2022 STATUS OF
WOMEN & GIRLS
IN MINNESOTA

A cooperative effort between the Women's Foundation of Minnesota and the Center on Women, Gender, and Public Policy of the Humphrey School of Public Affairs at the University of Minnesota.

Acknowledgments

About the *Status of Women & Girls in Minnesota* Project

Launched in 2009, *Status of Women & Girls in Minnesota* is an ongoing collaborative research project of the Women's Foundation of Minnesota and the Center on Women, Gender, and Public Policy (CWGPP) of the Humphrey School of Public Affairs at the University of Minnesota. Periodically, the CWGPP gathers and analyzes data specific to Minnesota women and girls in economics, safety, health, and leadership to inform Women's Foundation of Minnesota priorities. Since 1990, the Women's Foundation of Minnesota has conducted research to inform its grantmaking and policy work.

The project represents a unique approach to research by using a gender-race-place-equity lens. The data included comes from original analysis by the CWGPP of publicly available datasets (American Community Survey, Minnesota Student Survey, and others) and from published reports produced by government agencies and nonprofits.

Our Vision

At the Women's Foundation of Minnesota, we know that to improve the lives of all Minnesotans, we need strong grantmaking and policy agendas that are grounded in data.

Our ongoing research, the *Status of Women & Girls in Minnesota,* helps us to raise awareness and energize the momentum to shift attitudes, institutions, systems, and policies that will lead to greater community power and leadership, safety, economic justice, health, and well-being for women and girls. It also informs our annual grantmaking and policy agenda and identifies areas where further research is needed.

The updated and new data in this report show us that we have more work to do. While there is progress in some areas, inequities still exist and continue to be even greater for women and girls of color, Native American women and girls, rural women and girls, women and girls with disabilities, LGBTQ+ people, and older women.

By disaggregating the data by gender, race, place, and additional identities pushed to the margins, we begin to understand how inequities impact communities differently and the community-specific solutions needed to achieve equity and justice.

We also seek to inspire and engage Minnesotans — citizens, philanthropists, and leaders — to demand safety, economic justice, health, and well-being for all the state's women and girls, community by community.

The *Status* research is a clarion call to increase investments in community solutions so that all women and girls can thrive. Read more about our recommendations for policy solutions on p. 43.

Together, we are an unstoppable force for justice.

Gloria Perez
President & CEO
Women's Foundation of Minnesota

Economics

The COVID-19 pandemic both revealed and exacerbated many of the underlying factors that prevent women in Minnesota—and the nation—from achieving economic security.

Women's unemployment, or the so-called "she-cession," exposed structural weaknesses in our economy, from occupational segregation to insufficient caregiving supports. For workers who lost jobs during the pandemic, the unequal distribution of wealth along gender and racial lines too often made the difference between weathering the downturn and accumulating ever-growing debt and unpaid rent.
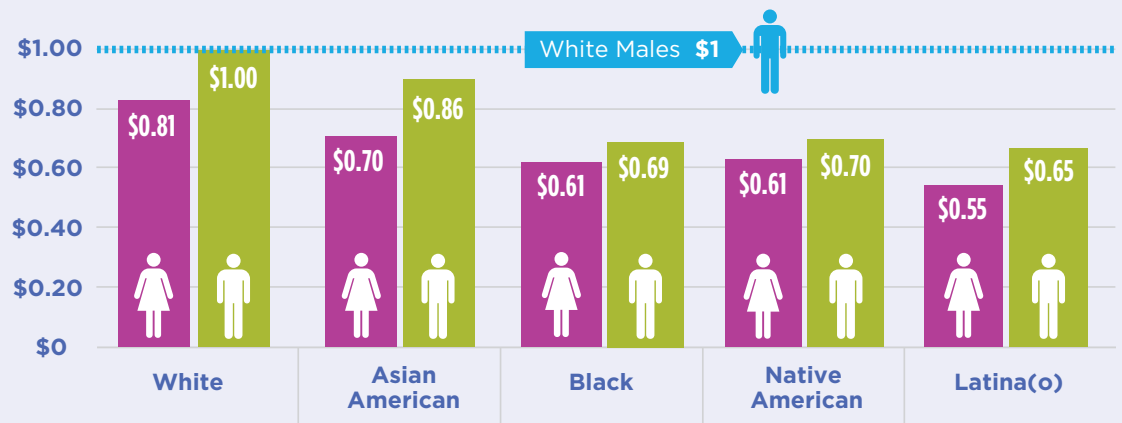
The pandemic has also focused national attention on the importance of care work to our economic infrastructure. To achieve economic security and a fair economic playing field, women must have access to affordable and reliable caregiving supports such as child and elder care and paid sick and family leave. These are essential building blocks of economic security, alongside education and training, stable living-wage jobs with benefits, avoiding debt, and accumulating wealth. As we confront rising income inequality and navigate the ongoing pandemic, it is crucial that these building blocks are equally available to women, men, and all people.

While the long-term economic effects of the pandemic are still unclear, the data show that Minnesota can do better now to create economic security for women and girls. In so doing, we will build a stronger, more resilient economy for all Minnesotans. Investment in women's economic security means addressing the persistent gender wage gap, which in Minnesota continues to shortchange all groups of women and affects Latina, Black, and Native American women the most. While Minnesota continues to be a national leader in women's workforce participation and women in the state earn a majority of all post-secondary degrees, these achievements have not translated into economic parity. Women remain disproportionately represented in lower-paid service occupations with limited to no benefits, and hold fewer jobs in the higher-paid STEM (Science, Technology, Engineering, and Math) and construction trades. And while state policymakers were proactive in addressing the worst impacts of the pandemic on early child care providers, child care affordability and supply are longstanding problems that continue to present barriers for working women. Taken together, these challenges often translate into housing insecurity, debt, and poverty.

Minnesota Cents on the Dollar

Average Wage and Salary Income Relative to White Men

CWGPP analysis of American Community Survey, 2015-19. Average earnings of full-time, year-round workers age 16 and over in Minnesota.

White Males $1

	White	Asian American	Black	Native American	Latina(o)
Women	$0.81	$0.70	$0.61	$0.61	$0.55
Men	$1.00	$0.86	$0.69	$0.70	$0.65

GENDER WAGE GAP

Economists attribute the gender wage gap to a combination of factors, including differences in education, occupational segregation, and experience. After accounting for these other factors, the remaining gap is considered likely the result of gender biases in employment, including discrimination.

But gender biases can also be drivers of those other factors: for example, when girls are discouraged from pursuing careers in male-dominated fields, or when women (rather than men) are expected to stay home with children and lose years of work experience as a result. Furthermore, racial bias interacts with gender discrimination in pronounced ways. When we disaggregate Minnesota's wage gap by race and ethnicity, the income disparities are striking. These disparities significantly impact women's economic stability, career laddering, and lifetime earnings.

Even when a range of factors are considered, Minnesota's women earn on average 5% less than men. Several factors contribute to the wage gap, but recent research shows that even after accounting for education, field of study, industry in which they work, and experience, Minnesota women five years out of school are still paid 5% less than men. This gap is probably due to gender bias and will widen over the course of women's lives.[1]

The gender wage gap in Minnesota hasn't narrowed over the past five years. On average, Minnesota women who work full time all year make $0.79 for every dollar that men make, with important differences among women depending on race or ethnicity.[2] Compared to other states, Minnesota ranks 20th in terms of the size of its gender wage gap. On average, women in Minnesota lose an estimated $447,960 in lifetime earnings due to the gender wage gap. Women of color and Native American women will experience even greater losses.[3]

Minnesota is a national leader in women's workforce participation. With a labor force participation rate of 62% among all women, Minnesota is second in the nation (behind the District of Columbia) in women's workforce participation. Seventy-nine percent (79%) of mothers with children under six participate in the labor force, comprising 15% of all women in the labor force.[4]

Women are often pushed to spend time out of the labor force, in part due to caregiving, and the penalties for taking time out of the workforce are high. U.S. women workers' earnings were 49% of men's earnings when measured by total earnings for all workers who worked in at least one year over a 15-year period from between 2001 to 2015. The annual earnings of women who took just one year off from work were 39% lower than women who worked all 15 years.[5]

Caregiving also impacts work hours. About six in 10 caregivers report having to make at least one workplace accommodation, such as reducing work hours, as a result of caregiving.[6]

A Significant Portion of Minnesota's Mothers Are the Primary Breadwinner in the Family

Percent of mothers with children under 18 who are either single with earned income or who earn more income than their spouse or partner.

35% OF WHITE MOTHERS

58% OF AFRICAN AMERICAN MOTHERS

46% OF NATIVE AMERICAN MOTHERS

32% OF ASIAN MOTHERS

39% OF LATINA MOTHERS

CWGPP analysis of the American Community Survey, 2015-19.

Gender gaps in the workforce are costly. To a large extent they reflect wasted economic opportunities. One study found that closing the employment, hours, and education gender gaps would have raised Minnesota's gross domestic product more than $216 billion over the period from 2015 to 2019.[8] Of course, such calculations do not include the unpaid care work that is also essential to our state's economy and our collective well-being.

Total household incomes of same-sex married couples exceed incomes of opposite-sex couples. In Minnesota, average household income is highest for same-sex male couples ($134,075), followed by same-sex female couples ($130,877), and is lowest for opposite-sex couples ($88,392). Women in opposite-sex couples earn much less money than other individuals. In addition to the gender wage gap, possible reasons for their lower earnings include the greater likelihood to engage in part time work (49% work full time compared to 64% of women in same-sex partnerships), the motherhood wage penalty, and the child care burden (27% have children, compared to 21% in same-sex partnerships).[9]

Gender transition from male to female results in loss of earnings. Research shows that transgender women see their wages fall by nearly one-third after they transition from male to female, while transgender men make slightly more after transitioning. This fact, given that the skills and work experiences of these individuals have not changed, demonstrates the impact of gender alone on the wage gap.[10]

Wage Gap Differs by Race & Ethnicity

The wage gap is more than two and half times as large for Somali, and twice as large for other African immigrant and Hmong women than it is for white women in Minnesota[7]
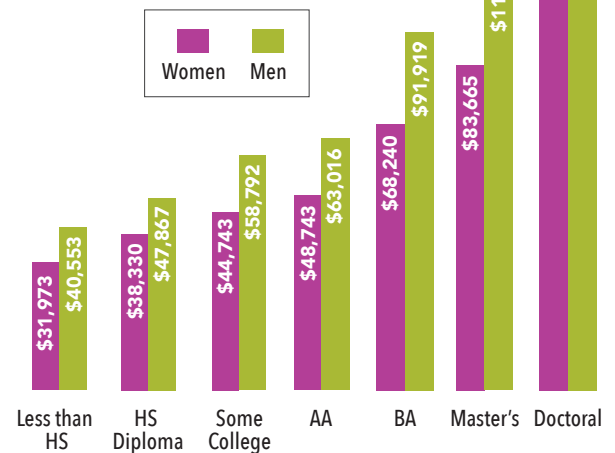
Women make up the majority of Minnesota workers who are paid **at or below the minimum wage,** even with advanced degrees.

