; lack of adequate facilities to cook, clean, or bathe; and/or a severe cost burden.

- **Early motherhood is highly influenced by race and poverty in rural counties in the South.** Of all of the states and counties studied, Mississippi, a state that mandates abstinence-plus education in schools, had the highest rate of teen pregnancy, at 76 per 1,000, and a live birthrate of 50.4 per 1,000. Twenty-three percent of babies born to teens in Mississippi were repeat births. For Black girls between the ages of 15-19 in Bolivar County, the pregnancy rate is 118 per 1,000, and the live birthrate is 104.4 per 1,000.

PUBLIC INFRASTRUCTURE

- **Although progress has been made on broadband accessibility, gaps persist. Of the 19 million Americans without broadband access, 14.5 million live in rural counties.** Access to the Internet is essential to the economic security and wellbeing of low-income women, families, and communities. In rural counties in Mississippi, only 59 percent have Internet access, the lowest rate in the nation.
- Reliable and timely transportation for low-income women and families is a critical steppingstone to establishing long-term economic security. Public transportation is available in 60 percent of rural counties across the United States, with 28 percent of these providing limited service.

In the United States, success, opportunity, or long-term economic security should not be determined by income or geographic location, including proximity to the nearest metropolitan area. However, low-income women, children, and families in the rural South continue to face hurdles and threats to their full economic integration and participation in their communities and in society as a whole.

The report confirms the need for increased investment in rural communities, both financial and programmatic, to build the long-term economic security and wellbeing of Black women, children, and families in the rural South. On nearly every social indicator of wellbeing, from income and earnings to obesity and food security, Black women, girls, and children in the rural South rank low or last.

It is our intent that this report will be used by stakeholders, legislators and practitioners, and philanthropic organizations to strengthen policies at the local, state and federal levels to improve outcomes for women, children and families in rural communities; spark national dialogues on the persistence and unyielding effects of poverty on current and future generations; and create a two-generation, parent-child model for working families in the rural South.





The Southern Rural Black Women's Initiative administered by the Southern Regional Office of the Children's Defense Fund is the nation's foremost voice on the issues and concerns of low-income women and families in the deep and rural South. SRBWI works in 77 rural counties in the Black Belt of Alabama and Georgia, and the Delta of Mississippi, many of which are among the most neglected regions in the nation.

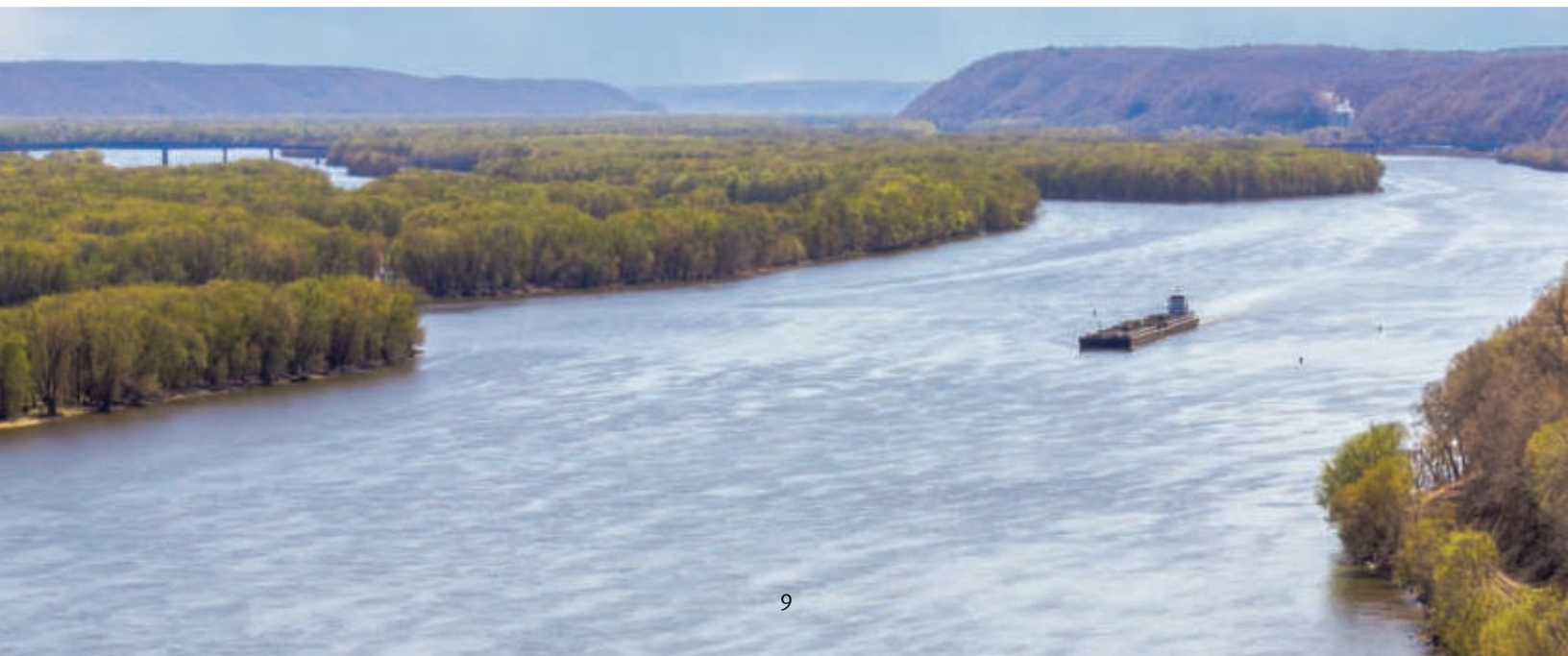
For over a decade, the Initiative has helped to funnel more than \$12 million to rural communities, has harnessed the leadership of more than 2,500 women and girls, and has advanced legislation and policies at the local, state and federal levels to improve the long-term economic outcomes for women, children, and families in rural counties in the states of Alabama, Georgia, and Mississippi.

SRBWI also works to conserve and make public the cultural contributions of Black women, their communities, and families to the economic, social and political development of the South. These preservation efforts have included the collection of oral histories and testimonies from women and collaborations with cities to create exhibits that honor the work of rural women politicians, local leaders and advocates.

The Contribution of SRBWI to the National Dialogue on Poverty and Inequality

Using a multi-generational and intersectional lens that explores the connection between race, poverty, and geographic location, SRBWI advances economic models that are rooted in the daily reality and experiences of Black women, families, and communities in the rural South. Often these families are the most economically fragile and marginal of the U.S. labor market. They are also more likely to be isolated from vital services and networks found in larger urban or metropolitan areas.

In our work, we seek to expand the national conversation on poverty and inequality by interjecting the voices and on-the-ground expertise of women and families in the rural South to help shape policy outcomes at the local, state and federal levels. We also hope to make the case that investing in women and families in the rural South will go a long way toward improving the overall economic wellbeing and viability of the entire region.



PROGRAMS AND INITIATIVES



THE UNITA BLACKWELL YOUNG WOMEN'S LEADERSHIP INSTITUTE

Named for the first Black woman elected mayor in Mississippi, the Unita Blackwell Young Women's Leadership Institute is a safe and empowering space for young women in the rural South between the ages of 14-24. Each year, young women attend intensive in-person leadership sessions to work on issues impacting rural communities such as educational equality, poverty, housing, and violence against women.



WOMEN IN AGRICULTURE & ALTERNATIVE ECONOMIES PROJECT

The Women in Agriculture and Alternative Economies Project helps to build the long-term economic security of low-income women and families in the rural South through entrepreneurship focused on sustainable and cooperative agriculture and textile manufacturing. SRBWI works with local businesses, leaders and communities to identify economic models that are in alignment with the culture and industries in the rural South.



VOICES FOR A BETTER FUTURE

Through our Human Rights Commissions in Alabama, Georgia, and Mississippi, we work to increase civic engagement and build the political power of rural and low-income women in the South. We provide on-the-ground issue training to communities facing imminent threats to their economic, social, and political wellbeing and advocate at the local, state, and national levels for equitable public policies.



IMPACT

- **Building the Power of Local Women and Leaders in the States of Alabama, Georgia and Mississippi.** SBRWI has 11 Human Rights Commissions in rural counties that work to improve the economic security and wellbeing of low-income women and families in the rural South. The commissions have held symposia throughout the region and worked on issues such as violence prevention, educational equity, housing, Medicaid expansion, and early childhood education.
- **Launching New Economic Development Cooperative Models for Women in the Rural South:** SRBWI has incubated or supported more than 11 start-ups, engaging over 300 women in alternative economies. These include a regional worker-owned sewing company; a regional agricultural network producing chemical-free fresh produce and utilizing commercial kitchen/food hubs to sell to childcare and Head Start centers, public schools, farmers, and other markets; a women-owned transportation company; and ongoing program development in cultural tourism. These investments have resulted in increased income for the women owners, employment for youth, and access to healthier food options in rural communities.
- **Developing the Next Generation of Leaders:** Over the last 10 years, more than 1,000 young women in Alabama, Georgia, and Mississippi have participated in leadership training and intentional community building as a part of the Unita Blackwell Young Women's Leadership Institute.
- **Repurposing Land and Facilities for Job Training and Entrepreneurship:** Working with local political leaders and community-based organizations, SRBWI repurposed an abandoned school building to establish a USDA-certified commercial kitchen and incubate a worker-owned business.



SRBWI WOMEN IN AGRICULTURE & ALTERNATIVE ECONOMIES PROJECT

The goal of SRBWI's Women in Agriculture & Alternative Economies Project is to strengthen local and regional infrastructures by developing and promoting economic models that create jobs in rural communities, build the skills of women and workers, and support women and minority worker-owned businesses. The program also helps to funnel hundreds of thousands of dollars to local communities through its businesses and partnerships.



By the Numbers

11 Startups

6 Collectives

74 Worker Owners and Cooperative Members

231 Sole Proprietors

Woman-Led and Worker-Owned

Businesses incubated by the SRBWI Asset Development Initiative are woman-led and worker-owned. They also reflect the rich culture and traditions of African-American communities and families, including the Diaspora.



Southern Journeys

Southern Journeys is a worker-owned sewing company comprised of women from Alabama, Georgia and Mississippi. The company produces home and personal accessories made from unique, one-of-a-kind fabrics and up-scaled materials and provides contract sewing services. There are 12 worker-owners and an additional 30 sewing workers.

Startup Assistance and Support

The disappearance of industries and factories in rural communities has created new opportunities for workers and entrepreneurs to fill in gaps and provide vital goods and services to communities. SRBWI provides the necessary backbone support to new entrepreneurs, collectives, and communities to research and develop enterprising ideas, to incorporate, to identify retail and business partners, and to scale up.



East Baker Kitchen

East Baker Kitchen is a commercial kitchen housed in the formerly abandoned East Baker Elementary School located in Southwest Georgia. The Kitchen, imagined by community members as a training and vocational center, a hub for entrepreneurs, and a state-of-the-art cooking facility, allows community members, cooperatives and food entrepreneurs the opportunity to sell and harvest locally grown fruit, vegetables, and other products. The Kitchen also provides micro-loans and access to equipment that is often out of reach for small local businesses.

Crossroads Commercial Kitchen and Food Hub

Crossroads Commercial Kitchen and Food Hub in Clarksdale, Mississippi, a partnership between SRBWI and the Mississippi Delta Council for Farm Worker Opportunities, aggregates, processes, and distributes locally grown produce from farmers in the region.

Southwest Georgia Regional Agricultural Cooperative Food Hub

The Southwest Georgia Regional Agricultural Cooperative Food Hub is an outgrowth of decades of farm-to-school and commercial production and marketing in the region. The cooperative provides food to local consumers, schools, and wholesale markets throughout Southwest Georgia.

BUILDING GENERATIONAL LEADERSHIP

“You all have done what most people are never able to do in a lifetime—you have completely shifted the trajectory of [these] young women’s lives and placed them on the road to success.”

—Thank You Letter from a Parent of Unita Blackwell Program Participant

The Unita Blackwell Young Women’s Leadership Institute (YWL) of the Southern Rural Black Women’s Initiative is the nation’s longest and only program focused on building the leadership and power of young women between the ages of 14-24 in the rural South. The goal of the Institute is to empower young people living in the Black Belt of Alabama, Southwest Georgia, and the Mississippi Delta to create stronger, healthier communities and to advocate for fair and equitable housing, education, access to reproductive care, and criminal-legal policies at the local, federal and state levels.

