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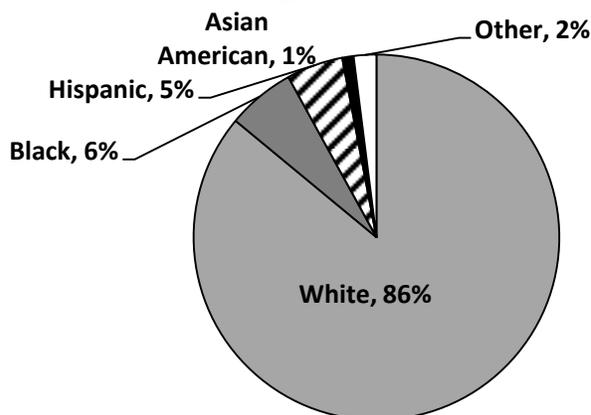
The Status of Women in the Asheville Metropolitan Area, North Carolina

Women in the Asheville, North Carolina metropolitan area,¹ and in North Carolina as a whole, have made much progress during the last few decades. The majority of women work—many in professional and managerial jobs—and women are a mainstay of the economic health of their communities. Yet, there are ways in which women’s status still lags behind men’s, and not all women are prospering equally. This fact sheet provides basic information about the status of women in the Asheville area (which includes Buncombe and Madison counties), focusing on women’s earnings and workforce participation, level of education, poverty, access to child care, and health status. It also provides background demographic information about women in the region.

Basic Facts About Women in the Asheville Metropolitan Area

The Asheville area is less racially and ethnically diverse than the state as a whole. Only 14 percent of women and girls in the area are from a minority racial or ethnic group, compared with 35 percent in the state overall. The proportion of women and girls in the Asheville area who are foreign-born, however, is not much lower than in North Carolina as a whole (five percent compared with seven percent; Table 1).

Figure 1. Distribution of Women and Girls by Race and Ethnicity in the Asheville Metropolitan Area, All Ages, 2008–2010



Notes: Sample size is too small to report an estimate for American Indians. Racial and ethnic categories are defined as exclusive: white, not Hispanic; black, not Hispanic; Asian American, not Hispanic; and Other, not Hispanic. Those whose ethnicity is identified as Hispanic or Latino may be of any race. “Other” includes those reporting multiple race identities as well as individuals not classified by the Census Bureau.

Source: IWPR analysis of 2008–2010 Integrated Public Use Microdata Series (IPUMS) American Community Survey microdata (Ruggles et al. 2010).

The median age for the female population in the Asheville area is 42 years, four years older than in the state and the United States. Eighteen percent of women in the metropolitan area are 65 years and older, compared with 15 percent in the state and nation. As in the United States, and North Carolina overall, one in two women in the Asheville area is married.

Table 1. Basic Demographic Statistics for Women and Girls			
	Asheville Area	North Carolina	United States
Total Population	256,954	9,561,558	309,349,689
Number of Women and Girls, All Ages	133,661	4,905,216	157,294,247
Median Age of All Women and Girls	42	38	38
Proportion of Women Aged 65 and Older	18%	15%	15%
Distribution of Women and Girls by Race and Ethnicity, All Ages			
White, Not Hispanic	86%	65%	64%
Black, Not Hispanic	6%	22%	13%
Hispanic	5%	8%	16%
Asian American, Not Hispanic	1%	2%	5%
American Indian, Not Hispanic	N/A	1%	1%
Other, Not Hispanic	2%	2%	2%
Proportion of Women and Girls Who Are Foreign-Born, All Ages	5%	7%	13%
Proportion of Women Who Are Married, Aged 18 and Older	50%	50%	49%

Notes: Data for the Asheville metropolitan area are for 2008–2010. Data for North Carolina and the United States are for 2010 only. N/A indicates insufficient sample size.

Those whose ethnicity is identified as Hispanic or Latino may be of any race. “Other” includes those reporting multiple race identities as well as individuals not classified by the Census Bureau.

Totals may not sum to 100 percent due to rounding.

Source: IWPR analysis of 2008–2010 and 2010 IPUMS American Community Survey microdata (Ruggles et al. 2010).

Work and Earnings



The majority of women aged 16 and older in the Asheville area are in the workforce. Nearly six in ten (59 percent) are either employed or actively looking for work, which is the same proportion as in North Carolina as a whole. The proportion of women in the labor force in Buncombe and Madison counties is considerably lower than the proportion of men in the workforce (68 percent; Table 2), as it is in most jurisdictions.