59% WOMEN
41% MEN

Rural and urban Minnesota women are similarly concentrated in minimum wage jobs. In 2020, 61% of minimum wage workers in Greater Minnesota and 57% of minimum wage workers in the Twin Cities metro area were women.

CWGPP analysis of Quarterly Employment Demographics data from the Minnesota Department of Employment and Economic Development. Data was from Q1-Q4 2020. Minimum wage in 2020 in Minnesota was $10 per hour for large firms.

Average Annual Wages in Minnesota by Gender and Education

Legend: Women (purple), Men (green)

Education	Women	Men
Less than HS	$31,973	$40,553
HS Diploma	$38,330	$47,867
Some College	$44,743	$58,792
AA	$48,743	$63,016
BA	$68,240	$91,919
Master's	$83,665	$116,396
Doctoral	$129,684	$167,662

Education contributes to earning power. But regardless of education, women's earnings trail those of similarly educated men.

CWGPP analysis of the American Community Survey, 2015-19. Average income of full-time, year-round workers, 16 and older in Minnesota.

COVID-19 and the Wage Gap

The COVID-19 pandemic led to a shrinking of the gender wage gap nationally and in Minnesota.

Likely this was not due to changes in wages, but because many of the lowest paid women workers lost their jobs altogether with closures of service industries like restaurants and entertainment.[11]

The gender earnings gap by race/ethnicity compared to white men also narrowed across all groups, reflecting the same disproportionate impact of the pandemic on women in service occupations. Of all major racial groups, Latinas and Black women in service occupations were hit hardest during the pandemic.[12]

OCCUPATIONAL SEGREGATION TRENDS AND EFFECTS

Women are concentrated in low-wage service occupations that are less likely to have full benefits, and they are underrepresented in higher-paying trades and STEM occupations. This occupational segregation is an important contributor to the gender wage gap.
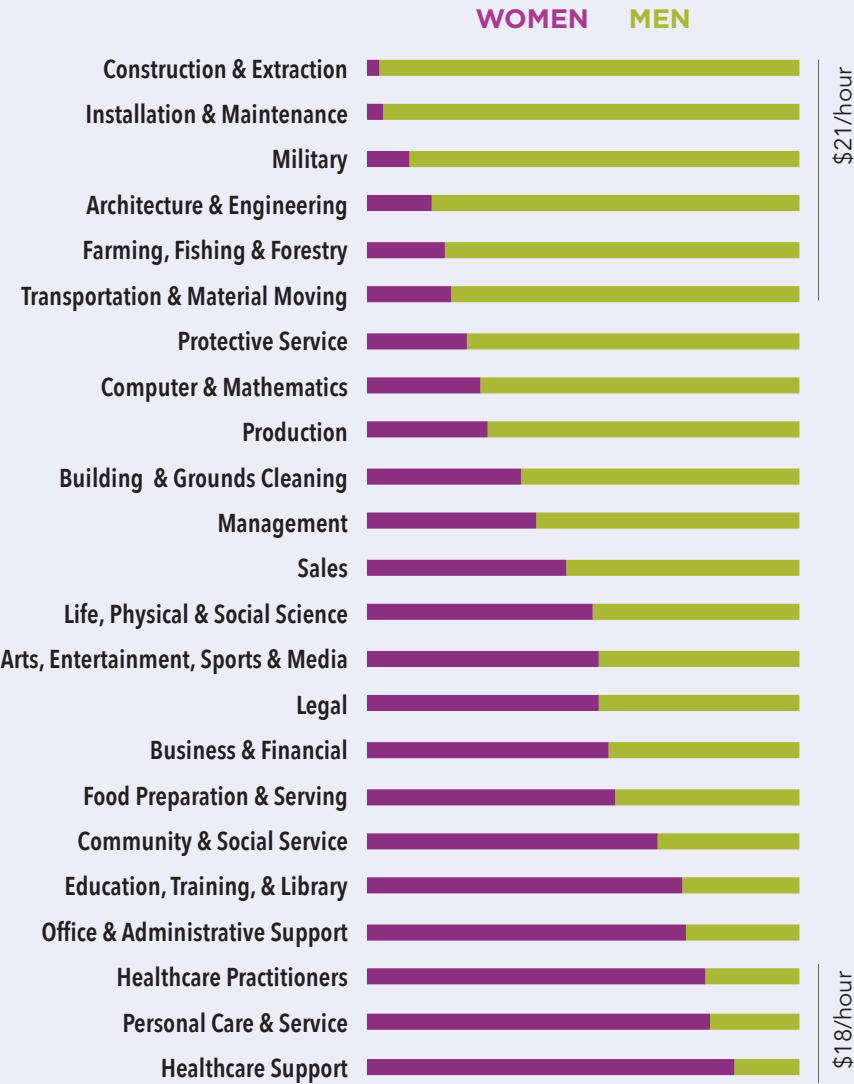
Occupational segregation by gender is significant in Minnesota. Women are more likely to work in care and service-related occupations that are relatively underpaid. Women account for over 75% of employment in healthcare, personal care, and service occupations, and more than 70% of employment in office and administrative support, education, and library occupations. In contrast, men account for over 80% of construction, farming, and military-related occupations and over 70% of computer and production occupations.[13]

Women of color and Native American women are concentrated in service occupations. While one in five of Minnesota's white women work in service jobs, more than one in three Latina, African American, and Native American women work in service fields where benefits are scarce. By comparison, 12% of men work in these occupations.[14]

Occupational segregation results in lower wages for women in Minnesota. For large, gender-segregated occupations, which together comprise over half of all employment in the state, female-dominated occupations pay an average wage of $20/hour, compared to $25/hour in male-dominated occupations.[15] If we consider broader occupational categories as pictured at right, workers in female-dominated sectors earn $18/hour, while workers in male-dominated sectors earn $21/hour.[16]

Ninety-four percent (94%) of child care workers in Minnesota are women, and they are low-paid.[17] Nationally, women of color and Native American women comprise 41% of the early child care workforce; in Minnesota, they represent 12%.[18] As a consequence of low wages, over half (53%) of U.S. child care workers were enrolled in at least one of four public support and health care programs (EITC, TANF, SNAP, CHIP) between 2014 and 2016, compared to 21% of the entire U.S. workforce.[19] While Minnesota is a leader in child care worker wages, with a median hourly wage of $13.57, these

workers are still low-paid compared to other fields.[20]

The construction trades are well-paid and dominated by men. Less than 3% of construction workers are women, and it remains the most gender-segregated occupational category.[21] The median wage for Minnesota construction workers is $29.99.[22]

Workers in service occupations are less likely to have access to employee benefits.[23] Civilian workers in service occupations are the least likely of all occupational categories to

have access to medical benefits, life insurance benefits, paid sick leave, and retirement benefits. Only 62% of these workers have access to paid sick leave, compared to 70% of civilian industry workers in natural resources, construction, and maintenance occupations and 92% in management, professional, and related occupations.[24]

Minnesota is falling short of its goals to address the lack of women, people of color, and Native American workers in state construction projects. In 2017, the state increased its hiring goals for women to 9-12% in

Employee Composition by Gender of Major Occupational Categories in Minnesota

WOMEN   MEN

- Construction & Extraction
- Installation & Maintenance
- Military
- Architecture & Engineering
- Farming, Fishing & Forestry
- Transportation & Material Moving
- Protective Service
- Computer & Mathematics
- Production
- Building & Grounds Cleaning
- Management
- Sales
- Life, Physical & Social Science
- Arts, Entertainment, Sports & Media
- Legal
- Business & Financial
- Food Preparation & Serving
- Community & Social Service
- Education, Training, & Library
- Office & Administrative Support
- Healthcare Practitioners
- Personal Care & Service
- Healthcare Support

$21/hour

$18/hour

CWGPP analysis of the American Community Survey, 2015-19.

rural areas, 15% in Metro suburbs, and 20% in Hennepin and Ramsey counties. For people of color and Native Americans, these goals increased to 12-15% in rural areas, but remained at 2012 levels in

Metro suburbs (22%) and in Hennepin and Ramsey counties (32%).[25] From 2018-2020, only 6% of state-funded construction projects met the goals for both women and people of color/Native
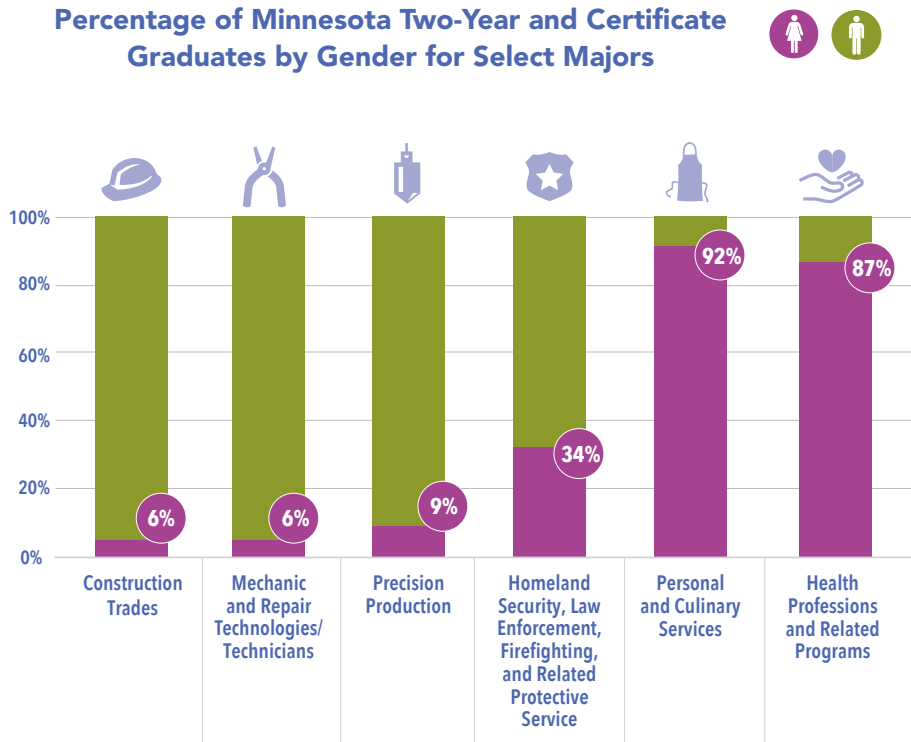
Americans; 16% met the goal for women, and 23% met the goal for people of color and Native Americans.[26]

TRAINING AND OCCUPATIONAL SEGREGATION

Occupational segregation begins with training in specific vocational fields. A variety of societal messages come from media, schools, family, and friends and encourage girls and boys (and women and men) to pursue predominantly "feminine" or "masculine" occupational training and careers.

In Minnesota and nationally, workforce development programs reinforce gender- and race-based occupational segregation. Across all state workforce development programs since 2013, women of color and Native American women were most likely to receive training in service occupations (27%), compared to 19% of white women, 6% of men of color and Native American men, and 3% of white men. Women of color and Native American women were the second least likely to be trained in management and professional fields (43%) compared to 40% of men of color, 45% of white men, and 54% of white women. Three percent (3%) of women in Minnesota were trained in natural resources, construction, and maintenance occupations compared to 16% of men.[27]

Percentage of Minnesota Two-Year and Certificate Graduates by Gender for Select Majors

CWGPP analysis of IPEDS 2018-2019 Provisional Data. Associate degrees and 1-2-year awards, first majors, as listed.