Since its inception in 2005, more than 1,000 young women from more than 30 counties across three states have participated in the program and attended the leadership retreat. Through participation in the program, young women develop a capstone community-based project and an individual long-term leadership development plan under the mentorship of a seasoned community leader for ongoing support.

THE CAPSTONE PROJECT

Across the institute year and with the support of SRBWI, young women work with their mentors to identify an important and timely issue facing their community, then work to address it through advocacy, education, and organizing. In the most recent past, topics chosen include access to quality education, juvenile justice reform, social segregation, and access to childcare for young mothers, among others.

As a part of the Capstone, young women have attended and testified at the United Nations, in state capitols, and local city council meetings, created a financial aid resource guide for high school students, and helped to end segregated social events at schools.

WINS

- 100 percent high school graduation rate
- More than 80 percent of participants go on to two- and -four year colleges or other job-training programs.



PHILANTHROPIC INVESTMENTS IN THE RURAL SOUTH

With the exception of support in the wake of Hurricane Katrina or other natural disasters, philanthropic investments do not flow easily to rural communities and programs in the South. The paucity of funding for rural nonprofits and institutions located in the Deep South means they must work harder and with fewer resources to meet the needs of low-income individuals and families with significant barriers to economic security and overall wellbeing.

In 2012, foundations made \$16.4 billion in philanthropic investments across the country, and \$4.8 billion of those dollars flowed to programs and initiatives in 17 states in the South, with the bulk going to institutions of higher education, the arts, hospitals, and other such institutions. Twenty-nine percent of all grants made by foundations were awarded to programs in the South, compared to 70 percent in all other regions.³

TABLE 1: FOUNDATION FUNDING FOR RECIPIENTS LOCATED IN THE U.S. SOUTH, 2012

Dollar Value of Grants			No. of Grants	
	Amount	%	No.	%
South	\$4,806,774,644	29.3	39,554	28.6
All other regions	11,620,846,138	70.7	98,774	71.4
Total Grants	\$16,427,620,782	100	138,328	100

RACE, GENDER, AND GIVING IN THE SOUTH

When gender is taken into consideration, at the national level, only 4.7 percent of total giving and a meager 6 percent of all grants went to programs focused on women and girls. In 2012, just 5.4 percent of all foundation funding in the South went to programs focused on women and girls, with less than 1 percent to programs focused on Black women and girls.

TABLE 2: FOUNDATION FUNDING FOR THE SOUTH¹ FOR WOMEN AND GIRLS BY RACE/ETHNICITY, 2012

Dollar Value of Grants			No. of Grants	
Population Group	Amount	%	No.	%
Ethnic or Racial Minorities²	33,660,687	13.8	270	10.7
General	20,131,919	7.8	176	7
Asians & Pacific Islanders	925,000	0.4	7	0.3
African Americans & Blacks	10,982,603	4.3	53	2.1
Hispanics & Latinos	3,281,165	1.3	37	1.5
Native Americans	15,000	0	1	0
Other Minorities	285,000	0.1	3	0.1
Total Grants	\$257,865,043	100	547	100

In the three states studied for the report—Alabama, Georgia, and Mississippi—in 2012 Foundation investments to programs serving women and girls topped out at \$41.1 million, with the largest share, \$37 million, invested in the state of Georgia, and committed to the Boys and Girls Clubs of America (\$13.2 million) and Spelman College (6.8 million). Alabama and Mississippi received \$4.1 million in grants combined.

In the states of Georgia and Mississippi, only \$2.3 million of \$4.8 billion dollars invested in the South flowed to six of the nine rural counties studied in the report. In Alabama, none of the three counties received direct funding or support. Of the grants made, very few were specifically designated to serve Black women and girls.

UNDERSTANDING THE ECONOMY IN THE RURAL SOUTH

The deep and rural South, consisting primarily of areas of low population density in the states of Mississippi, Alabama, Georgia, Louisiana, and South Carolina, is rich in history, culture, and traditions that have been passed down from generation to generation. It is also home to more than 8 million Black women, children, and families.

From the dependence on the unpaid labor of Blacks to care for crops and build local economies to sharecropping to reconstruction and the industrialization of farming and agriculture, the rural economy has shifted dramatically. Today manufacturing, government services, and the retail trade are primary sources of employment in rural areas, representing about 72 percent of total employment for low and high-density rural areas, compared to 67 percent in 1970.⁴

The agriculture sector, once a major source of employment and earnings for rural Americans, employs fewer people than it did in 1970. Only about 6 percent of employment in rural areas depend on agriculture and forestry, with 12 percent depending on the fishing sector: more than a 50 percent decline over 40 years.⁵

THE LABOR FORCE IN RURAL AMERICA

In today's global and technology-driven economy, there is a need for skilled workers with high levels of educational attainment. Compared to metropolitan and urban areas, rural workers tend to have lower levels of educational attainment and less access to technology. The dependence on agriculture and farming in the rural South, without the development and cultivation of other major industries and sectors that have occurred in other parts of the country, best explains this skills gap in the labor force. As a result, new companies and industries that do not have direct ties to the rural South are reluctant to locate there.

IMPACT OF U.S. TRADE POLICIES ON THE RURAL SOUTH

According to the Economic Policy Institute as of 2010, the U.S. lost 682,900 jobs to the displacement of production caused by the North America Free Trade Agreement (NAFTA). Sixty percent of the total jobs displaced were in manufacturing industries, hitting midwestern and southern states the hardest.⁶

In total, between 2001-2013, as a result of NAFTA and other trade agreements such as the General Agreement on Tariffs and Trade (GATT), which eliminated barriers to trade and investments with countries such as China, Mexico and Canada, more than 2.4 million direct and indirect manufacturing jobs have been lost or displaced. In Georgia, it is estimated that 93,700 jobs were lost or displaced and in Alabama, a little more than 11,000 jobs were lost.⁷

Over a one-year period from February 2012-2013, Mississippi lost 1,048 manufacturing jobs.⁸

In rural counties and communities, the loss of manufacturing jobs can have a devastating and rippling effect on the local economy and the overall wellbeing of families. Workers who live in these communities and have limited skills and education are faced with inadequate opportunities for new employment or must leave their counties or communities to find jobs.

LEAVING THE RURAL SOUTH: THE IMPACT OF MIGRATION ON THE ECONOMY AND COMMUNITIES

The overall share of the U.S. population living in rural counties and towns has been on a steady decline. The majority of rural counties—1,261 out of a total 1,976—have lost individuals and families to metropolitan areas with more resources and job opportunities.⁹

Between 2012-2014, non-metro areas lost approximately 60,000 residents, continuing a four-year trend of shrinkage. For example, according to the U.S. Census, by 2010 Greenville, Mississippi, a rural city of about 33,000, had lost 17 percent of its population over a 10-year period.¹⁰ Greenville is not an exception in the region, but is indicative of the impact of the disappearance of jobs, businesses, and major industries in rural communities that push individuals and families out of communities.

To explain the slow but steady decline in the rural population over the last 15 years, experts point to the few opportunities and jobs in rural counties. The use of combines, tractors, and other farming technology that began decades ago, along with the gradual consolidation of operations since then, has reduced the number of people needed to staff farms and ranches. Meanwhile, the growth of steel, automobile, and other industries, along with the urban jobs open to those with a college education, pulled young people into urban areas. And as people leave rural areas, there is also less demand for everyday services that create jobs.¹¹

When rural areas and communities are hollowed out by the loss of jobs, those industries and vital services, individuals, and families that are left typically have fewer resources, more medical issues, and lower levels of educational attainment than before. In addition, many of those left have caretaking responsibilities or other barriers that make migrating to another town or metropolitan areas nearly impossible.





PUBLIC INFRASTRUCTURE

“Because of the lack of broadband access—rural communities [like ours] do not have access to other forms of media and [information]. In many ways, we are disconnected from what’s going on in the world.”

—Member of the SRBWI Human Rights Commission, Alabama

Strong public infrastructure that includes access to technology and the Internet, as well as to reliable public transportation is essential to building the long-term economic security of low-income women and families in the rural South.

Although progress has been made on broadband accessibility, gaps still persist. Of the 19 million Americans without Broadband access, 14.5 million live in rural counties. Access to the Internet is essential to the economic security and wellbeing of low-income women, families, and communities. In rural counties in Mississippi, 59 percent have Internet access, the lowest rate in the nation.¹²

In rural areas, income is a factor in broadband access and usage. In households outside metro areas with incomes below \$25,000, only 41 percent had broadband or broadband access.¹³

Reliable and timely transportation for low-income women and families is a critical steppingstone to establishing long-term economic security. Public transportation is available in 60 percent of rural counties across the United States, with 28 percent providing only limited service. About two-thirds of those systems operate in single counties, leaving many stranded and without reliable transportation to get to and from work and school or to access medical care.

“The public transportation system is terrible here. I have to get up at 5:00 a.m. to get my child to daycare in order to get to work on time. After work, I go to school, but have to leave early in order to catch the last bus to pick my child up from care. I also have a second job—sometimes I have to stay late and when I get off, the bus has stopped running and I have no way home.”

—Young Mom in Alabama



LACK OF QUALITY SCHOOLS AND EDUCATION FOR CHILDREN

Across the rural South and in many impoverished neighborhoods across the U.S., school quality is a major hurdle for children and families. According to the new report by the Southern Education Fund, for the first time in at least 50 years, a majority of U.S. public school students come from low-income families. The data show poor students spread across the country, but the highest rates are concentrated in southern and western states. In Mississippi, for example, more than 70 percent of students were from low-income families.¹⁴

Many public schools have student bodies that are overwhelmingly low-income. To make matters worse, these schools tend to lack the resources—both human and material—to produce students who are ready to compete in an increasingly global society. The reasons for this are manifold. Chief among the reasons is that parents with financial means or experience negotiating large systems can opt out of the public school system for private institutions or make the leap to charter schools that only serve a fraction of school-aged children.

In the rural South, the lack of quality schools, facilities, and technology is compounded by the scarcity of options available to students who are in failing schools as well as to their families. There may be only one school serving that particular county or community, or all of the schools in the district might be facing similar challenges or barriers to success.

Nearly one-third of districts in Mississippi suffer “critical shortages” of teachers and in at least 10-15 percent of those districts teachers are not licensed in the subjects they teach—subjects that include math, science, and foreign languages, as well as special education.¹⁵

EDUCATING FOR A GLOBAL ECONOMY: STEM EDUCATION IN RURAL COMMUNITIES

Synauri Boykin is a biology teacher in the Monroe County School District in the state of Alabama. As a first-generation college student, Ms. Boykin works with predominately low-income students from the area to help them reach their potential despite obstacles and barriers to their success.

From her perspective, students who enter her classroom are unprepared to tackle high school-level science and chemistry or to engage the course material. The students, she believes, are often preoccupied with their lives outside of the classroom or worried about getting their basic needs met at home or in their communities. They need more support, emotionally and intellectually, from their parents, teachers, and peers to perform academically.