In Buncombe and Madison counties, as in the state as a whole, the labor force participation rate for women with dependent children is substantially higher than the rate for all women (73 percent of women with dependent children in the Asheville area are in the labor force; Table 2). Yet, despite the higher workforce participation rates among mothers, mothers of children under age 18 are much less likely than fathers with dependent children to be in the labor force. Ninety-four percent of fathers with dependent children in the Asheville area are in the workforce, suggesting that women are more likely than men to cut back on employment when they are parents (Table 2).

While the majority of employed women in Buncombe and Madison counties work full-time (68 percent), employed women in this area, as in the state and the nation as a whole, are more

likely to work part-time than employed men (32 percent compared with 20 percent).² The reasons for women's higher rates of part-time work vary. Women are more likely than men to say that they work part-time because they cannot find child care or for other family care related reasons; in the state overall (data are not available for the Asheville area), 20 percent of women, compared with only 3 percent of men, give these reasons for working part-time.³ In addition, although the Great Recession has led both men and women to experience an increase in part-time work for economic reasons during the last few years, women are more likely to work in sectors and occupations where jobs are only available on a part-time basis (Shaefer 2009). Part-time workers are much less likely than full-time workers to have access to paid leave, healthcare, and employer supported pensions (Society for Human Resource Management 2011).

In addition to these differences in hours worked, women and men in the Asheville area tend to work in different occupations. Approximately four in ten women in Buncombe and Madison counties work in professional and managerial jobs, a higher proportion than men (39 percent compared with 33 percent; Table 2). While the strong representation of women in these jobs is a sign of their educational and professional advancement during the last few decades, women in the Asheville area are still less likely than men to work in management positions (7 percent compared with 11 percent).⁴

In addition, there are marked differences in women's and men's professional specializations. Employed men in Buncombe and Madison counties are more likely than employed women to work in computing, architecture, and engineering professions (5 percent compared with 1 percent), whereas employed women are more likely than employed men to work in education and health care practitioner occupations (19 percent compared with 8 percent). Women are also more likely to work in office and administrative support jobs (20 percent of employed women compared with 6 percent of employed men), while men are much more likely to work in transportation and material moving occupations (7 percent compared with 1 percent) and in construction and extraction jobs.⁵

Despite holding a higher share of professional and managerial occupations, women in the Asheville area have lower median annual earnings than men. This is, at least partially, explained by women's lower representation in management jobs and the unequal distribution of men and women across occupations. In 2008–2010, women's median annual earnings in Buncombe and Madison counties combined for full-time, year-round work were \$31,000, compared with \$36,500 for men: women earned only 85 cents for every dollar earned by a man (Table 2). Median earnings for both women and men in the Asheville area are lower than in the state overall, but the difference in earnings for men is greater than for women, resulting in a lower earnings gap in the Asheville area compared with the state and the nation as a whole (83 percent and 79 percent, respectively; Table 2).⁶

Educational Attainment

Women in the Asheville metropolitan area are comparatively well-educated. Approximately one-third (32 percent) of women aged 25 years and older in this area have a bachelor's degree or more, a higher proportion than men (29 percent) and than women in the state and the nation overall (27 percent and 28 percent, respectively; Table 2).

Yet, almost four in ten women in the Asheville area have only a high school diploma or less (38 percent, or an estimated 36,500 women).⁷ Proportionately more men have such low educational attainment (41 percent; Table 2). Women with this level of education, however, are less likely than men to have jobs with earnings that are high enough to sustain a family. Median earnings for women with only a high school diploma or the equivalent in 2010 were \$26,731, compared with \$31,508 for men with this same level of education.⁸ Women with some college education or an associate's degree have earnings of \$30,492, which is more than women with only a high school