COVID-19 and Occupational Segregation

Occupational segregation made Minnesota women, especially women of color, susceptible to employment risks during the COVID-19 pandemic.

A 2020 report by the Center on Women, Gender, and Public Policy showed that:

- All women, but especially Asian, Native American, and African immigrant women, were more likely to be working in essential jobs like healthcare where their risk of exposure to the virus was high.

- Women of color were hardest hit by layoffs, in part due to their concentration in occupations vulnerable to pandemic-related closures. Fourteen percent (14%) of women were laid off from April 1 to June 30, 2020, compared to 11% of men. When broken down by race, 13% white women were laid off compared to 9% of men, while 17% of Latina and Asian women, 22% of Black women, and 26% of Native American women were laid off in this period.[28]

8

STEM AND OCCUPATIONAL SEGREGATION

STEM occupations are among the highest paid in today's economy, but women remain underrepresented in STEM degree programs. STEM occupations represent 6% of employment in Minnesota and have median wages of $35 per hour, compared to $19 for non-STEM occupations.[29]

Women in Minnesota are underrepresented in STEM undergraduate education. While women receive the majority (60%) of bachelor's degrees in Minnesota, they are only 18% of computer-related degree majors and 20% of engineering-related degree majors.[30]
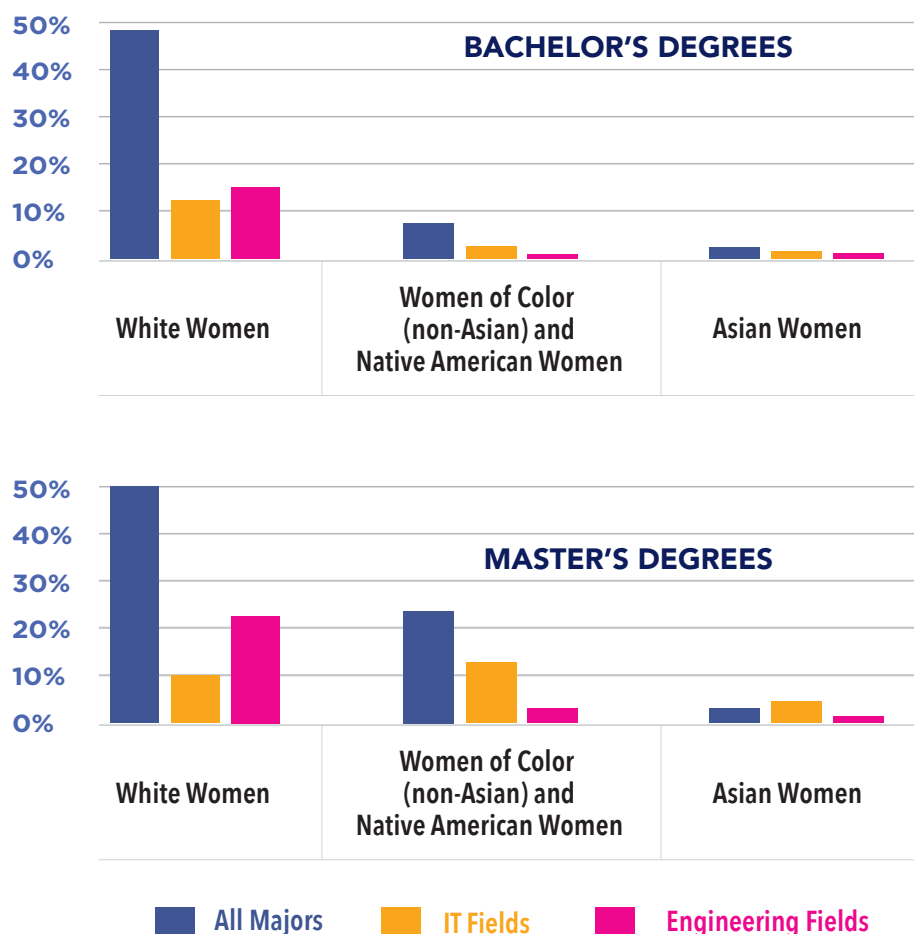
Women make up a larger proportion of STEM master's degrees, compared to bachelor's degrees, but are still far from parity. Women earn 76% of all master's degrees in Minnesota yet represent only 25% of degree earners in computer-related fields and 26% of degree earners in engineering.[31]

Women of color and Native American women make up a small portion of Minnesota STEM students, especially in engineering.

Women are underrepresented in high-paying STEM jobs. Women make up 47% of the total over-25 workforce, but only 25% of the over-25 STEM workforce. All groups of women (except non-Hmong Asians) are underrepresented in STEM occupations. Black women face the greatest underrepresentation in STEM occupations, with only one-fifth as many of these women working in STEM as would be expected based on their numbers in the state. Women in Greater Minnesota are half as likely to work in STEM as those in the Twin Cities metro area.[32] Young women, ages 23-25, make up 29% of Minnesota's STEM workforce in that age range, indicating potential future improvement of women's representation in STEM.[33]

Percentage of Women Graduates in Minnesota by Field and Race*

For example, the pink bar for master's degrees shows that 22% of master's graduates in engineering fields were white women.

CWGPP analysis of IPEDS 2018-2019 Provisional Data Release. First majors only. Includes only U.S. citizens and permanent residents and excludes multiple races and unknown race/ethnicity.

Women-owned businesses are concentrated in traditional fields. In 2019, an estimated 42% of businesses in the U.S. were women-owned and half of these were concentrated in three traditionally female industries: personal services (e.g. hair/nail salons, dry cleaning, pet care), healthcare and social assistance and professional/scientific/technical services (e.g. consultants, lawyers, accountants).[34]

Minnesota and the Twin Cities rank high for employment vitality. Minnesota ranks second in the nation in employment vitality, which is a combined measurement of the employment growth rate of women-owned businesses (2014 to 2019) and the average number of employees per women-owned business. Minneapolis-St. Paul is ranked second among U.S. cities in employment vitality.[35]

Despite vitality, Minnesota female-owned firms still trail male-owned firms in paid employees and employee pay. In 2016, there were 71% fewer female-owned firms in Minnesota with paid employees than male-owned firms. The payrolls of women-run businesses also tend to be lower, reflecting the lower wages generally paid in traditionally female occupational fields. Employees of female-owned firms earned about 25% less, on average, than employees at male-owned firms, or about $10,000 less per year. The vast majority of female-owned firms in Minnesota were owned by white women (18,000) followed by Asian women (1,200) and Black women (224).[36]

Male- and Female-Owned Firms and Average Annual Payrolls, by Race

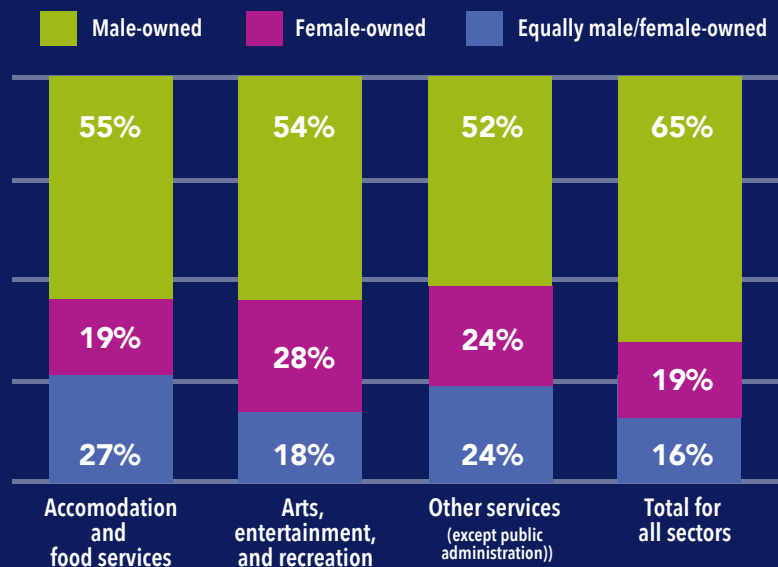|	Number of firms	Percent with more than 5 full-time employees*	Percent with greater than $10,000 in annual gross revenue*
Male-Owned Firms	319,698	9%	55%
Female-Owned Firms	156,723	6%	46%
White women	132,988	6%	49%
Women of color	23,735	8%	32%
Immigrant women	10,354	9%	37%
Women with disabilities	4,676	7%	34%

CWGPP analysis of Minnesota Business Snapshot, June 2021. Specific categories of women are subgroups of female-owned firms. Immigrant women and women of color categories overlap. Women with disabilities overlaps with other categories of women. *Only for those who answered the survey question.

COVID-19 and Women-Owned Businesses

Sectors where women-owned businesses are concentrated were hit hardest by the pandemic.

According to the Minnesota Department of Employment and Economic Development, the three industries in the state most negatively impacted by the pandemic were: (1) accommodation and food services, (2) arts, entertainment, and recreation, and (3) other services (except for public administration).[37] Minnesota businesses partially or fully owned by women are also concentrated in these sectors.

CWGPP analysis of Annual Survey of Entrepreneurs, 2016.

Women are more likely than men to work part-time or take time from work due to child care or elder care responsibilities. Breaks in work experience contribute to long-term wage gaps.

Child Care

COST & AVAILABILITY

The 2021 Congressional social welfare bill proposed that no family would pay more than 7% of their income on child care expenses. Most Minnesota families spend far more on child care than the 7% of income recommended by the U.S. Department of Health and Human Services.[38] Based on 2019 data, only 7% of two-parent families had enough income to meet this recommendation when paying the average cost of center-based infant care in Minnesota.[39]

Minnesotans face very high costs for center-based child care. Center-based child care usually operates out of commercial buildings, accommodates more children, and groups children by age. Family (also known as home-based) child care usually operates out of a home where the provider cares for small groups of children. Minnesota ranks 7th least affordable for the annual cost of infant care in a center ($16,120) and 8th least affordable for the annual cost of toddler care in a center ($14,040). However, when looking at family child care, Minnesota is among the 15 most affordable states.[40]
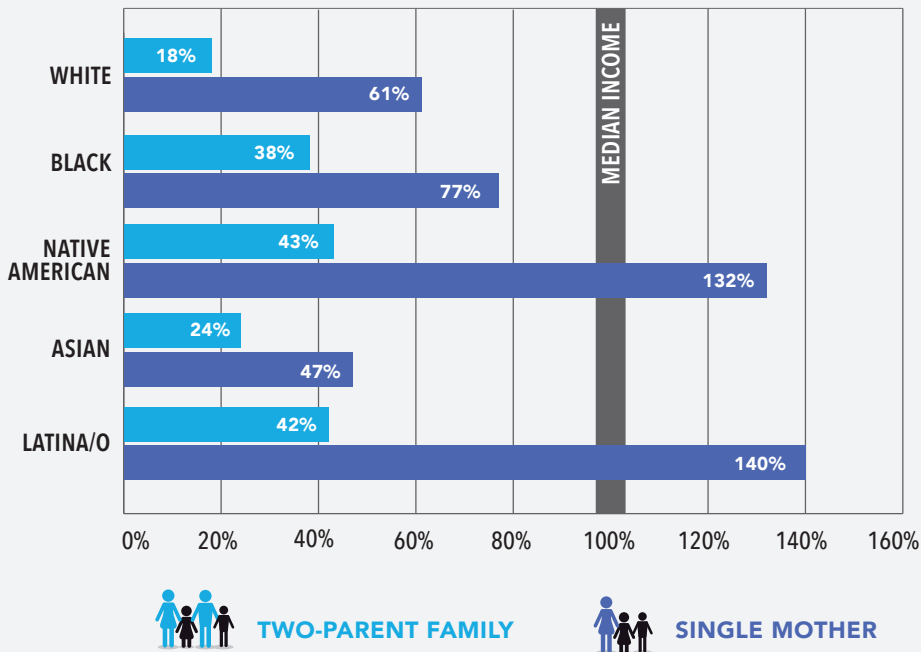
The average cost of center-based infant care in Minnesota is more than the annual cost of college tuition at the University of Minnesota. In the Twin Cities metro area, cost for infant care is around $370/week ($19,240 annually), while costs in Greater Minnesota are lower at around $232/week ($12,064 annually).[41]