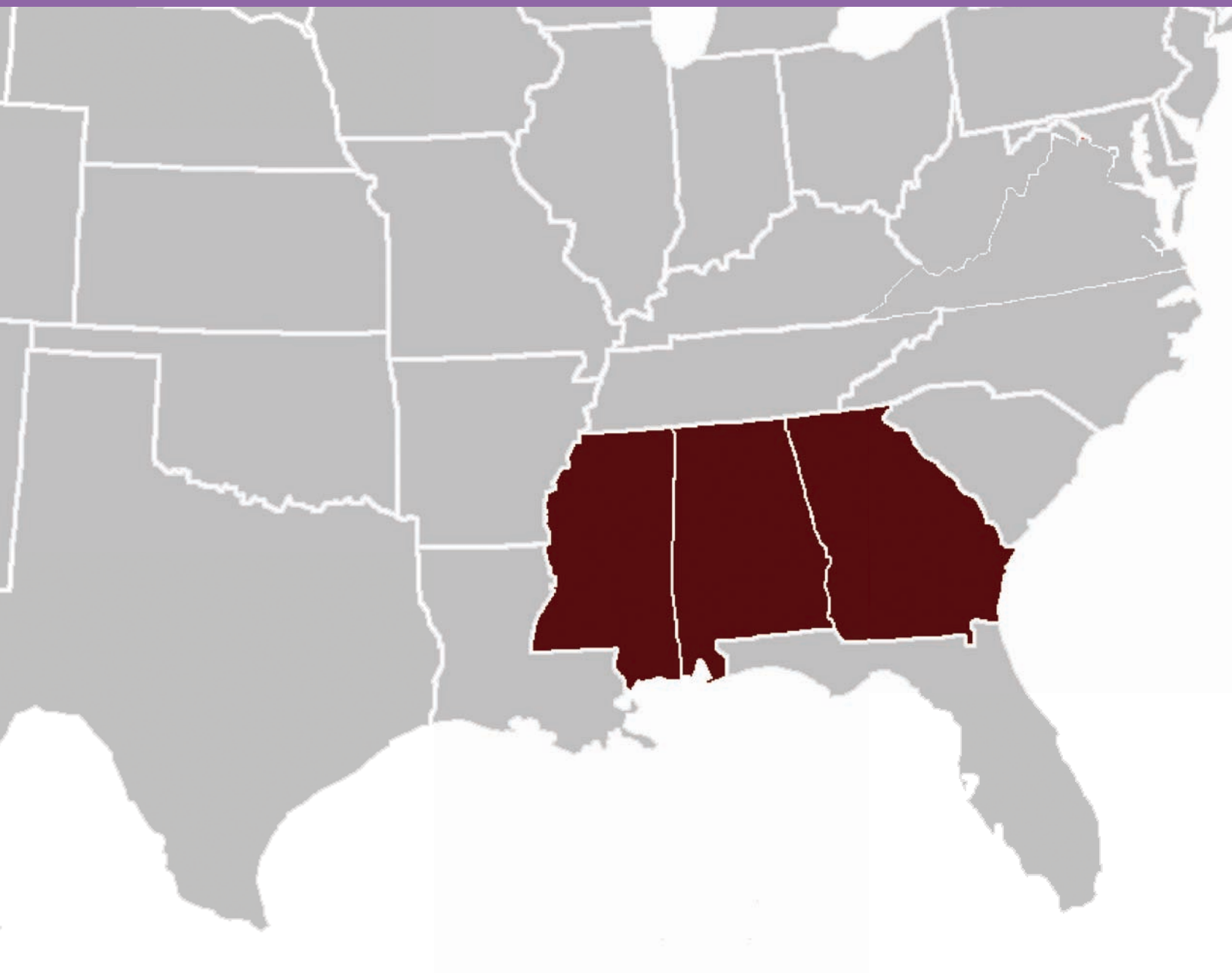
She believes all students are capable of succeeding or graduating, but without the proper social support and resources, including books and technology in the classroom, many will fall through the cracks. In rural communities, many of the resources that larger cities take for granted, such as computers and lab materials, are missing.

One of the ways Ms. Boykin works to overcome the barriers to educational inequities for her students and to encourage them to enter STEM occupations is to raise the expectations for her students and to help them reach them by filling in literacy and other skill gaps.

Ms. Boykin’s greatest reward came when a student who had been struggling in her classes and was being passed along through the system came to her upon her graduation to thank her for helping and believing in her. The student, years prior, had been on the verge of dropping out of school and with very little hope. “I cared and she saw that. And because I cared and worked with her, she did better.”



STATE AND COUNTY SNAPSHOTS



STATE AND COUNTY PROFILE: ALABAMA

	ALABAMA	WILCOX CO.	LOWNDES CO.	CONECUH COUNTY
Population				
Total	4,833,722	11,531	11,086	13,104
Females	2,470,685	6,091	5,853	6,752
Males	2,328,592	5,440	5,233	6352
Age				
Median Age, Women	39	41	42	44.5
Females Under 18	22.2%	24.2%	22.1%	21.6%
Females 65+	15.8%	17.8%	16.5%	20.1%
Race/Ethnicity, Women				
Hispanic/Latino	4%	0.1%	0.1%	1.5%
Black	27%	73.4%	76%	44%
White	70%	26.0%	23%	49%
Asian	1%	0.0%	1%	0.0%
Nativity Status, Women				
US Born	96%	100%	100%	99%
Foreign Born	4%	0%	0%	1%
Households				
Total Family Households	67.5%	67%	62.5%	68.8%
Average Family Size	3.14	3.8%	3.5	3.29
Single Women Mothers	8.3%	12.8%	12.9%	9.1%
Single Fathers	1.8%	1.6%	0.8%	1%
Median Family Income	\$54,362	\$26,739	\$40,793	\$31,966
Percent of Families with income > \$25,000	4.1%	46%	32.8%	40%
Poverty				
Female Poverty Rate	10.6%	44.9%	56%	49.1%
Under 18 years	27%	50.3%	38%	44%
Younger Women (18-24)	15.4%	4.3%	5.6%	4%
65+ (all)	10.8%	20.1%	15.0%	18.7%
Percent of Single Mother Households in Poverty	48.8%	58%	57.3%	68%
Poverty, Race/Ethnicity, Women				
Hispanic/Latino	18%	0.0%	0.0%	0.0%
Black	18%	93%	96%	69%
White	7.4%	6.5%	3.6%	25%
Asian	9.4%	0.0%	0.0%	0.0%
Economic Security				
Median Earnings, Women	\$32,711	\$27,237	\$23,947	\$22,381
Unemployment	6.4%	26%	15.4%	26.4%
Cash Assistance	1.8%	1.8%**	2.6%	1%
Food Stamps/SNAP	15.2%**	29%	25.5%	27.4%
Supplemental Security Income	6.4%**	16%	11.9%	7%
Educational Attainment				
Less than High School	6%	22%	24%	18%
High School/GED	31%	40%	35%	44%
Associate's Degree, some college	7.4%	25%	28%	29%
Bachelor's Degree or Higher	14.4%	13%	14%	9%
Health and Wellbeing				
Infant Mortality Rate	8.3%	7.5%	6.9%	29%
Live Birth Rate	12.4		16.6%	
Late/no-prenatal care	27%	30%	39.1%	36%
Adult obesity	33%	43%	45%	33%
Teen Birth Rate (10-19) % of all Births	11.3%	13.7%	12.3%	11.40%
Teen Pregnancy Rate per 1,000 births	64			
Sexually Transmitted Infections	635	1496	1096	809
HIV Prevalence	290	163	536	281
Poor or Fair Health	21%	31%	36%	18%
Severe Housing Problems	15%	17%	27%	21%
Food Insecurity	19%	30%	26%	23%
Health Insurance Coverage				
Coverage Rate	86%	81%	84%	80%
Public	33%	55%	45%	42%
Private	66%	38%	54%	49%
No Coverage	14%	19%	16%	20%
Violence				
Violent Crime	418	216	554	613

STATE AND COUNTY PROFILE: GEORGIA

	GEORGIA	WILCOX CO.	DOUGHERTY CO.	CLAY COUNTY
Population				
Total	9,810,417	9,110	94,220	3,133
Females	5,016,477	3,796	50,436	1,607
Males	4,793,940	5,314	43,784	1,526
Age				
Median Age, Women	36.8	43	35	43.6
Females Under 18	31.0%	29.5%	30.3%	14.5%
Females 65+	12.4%	8.1%	12.6%	23.8%
Race/Ethnicity, Women				
Hispanic/Latino	8%	0.0%	2.1%	3%
Black	32%	33.7%	68.3%	60%
White	55%	65.0%	27.4%	35%
Asian	3%	0.0%	0%	0%
Nativity Status, Women				
US Born	89%	98%	97%	99%
Foreign Born	10%	2%	2%	1%
Households				
Total Family Households	68.2%	70%	63.8%	65.3%
Average Family Size	3.31	3.19	3.19	3.45
Single Women Mothers	8.7%	9.3%	13.8%	10%
Single Fathers	2.2%	2.3%	2.4%	2%
Median Family Income	\$58,755	\$38,627	\$38,145	\$28,352
Percent of Families with income > \$25,000	19.2%	30%	33.4%	42%
Poverty				
Female Poverty Rate	10.6%	31%	34%	51%
Under 18 years	25%	34%	45%	65%
Younger Women (18-24)	14.2%	7%	10%	7%
65+ (all)	8.5%	12%	8%	3.7%
Percent of Single Mother Households in Poverty	42.8%	70%	56%	55%
Poverty, Race/Ethnicity, Women				
Hispanic/Latino	14%	0.0%	3.2%	0%
Black	46%	56%	83%	84%
White	35.9%	39.2%	12%	16%
Asian	2.4%	0.0%	0.0%	0.0%
Economic Security				
Median Earnings, Women	\$36,313	\$30,494	\$28,734	\$27,159
Unemployment	7.2%	10%	9.8%	8%
Cash Assistance	1.9%	1.8%	2.2%	1%
Food Stamps/SNAP	14%	23%	27%	37%
Supplemental Security Income	5%	9%	9%	19%
Educational Attainment				
High School Graduation Rate	70%	63%	57%	**
Less than High School	15%	19%	17%	23%
High School/GED	29%	42%	27%	39%
Associate's Degree, some college	6.9%	28%	37%	31%
Bachelor's Degree or Higher	27.9%	11%	19%	8%
Health and Wellbeing				
Infant Mortality Rate	8	**	10.8	**
Live Birth Rate	12.9			
Late/no-prenatal care	4%			
Adult obesity	29%	33%	37%	29%
Teen Birth Rate (10-19)per 1,000 births	45	68	72	55
Teen Pregnancy Rate per 1,000	21.3	53.7%	79.9	67.4
Sexually Transmitted Infections	528	684	1104	1155
HIV Prevalence	429	685	685	407
Poor or Fair Health	16%	26%	19%	10%
Severe Housing Problems	18%	15%	22%	17%
Food Insecurity	19%	21%	27%	27%
Health Insurance Coverage				
Coverage Rate	81%	83%	79%	78%
Public	28%	43%	41%	52%
Private	63%	52%	49%	38%
No Coverage	19%	17%	21%	23%
Violence				
Violent Crime	385	175	818	201

STATE AND COUNTY PROFILE: MISSISSIPPI

	MISSISSIPPI	BOLIVAR CO.	WASHINGTON CO.	SHARKEY CO.
Population				
Total	2,991,207	34,049	49,688	4,708
Females	1,531,516	18,149	27,007	2,738
Males	1,445,356	15,958	23,571	2151
Age				
Median Age, Women	37.6	37	40	37.7
Females Under 18	24%	23.4%	25.6%	25.2%
Females 65+	14.8%	14.4%	14.1%	15.0%
Race/Ethnicity, Women				
Hispanic/Latino	1.01	0.0%	1.1%	1.01
Black	38%	66%	72%	70%
White	57%	31.4%	25%	28%
Asian	1.01	0.0%	0%	1.01
Nativity Status, Women				
US Born	97%	98%	98%	100%
Foreign Born	2%	2%	1%	0%
Households				
Total Family Households	68.9%	64%	68.5%	68.3%
Average Family Size	3.23	3.37	3.39	3.43
Single Women Mothers	10.2%	14.2%	16.1%	10.3%
Single Fathers	2.2%	1.3%	1.9%	1%
Median Family Income	\$48,471	\$36,443	\$33,025	\$51,250
Percent of Families with income > \$25,000	25.1%	37%	39.3%	40%
Poverty				
Female Poverty Rate	24%	56%	59%	32%
Under 18 years	32%	51%	37%	47%
Younger Women (18-24)	14.1%	8%	8%	10%
65+ (all)	9.8%	7%	0%	0.1%
Percent of Single Mother Households in Poverty	51.8%	64%	57%	46%
Poverty, Race/Ethnicity, Women				
Hispanic/Latino	3%	2.5%	0.0%	0.0%
Black	60%	86%	86%	95%
White	34.0%	10.0%	13%	5%
Asian	0.0%	0.0%	0.0%	0.0%
Economic Security				
Median Earnings, Women	\$30,604	\$29,891	\$27,330	\$27,030
Unemployment	6.4%	18%	19.2%	13%
Cash Assistance	2.8%	2.3%	3.9%	2%
Food Stamps/SNAP	17%	30%	33%	28%
Supplemental Security Income	8%	13%	14%	13%
Educational Attainment				
Less than High School	19%	29%	24%	23%
High School/GED	31%	28%	28%	29%
Associate's Degree, some college	8.1%	25%	29%	20%
Bachelor's Degree or Higher	20%	18%	20%	28%
Health and Wellbeing				
Infant Mortality Rate (per 1,000)	9.6%	11.8%	12.6%	9.7%
Live Birth Rate	12.9			
Late/no-prenatal care	3%			
Adult obesity	36%	39%	40%	41%
Teen Birth Rate (10-19)per 1,000 births	59	78	89	95
Teen Pregnancy Rate per 1,000 births	76	64	89.5	77.9
Sexually Transmitted Infections	722	1412	1363	1375
HIV Rates per (100,000)	18.6	14.8-26.6	14.8-26.6	0
Poor or Fair Health	22%	20%	21%	15%
Severe Housing Problems	17%	22%	24%	21%
Food Insecurity	28%	22%	31%	28%
Health Insurance Coverage				
Coverage Rate	83%	81%	79%	77%
Public	36%	44%	48%	44%
Private	57%	44%	40%	40%
No Coverage	17%	19%	21%	23%
Violence				
Violent Crime	280	260	295	72

POVERTY & ECONOMIC SECURITY IN THE RURAL SOUTH

In 2013, more than 43.5 million individuals or 14.5 percent of all Americans lived in poverty. Children under the age of 18 constitute an unsettling one-third of those living in poverty.¹⁶

Nearly 1 in 16 people in the U.S. live in deep poverty, defined as income less than 50 percent below the federal poverty line. Black and Latinos, women, children, and families headed by single mothers are particularly vulnerable to poverty and deep poverty.