Table 2. Overview of Women's and Men's Economic Status			
	Asheville Area	North Carolina	United States
Labor Force Participation Rate, Aged 16 and Older			
Women	59%	59%	59%
Men	68%	70%	70%
Mothers With Children Under 18 Years	73%	74%	73%
Fathers With Children Under 18 Years	94%	94%	94%
Percent of Employed Women and Men Who Work Full-Time, Aged 16 and Older			
Women	68%	72%	71%
Men	80%	84%	84%
Percent of Employed Women and Men in Professional or Managerial Occupations, Aged 16 and Older			
Women	39%	40%	39%
Men	33%	30%	33%
Median Annual Earnings, Full-Time, Year-Round Workers, Aged 16 and Older			
Women	\$31,000	\$33,000	\$36,000
Men	\$36,500	\$40,000	\$45,500
Gender Earnings Ratio, Aged 16 and Older			
	85%	83%	79%
Gender Earnings Ratio by Educational Attainment, Aged 25 and Older			
Less Than High School Diploma	N/A	76%	74%
High School Diploma or the Equivalent	85%	75%	74%
Some College or Associate's Degree	85%	76%	76%
Bachelor's Degree or Higher	70%	70%	71%
Proportion of Women and Men with a Bachelor's Degree or Higher, Aged 25 and Older			
Women	32%	27%	28%
Men	29%	26%	29%
Proportion of Women and Men with a High School Diploma or Less, Aged 25 or Older			
Women	38%	40%	42%
Men	41%	46%	44%
Percent of Women and Men Living At or Below Poverty, Aged 18 and Older			
Women	15%	17%	15%
Men	14%	13%	12%
Percent of Households Receiving Food Stamps			
	11%	13%	12%
Percent of Women and Men without Health Insurance Coverage			
Women	20%	21%	19%
Men	27%	26%	25%

Note: Data for the Asheville metropolitan area are for 2008–2010. Median annual earnings are in 2010 inflation-adjusted dollars.

Data for North Carolina and the United States are for 2010 only.

Source: IWPR analysis of 2008–2010 and 2010 IPUMS American Community Survey microdata (Ruggles et al. 2010).

diploma but less than men with just a high school diploma or the equivalent (men with some college education or an associate's degree in the Asheville area have earnings of \$36,000).⁹ Such earnings for women are well below the annual income a family of one adult and two children needs to afford essential living expenses in the Asheville area (Table 3).

In this area, as in the state and nation as a whole, having a bachelor's degree raises the level of earnings for both women and men (\$42,527 for women and \$60,984 for men) but does not reduce the gender gap in earnings.¹⁰ In the Asheville area, the difference in earnings between men and women is larger when those with a bachelor's degree or higher are compared. College-educated women in Buncombe and Madison counties combined earn only 70 cents for every dollar earned by a college-educated man, even though the comparison includes only people who work full-time, year-round—workers with the highest attachment to the labor market (Table 2).

Poverty

A substantial number of women in the Asheville area have incomes that leave them below or close to the federal poverty line. Approximately 16,000 women aged 18 and older have incomes at or below the poverty line, and another 21,600 are *near* poverty (living with incomes between 100 and 200 percent of the federal poverty line).¹¹ Women in Buncombe and Madison counties combined are slightly more likely to live in poverty than men (15 percent compared with 14 percent; Table 2), and more than half of all adults in these counties with poverty incomes are women (55 percent).¹² Just over one in ten households in the Asheville area receives food stamps, a slightly lower proportion than in North Carolina as a whole (11 compared with 13 percent; Table 2).

Poverty is especially a problem for families headed by single women. These families make up one-quarter of all families in Buncombe County with children under 18 (data not available for Madison), but half of all families in Buncombe County that are living in poverty with dependent children (Table 3). In North Carolina as a whole, slightly more than one in ten single women with young children under five (12 percent) and incomes below the qualifying poverty threshold receives welfare cash assistance.¹³

Child Care



The lack of affordable child care is a major constraint for many families in North Carolina and the United States. In the absence of quality, affordable child care, women may decide to interrupt their tenure in the labor market, reducing their ability to provide for their families, put aside resources for retirement, or save for emergencies. Alternatively, they may have to put their children in low-quality and unreliable care.

In North Carolina, the average annual fees for full-time child care range from \$6,227 (for a four-year-old in a family child care home) to \$9,185 (for an

infant in a child care center; Child Care Aware of America 2012). By comparison, the average annual tuition and fees for a public four-year college in North Carolina are \$5,685 (Child Care Aware of America 2012). In the Asheville area, more than 9,500 children qualify for child care subsidies because their parents earn too little to afford the fees, but fewer than one in five eligible children receives any subsidy for child care (Table 3).