Child care access is low in Minnesota. In Minnesota, the typical family with a young child resides where there are almost two children for every slot of child care capacity. In Greater Minnesota, families have more access to publicly provided child care (Head Start and public pre-kindergarten) than in the Twin Cities, but less access to center-based child care.[42]
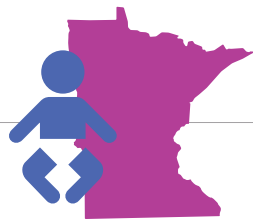
Minnesota had half as many licensed family child care providers in 2020 compared to 2000. In the Twin Cities metro, an increase in center child care providers almost offset the decrease in family child care capacity. However, Greater Minnesota saw a net decrease of 20,000 available spaces since 2000, despite a growing population.[43]

Cost of Minnesota Accredited Center-Based Infant Care Compared to Median Income for Families with Children Under 6

	TWO-PARENT FAMILY	SINGLE MOTHER
WHITE	18%	61%
BLACK	38%	77%
NATIVE AMERICAN	43%	132%
ASIAN	24%	47%
LATINA/O	42%	140%

CWGPP analysis. Income data from American Community Survey, 2015-19. Cost data from Child Care Aware Minnesota, March 2021. 100% line indicates when infant care is equal to the average median income for that group.

High-quality child care is out of reach for many Minnesota families, especially those headed by women.

Minnesota has the 7th highest cost in the United States for quality infant care.

Annual center-based infant care (<12 mos age) as a percentage of median family income for married-couple families. "The U.S. and the High Cost of Child care," 2019.

Caregiving

For Minnesota families with children and two parents working full-time, women spend more time than men on housework and child care. Full-time working mothers and fathers in Minnesota contribute similarly to elder care, but women still carry the lion's share of housework and care of children in their families. Full-time working mothers spend about 75 minutes per day on caring for children in their household on average, compared to 50 minutes per day for full-time working fathers. Furthermore, these men on average do housework for about 13 minutes per day while the women do housework for about 45 minutes per day.[44]

The gendered division of household care labor differs by ethnicity. Among Minnesotan adults, Latinas spend significantly more time total on caregiving and housework activities (5.4 hours per day) than both Latino men (2.3 hours per day) and white women (3.1 hours per day).[45]

Paid family and medical leave allow workers to avoid having to choose between caregiving and working. Women with access to paid leave are significantly more likely to return to their previous jobs and to maintain their pre-leave wages. They are able to build more experience in the labor market and maintain jobs that match their expertise. This can raise their earnings and help close the pay gap.[46]

Minnesota's full-time working mothers spend about 1.4 hours more per day than full-time working fathers on primary care for household members, secondary child care, and housework.

CWGPP analysis of the American Time Use Survey, 2013-19.

COVID-19 and Child Care

While nationally the pandemic impacted child care providers negatively, in Minnesota, lawmakers took important steps to protect this sector.

Nationally, the COVID-19 pandemic led to the closure of child care facilities. The social distancing required by the pandemic led to a 47% increase in costs for center-based care and a 70% increase for family-based care.[47] Increased costs and lower enrollments, in turn, led to many closures – 63% of center-based facilities and 27% of family providers.[48] Child care workers, the vast majority of whom (93%) are female and a high proportion of whom are women of color, saw high rates of unemployment in the early months of the pandemic in 2020. A year into the pandemic, the child care workforce had not recovered and remained 20% below pre-pandemic levels of employment.[49]

Compared to other states, Minnesota had relatively few child care facility closures. Minnesota was one of nine states in which less than 25% of child care facilities closed during the pandemic. The state allowed facilities to remain open for all families, as opposed to only for children of essential workers or closing entirely.[50] This success was in part due to the Minnesota legislature providing $39.8 million in emergency grants to support family child care providers and child care centers to stay open during the pandemic in late spring to early summer 2020.[51] While the number of operating licensed early child care providers in the state did drop at the beginning of the pandemic, by mid-2020, their numbers returned to nearly 100% of pre-pandemic levels.[52]

COVID-19 and Caregiving

Caregiving responsibilities drove many Minnesota mothers to leave the workforce during the COVID-19 pandemic. The pandemic pushed mothers with school-age children to leave the workforce or alter their work arrangements to take care of their children.[53] The pandemic also caused both mothers and fathers with children under age five to leave the labor force. While most of these fathers returned to the labor force at the end of 2020, mothers had not recovered the losses as of summer 2021. In Minnesota, labor force participation among mothers with young children decreased 11.1 percentage points during the pandemic, compared to a 3.1 percentage point decline for fathers over the same period.[54]

POVERTY, RACE, HOUSEHOLD HEADSHIP

Poverty disproportionately impacts single female-headed households and communities of color.

Women are more likely than men to experience poverty in Minnesota, and especially in Greater Minnesota. In 2019, 12% of Minnesota women were living below the poverty level, about 1.2 times higher than the poverty rate for men. While 10% of women in the Twin Cities metro area were living below the poverty level, 14% of women in Greater Minnesota experienced poverty.[55]

Single female-headed households are most likely to experience poverty. While the overall poverty rate in Minnesota (9% for people of all ages) is lower than the national average (13%), poverty rates are more than three times higher for Minnesota's single female-headed families than other family compositions.[56]

Divorce is a leading cause of poverty for women. Recent research shows that women's incomes in the U.S. decline 33% on average 12 months after divorce.[57] Other research shows that their incomes do not recover over time.[58] In Minnesota, divorced working-age mothers are more likely to live in poverty than divorced working-age fathers (17% compared to 12%).[59]

LGBTQ+/SAME-SEX COUPLES

LGBTQ+ Minnesotans are more likely to live in poverty. In Minnesota, the poverty rate for LGBTQ+ people (16%) is almost twice that of cisgender straight people (9%). Rural LGBTQ+ Minnesotans are more likely to live in poverty than their urban counterparts (23% compared to 14%).[60]

Race intersects with LGBTQ+ identities to influence poverty rates. Black, white, and Asian LGBTQ+ people in the U.S. have statistically significant higher poverty rates than their same-race cisgender and straight counterparts. For instance, 31% of Black LGBTQ+ Americans live in poverty compared to 25% of non-LGBTQ+ Black Americans. While white LGBTQ+ people in the U.S. have higher poverty rates than straight white people, they are generally less likely to live in poverty than people of color, regardless of sexuality or gender identity.[61]

Transgender individuals and cisgender bisexual women experience higher poverty rates than the rest of the population. In the U.S., nearly one-third (29%) of transgender individuals and cisgender bisexual women live in poverty, compared to 16% of cisgender straight individuals.[62]

DISABILITY AND POVERTY

People with disabilities achieve lower rates of education, employment, and financial independence, resulting in higher rates of poverty. People with disabilities make up approximately 11% of the Minnesota population and are almost evenly split between women and men. Nineteen percent (19%) of Minnesotans with a disability live below poverty, more than double the statewide poverty rate (9%). While Minnesota's overall labor force participation rate has been between 68% and 70% over the past five years, only 49% of Minnesotan adults with disabilities are in the workforce. Only 20% of adults with a disability have a bachelor's degree, compared to 37% of all adult Minnesotans.[63]

Disability intersects with other systemic inequalities. Structural forms of marginalization including racism and gender biases exacerbate the stigma and discrimination experienced by people with disabilities. According to a national report, people of color with disabilities are more likely to face barriers to education and employment that limit their earning potential.[64] Moreover, the poverty rate for women aged 18 to 64 with disabilities is higher than for men with disabilities, 25% and 20%, respectively.[65]

Income as It Relates to Cost of Living and Poverty, by Race

White and Asian American married couple families are the only two-child Minnesota families that have median income levels exceeding the state cost of living.
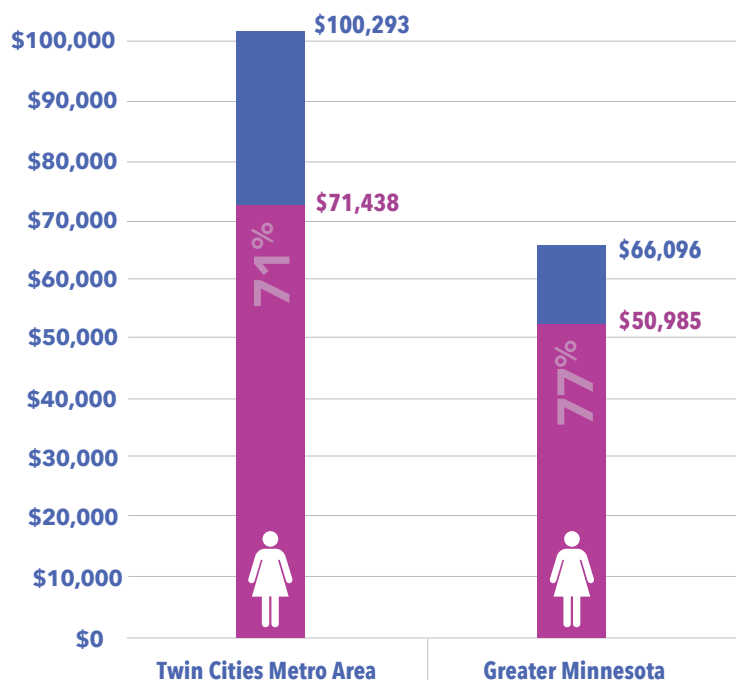
	Two-parent family with 2 children Cost of living: $91,032			Single mother with 2 children Cost of living: $83,724		
	Median income	% with income below cost of living	% below poverty line	Median income	% with income below cost of living	% below poverty line
White	$120,000	31%	3%	$44,841	85%	18%
Asian	$100,000	45%	7%	$41,492	75%	22%
Black	$55,484	81%	14%	$22,297	98%	45%
Latina/o	$47,400	70%	19%	$24,000	98%	51%
Native American	$67,660	56%	25%	$7,700	100%	62%
Total	$112,227	36%	4%	$36,222	89%	27%

CWGPP analysis. Cost of living estimate from the MN DEED, 2020 (includes full-time child care costs). Income data from American Community Survey, 2015-2019.