In the rural South, poverty is more pronounced than in metropolitan areas. In 2013, non-metro areas in the South had a poverty rate of 21.7 percent, a figure 6 percentage points higher than that of metro regions.¹⁷

At the county level, rural areas in the South are more likely to be impoverished than other regions and metropolitan areas. Individuals and families experiencing the deepest levels of poverty are found in the most persistently poor counties in the region, including the Mississippi Delta.¹⁸

In the nine counties studied, the poverty rate was nearly three times more than the national rate by 41 percent to 45 percent. For racial and ethnic minorities and women in the counties, the rates surpassed 50 percent. In Sharkey County in Mississippi, the poverty rate for Black Women was 95 percent, followed by Washington County at 86 percent and Bolivar County at 86 percent.¹⁹

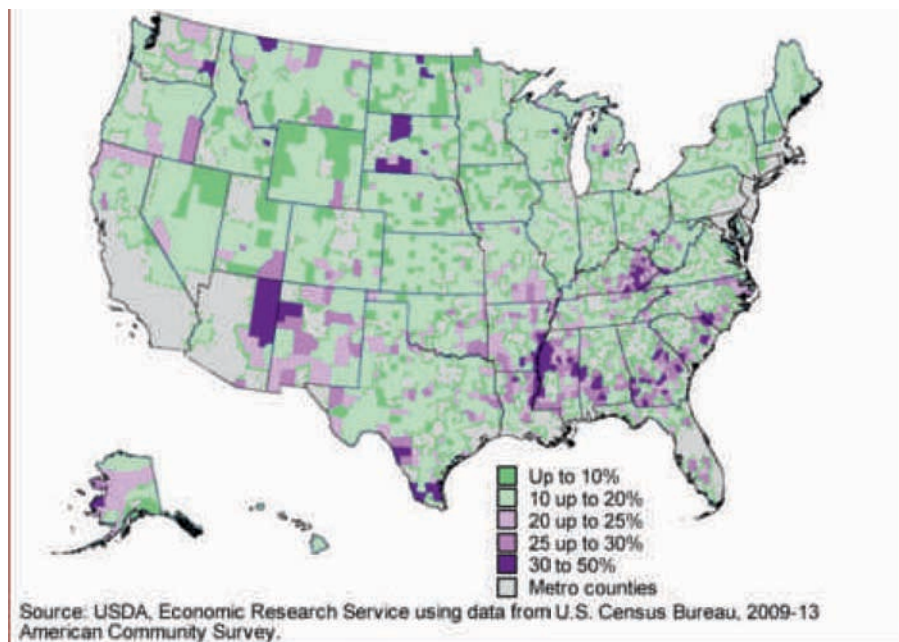


TABLE 6. POVERTY RATE, SELECT RURAL COUNTIES

		Alabama				Georgia				Mississippi			
	United States	Alabama	Wilcox County	Lowndes Co.	Consecuh Co.	Georgia	Wilcox Co.	Doughtery Co.	Clay Co.	Mississippi	Bolivar Co.	Washington Co.	Sharkey Co.
Poverty Rate	15%	18.6%	44.9%	43.4%	32.7%	14.7%	40.7%	44.2%	49%	49.1%	44.2%	41.3%	39.7%
Female Poverty Rate	15%	20.1%	44.9%	56%	49.1%	11%	31%	34%	51%	24%	56%	59%	32%
African-American Women	25.3%	18%	93%	96%	69%	46%	56%	83%	84%	60%	86%	86%	95%
White Women	10.7%	7.4%	6.5%	3.6%	25%	35.9%	39.2%	12%	16%	34%	10%	13%	5%

Source: U.S. Census Bureau 2015 *Women as compared to other women, not as compared to their male counterparts in counties.

INCOME AND EARNINGS

In 2012, U.S. women made about 81 percent of the median earnings of male full-time workers; Black and Latina women earned about 20 percent less than that. In five of the nine counties studied, the median earnings for women were about one-third less than state-level earnings. At \$22,381, a figure lower than that of the federal poverty line for a family of four, Conecuh had the lowest median income for women. Across the board, in most every county studied, Black women earned nearly one-third less than white women.

“We get paid less money and have lower wages, but the prices we pay for almost everything is higher, especially for food.”
—Alabama Listening Group Participant

TABLE 7. MEDIAN EARNINGS, SELECT RURAL COUNTIES, FEMALE

		Alabama				Georgia				Mississippi			
	United States	Alabama	Wilcox Co.	Lowndes Co.	Conecuh Co.	Georgia	Wilcox Co.	Doughtery Co.	Clay Co.	Mississippi	Bolivar Co.	Washington Co.	Sharkey Co.
Median Earnings Women	\$39,157	\$32,711	\$27,237	\$23,947	\$22,381	\$36,313	\$30,494	\$28,734	\$27,159	\$30,604	\$29,891	\$27,330	\$27,030
Median Earning, Black Women		\$28,534	\$24,612	\$23,600	\$21,173	\$32,518	\$24,886	\$25,888	\$17,237	\$24,345	\$27,454	\$23,562	\$25,106
Median Earning, White Women		\$35,827	\$28,750	\$30,991	\$27,415	\$40,322	\$32,379	\$37,255	\$40,096	\$34,168	\$36,488	\$32,730	\$34,038

Source: Center for Research and Policy in the Public Interest (CR2PI) Tabulation. U.S. Census Bureau. American Community Survey

LACK OF QUALITY JOBS IN THE RURAL SOUTH

The disappearance of major industries and businesses over many decades has made it more difficult for women in the rural South to find and maintain employment. Many women are unemployed or underemployed, or employed in jobs that have little security, benefits, or flexibility.

Among workers, those in rural areas are more likely to work in blue-collar jobs (jobs outside of managerial, business, and financial occupations) than workers in metropolitan areas, 71

percent compared to 63 percent. Blue-collar workers tend to earn less and have fewer overall benefits than white-collar workers. Half of all rural workers work in “Low ESI industries,” or industries in which fewer than 80 percent of workers are covered by employer-sponsored insurance coverage or access to other benefits like paid sick leave, predictable schedules, or flexibility.²⁰

The states with the highest percentages of low-wage workers are in the South, led by Arkansas and Mississippi, and including Oklahoma, West Virginia, Florida, South Carolina,

and Kentucky.²¹ In the three states studied, an average of more than a third of workers were employed in low-wage jobs: Alabama, 35.6 percent; Georgia, 28.5 percent; and Mississippi, 37.9 percent.²² As is the case across the nation and in the rural South, most low-wage occupations—from restaurant servers to childcare workers—are dominated by women.²³

In the nine counties studied, between 20 percent and 50 percent of Black women were more likely to be employed in service occupations. In Clay County, Georgia, 47 percent of Black women were employed in service occupations, compared to 2.7 percent of White women.

UNEMPLOYMENT IN THE RURAL SOUTH

“Unemployment is a big issue in the Delta, in the rural South—period!”
—Mississippi Worker and Advocate

Due to the shuttering of factories and businesses along with the mechanization of many farm jobs, unemployment in rural counties remains more serious than in urban areas. Also, lower levels of educational attainment and fewer opportunities for job training are factors in the disproportionately higher unemployment rates in the rural South. As such, many individuals are underemployed or work multiple part-time jobs to make ends meet. Transportation also serves as a serious hurdle to employment for rural workers, because of the lack of a strong public transportation system.

The unemployment rate in the rural counties studied is on par with the average for their respective states. However, when race and gender are taken into consideration, the unemployment rates for Black women and men are alarmingly high. In each of the counties studied, the unemployment rate for Black women was at least 25 percent higher than the overall state rate. In Wilcox County in Alabama, the unemployment rate for Black women was four times higher than the state rate. Conversely, in most instances the unemployment rate for white women in each of the counties never rose above 9 percent and was as low as one percent in Sharkey County, Mississippi.

“In my community, there are no immediate jobs. None. And there can’t be, because industries have shut down or left.”-
—Community Member, Georgia

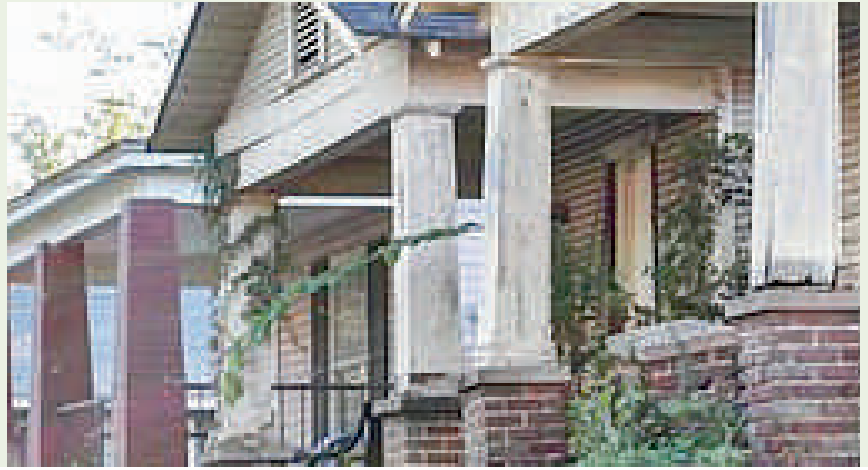


TABLE 8. UNEMPLOYMENT, SELECT RURAL COUNTIES

	Alabama					Georgia				Mississippi			
	United States	Alabama	Wilcox Co.	Lowndes Co.	Conecuh Co.	Georgia	Wilcox Co.	Doughtery Co.	Clay Co.	Mississippi	Bolivar Co.	Washington Co.	Sharkey Co.
Unemployment Rate	6%	6.4%	26%	15.4%	26.4%	7.2%	9.8%	9.8%	8%	6.4%	18%	19.2%	13%
Female Unemployment Rate	5%	6.8%	25.8%	15%	26.4%	9%	12%	17%	18%	9%	18%	20%	21%
Male Unemployment Rate	6%	7.0%	31.8%	21%	31.2%	7%	11%	18%	18%	9%	18%	26%	18%
African-American Women	9.2%	11%	36%	16%	19%	15%	13%	21%	18%	12%	25%	24%	28%
White Women	4.2%	5.1%	2.1%	11.9%	26%	6.5%	11.1%	7%	9%	7%	5%	9%	1%

ADEQUATE HOUSING IS A MAJOR SOURCE OF STRESS FOR WOMEN

For many low-income families, housing costs can consume a substantial part of their monthly budget and as much as 50 percent of individual earnings. In the rural counties studied, 1 in 5 residents experienced severe housing insecurity, defined as one or more of the following: overcrowding; lack of adequate facilities to cook, clean or bathe; and/or a severe cost burden.



PUBLIC ASSISTANCE AND WORK SUPPORTS IN RURAL AMERICA

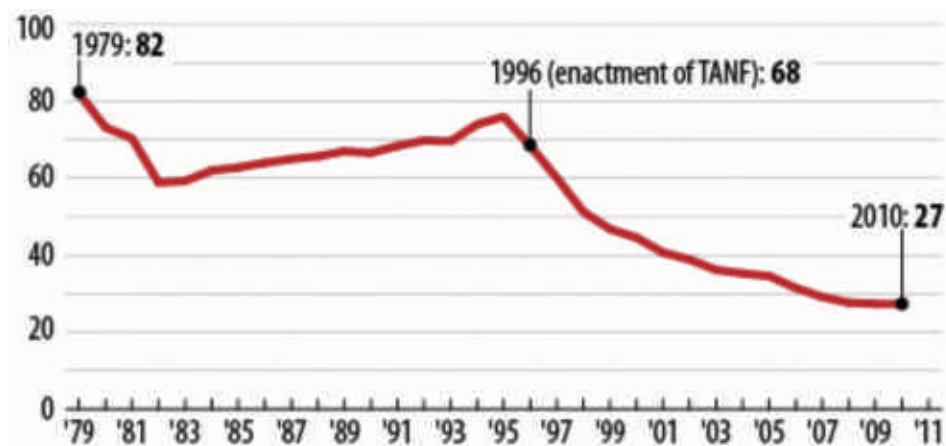
“Sometimes it comes down to—buy medicine [pay] your bills, or buy things for your children.”
—Mom in Rural Mississippi

Following the passage of the Personal Responsibility and Work Opportunity Act in 1996, there was a drastic drop nationally in the number of individuals and families receiving cash assistance and other supports. The average number of people receiving cash benefits from Temporary Assistance for Needy Families (TANF) program across the country has fallen from 12.6 million in 1996 to 4.6 million in 2011.²⁴

Although the numbers of families receiving support has fallen significantly and the rolls have declined, the number of children in poverty has remained consistent over time. What this means is that poor families are simply going without basic necessities like food, adequate housing, or necessary medical treatment or care.