Table 3. The Status of Children: Family Income, Poverty, and Child Care

	Buncombe	Madison	North Carolina
Family Income			
Annual Income a Family of One Adult and Two Children Needs to Afford Essential Living Expenses, 2010 ¹	\$39,428	\$41,009	\$41,920
Median Annual Income of Married-Couple Families with Children under 18 Years, 2008–2010 ²	\$65,408	\$53,657	\$70,124
Median Annual Income of Single Men with Children under 18 Years, 2008–2010 ²	\$27,976	N/A	\$29,874
Median Annual Income of Single Women with Children under 18 Years, 2008–2010 ²	\$23,925	N/A	\$20,393
Poverty			
Number of Families in Poverty with Children Under 18 Years, 2008–2010 ²	4,948	N/A	254,650
Share of Families in Poverty with Children that are Headed by Single Women, 2008–2010 ²	50%	N/A	61%
Share of All Families with Children Under 18 that are Headed by Single Women, 2008–2010 ²	25%	N/A	29%
Child Care			
Children Eligible for Child Care Subsidy, SFY 2010–2011 ³	8,871	806	391,549
Budget Available to Serve Eligible Children, SFY 2010–2011 ³	\$9,400,256	\$696,223	N/A
Percent of Eligible Children Receiving Subsidized Child Care Services, SFY 2010–2011 ³	20%	17%	N/A
Budget per Child Eligible for Child Care Subsidy, SFY 2010–2011 ³	\$1,059.66	\$863.80	N/A
Total Number of Children Age 0 to 5 Enrolled in Child Care, 2011 ⁴	4,848	259	207,953

Note: N/A indicates data are not available or sample size is insufficient.

Sources: ¹Sirota and McLenaghan 2010.

²IWPR compilations of 2010 and 2008–2010 American Community Survey data accessed through American Fact Finder; data for North Carolina is for 2010 only (U.S. Department of Commerce 2012).

³North Carolina Division of Child Development and Early Education 2012.

⁴Annie E. Casey Foundation 2012.

Health

Health is an important component of women’s and girls’ overall well-being that contributes to their economic stability, educational attainment, and employment opportunities. While many women in the Asheville area experience good health, others face poor health outcomes, suggesting that women’s health care needs remain an important part of their status that must be examined and addressed.

One in five women aged 18–64 (20 percent; Table 2) in the Asheville area do not have basic health insurance coverage, a slightly higher proportion than in the state or the nation overall (21 percent and 19 percent, respectively). Lack of health insurance coverage leaves women without the resources for basic wellness and check-up visits, as well as for dealing with serious medical problems.

When using an age-adjusted mortality rate, which accounts for distributional age differences among population groups, women in Buncombe and Madison counties have lower mortality rates from heart disease and stroke and other cerebrovascular diseases than women in the state as a whole; in Buncombe County, women also have lower mortality rates from diabetes than women in North Carolina overall (data are not available for Madison County).¹⁵ Women in Buncombe County have mortality rates for uterine and ovarian cancer that are equal to the rates for women in the state, and a slightly higher rate for breast cancer than women in North Carolina as a whole (data for these indicators are also not available for Madison County; Table 4).

Although teen pregnancy rates have fallen in the state and nationally in recent years, teenage pregnancy remains a significant concern in many areas. The pregnancy rate for teens aged 15–19 in Buncombe County is below the rate for teens in North Carolina as a whole (Table 4).

Table 4. Overview of Women's Health Status				
	Buncombe	Madison	North Carolina	United States
Total Number of Teen Pregnancies (15–19 Years), 2010¹	275	11	15,957	N/A
Pregnancy Rate Among Teens Aged 15–19 (per 1,000), 2010¹	40.0	N/A	49.7	N/A
Average Mortality Rates Among Women (per 100,000)²				
Breast Cancer, 2005–2009	25.9	N/A	23.5	23.0
Cervical Cancer, 2005–2009	N/A	N/A	2.3	2.4
Uterine Cancer, 2005–2009	3.9	N/A	4.0	4.2
Ovarian Cancer, 2005–2009	7.9	N/A	7.9	8.2
Heart Disease Mortality Rate per 100,000, All Ages, 2005–2009³	139.0	138.5	153.6	161.0
Mortality Rate from Stroke and Other Cerebrovascular Diseases, per 100,000, All Ages, 2005–2009³	46.5	46.4	50.4	42.7
Diabetes, Mortality Rate per 100,000, All Ages, 2005–2009³	11.8	N/A	20.8	19.8

Notes: N/A indicates data are not available.

All mortality rates are per 100,000 and age-adjusted to the total U.S. population in 2000.

¹ North Carolina Department of Health and Human Services 2012.

² IWPR compilation of data from the National Cancer Institute State Cancer Profiles 2012.