WOMEN OVER 65

Older women are more likely than older men to live in poverty. Women in Minnesota are more likely than men to be impoverished at age 65 and older (12% compared to 8%). There are about four times as many widowed women than men in this age group, and widowed women are much more likely to live in poverty than widowed men.[66]

Social Security is crucial for older women's financial well-being, yet women's Social Security checks are smaller than men's. Women over age 70 who are widowed or divorced rely on Social Security benefits for a majority of their income.[67] Many factors contribute to the post-retirement gender income gap: women outlive men by an average of five years, are more likely to become single in later life, earn less while in the workforce, and often exit the workforce to provide caregiving during the potential peak of their earning power.[68] All these factors lead to women receiving lower average Social Security benefits than men.[69]

Women's Full-Time Annual Earnings as a Percent of Men's, Ages 55-64

Twin Cities Metro Area: $100,293 (men), $71,438 (women), 71%
Greater Minnesota: $66,096 (men), $50,985 (women), 77%

HOUSING

Affordable housing is crucial to social and economic stability, and home ownership contributes to wealth. Yet, gender disparities undercut women's access to affordable housing and homeownership.

AFFORDING HOUSING

While federal guidelines recommend spending no more than 30% of monthly income on housing, single female-headed households rarely meet this mark. Sixty-five percent (65%) of Minnesota's single female-headed families in rental housing and 43% of those who own their home are paying housing costs that exceed 30% of their income. The rate is even higher for Latina single mothers in rental housing: 76% pay over 30% of family income on housing, and 53% pay over half of their income.[70]

In the United States, women are evicted from their homes at an annual rate 16% higher than men. Eviction disparities are especially large for Black women, who are evicted 36% more than Black men, and Latinas, who are evicted 10% more often than Latino men.[71]

Costs for assisted living for older Minnesotans can be substantial. Nationally, women constitute the large majority of long-term care facility residents: 70% in residential care communities, 60% in nursing homes short-term, and 68% in nursing homes long-term.[72] The median monthly cost of assisted living in Minnesota is $4,000 per month. A nursing home with a semi-private room costs $9,125 per month.[73] In 2020, the 5-year annual growth rate for median costs of home health care, assisted living, and nursing home care in Minnesota outpaced the national average.[74] Women's lower wealth and lower Social Security benefits make these rates even less affordable.

UNHOUSED MINNESOTANS

Due to COVID, new data on the unhoused in Minnesota, collected by the Wilder Foundation, was not available. The following section relies on data from their 2018 statewide survey.

The number of unhoused people in Minnesota increased by 10% from 2015 to 2018. This comes after a decline between 2012 and 2015. Although older adults (55 and older) make up the smallest segment of those that lack housing, they saw the largest increase, up 25% between 2015 and 2018. Adults ages 25-54 experienced the next largest (20%) increase. Together, children and unaccompanied youth under 25 years old make up nearly half (46%) of the unhoused. This figure changed very little between 2015 and 2018.[75]

LGBTQ+ youth are overrepresented among the unhoused. Twenty-two percent (22%) of unhoused youth under 25 and 10% of unhoused adults 18 and older in 2018 identified as LGBTQ+.[76]

Unhoused women in Minnesota are more likely than unhoused men to be parents of children and living with a child. About 62% of unhoused women reported being a parent of at least one child (under 18) compared to 30% of unhoused men. Around 38% of unhoused women had a child with them at the time of the survey interview compared to 4% of unhoused men. Of unhoused women, 43% reported they had a child (under 18) who was not living with them on the date interviewed. This figure is much larger (89%) for unhoused men.[77]

A majority of unhoused women in Minnesota face long-term lack of housing. Sixty-two percent (62%) of unhoused women 18 and over in the state are chronically unhoused (unhoused for at least a year or unhoused at least four times in the past three years). A majority of unhoused men also report being chronically unhoused (66%). Of unhoused women in Minnesota, 45% have been without a permanent place to live for less than a year, 44% for one to five years, and 12% for more than five years.[78] One percent of unhoused women report having served in the U.S. military, compared to almost 12% of unhoused men.[79]
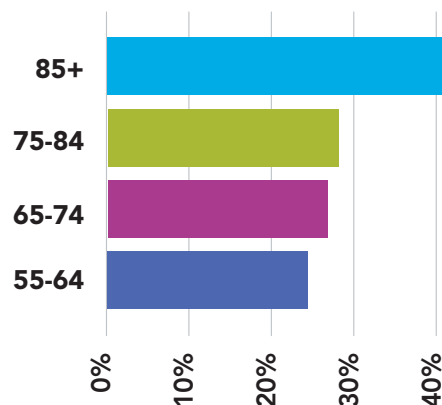
HOME OWNERSHIP

In Minnesota, home ownership disparities affect single-mother households from communities of color the most. These families are less likely to be living in a home they own, missing out on a key building block of wealth.

African Americans historically have faced discrimination in home ownership. Redlining, discriminatory mortgage-lending practices, lack of access to credit, histories of discriminatory covenants, and lower incomes have created barriers to stable and reasonably priced home ownership for African Americans in Minnesota and the nation. For these reasons, African Americans are more recent homeowners and are more likely to have high-risk mortgages, making them more vulnerable to foreclosure and volatile housing prices.[80]

The Twin Cities has the largest Black-white homeownership gap of any metropolitan region in the United States. This gap has been steadily expanding since 2000 and is driven by a combination of gentrification and the rise in corporate landlords. Large property investors purchased foreclosed single-family properties, turning former homeowners into renters.[81]

Rental housing affordability declines as women age
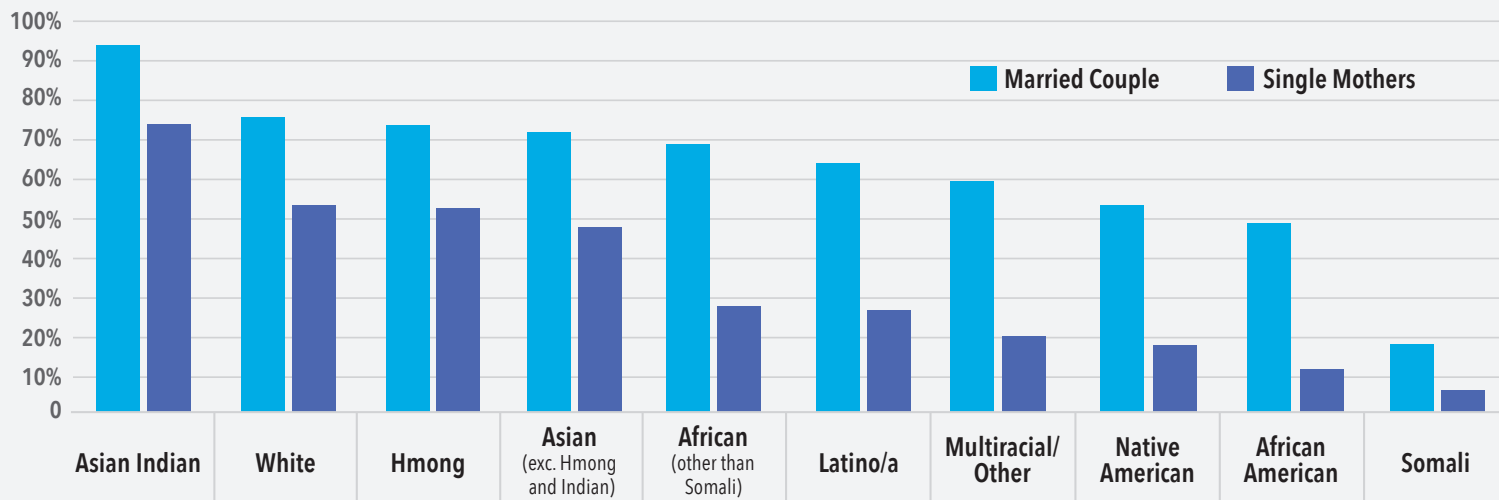
Percentage of older Minnesota women living in rental housing who spend more than 50% of their family income on rent.

Rent greater than 50% of family income

CWGPP analysis of the American Community Survey, 2015-19.

Home Ownership by Race and Family Type

CWGPP analysis of American Community Survey, 2015-19

WEALTH GAP

Wealth, defined as the value of all assets owned by a household minus all debts, has begun to receive increased attention for its impact on intergenerational economic mobility.

Wealth is distributed more unevenly than income, and stark wealth disparities exist among U.S. racial groups. Gender intersects with race along several important wealth dimensions. Three key factors drive the wealth gap: homeownership, lifetime household earnings, and financial support or inheritance.[82]

Wealth gaps in Minnesota and the U.S. are massive. The median net worth of Black households in Minnesota is $0, compared to $211,000 for white households and $18,000 for Latina/o households.[83] Women of color are particularly harmed by wealth gaps; while single white women in the U.S. have approximately half the median wealth of single white men, single Black women and Latinas have less than a penny for every dollar of wealth a single white man has.[84]

Wealth provides important advantages. Wealth may allow families to provide their children with better education, purchase homes or rent in safe neighborhoods, provide an economic cushion in hard times, cover the costs of unexpected health crises, and retire in comfort. Children born into wealthy families are six times more likely to be wealthy in adulthood than children born into low-income families.[85]

Home ownership is the most important building block to wealth for African American families.[86] Historical public policies advancing wealth accumulation for some and not for others have contributed to the racial wealth gap in the U.S.[87] Research into redlining and racial covenants in Minneapolis has brought to light decades of discriminatory housing practices that have contributed to only 25% of African American families owning a home in the Twin Cities today, compared to 78% of white families.[88]

The gender wealth gap is principally driven by inequalities in lifetime earnings. A series of studies, including in neighboring Wisconsin and nationally, have found that the gender wage gap, experienced over a lifetime, is one of the most important drivers of the wealth gap between women and men, whether married or never married.[89] The gender wage gap affects single women, women of color, and Native American women especially and contributes to women's greater vulnerability to poverty in old age. For communities of color, work instability disproportionately impacts earnings, with periods of unemployment and incarceration driving down wealth accumulation.[90]

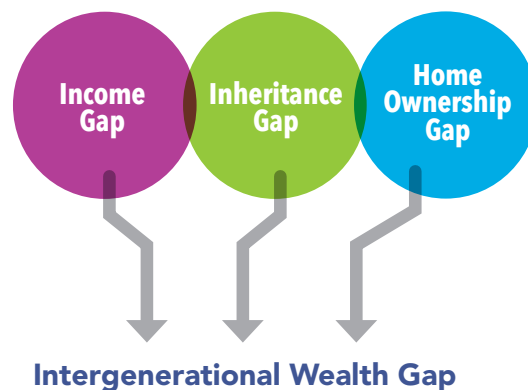**Inheritances provide unearned privileges to some and disadvantages to others that begin at birth.** Intergenerational wealth transfers have given white U.S. households more time to accumulate wealth, which grows over time with compound interest, compared to Black households.[91]

Educational attainment does not close wealth gaps. If we compare two households where the primary breadwinner has a bachelor's degree, the typical white household has $180,500 in wealth, while the typical Black household has just $23,400. Even white families where the primary breadwinner is a high school dropout have one-third more wealth than a Black family whose breadwinner has a college degree.[92] Similarly, the gender wealth gap persists despite women making up the majority of bachelor's degree holders in the U.S. since the early 1980s.[93]

Race is a key factor in intergenerational mobility. Nationally, Black and Native American children, relative to white children, are not experiencing upward mobility and are

more likely to be downwardly mobile. A Black child born to parents in the top fifth of income earners is as likely to fall to the bottom fifth of all incomes as they are to remain in the top. By contrast, white children are nearly five times as likely to remain in the top fifth as they are to fall to the bottom. Black children born to parents in the bottom fifth of all household incomes have less than a 3% chance of rising to the top fifth, compared with nearly 11% for white children. Latinas/os, however, are moving up significantly in the income distribution across generations.[94] Social mobility in the U.S. varies extensively both across cities and across neighborhoods within cities.[95]

It all ties together. Earnings gaps, unstable employment, lack of access to benefits (health, retirement, and sick leave), use of disadvantageous financial products such as payday loans, housing disparities, and homelessness all contribute to the stark differences in intergenerational mobility. Many of these differences have their roots in both gender and racial biases.