TANF’S Role as a Safety Net Has Declined Sharply Over Time

Number of families receiving AFDC/TANF benefits for every 100 families with children in poverty



Source: CBPP analysis of poverty data from the Current Population Survey and AFDC/TANF caseload data from Health and Human Services and (since 2006) caseload data collected by CBPP from state agencies. Center on Budget and Policy Priorities | cbpp.org

In the nine counties studied, less than 3 percent received public cash assistance, a figure in alignment with state and national rates. However, families in the communities studied rely heavily on the Supplemental Nutrition Assistance Program for food and to make ends meet. As many as 30 percent of individuals in the counties studied relied on food stamps, compared to 15 percent to 17 percent at the national levels.

“As people have been kicked off of TANF, not because of need or improved economic conditions, and were unable to attach to a job, we are seeing the only way people are living or [getting by] is through food stamps.”

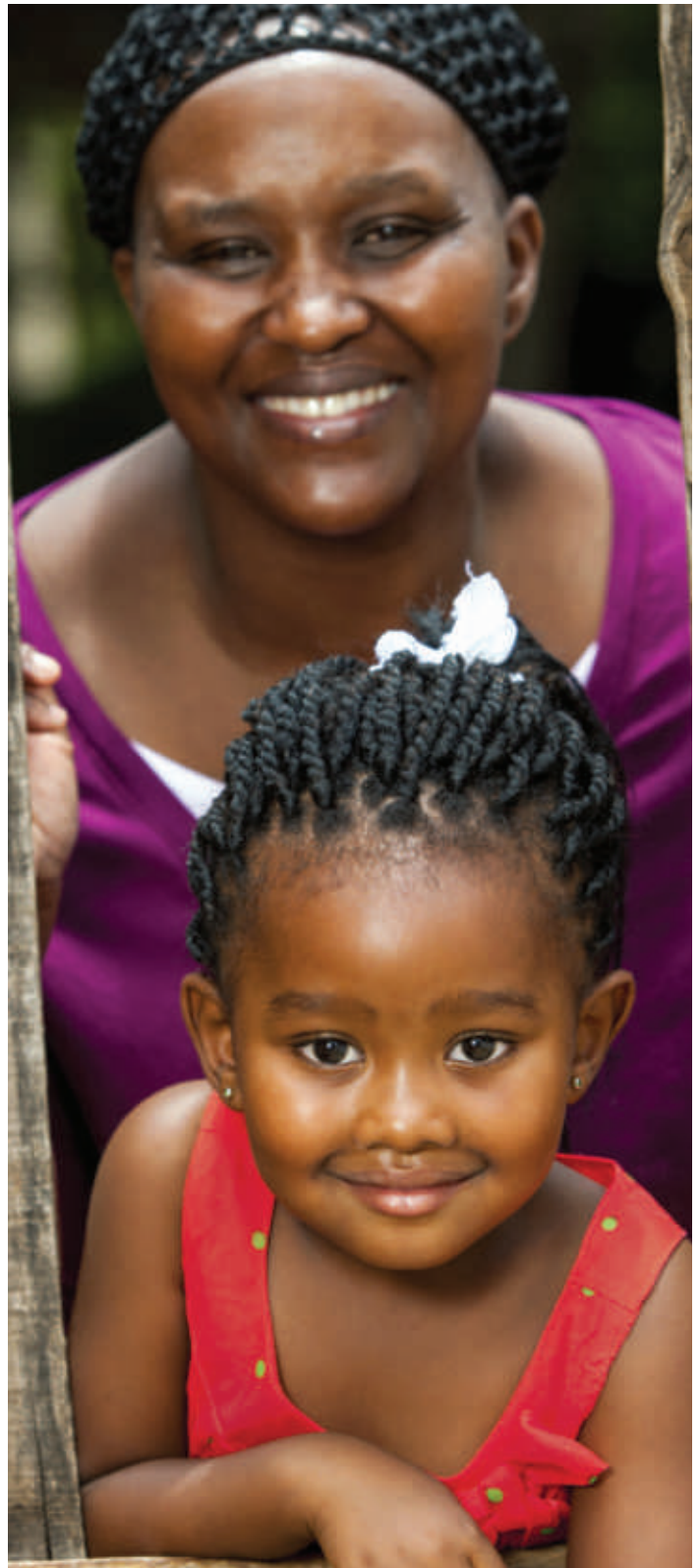
—Social Services Case Worker in Alabama

As TANF and other work support programs come up for review or renewal at the state and federal levels, it is imperative that these policies and programs take into consideration the education and training necessary for women to obtain jobs that will allow them to support their families, build wealth and assets over time, and have the potential for upward mobility. They should also include provisions for work supports such as high-quality affordable childcare, transportation, and tax credits, among many others.

DISCONNECTED MOTHERS AND FAMILIES

Since the passage of the Personal Responsibility and Work Opportunity Act, the number of disconnected women (defined as those who do not receive cash benefits as part of TANF or are unemployed) has increased significantly over the last 15 years. Of all low-income women, 1.7 million are considered disconnected. When long-term TANF recipients are included, 2.2 million who head families do not support themselves or their children with welfare or their own earnings. On average, these women have 1.8 children each—translating to almost 4 million children living in economically vulnerable families.²⁵

Black women comprise nearly 30 percent of disconnected mothers; another 24 percent are Latino. Across race and ethnicity, disconnected women and mothers tend on average to have less education and to face other barriers to obtaining and sustaining steady employment than average.²⁶



FOOD INSECURITY, HEALTH & ECONOMIC SECURITY IN RURAL AMERICA

Fifty-two percent of counties with the highest rates of food insecurity are in rural areas. The irony is that many of these food-insecure households are in the very rural and farm communities whose productivity feeds the world [and nation].
—Feeding America

There is a clear connection between the lack of economic security and food security in rural America, particularly among low-income children and families. In 2013, 49.1 million Americans lived in food-insecure households, including 33.3 million adults and 15.8 million children. In rural households, an estimated 3 million families, or 15 percent of households are food insecure.²⁷

TABLE 9: HIGH FOOD INSECURITY RATE COUNTIES BY GEOGRAPHIC AREAS, 2012

County Type	High Food Insecurity Rate Counties	All Counties
METROPOLITAN	24.3%	37.1%
MICROPOLITAN	24.4%	20.4%
NON-METRO/RURAL	51.5%	42.5%

Source: Feeding America, 2012

In the counties studied, between 21 percent and 33 percent of individual and families reported that they struggled with food insecurity, a figure at least 20 percent higher than that of state levels. Washington County in the state of Mississippi reported the highest rate of food insecurity and had an adult obesity rate of 40 percent.

Food insecurity rates were most severe in Alabama: Wilcox County (29.5 percent) Lowndes County (26 percent) and Conecuh County (23 percent). In the same counties, more than half of the residents were 130 percent below the federal poverty line. The rates were significantly higher than the state rate of 6.5 percent.

TABLE 10. FOOD INSECURITY RATES, SELECT COUNTIES AND POVERTY

	Food Insecurity Rate	Percentage higher than State Rate	130% Below Federal Poverty Line	Between 130% & 185% Poverty Line	Rates of Obesity
National	14.6%		***	***	
Alabama	6.5%				32.4%
Lowndes County	25.8%	74.9%	52%	34%	42.5%
Wilcox County	29.5%	78.0%	67%	24%	48.9%
Conecuh	22.8%	71.5%	70%	21%	33%
Georgia	16.6				
Wilcox County (GA)	20.9%	21%	55%	14%	31%
Dougherty County	26.9%	35%	64%	23%	38%
Clay County	23.2%	30%	53%	24%	36%
Mississippi	21.2				36%
Washington County	31%	33%	70%	18%	40%
Bolivar County	28.1%	26%	67%	16%	43.1%
Sharkey	28.4%	26.1%	65%	24%	41%

Source: CR2PI Calculations. Robert Wood Johnson Foundation, 2015.

FOOD DESERTS AND ACCESS TO GROCERY STORES

“We only have two grocery stores, and every time I buy food, the ‘fresh’ produce goes fuzzy within a couple of days. I usually have to travel out of town to buy groceries, and the prices are higher.”

--Mother of Two in Alabama

According to the USDA, food deserts are urban neighborhoods and rural towns without ready access to fresh, healthy, and affordable food. Instead of supermarkets and grocery stores, these communities may have little to no food access or are served only by fast food restaurants and convenience stores. This dire lack of access contributes to a poor diet and can lead to higher levels of obesity and other diet-related diseases, such as diabetes and heart disease.

In the nine counties studied, low-income families and individuals are likely to live more than one mile away from the nearest supermarket or grocery store. Without access to a car or a reliable public transportation system, many families are forced to purchase food from convenience stores or fast food restaurants, which can be overpriced and/or unhealthy.

In Lowndes, Alabama, a county with an obesity rate of 42.5 percent, more than 50 percent of low-income individuals do not live close to a full-service grocery store or supermarket.

TABLE 11. FOOD DESERTS AND PROXIMITY TO GROCERY STORES, SELECT COUNTIES

	% Households without Car More than 1 mile away from Grocery Store	% of Low-income Individuals More than 1 mile Away from Grocery Store	Average SNAP Monthly Benefit Per Participant
Mississippi	7%	34.3%	\$81.93
Bolivar Co.	11%	38.6%	\$81.00
Sharkey Co.	11%	43.5%	\$88.00
Washington Co.	4%	15.5%	\$81.00
Alabama	6%	60.4%	\$85.50
Wilcox Co.	19%	30.2%	\$87.00
Lowndes Co.	15%	55.8%	\$92.00
Conecuh Co.	9%	41.3%	\$108.00
Georgia	6%	27.3%	\$90.67
Wilcox Co.	10%	29.5%	\$86.00
Clay County	17%	54.1%	\$82.00
Dougherty	6%	25.1%	\$93.00

Source: CR2PI Calculations based on Available Data from U.S. Department of Agriculture and Metro Statistical Data

CLOSING THE FOOD INSECURITY GAP IN RURAL COMMUNITIES WITH NUTRITION SUPPORT PROGRAMS

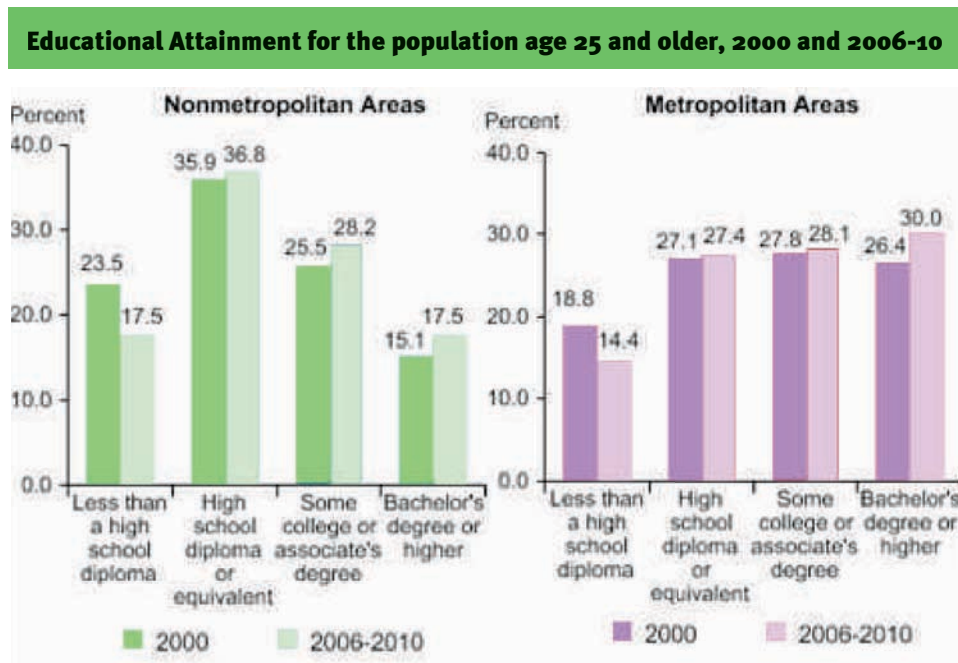
Rural communities and counties disproportionately rely on the Supplemental Nutrition Assistance Program to help purchase food. According to the most recent data available, 22 percent of the nation’s population lived in non-metropolitan or in rural areas, but close to one-third of SNAP beneficiaries lived there. Overall, 7.5 percent of the nation’s rural population relied on SNAP benefits, compared to 4.8 percent of urban residents.²⁸

In the counties studied, between 23-33 percent of individuals and families relied on SNAP, compared to 14 percent to 17 percent at the state levels.