³ IWPR compilation of data from the Centers for Disease Control and Prevention 2012.

Conclusion

Although many women in the Asheville area are doing well, the data reviewed in this briefing paper point to a number of areas of concern, such as the gender wage gap, substantial rates of poverty, the high cost of child care, and lack of basic health insurance coverage for many women and men. Policy recommendations to address these challenges include

- promoting quality flexible working practices to make it easier for parents to combine paid work with care giving;
- ensuring that employers are aware of their obligations under the federal anti-discrimination statutes;
- providing training to employers on best practices for recruiting and retaining women workers, particularly in sectors where they are now under-represented;
- encouraging pay transparency and increasing awareness of resources to help women find out about going wage rates and strategies for negotiating their wages;

- monitoring workforce development to ensure that women and men have equal access to training in high-growth, well-paid careers;
- providing career counseling and financial supports to women with lower levels of education; and
- ensuring that those who need it receive assistance from “Work First,” North Carolina’s Temporary Assistance for Needy Families Program.

Methodological Notes

This briefing paper presents data for the Asheville Metropolitan Statistical Area, defined to include Buncombe and Madison counties. Demographic and economic data are based on IWPR analysis of the Integrated Public Use Microdata Series version of the American Community Survey (Ruggles et al.) and on American Community Survey data accessed through American Fact Finder. Except where otherwise noted, IWPR used estimates that combine several years of data (2008–2010) for the Asheville area; these estimates ensure sufficient sample sizes that allow for reliable reporting. Data for North Carolina and the United States are for 2010 only, the most recent data available. Child care data come from various published sources, including the Annie E. Casey Foundation Data Center Kids Count, Child Care Aware of America, and the North Carolina Division of Child Development and Early Education. Data on women’s health status are from the Centers for Disease Control and Prevention, the North Carolina Department of Health and Human Services, and the National Cancer Institute. To define the Asheville area, IWPR used the Asheville Metropolitan Statistical Area (MSA) variable in the IPUMS American Community Survey (Ruggles et al. 2010).

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Notes

¹ The Asheville Metropolitan Statistical Area (MSA) is comprised of Madison and Buncombe counties.

² IWPR analysis of 2008–2010 IPUMS American Community Survey microdata (Ruggles et al. 2010).

³ IWPR calculation based on U.S. Department of Labor (2011) “Table 23: States: Persons at Work 1 to 34 Hours by Sex, Age, Race, Hispanic or Latino ethnicity, and Hours of Work, 2010 Annual Averages.”

⁴ IWPR analysis of 2008–2010 IPUMS American Community Survey microdata (Ruggles et al. 2010).

⁵ IWPR analysis of 2008–2010 IPUMS American Community Survey microdata (Ruggles et al. 2010). Twelve percent of employed men in the Asheville area work in these occupations; the sample size is insufficient to report an estimate for employed women.

⁶ Because these estimates are based on the American Community Survey, they are not strictly comparable to IWPR’s standard calculation of the gender wage gap for the United States, which is based on the Current Population Survey (CPS). In 2010, the national earnings gap based on the CPS was 23 percent (Hegewisch and Williams 2011).

⁷ Table 2 and IWPR analysis of 2008–2010 IPUMS American Community Survey microdata (Ruggles et al. 2010).

⁸ IWPR analysis of 2008–2010 IPUMS American Community Survey microdata (Ruggles et al. 2010).

⁹ IWPR analysis of 2008–2010 IPUMS American Community Survey microdata (Ruggles et al. 2010).

¹⁰ IWPR analysis of 2008–2010 IPUMS American Community Survey microdata (Ruggles et al. 2010).

¹¹ IWPR analysis of 2008–2010 IPUMS American Community Survey microdata (Ruggles et al. 2010).

¹² IWPR analysis based on IWPR analysis of 2008–2010 IPUMS American Community Survey microdata (Ruggles et al. 2010).

¹³ IWPR analysis based on IWPR analysis of 2010 IPUMS American Community Survey microdata (Ruggles et al. 2010).

¹⁵Heart disease includes acute and chronic rheumatic fever and heart disease, hypertensive heart and renal disease, ischaemic heart disease, pulmonary heart disease and diseases of pulmonary circulation, and other forms of heart disease. Cerebrovascular disease includes cerebral haemorrhages, cerebral infarction, stroke, and other cerebrovascular disease. Diabetes includes diabetes mellitus.

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