Income Gap · Inheritance Gap · Home Ownership Gap

Intergenerational Wealth Gap

Women experience higher debt burdens than men. Nationally, on average, single women have higher total debt outstanding than single men.[96]

College costs contribute to gender imbalances in debt accumulation. Women hold almost two-thirds of the total outstanding student debt in the United States, amounting to almost $1.1 trillion as of early 2021.[97] Nationally, undergraduate women are more likely to take on debt (44%) than undergraduate men (39%). Women are also more likely to take on larger annual student loans

than men at every degree level (except professional doctorate) and almost all institution types. For students graduating with a bachelor's degree, women on average have higher cumulative student debt than men by about $1,500. Black women graduating with a bachelor's degree have on average the largest cumulative student debt compared to any other group.[98]

More Minnesota college men than women surveyed have no student debt. Of Minnesota two-year college student respondents, 40% of men indicated a student loan balance of $0,

compared to 28% of women. For college students in four-year schools, 33% of men indicated a student loan balance of $0 compared to 26% of women.[99]

Single female household heads are more likely to be unbanked and more likely to accumulate payday loan debt. In the Midwest, unmarried female-headed families are four times more likely than married-couple families to not have a bank account (8% compared to 2%) and to have used a payday loan in the past year (4% compared to 1%).[100]

Safety

The COVID-19 pandemic exacerbated another ongoing public health problem: the global epidemic of gender-based violence. The multiple forms of stress created by the crisis—from fears of contagion to job losses—were concentrated in homes when stay-at-home orders were declared, increasing the frequency of domestic violence. At the same time, the stay-at-home orders made it more difficult for victims to leave violent situations.

The 1993 United Nations *Declaration on the Elimination of Violence Against Women* defines violence against women as "any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life." It has been recognized by the UN as both a form of discrimination and a human rights violation. Women and girls in Minnesota are harmed by gender-based violence throughout their lifetimes: in their homes, on the streets, and in public institutions like schools, workplaces, and the criminal justice system.

The consequences of this violence, whether observed in households or personally experienced, include depression, suicidal thoughts and attempts, chronic disease and health problems, teen pregnancy, substance abuse, homelessness, lost economic productivity, and a lack of personal security. Many forms of gender-based violence increased in Minnesota during the COVID-19 pandemic, but especially harassment and intimate partner violence. Asian women in particular experienced heightened harassment in a political context in which some blamed China for the genesis and spread of the virus.

SEXUAL HARASSMENT

Sexual harassment is a pervasive, chronic problem that can have enduring psychological, health, and financial consequences.

Sexual harassment remains a pervasive problem in Minnesota. Sixty-three percent (63%) of Minnesota women say they have been sexually harassed.[2] Using a broader definition, a national survey found that 81% of women had experienced sexual harassment or assault in their lifetime. More than 77% had experienced some form of verbal sexual harassment compared to 34% of men, and 51% had experienced being sexually touched in an unwelcome way compared to 17% of men.[3]

LGBTQ+ people face sexual harassment and barriers to reporting. Nationally, 51% of LGBTQ+ people say they or an LGBTQ+ friend or family member have been sexually harassed because of their sexual or gender identity. Fifteen percent (15%) of LGBTQ+ people who may have needed help avoided calling the police because they were worried about discrimination against them. More LGBTQ+ people of color (30%) than white LGBTQ+ people (5%) reported avoiding calling the police for this reason.[4]

Women may be at increased risk for sexual harassment because of occupational segregation. Women in male-dominated fields are more likely to report sexual harassment than those in other fields.[5] Other risk factors for sexual harassment at work include lack of legal immigration status, working for tips (such as in accommodation and food services), and working in isolated spaces (such as janitors, domestic care workers, hotel workers, and agricultural workers).[6] Minnesota women workers, and women of color specifically, are concentrated in many of these occupations.

Sexual harassment has health consequences. Victims of sexual harassment report more depression, stress, anxiety, and post-traumatic stress. Some studies have even found links between sexual harassment and eating disorders for women.[7] In a study of midlife women, those who had experienced workplace sexual harassment were more likely to have high blood pressure and poor sleep than women without this history. Women who had experienced sexual assault were more likely to report symptoms of depression, anxiety, and poor sleep than women who had never experienced sexual assault.[8]

Sexual harassment in the workplace has consequences for employers. Employees who are sexually harassed at work are less satisfied and less productive in their jobs.[9] A study following a group of Minnesota ninth grade girls since 1988 examined how sexual harassment affects women in the early stages of chosen careers. The women switched jobs, industries, and reduced work hours, sometimes resulting in a precipitous drop in earnings. Some women also pursued "less lucrative careers where they believed sexual harassment and sexist practices would be less likely to occur."[10] Consequences for employers include high employee turnover and loss of investments in the skills of their workforce.
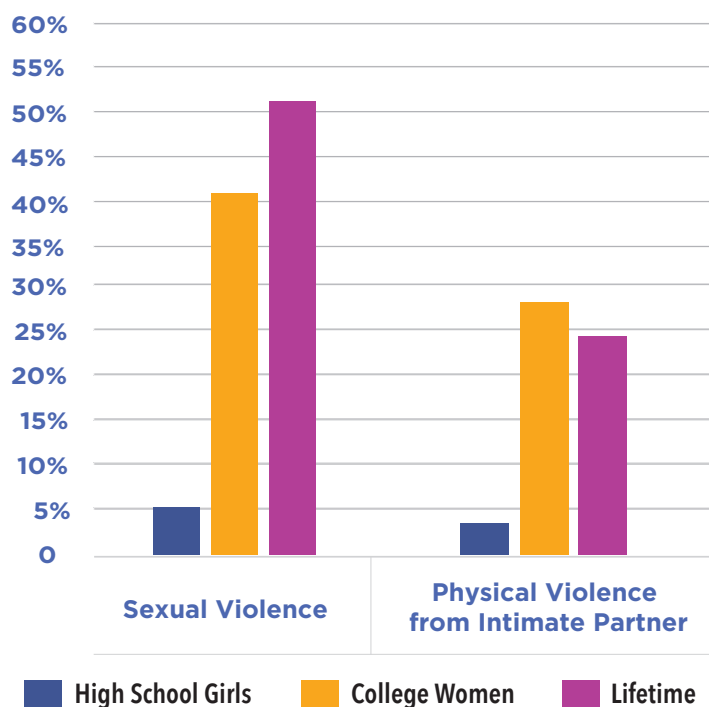
Propelled by the #MeToo movement, the Minnesota House sought to make it easier for victims of harassment to obtain justice. The House passed a bill in March 2019 to eliminate the "severe or pervasive" legal standard for sexual harassment that prevents many sexual harassment cases from going to court. As of this writing the bill has not yet passed into law. Changing this standard is critical to addressing sexual harassment.[11]

In 2019, the Minnesota Legislature updated its sexual harassment policy. Now, each report of sexual harassment that involves a staff member will either be investigated internally or through a hearing with a retired judge. The policy prior to this change only applied to direct staff and lawmakers. Now the policy also applies to vendors, lobbyists, and constituents at the Capitol.[12]

VIOLENCE GROWS OVER A LIFETIME

1 in 2 Minnesotan women report sexual violence, and

1 in 4 report physical violence

from an intimate partner at some point during her lifetime.

Minnesota Women & Girls Reporting Sexual Violence, and Physical Violence

Legend: High School Girls, College Women, Lifetime

CWGPP analysis of Minnesota Student Survey 2019, Minnesota College Student Health Survey 2021, and National Intimate Partner and Sexual Violence Survey 2015.[1]

COVID-19 and Harassment

Harassment of women and girls increased during the pandemic.

Sexual harassment took new forms during the pandemic. Workplace sexual harassment did not disappear when people started working from home due to COVID-19. Instead, it moved online. Some workers reported inappropriate language or gestures and unwanted requests during virtual meetings.[17]

Asian American and Pacific Islander women experienced significant levels of violence and discrimination during the pandemic. National incidents of hate against Asian American and Pacific Islanders reported to the Stop AAPI Hate Coalition rose by 75% between March of 2020 and March 2021.[18] Asian American women and girls reported hate incidents about twice as often as Asian American men. The most frequently reported types of violence and discrimination experienced by Asian American women were verbal harassment and/or name calling, avoidance and/or shunning, and physical assault.[19]

Tipped service workers experienced a dramatic increase in sexual harassment during the COVID-19 pandemic. Food service workers reported a noticeable increase in sexualized comments and sexual harassment related to COVID-19 safety protocols. A substantial portion of the harassment came from male customers who used sexualized remarks and demanded that female servers take off their masks.[20]

GIRLS AND YOUNG WOMEN

Harassment begins early in life.

Girls are significantly more likely to experience cyberbullying than boys. While 17% of girls in grades 8, 9, and 11 report that they are cyberbullied, 10% of boys report the same. Almost 20% of overweight girls experienced cyberbullying, significantly higher than average weight girls. One in five LGBTQ+ students in grades 9 and 11 experienced cyberbullying. More than a quarter of Native American girls in Minnesota schools report that they were bullied online.[13]

Racial minorities in rural areas report greater levels of bullying than in the Twin Cities metro area. Asian American and African American girls in grades 8, 9, and 11 report higher levels of bullying in rural areas of the state. Thirty-four percent (34%) of Asian American and African American girls in Greater Minnesota report bullying or

harassment based on race, compared to approximately 25% in the metro area.[14]

Anti-LGBTQ+ discrimination still intrudes in schools. Eighty-two percent (82%) of bisexual or lesbian girls and 69% of transgender or nonbinary students report that they feel safe at school, compared to 91% of straight, cisgendered girls in Minnesota.[15] While nearly all (99%) LGBTQ+ student survey respondents in Minnesota could identify a school staff member supportive of LGBTQ+ students, only 27% were taught positive representations of LGBTQ+ history or people. Almost half (48%) experienced at least one form of anti-LGBTQ+ discrimination at school during the past year. Around 49% of transgender students reported being unable to use the school bathroom aligned with their gender. A large majority of LGBTQ+ students in Minnesota regularly heard anti-LGBTQ+ remarks (for example, 89% heard "gay" being used in a negative way).[16]

Minnesota students report harassment because...