EDUCATIONAL ATTAINMENT

In the new economy, characterized by the demand for highly skilled labor and driven by technology, education is critical to building the long-term economic security of women and girls in the rural South.

In rural areas, high school graduation rates have increased over the last decade from 76.5 percent to 82.5 percent, but the rate remains lower than rates achieved in metro areas. According to the USDA, while more adults are attending and completing college, non-metro areas still lag behind in post-secondary education.²⁹



Note: Counties were classified using the 2003 metro and nonmetro definitions. Source: USDA, Economic Research Service calculations based on data from the 2000 Census and the 2006-10 American Community Survey.

EDUCATIONAL ATTAINMENT BY RACE AND GENDER IN THE RURAL SOUTH

“What we have here is a lack of access to quality education that impacts the quality of employment and the availability of quality employment in the Delta. We have to start with education.”

—Listening Session Participant in Mississippi

Across the nine counties studied, one-third of all Black women had less than a high school diploma or its equivalent, compared to just 8 percent to 17 percent of white women. In all nine counties, Black women were also 20 percent less likely than their white counterparts to have a bachelor’s degree or higher. In Sharkey County, the number of white women who had earned a bachelor’s degree or beyond was more than double percentage of African-American women.

TABLE 12. EDUCATIONAL ATTAINMENT, SELECT COUNTIES

		Less than High School	HS Diploma/GED	Some College/ Associate's Degree	Bachelor's or Higher
ALABAMA					
Conecuh Co.	Black women	20.1%	44%	29.6%	6.0%
	White Women	17%	42%	30%	11%
	Total	18%	44%	29%	9%
Lowndes	Black women	29%	35%	28%	14%
	White Women	10%	34%	29%	38%
	Total	24%	35%	28%	14%
Wilcox	Black women	26%	44%	23%	8%
	White Women	14%	33%	30%	24%
	Total	22%	40%	25%	13%
MISSISSIPPI					
Bolivar	Black women	28%	24%	28%	24%
	White Women	11%	27%	26%	36%
	Total	23%	25%	28%	24%
Sharkey	Black women	31%	30%	18%	20%
	White Women	8%	26%	23%	43%
	Total	23%	29%	20%	28%
Washington	Black women	27%	28%	28%	17%
	White Women	14%	28%	33%	24%
	Total	23%	28%	29%	20%
GEORGIA					
Clay	Black women	36%	36%	25%	5%
	White Women	8%	41%	38%	13%
	Total	23%	38%	31%	8%
Wilcox	Black women	28%	34%	32%	6%
	White Women	15%	46%	26%	13%
	Total	19%	42%	28%	11%
Dougherty	Black women	20%	25%	41%	15%
	White Women	12%	31%	32%	26%
	Total	17%	27%	37%	19%

Source: Center for Research and Policy in the Public Interest (CR2PI) Tabulation, U.S. Census Bureau. American Community Survey

HEALTH AND WELLBEING IN THE RURAL SOUTH

Good health is a key component of building the long-term economic security of women and families. When women or families are in poor or less-than-optimal health, it is harder to maintain employment or manage daily life tasks and responsibilities. Health is also one of the most reliable measures of overall human wellbeing and quality of life, in the U.S. and globally.

On many indicators of health and wellbeing, women in rural areas and communities rank low or last. Compared to women in metropolitan areas, rural women are more likely to be overweight or obese; rely on Medicaid and Medicare; lack quality health insurance; travel longer distances to receive care or to access a range of medical, dental, and mental health specialty services; or to delay medical care due to cost.

Also, compared to residents in metropolitan counties in the three states studied, individuals in rural counties were more likely to indicate that they were in poor or fair health. In the rural counties studied, nearly 1 in 4 residents reported being in poor or fair health compared to just 1 in 10 in the top-ranked metro counties in each of the three states. Lowndes and Wilcox counties in Alabama reported significantly higher rates at 36 percent and 31 percent respectively, which is 40 percent higher than the rate for the state at 21 percent.



HEALTH INSURANCE COVERAGE

Individuals in rural areas are less likely than their urban counterparts to have access to health insurance coverage through a job or an employer. They are also more likely than their metropolitan counterparts to live in a family without either a full- or part-time worker (17 percent compared to 14 percent). According to the Kaiser Family Foundation, in 2013 only slightly more than half (51 percent) of the rural population was enrolled in employer-sponsored coverage, a lower proportion than the 57 percent of the metropolitan population with employer coverage.³⁰

In the nine counties studied, 1 out of every 4 individuals lacked health insurance and of those who had insurance, 40 percent or more relied on public health insurance or Medicaid. Clay County in Georgia had the highest percent of individuals who received public health insurance, at 52 percent, followed closely by Washington County in Mississippi, at 48 percent.

FAILURE TO EXPAND MEDICAID IMPAIRS THE ABILITY OF POOR FAMILIES IN THE RURAL SOUTH TO ACCESS CARE

The refusal to expand Medicaid or implement the Affordable Care Act has dealt a devastating blow to low-income families in South, including many living in rural areas and counties. Although about one-third of Southerners are unlikely to have health insurance, Alabama, Georgia, and Mississippi are among nearly a dozen states that have refused to expand Medicaid to move forward with the Affordable Care Act.³¹

Without the Medicaid expansion, Medicaid eligibility levels for adults in the South remain low. Four point eight million uninsured U.S. adults fall into the coverage gap, which would be alleviated by Medicaid expansion. Nearly 80 percent of these live in the South.

In the South, African Americans are more likely to be impacted by the lack of Medicaid expansion than whites, 56 percent compared to 47, respectively.

\$87 Billion: The estimated loss in funding and hospital reimbursements in the states of Alabama, Georgia and Mississippi due to the failure to expand Medicaid³²

CALLIE GREER:

Community Leader, Freedom Fighter, & Proud Mother

Ms. Callie Greer has lived through and seen a lot, in both her personal life and her work at Greater Birmingham Ministries (GBM). In 1999, she lost her son Mercury to gun violence and less than a decade later, she lost her daughter Venus to rapidly progressing breast cancer that was helped along by her lack of health insurance. As a result of both tragedies, Ms. Greer has committed herself to advocating for Medicaid expansion, criminal justice reform, and an end to gun violence.

Initially, Ms. Greer started out as a part-time field organizer at GBM, working on issues related to constitutional reform and helping to ensure that low-income individuals and families understand their rights in the state of Alabama with regard to education, the criminal-legal system, social supports, and healthcare. However, after only a couple of years at GBM, she became a full-time advocate, which allowed her to deepen her efforts and work with other local organizations to make change.



Remembering Venus' Smile

Venus, Ms. Greer's oldest daughter, was unemployed and without health insurance when she was diagnosed with stage IV breast cancer. When she detected a small lump on her breast, she immediately went to the doctor, but was told that she could not receive a mammogram without a referral from a primary care physician. Undaunted, over a two-year period, she returned to the emergency room two dozen or more times before a physician, noticing the deteriorating condition of her breast, rushed her into care. It was there that the attending physician sent her for a mammogram and she was later diagnosed with life-threatening cancer.

Without insurance, receiving care was an uphill battle, and treatment was severely delayed. She waited more than five months to receive care, and once approved, waited several more weeks for medicine and medical equipment. Soon the cancer spread throughout her body and she eventually succumbed to the disease.

A few months before her passing, Venus attended a Medicaid expansion rally and was encouraged by her mother and family to tell her story. At the rally, she spoke passionately about the right of all individuals, regardless of income, to have quality health insurance and medical care. She also spoke about her personal journey and battle to receive care in the state of Alabama.

According to Ms. Greer, Venus' story has helped to encourage individuals and families to share their stories about their lack of health insurance and their struggle to receive care. It also continues to inspire the work of Greater Birmingham Ministries and other local organizations in Alabama to continue their fight to expand Medicaid in the state.



PROXIMITY TO CARE IS AN ISSUE FOR WOMEN IN THE RURAL SOUTH

Transportation is a vital issue in terms of access to health care, especially in rural areas where travel distances are great and access to alternative modes of transportation such as transit is less prevalent. Less than one-half of rural women live within a 30-minute drive to the nearest hospital or clinic offering perinatal services or other necessary medical services. Eighty-seven point six percent of those living in rural towns live within a 60-minute drive, and 78.7 percent of those living even in the most isolated areas can get to medical help within an hour's drive (if they can get access to a car).

DELAYING CARE AND TREATMENT

Women in rural areas and communities are also more likely to delay care and medical treatment due to costs or lack of health insurance. Delays in care and treatment can result in the late diagnoses of chronic or harmful diseases or the postponement of necessary medical treatment. In 2010, rural women aged 18–64 years reported the highest rates of delayed care or no medical care due to cost (18.6 percent) and/or lack of health insurance coverage (23.1 percent).³³

INFANT MORTALITY

Despite modest declines in the U.S. infant mortality rate since 2005, it remains persistently higher than that of most developed countries. In the rural South, the infant mortality rate can climb as high as 29 percent per 1,000 births. Causes of infant mortality include congenital anomalies, premature births, maternal complications, and Sudden Infant Death Syndrome (SIDS).

In five of the nine counties studied, the infant mortality rate was higher than the national (6.2 per 1,000 births) and state rates. The infant mortality rate was highest in Conecuh County in Alabama (29), followed by Washington County in Mississippi (12.6), and Bolivar County in Mississippi (11.8).

MATERNAL MORTALITY IN THE RURAL SOUTH

Maternal deaths related to childbirth in the United States are at nearly the highest rate in a quarter century, and Black women are 3.2 times more likely to die due to pregnancy and childbirth than white women.³⁴

In the South, the maternal mortality rate is alarmingly high. For instance, the rate in Mississippi, which has one of the highest rates in the country, has been climbing for more than a decade. From 2010 to 2012—when the last measure was taken—an average of nearly 40 women died for every 100,000 births. Statewide, the mortality rate for Black women, 54.7 per 1,000, was much higher than the rate for White women, 29.3 per 1,000.³⁵

The disparities in high mortality rates between Black women and their White counterparts can best be explained by noting the role of chronic diseases and other conditions—such as diabetes, obesity, and high blood pressure in pregnancy complications—as well as poverty and the lack of access to quality prenatal and post-natal care for women.

OBESITY

Nationally, more than one-third, or 78.6 million Americans, are obese, and the South has the highest rate of adult obesity, at 30.2 percent. Across race and ethnicity, Blacks have the highest obesity rate at 47.8 percent, and the rate for Black women is 56.6 percent. In the rural counties studied in Mississippi, a little over 50 percent of women are obese, a rate 30 percent higher than the state average of 40 percent.³⁶

Child obesity is also significantly higher in rural areas than in urban areas. Nearly a third (30 percent) of U.S. children are overweight, and 15.9 percent are obese. Rural children are more likely to be overweight or obese. When race and ethnicity are taken into consideration, rural Black children have the highest prevalence of overweight and obesity.³⁷

Obesity is a problem that is often exacerbated by poverty and the proportion of the household budget of low-income families that can be allocated towards food compared to other necessities such as housing, medicine, childcare, or transportation each month. In order to make ends meet and stretch their food budget, many families gravitate towards cheap and convenient fast food choices, which are overabundant in poor neighborhoods and communities.

There are several other factors that contribute to the obesity epidemic in the rural South. Specifically, there are fewer fitness and weight management centers in non-metro areas as compared to urban cities or suburban areas. There is also a lack of nutrition and caloric intake education in schools, homes, and communities.

CHRONIC DISEASE

Nationally, more than 1 in 4 Americans have at least two chronic medical conditions, ranging from diabetes to hypertension to asthma to other cardiopulmonary diseases. In the rural South, the risk of complications related to a chronic illness or disease is worsened because of the lack of medical facilities, clinics, or hospitals to diagnose or to treat illness.



DIABETES IS A CHIEF HEALTH CONCERN FOR BLACK WOMEN IN THE RURAL SOUTH

Although a number of health disparities exist between rural and urban areas, including injury-related deaths, heart disease rates, and cancer rates, diabetes ranks as one of the most significant health concerns. In rural areas, the rate of diabetes is 17 percent higher than in metropolitan areas. In the states and counties studied, because of the high obesity rates and other related risk factors such as poverty, diabetes is a chief health concern for Black women. In Wilcox County, the diabetes rate is 31.3 per 100,000, higher than the state rate of 26.8 per 100,000 and the national rate of 22.8.

When race and ethnicity are taken into consideration, the rate of diabetes and diabetes-related deaths are alarmingly higher for African-Americans. In the state of Alabama, mortality caused by diabetes is consistently more than 50 percent higher among African-Americans than among Whites living in that state. Of the 32 Alabama counties with the highest diabetes mortality rates, 29 are rural counties.

There are also significant racial and regional disparities in the care of patients with diabetes. According to a new report from the Dartmouth Atlas Project, Blacks are less likely to get routine preventive care than other patients, and three times more likely to lose a leg to amputation, a devastating complication of diabetes and other circulatory problems.

Among individuals who receive Medicaid, the rate of diabetes-related amputations is nearly three times higher among Blacks compared to other Medicaid beneficiaries. Some of the widest racial disparities have been seen in Mississippi. There were 14.2 amputations per 1,000 beneficiaries for Black patients in Meridian and 16.1 in Tupelo, compared to 3.8 and 4.7 respectively for non-Black patients.



VIOLENCE AGAINST WOMEN

Nationally, according to the National Center for Injury Prevention and Control, women experience about 4.8 million intimate partner-related physical assaults and rapes every year. And less than 20 percent of women who are abused seek medical treatment following an injury.

For women living in rural areas and communities, experiences of domestic violence are compounded by geographic isolation, concerns about confidentiality, and limited service options. In South Georgia, for example, where Dougherty County is located, there is one shelter and resource center serving 17 counties.

The underreporting of violence creates difficulty for those engaged in current research and those searching for data. This results in a significant barrier for rural women who are victims of sexual or domestic violence. Without reliable data, it is difficult to funnel resources and create programs that are reflective of the needs and experiences of women in rural areas and communities.

SINGLE MOTHERS IN THE RURAL SOUTH

In 2013, 11.2 million families in the U.S. were headed by a single parent—85 percent of whom were women. It is estimated that 18 million children live in households headed by single women nationwide. Across the nine rural counties studied, there are an estimated 11,651 households headed by single mothers with children under the age of 18.

With regard to economic security and wellbeing, single mothers with young children are more likely to live in poverty, have fewer assets and savings, and earn less than their male counterparts. In rural communities, single mothers have higher rates of unemployment, lower earnings compared to women in metropolitan areas, and lower levels of educational attainment.

Close to 1 in 5 households in the rural counties studied are headed by single mothers with children under 18, a figure about 20 percent higher than at the state levels. Mississippi has the highest number of single-mother households at 10 percent, followed by Georgia, 8.7 percent and Alabama at 8.3 percent.

	TABLE 13. DISTRIBUTION OF FAMILY HOUSEHOLDS, SELECT COUNTIES											
	Alabama				Georgia				Mississippi			
	Alabama	Wilcox Co.	Lowndes Co.	Conecuh Co.	Georgia	Wilcox Co.	Doughtery Co.	Clay Co.	Mississippi	Bolivar Co.	Washington Co.	Sharkey Co.
Total Family Households	67.5%	67%	62.5%	68.8%	68.2%	70%	63.8%	65.3%	68.9%	64%	68.5%	68.3%
Average Size	3.14	3.8	3.5	3.29	3.31	3.19	3.19	3.45	3.23	3.37	3.39	3.43
Single Mothers with Children under 18	8.3%	12.8%	12.9%	9.1%	8.7%	9.3%	14%	10%	10%	14%	16%	10%
Single Fathers with Children under 18	1.8%	1.6	0.1%	1%	2.2%	2.3%	2.4%	2%	2.2%	1.3%	1.9%	1%

Source: Center for Research and Policy in the Public Interest (CR2PI) Tabulation. U.S. Census Bureau. American Community Survey

ECONOMIC SECURITY AND SINGLE MOTHERS IN THE RURAL SOUTH

Single mothers in the rural South face unique and significant barriers to achieving full economic security and steady employment. Unlike many urban centers, weak or non-existent public transportation systems in rural areas make it difficult for many low-income single mothers to maintain employment while simultaneously juggling childcare or other caretaking demands.

Additionally, the lack of vibrant industries and jobs in rural communities due to the closure of major factories and businesses creates an additional burden for job seekers. Often, the distance between rural counties and the nearest major city with available jobs is too much to negotiate for working mothers with few transportation and/or childcare options.

	TABLE 14. DISTRIBUTION OF SINGLE MOTHER HOUSEHOLDS WITH CHILDREN UNDER 18 IN POVERTY, SELECT COUNTIES								
	ALABAMA			GEORGIA			MISSISSIPPI		
	Wilcox Co.	Lowndes Co.	Conecuh Co.	Wilcox Co.	Doughtery Co.	Clay Co.	Bolivar Co.	Washington Co.	Sharkey Co.
Single Mother Households in Poverty	58%	66.3%	36.4%	46%	58.2%	55.1%	64%	56.8%	47.4%
Married Couple Families In Poverty	9.1%	6.3%	16.7%	17%	10.4%	19.8%	13.2%	12.4%	10.1%

Source: Center for Research and Policy in the Public Interest (CR2PI) Tabulation. U.S. Census Bureau. American Community Survey

Rural women and families are also geographically isolated and therefore have less access to vital education and job training programs and other social support programs such as Women, Infants, and Children (WIC, a food and nutrition program), Medicaid, home visits, and Early Head Start. Research continues to show that these programs have positive effects on parent and child development and wellbeing that can help to mitigate persistent poverty and set families on a course toward economic stability.

SINGLE-MOTHER HOUSEHOLDS IN THE RURAL SOUTH ARE MORE LIKELY TO LIVE IN POVERTY COMPARED TO OTHER RURAL REGIONS

Nationally, one in two rural single-mother families are poor, and rates are highest in the rural South, where more than 54 percent of households headed by single mothers are impoverished. In the counties studied, households headed by single mothers with children under the age of 18 were four times more likely to live in poverty compared to their married counterparts.

RACE, GENDER AND POVERTY

In the rural South, single African-American mothers in the counties studied had the highest poverty rates compared to other groups of women. In Clay County in Georgia, for example, the poverty rate for Black single mothers topped out at 70 percent followed closely by Lowndes County in Alabama at 69 percent.

INCOME, EARNINGS AND SINGLE MOTHERS

Rural-urban inequities persist, particularly in the lives of single mothers and their children as they face the challenge of finding a good job, paying a living wage.

In the U.S., approximately half of all single mothers have an annual income of less than \$25,000—one-third of the median income for married couples or families (\$77,749). In the rural counties studied, as many as 42 percent of families had an income of less than \$25,000, a figure just slightly above the federal poverty line for a family of four in the U.S. As a result, in order to make ends meet, many rural single mothers must rely on public assistance, family networks or other supports.



BARRIERS TO EMPLOYMENT FOR RURAL SINGLE MOTHERS

Low-income mothers in rural communities face multiple barriers to sustained employment that are different from those faced by mothers in urban or metropolitan areas. These barriers include the lack of quality work opportunities and affordable childcare; the lack of a car or other reliable transportation; and housing instability.

A recent study by the University of Minnesota found that rural women with three or more barriers were less likely to find or maintain stable employment than those without such barriers. In urban areas, there are social services agencies and other supports that are able to mitigate or alleviate many of the barriers to employment for single women mothers.

“I lost my childcare benefits because my school schedule conflicted with the daycare operating hours. I could not make it in time to pick up my child. I also had trouble finding care in school.”
—Single Mother in Wilcox County, Alabama

YOUNG WOMEN AND GIRLS IN THE RURAL SOUTH

Across the nine counties studied in the states of Alabama, Georgia and Mississippi, there are only 13,126 young women between the ages of 18-24, less than 10 percent of the total population of women in the counties. Black women make up the highest percentage of younger women in the counties and in some instances outnumber their white counterparts 2-to-1. Nearly one-quarter of all females in the rural counties studied were under the age of 18, and between 30 and 50 percent lived in poverty.

Approximately 1 in 10 young women between the ages of 18-24 in the nine counties studied lives in poverty, a figure significantly lower than that of other female-age cohorts in the same county and the statewide poverty rates for younger women.

THE RURAL BRAIN DRAIN AND LEAVING HOME

The low percentage of younger women between the ages of 18-24 in rural counties can best be explained by noting that following graduation from high school, many young people, including young women, leave rural towns and communities for larger cities. The migration is due to the lack of institutions of higher education in rural communities, few job opportunities and prospects, and the shuttering of major factories and industries in rural areas.

Young women who remain in rural communities often have significant barriers to full economic security, including lower levels of educational attainment and success, lower wages and earnings, and unemployment. Many also have familial obligations, including but not limited to the care of young children and aging parents or grandparents.

In order for young women who leave the rural South to succeed and return to help build stronger communities, it is critically important that they have the skills, education, and social supports necessary to overcome barriers to opportunities and upward mobility.

EDUCATIONAL ATTAINMENT, GIRLS

“We are being set up to fail in our schools. When I look back on high school, I [believe] I did not learn what I needed to learn to be prepared for college. Most of the kids in my class had to take remedial classes in college because we didn’t learn what we needed to learn in the system.”

—Young Woman College Student in Alabama

The completion of high school, mastering the necessary academic skills and training, is a successful building block for long-term economic security for low-income individuals and families. In the rural South, poverty and race are strong indicators of the quality of education students will receive, as well as whether or not they will graduate on time with the skills necessary to access opportunities and go on to pursue a post-secondary education.



Public schools in the rural South tend to be smaller than those in urban areas, be highly segregated, and lack access to the Internet, computers, and other relevant technology. According to the National Education Association, the number of public school students per instructional computer with Internet access is lower in rural areas (3-to-1) compared to city schools; though some rural schools were adequately provided for, others had only 15 computers for the entire school(4.2-to-1).

In Alabama, a state with an 80 percent graduation rate, Wilcox County has a dropout rate twice the state average. The equivalent of a full classroom of students drops out of high school every day in Alabama.³⁸

DROPOUT FACTORIES

In the US today, about 2000 schools are responsible for half of the country's dropouts, and the demographics emphasize the relationship between race, poverty and educational inequity. These schools are to be found nationwide, but are concentrated throughout the South. Dropout factory high schools produce 73 percent of African-American and 66 percent of Latino dropouts, but only 34 percent of their white counterparts. In fact, a staggering 49 of these struggling schools are located in Mississippi and represent over one quarter of the state's high schools.³⁹

REPRODUCTIVE AND SEXUAL HEALTH

Access to accurate information and the full range of reproductive health care services is essential to the economic, mental and physical well-being of young women in the rural south.

HIV/AIDS AND SEXUALLY TRANSMITTED INFECTIONS AMONG YOUNG WOMEN IN THE RURAL SOUTH

The rate of HIV/AIDS infections and sexually transmitted infections among young women has increased dramatically over the last decade in the United States. The rural South is no exception. The rates have been particularly high for African-Americans and Latinos, who now account for 82 percent of new HIV infections among young girls and women between the ages of 13-24.⁴⁰

Despite targeted public health awareness education campaigns, the HIV/AIDS epidemic continues to pose significant challenges in non-metro areas, especially in the rural South.⁴¹ Approximately 7.7 percent of new diagnoses of Americans age 13 and older living with HIV are in rural areas. Half of rural HIV/AIDS cases occur among African Americans, with a disproportionate number of newly documented infections in the South. Nine percent of new infections are Latinos, and percent are American Indian/Alaska Natives and 3 percent are white.⁴²

According to the Centers for Disease Control, over 50 percent of youth with HIV in the United States do not know they are infected. In the Deep South, a higher proportion of persons diagnosed with HIV were adolescents and young adults than in the United States overall, and HIV diagnosis rates among individuals 13–24 and 25–34 were higher than in other US regions.