26% They are female

25% They are non-white or immigrant

37% They are perceived as overweight

47% They are lesbian

51% They are transgender

CWGPP analysis of Minnesota Student Survey 2019. Minnesota 8th-, 9th- and 11th-grade girls; except lesbian and transgender, which are only 9th and 11th. The first data point on females reflects those who were subject to unwanted sexual comments or jokes.

THE CONSEQUENCES OF BULLYING IN MINNESOTA ARE SIGNIFICANT

Reported mental health outcomes for Minnesota girls in grades 9 and 11 who have been bullied weekly or more, compared to girls who have not been bullied.

	Bullied	Not bullied
Bothered by feeling down, depressed, or hopeless	78%	40%
Seriously considered committing suicide	36%	9%
Hurting or injuring self, such as cutting, burning, or bruising	44%	12%

CWGPP analysis of Minnesota Student Survey 2019

Sexual violence affects Minnesota women and girls throughout their lifetimes.

Minnesota girls experience pressure to have sex. Fourteen percent (14%) of 11th-grade girls in the Twin Cities metro area and 16% in Greater Minnesota report that they have been pressured to have sex by a date.[21]

Family violence affects Minnesota girls. Twelve percent (12%) of 11th-grade girls in Minnesota report sexual abuse inside or outside of their family at some point in their life. Native Americans (19%) and Latinas (17%) report the highest levels of abuse.[22]

Runaway youth are especially at risk for sexual exploitation and related trauma. A trauma-informed program for sexually exploited youth in Ramsey County found that 73% of sexually exploited runaway youth in their program screened positive for possible post-traumatic stress disorder.[23] Three times as many lesbian girls and transgender or nonbinary Minnesota students in grades 8, 9, and 11 report running away from home or living in a shelter on their own as their straight, cisgender counterparts.[24]

Sexual assault is all too common among female college students. Two in five (41%) of Minnesota female students who completed the 2021 College Student Health Survey reported they had experienced sexual assault at some point in their lives, with 6% experiencing an assault within the past year. Male students experienced lower sexual assault rates: 15% at some point during their lives and 2% within the past year. Of all the students who indicated they have experienced a sexual assault at some point during their lives (34%), only 30% told a health care provider and only 10% reported it to the police.[25]

Women in Minnesota face a high likelihood of experiencing sexual violence and rape in their lifetime. According to the most recent statistics from the Centers for Disease Control, 42% of Minnesota women reported sexual violence in their lifetime, 20% rape or attempted rape, and 13% rape with penetration.[26] Nationally in 2010, 64% of multiracial women reported sexual violence other than rape at some point in their lives, followed by 55% of Native American women, 47% of white women, 38% of Black women, 36% of Latinas, and 32% of Asian women. In the same survey, 32% of multiracial women reported rape, followed by 28% of Native American women, 21% of Black women, and 21% of white women.[27]

A harrowing number of sexual assaults reported to Minnesota police are not seriously investigated. Of the 2,431 rapes reported to Minnesota police in 2019, 38% of perpetrators were arrested.[28] An analysis of over 1,000 sexual assault cases reported from 2015-2016 in Minnesota found that almost a quarter of cases were never assigned an investigator. In one-third of cases, an investigator did not interview the victim, and in half, the police failed to interview potential witnesses. The majority (74%) of cases were not passed on to a prosecutor. Twelve (12%) of the cases resulted in a sexual assault charge, and only 7% resulted in a conviction.[29] National data shows a decline, rather than an increase, in reporting over time. While 40% of rape and sexual assaults nationally were reported to police in 2017, only 25% were reported to police in 2018.[30] A downturn in reporting does not necessarily mean a downturn in cases, but could point to a lack of trust in the criminal justice system.

Nationally, an estimated one in 10 women over 60 reported emotional, physical, or sexual abuse or neglect in the past year. In nearly 60% of elder abuse and neglect cases, the perpetrator is a family member. Elders who have been abused have two times higher risk of death compared to those who have not been mistreated.[31] A national 2017 study found that elder maltreatment is associated with significant declines in health, including greater anxiety, feelings of loneliness, and increased susceptibility to disease.[32]

People with disabilities are more likely to experience rape and sexual assault than those without disabilities. From 2011 to 2015, the rate of serious rape or sexual assault against persons with disabilities was more than three times the rate for persons without disabilities (2.1 compared to 0.6 per 1,000). Females with independent living disabilities had higher rates of total violent victimization than males with the same disabilities (33.8 compared to 26.5 per 1,000).[33]

The experience of sexual violence is often repeated. According to a meta-analysis that examines findings of 80 different studies, almost half (48%) of victims are likely to experience sexual violence repeatedly.[34]
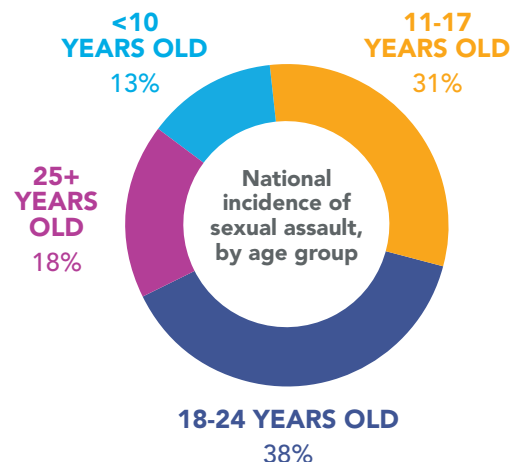
2 in 5

The number of female **college students** who are sexual assault survivors

Minnesota College Student Health Survey, 2021.

The vast majority of victims of sexual assault in the United States were first assaulted by age 25.

CWGPP analysis based on Centers for Disease Control 2015 National Intimate Partner and Sexual Violence Survey. Results do not sum to 100 percent as victims with unknown age are not represented in the figure.

<10 YEARS OLD 13%

11-17 YEARS OLD 31%

25+ YEARS OLD 18%

National incidence of sexual assault, by age group

18-24 YEARS OLD 38%

Native American women face violence at shocking rates. Almost 85% of Native American women have experienced violence and more than half (56%) have experienced sexual violence in their lifetime. Native American women are 19% more likely than white women to have experienced violence at some point in their lives, and 71% more likely to have experienced violence in the past year. Native American women are also more likely than white women to have experienced physical violence by an intimate partner, stalking, and psychological aggression at some point during their lives.[35]

Transgender women of color face high risks of fatal violence. Barriers to employment, housing, and healthcare render trans women vulnerable to violence. Nationwide, advocates recorded 44 deaths of transgender people due to fatal violence in 2020, the highest number since their tracking began in 2013. The majority were Black transgender women. Between January 2021 and June 2021, at least 29 transgender or gender-expansive people have died from fatal violence. While some of these cases involved anti-transgender bias, in other cases, the violence may have stemmed from associated vulnerabilities, such as homelessness.[36]

LGBTQ+ youth are overrepresented among unhoused youth, while lack of housing and running away are significant risk factors for sexual exploitation and other forms of violence. Twenty-two (22%) percent of Minnesota's young people (under 25) experiencing lack of housing identify as LGBTQ+, compared to 11% of high school students.[37]

Unhoused women are more likely to be childhood victims of abuse than unhoused men. About 49% of unhoused women experienced physical abuse as a child compared to 36% of men. Forty-two percent (42%) of unhoused women experienced sexual abuse as a child compared to 16% of men. Around 60% of unhoused women witnessed abuse of a family member as a child compared to 43% of unhoused men.[38]

Sex trafficking remains an issue in Minnesota for women and girls. According to the Minnesota Uniform Crime Report, agencies reported 154 victims of human trafficking in 2019. Among the victims, half (77) were female, and the gender was not identified for the remaining half.[39]

Minnesota high school girls report trading sex for resources. Responses to a new question in the Minnesota Student Survey funded by the Women's Foundation of Minnesota revealed that almost 2% of Minnesota 11th-grade girls reported having traded sexual activity to receive money, food, drugs, alcohol, a place to stay, or anything else.[40]

Sexual violence is costly in economic terms. The estimated lifetime cost of rape is $122,461 per victim in the United States. If we account for all rapes in the U.S. population, the total cost to the U.S. economy is nearly $3.1 trillion dollars (2014 U.S. dollars). This estimation includes the costs of medical care, lost work productivity among victims and perpetrators, criminal justice activities, government financial burdens, and others. One trillion dollars of this cost is carried by government sources.[46]

In 2021, the Minnesota Legislature included important changes to state laws on sexual violence within the public safety and judiciary omnibus bill, including closing the "intoxication loophole." Prior to 2021, victims of sexual assault who were willingly intoxicated could not press charges in cases of rape. It also eliminated the statute of limitations on criminal sexual misconduct crimes, among other measures.

Safe Harbor Legislation Supports Youth Victims of Trafficking

In 2011, Minnesota's Safe Harbor for Youth law went into effect, with expansions in 2014 and 2016. This law considers sexually exploited victims age 24 and younger to be survivors in need of services rather than treated as criminals. The law's "No Wrong Door Model" directs multiple state agencies to ensure that whenever a minor who is being trafficked or at risk of being trafficked interacts with the criminal justice system, they can be identified and directed towards victim-centered services.[41] Qualitative analysis of the impact of Safe Harbor for Youth suggests that access to services and shelter has increased and quality has improved, community awareness about sexual exploitation has heightened, and law enforcement better supports victims.[42] State funding now provides over $15 million dollars biannually for Safe Harbor implementation.[43]

A 2019 evaluation of Safe Harbor found that the vast majority of participants (91%) were female, 6% were male, and 3% were transgender or gender-expansive. There were high proportions of Native American participants in the program compared to their population in the state, comprising 14% of Greater Minnesota and 9% of Twin Cities metro participants. Eighty-six percent (86%) of youth interviewed found the Safe Harbor services helpful. The remaining 14% primarily cited the inaccessibility of services by location or time as the reason they were not helped.[44]

Experts have recommended expanding Safe Harbor to all adults, citing the stigma and other harms faced by the criminalization of those who have been involved in transactional sex. The Minnesota legislature has yet to act on this "Safe Harbor for All" proposal.[45]

Intimate partner violence is deadly for Minnesota women. At least 21 Minnesotans in 2019 were killed by violence from a current or former intimate partner. Sixteen of these victims were adult women and five were friends, family members, or bystanders. Intimate partner violence is as common in the Twin Cities Metro area as it is in Greater Minnesota.[47]

Domestic violence impacts Minnesota children and youth. One hundred and thirty-eight Minnesotans lost their mothers to domestic violence from 2015 to 2019. In 2019 alone, four children were either present at the time of the murder or discovered the body among the 16 cases where adult women were murdered by a current or former intimate partner.[48] Among Minnesota students in grades 8, 9, and 11, 78% of girls from homes with domestic violence reported depression and hopelessness, 49% hurt themselves, and 40% contemplated suicide. Sixteen percent (16%) of girls living with domestic violence attempted suicide in the past year (compared to 3% for those from homes without violence).[49]