Nationally, the state of Mississippi had the 10th highest rate of HIV diagnosis, and 33 percent of the new cases were young people between the ages of 13-24. The overall rate of new infections for women is 7.4 per 100,000 persons compared to 30.4 per 100,000 persons for men.⁴³

SEXUALLY TRANSMITTED INFECTIONS

Young people 15-24 contract half of all New STDs, and 1 in 4 sexually active young women have an STD, such as chlamydia or human papillomavirus. In 2013, close to 1 million cases of chlamydia were reported for 15-24 year olds representing 68 percent of all cases. The rates for chlamydia and gonorrhea are highest in the South and Midwest regions of the country.



TABLE 15. TEEN PREGNANCY AND BIRTH RATES, SELECT COUNTIES

		Alabama				Georgia				Mississippi			
	United States	Alabama	Wilcox Co.	Lowndes Co.	Conecuh Co.	Georgia	Wilcox Co.	Doughtery Co.	Clay Co.	Mississippi	Bolivar Co.	Washington Co.	Sharkey Co.
Adult Obesity Rate	29.4	24.2	22.5	37.8	27.8	21.3	53.7	79.9	67.4	76	64.6	89.5	77.9
Teen Birth Rate per 1,000	26.5	47	50	62	55	45	68	72	55	59	78	89	95

In 2013, rates of reported cases of chlamydia were highest for Blacks aged 15–19 and 20–24 years. The chlamydia rate among black females aged 15–19 years was 6,907.6 cases per 100,000 females, which was five times the rate among white females in the same age group (1,383.3 per 100,000 females). The rate among Black women aged 20–24 years was 4.1 times the rate among white women in the same age group.

The state of Mississippi, which has an abstinence-only based curriculum in most of its public schools, leads the nation in gonorrhea infections: 209.9 cases per 100,000. In 2010, there were 6,195 cases of gonorrhea reported in Mississippi. Of that number, 4,310 of those diagnosed were ages 15-to-24. In that same year, in Lowndes County, there were 111 reported cases of gonorrhea and 32 reported in Clay County.

EARLY MOTHERHOOD IN THE RURAL SOUTH

In 2010, pregnancy rates dropped dramatically among teens and young women aged 20–24. According to the Guttmacher Institute, the pregnancy rate decreased by 15 percent among teenagers aged 15–19 and by 12 percent among 20–24-year-olds, and the drop was seen among all racial and ethnic groups. In both 2009 and 2010, the birth and abortion rates among teenagers and young adult women reached historic lows.⁴⁴

Early motherhood in the rural South is highly influenced by race, poverty, and the lack of access to resources and the full range of reproductive care services. Rural women may also lack health insurance or must travel longer distances to receive care or access services.

In the rural counties studied in Georgia, the teen pregnancy rate was more than two times the state rate of 21.3 per 1,000 residents, and the birthrate was at least 20 percent higher.

Outranked only by New Mexico, Mississippi continues to have the highest teen pregnancy rate in the nation, at 76 per 1,000, and the highest birthrate, with 55 births per 1,000 girls. In Washington County, the teen pregnancy rate was significantly higher than the state rate, at 89.5 per 1,000, followed by Sharkey County at 77.9 and 64.6 in Bolivar County.

EARLY MOTHERHOOD AND EDUCATIONAL ATTAINMENT

“When girls drop out of school in Mississippi because they’re pregnant or just had a baby, the domino effect is felt for years, sometimes generations, to come.”⁴⁵

For younger women, pregnancy and early motherhood are contributing factors for low rates of high school completion and educational attainment. Research indicates that 30 percent of teen girls who have dropped out of high school cite pregnancy or parenthood as a key reason. Rates are highest for African American and Latino girls—38 percent and 36 percent respectively.

OLDER WOMEN IN THE RURAL SOUTH

According to the USDA, nearly 17 percent of non-metro area residents are 65 years or older; in metropolitan areas, seniors comprise only 13 percent, which is slightly less. Women make up close to 60 percent of the rural population 65 years or older. In the counties studied, the poverty rate for individuals 65 years or older was between 8 percent and 23 percent. Clay County in Georgia had highest percentage of elderly persons in poverty, at 24 percent, followed by Conecuh County at 20 percent.

Older women in rural areas face significant barriers to their economic security and wellbeing, including lower social security benefits and pension benefits than their metropolitan counterparts, poorer health outcomes, and higher rates of chronic disease. These are exacerbated by the lack of access or proximity to medical care, and higher rates of poverty than seniors in urban areas. As such, it is imperative that older women in the rural South are connected to social supports and services that will ensure they are able to live active, economically secure, and healthy lives.

POVERTY IS A REALITY FOR OLDER RURAL WOMEN IN THE SOUTH

Thirteen percent of older women in rural areas are poor, compared to a poverty rate of just 8 percent of men and about 11 percent of older women nationally. When race and ethnicity are taken into consideration, Black (20.4 percent) and Latino women (23 percent) over the age of 65 are more likely to be impoverished than white non-Latino women (9.3) percent, nationally.

SINGLE OR WIDOWED OLDER WOMEN HAVE HIGHER POVERTY RATES THAN MARRIED WOMEN IN RURAL AREAS

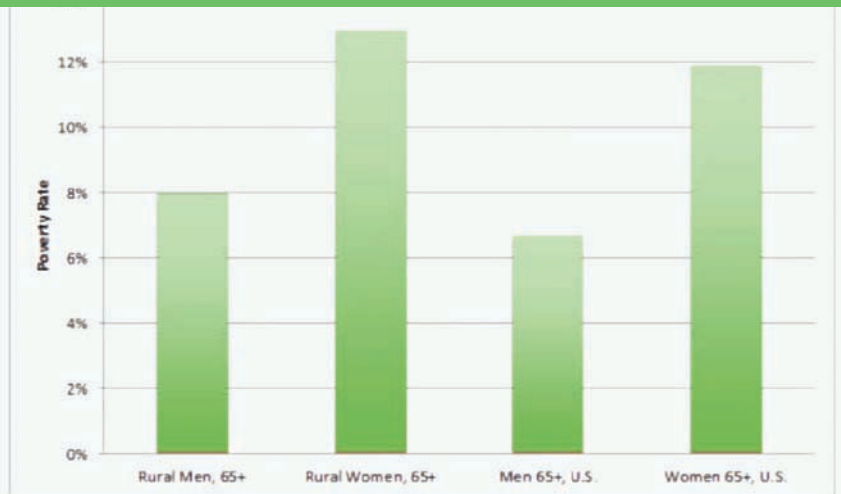
In rural areas and communities, single or widowed women 65 years or older are three times more likely to be impoverished than married women in the same age bracket. Women who live alone in rural areas are also more likely to live in poverty, compared to those who reside with family or others.

MOBILITY IS A SIGNIFICANT BARRIER TO HEALTH AND WELL BEING FOR OLDER WOMEN IN THE RURAL SOUTH

Compared to their metropolitan counterparts, rural elderly are likely to age in place, meaning they do not migrate or leave their homes when they retire or stop working.

They are also more likely to be dependent on others for transportation to doctor's appointments, trips to the grocery store or for other daily activities. According to Transportation for America, in 2015, an estimated 1.3 million seniors in rural areas over the age of 65 lacked access to a strong, reliable public transportation system.

POVERTY RATES FOR INDIVIDUALS 65+, RURAL AND UNITED STATES



CONCLUSIONS AND RECOMMENDATIONS

RECOMMENDATIONS

Support alternative enterprise development, along with job creation and training for low-income women and families in the rural south in occupations and fields with opportunities for career advancement and mobility. Job creation and training efforts should focus on disconnected mothers, youth, and the long-term unemployed. Efforts should work to address both emerging economic opportunities and barriers to employment facing low-income families and communities. These barriers include transportation, childcare, broadband access, lower levels of educational attainment, and the lack of access to quality schools.

Provide targeted investments and tax incentives to small- to medium-sized enterprises and corporations for place-based alternative economic development. Emphasis should be placed on the promotion of worker-ownership models and creating systems, facilities, and networks that make economic progress possible. The overarching goals of efforts should be to generate sustainable jobs for those lost in the region as a result of federal trade policies, strengthen local communities and businesses, and improve the long-term economic prospects of low-income women and families.

Support early links to the labor market for young Black women and men in the rural South. Job training programs and efforts focused on young adults should focus on long-term outcomes and opportunities, rather than short-term job placement. They should also provide the skills and training necessary to compete in a global society. Training and education programs should work to improve math and literacy skills; prepare for two- or four-year colleges; or provide training for vocations with higher pay and career advancement.

Expand work supports for low-income families in the rural South. Work supports, such as transportation, childcare, and tax credits are critical to low-income women and families, particularly Black women and families, as they work to build long-term economic security. The eligibility for the Earned Income Tax Credit and Child and Dependent Care Tax Credit (CDCTC) should be expanded and improvements made permanent, along with a tax break for low-income families. Additionally, there should be targeted funds and resources for transportation and childcare supports for low-income women in the rural South due to the lack of reliable public transportation and quality childcare options in many areas.



Increase philanthropic investments in the rural South. Less than 1 percent of all philanthropic dollars go towards efforts to support low-income Black women, girls, and families in the rural South. Directed and intentional funding and support would accelerate progress in communities and help to close gaps and barriers to equity and opportunity.

Build the public infrastructure in the rural South by providing tax incentives and subsidies to small businesses and corporations. In order to create reliable transportation systems and to attract quality supermarkets and financial institutions to the rural South, businesses and corporations that are vital to the overall health and economic wellbeing of rural residents should receive tax incentives and support to locate in high-need or USDA-designated persistently impoverished rural areas and communities.

Alleviate food insecurity among low-income children in communities throughout the rural South by providing nutritious food in the summer and during school breaks. It is estimated that 6 of 7 low-income kids who eat a free or reduced-price school lunch during the academic year do not receive a free meal during the summer or during mandated school breaks.⁴⁶ Funnel resources and help build the infrastructure of community-based organizations, schools, and churches to provide breakfast and lunch programs for low-income children in rural areas. Additionally, invest in mobile feeding units to serve children with limited transportation or mobility.

To reduce obesity in women and children, provide healthy food options in community-based health education programs. In addition to tax subsidies and incentives to increase the number of supermarkets in rural areas, there should also be incentives to establish local farmer's markets, food cooperatives, and mobile food stores. In terms of health education, work with schools, churches, and communities to create programs that teach the skills needed for buying and cooking healthy foods.

Provide health and recreation resources to rural communities to promote fitness, physical activity, and healthy lifestyle choices for children and families. Increased financial investments in parks and recreation in rural areas can help reduce poor health outcomes and obesity over the long term and can strengthen communities through physical movement and participation in team sports and activities.

Promote and provide reproductive health education in communities, schools and churches in the rural South to reduce early motherhood, infant mortality, and the transmission of STIs. Schools and communities should provide comprehensive sex education, along with accurate information and resources on the full range of reproductive health choices.

Expand access to high quality childhood education for low-income children in the rural South. Provide increased support and resources for rural communities to train providers and teachers, ensure that quality, affordable community-based care is available to all needy families, and expand the number of children enrolled in Head Start programs in rural areas.

Improve school quality in rural communities by investing in teachers, technology, libraries, and supplies. In order to prepare students to compete in an increasingly global society, communities and localities should work to strengthen the pipeline of qualified teachers in rural areas, ensure that schools have up-to-date technology, broadband access, textbooks, lab equipment, and other related supplies.

Increase research and data collection on the impact of poverty on health outcomes for Black women and young women in the rural South. There is a need to collect data on the link between poverty and chronic disease, obesity, and maternal mortality among Black women and young women in the rural South and to identify strategies and interventions based on lived realities and experiences of these women and their families.

CONCLUSION

Over the last several decades, the wealth and income equality gap in the United States has increased significantly, and the number of individuals living in poverty has remained persistent. The most recent recession, compounded by the loss of jobs and industries in rural areas, has also made it increasingly difficult for families struggling to gain their footing in the new economy.

From strengthening public infrastructure to fixing failing schools to ensuring that children in rural areas have a fair and equal start from the beginning, findings in this report affirm the critical need for targeted programs, initiatives, and alternative economic models to build the long-term economic security and wellbeing of low-income women, children and families in the rural South and to infuse resources in communities.

Through the promotion of alternative economic models and partnerships with women and families in rural communities throughout the South, the Southern Rural Black Women's Initiative (SRBWI) will continue to work across communities to practice and promote policies, practices and programs that create access to jobs and educational and training opportunities for low-income women and families. We call upon leaders, advocates and practitioners to join us in this important work in order to help all communities in the U.S. to flourish.

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