Minnesota domestic violence service providers supply important supports for victims, but a lack of resources is an ongoing problem. On an average day in 2021, Minnesota providers served over 2,733 victims of domestic violence, 34% of whom received shelter. Another 273 requests for services were unmet due to lack of resources, the large majority (88%) of which were requests for housing or shelter.[50]

Domestic violence victims often need housing to escape but cannot obtain it. In 2018 in Minnesota, 53% of unhoused women (over 18) and 43% of unhoused female youth (24 or younger) stayed in an abusive situation because they did not have other housing options, compared to 25% of unhoused men and 27% of unhoused male youth. Other women left their relationships despite the absence of housing options: 37% of unhoused women reported fleeing domestic violence, up from 29% in 2009.[51]

Domestic violence remains underreported. Nationally, 47% of all domestic violence victimizations were reported to police.[52] Of the 27% of Minnesota female college students and the 16% of male college students who report having experienced domestic violence in their lifetime, only 13% reported the incident to the police, and only 29% told a health care provider.[53]

College students in Minnesota who experience violence are vulnerable to depression. Among those surveyed, 59% of female college students who identified as victims of sexual assault reported a depression diagnosis within their lifetime, compared to 52% of male victims. In the same survey, 65% of female college students who identified as victims of domestic violence also reported being diagnosed with depression, compared to 52% of male victims. These rates are more than double the lifetime depression rates reported among students who have not experienced sexual assault or domestic violence within their lifetime (29% for female, 21% for male).[54]

Women experience stalking more than twice as often as men, and victims are often stalked by intimate partners or well-known acquaintances. According to a national stalking victimization report, 2.6 million women 16 or older were victims of stalking in 2016. The prevalence of stalking was significantly higher for women (2%) than for men (1%). Approximately 30% of victims were stalked by their current or former intimate partners (9% by current partners and 21% by former intimate partners.[55]

Intimate partner violence is deadly for Minnesota women. At least 21 Minnesotans in 2019 were killed by violence from a current or former intimate partner. Sixteen of these victims were adult women and five were friends, family members, or bystanders. Intimate partner violence is as common in the Twin Cities Metro area as it is in Greater Minnesota.

We could fill Target Field almost

18 times

with the number of Minnesota women who have experienced rape, physical violence, and/or stalking.

Analysis performed using the Centers for Disease Control's NISVS 2015 data estimates that 704,000 Minnesota women in 2015 were survivors of violence. Target Field holds 39,504 people.

CWGPP analysis based on Centers for Disease Control 2015 National Intimate Partner and Sexual Violence Survey.[56]

MISSING & MURDERED INDIGENOUS WOMEN

In 1953, the federal government authorized the state of Minnesota to prosecute crimes in Indian Country through Public Law 280. As a result, it is the responsibility of Minnesota authorities to address the state's rising numbers of missing and murdered Indigenous women, both on and off reservations.

Accurate data estimates of the violence against Native American women and of missing Native American women are difficult to obtain. The involvement of multiple jurisdictions— tribal, county, state, and federal—means different reporting requirements and investigation processes. These disconnected reporting systems, along with underreporting or misclassification, limited sample sizes, and law enforcement agencies that do not consistently log information into national databases, nor use the same reporting databases, make obtaining these numbers difficult.[57] Minnesota's jurisdiction under Public Law 280, however, makes state data gathering easier. State data shows that Native women in Minnesota are murdered seven times more often than white women.[58]

Despite data challenges, it is clear Native American women and girls in the U.S. face extreme rates of murder and disappearance. As of mid-2021, the Sovereign Bodies Institute has documented 2,448 cases of missing and murdered Indigenous women and girls in the United States since 1900, two-thirds of these since 2000. Eighty-eight percent (88%) of the cases are unsolved. The average victim age is 26, 12% are mothers, and 30% are girls aged 18 or younger. The data include 150 tribal nations and 43 states.[59]

Minnesota has 147 cases of missing or murdered Indigenous women in the Sovereign Bodies Institute database, representing eight tribal nations. Eighty-six percent (86%) of the cases were reported since the year 2000. Of these cases, 52% were murdered, 47% are missing, and 1% are unknown. Forty-three percent (43%) of the cases are of girls 18 years old or younger. Thirty-one percent (31%) of cases happened on a reservation or in a rural area, 41% in urban areas, and for 28% the location is not known.[60]

Between 27 and 54 Native American women were missing in Minnesota in any given month from 2012-2020. In December 2019, 34 of the 38 Native American females with active missing persons cases in Minnesota were girls 17 years old or younger.[61]

The construction of Enbridge's Line 3

pipeline endangered Native American women. Native women lead protests aimed at stopping the controversial Line 3, which now carries tar sands oil between Alberta, Canada, and Wisconsin through tribal lands in Minnesota. During its construction, there were 40 reports to the Victim Intervention Program of harassment and assault by Line 3 workers, and in February 2021 two Line 3 contract workers were charged in a sex-trafficking sting.[62]

Minnesota is taking steps to tackle the crisis of missing and murdered Native American women. With bipartisan support in both the House and Senate, the 2019 Minnesota Legislature voted to create a statewide task force on missing and murdered Indigenous women.[63] The task force will examine and address the generations-long, systemic causes of this violence against Native women and develop community-led and community-informed prevention strategies.[64] The first task force report was released in December 2020.[65] The Task Force and a Missing and Murdered Indigenous Relatives Office were both funded by the 2021 Public Safety budget law.

TASK FORCE ON MISSING AND MURDERED AFRICAN AMERICAN WOMEN

Following the model of the Missing and Murdered Indigenous Women's Task Force, the Task Force on Missing and Murdered African American Women will investigate the root causes of violence against African American women and propose solutions.[66] State Representative Ruth Richardson was the lead author of the bill that created the Task Force, which passed in 2021. The Task Force will release its policy recommendations by December 2022.

Both Native American and Black women face significantly higher homicide rates than white women. Nationally, Black women have the highest rates of death due to homicide (4.4 per 100,000), followed by Native American women (4.3), Latinas (1.8), white women (1.5), and Asian women (1.2).[67] In Minnesota, Native women are most likely to face murder, followed by Black women. As mentioned previously, in Minnesota Native women are murdered at a rate seven times that of white women, while Black women are murdered at a rate 2.7 times higher than white women.[68]

"We have to consider root causes of historical trauma, systemic racism, sexism, sexual objectification of Black women and girls, and the vulnerabilities that poverty, homelessness, child welfare disparities, domestic violence, sex trafficking, and fear of law enforcement create." *– Representative Ruth Richardson of Mendota Heights (52B)*

COVID-19 and Domestic Violence

COVID-19 Stay-at-Home Orders Led to Spike in Domestic Violence

Experts worried that pandemic stay-at-home orders would lead to increased domestic violence by concentrating stress in confined spaces, while simultaneously deterring victims from leaving violent situations due to health concerns or fear of breaking the order.[69]

These concerns were borne out in Minnesota, where the governor declared a stay-at-home order from March 27 through May 18, 2020. During the first month of the stay-at-home period, domestic violence-related calls, texts, chats, and emails to the Day One hotline were up 21% compared to the same time in 2019. According to the Minneapolis Police incident report, more violent incidents involving a dangerous weapon or physical harm were reported as well.[70]

BOYS, MEN, AND RIGID MASCULINITY

Men who internalize rigid masculine norms are more likely to perpetrate sexual harassment. In the United States, researchers have quantified the economic impact of stereotypical and "rigid" masculine ideas. Rigid masculine ideas are a set of beliefs, communicated by family, media, peers, and other sectors of society that place pressure on men to act in accordance with a set of narrow, conventionally "masculine" ways, such as using aggression to resolve conflicts. Researchers have found links to rape culture and sexual harassment among men who most internalize society's conventional messages about how men should behave.[71] Surveys show that these men are six times more likely to perpetrate sexual harassment than men that do not internalize these norms. According to a review of 293 studies, narrow and conventional ideas of masculinity are also associated with rape, while other studies have found evidence that supported a relationship between these fixed forms of masculinity and partner violence.[72]

Changing societal norms that promote more inclusive forms of masculinity can reduce violence against women and girls. A review of interventions found that community-based interventions to form gender-equitable attitudes among boys and girls have successfully prevented intimate partner violence or sexual violence.[73]

Rigid masculine norms are directly related to risky health behaviors. Research shows masculine norms are related to men engaging in having multiple concurrent sexual partners, low condom use, early sexual debut (having sex at 14 years old or younger), and inequitable sexual decision-making—all behaviors that impact the health and safety of women and girls.[74]

Violence & Abuse Have Multi-Generational Consequences

NOT SEXUALLY ABUSED 11th GRADE BOYS		SEXUALLY ABUSED 11th GRADE BOYS
1%	Have done something sexual to someone against their wishes	16%
10%	Have hit or beat up someone	33%
67%	Used a condom the last time they had sex	57%
80%	Have talked with partner(s) about preventing pregnancy	75%

CWGPP analysis of Minnesota Student Survey, 2019.

CRIMINAL JUSTICE

POLICE STOPS

Native American women in Minneapolis disproportionately face police stops. While 1% of women in Minneapolis identify as Native American,[75] Native women represent 6% of Minneapolis police stops (vehicle and non-vehicle stops) from between November 2016 and June 2021. After being stopped, Native American women were searched 28% of the time, more than twice as often as women of any other race. While Native American women were only 2% of all women stopped for traffic violations, they were 17% of all women stopped for being a "suspicious person."[76]

While women are searched less often by police than men, Native American and Black women have a higher likelihood than other women of being searched if stopped by the Minneapolis Police.

INCARCERATION

Native American women in Minnesota are disproportionately incarcerated. The proportion of Native American women sentenced to prison in Minnesota (15%) is significantly higher than the proportion for women of all other races (12%).[77]

Girls in Minnesota's juvenile correctional facilities have experienced physical abuse.

Thirty-three percent (33%) of girls (compared to 26% of boys) surveyed in Minnesota correctional facilities report that an adult in the home physically abused them; 39% lived with adults who physically hurt each other (compared to 27% of boys); 41% report forced unwanted sexual touching by an adult outside of the family (compared to 16% of boys); and 32% report forced unwanted sexual touching by a family member (compared to 7% of boys).

While women represent only about 6% of Minnesota's prison population, many of Minnesota's women prisoners are mothers with primary caregiving responsibilities.[78] Among Minnesota prisoner survey respondents, more women (76%) than men (66%) reported being a parent to minor children, and more mothers lived with children in the month prior to arrest (66%) than fathers (56%).[79] Nearly two-thirds (63%) of the women presently incarcerated at the Shakopee Correctional Facility reside in communities outside of the seven-county Twin Cities metro area, oftentimes making the distance from home to Shakopee too

far for relatives, especially children, to visit.[80]

Lesbian and bisexual women are overrepresented in prison populations. In the U.S., the proportion of lesbian and bisexual women in prisons and jails is higher than in the U.S. population (eight times higher in jails, 10 times higher in prisons). Compared with straight inmates, sexual minorities were more likely to have been sexually victimized as children, as well as while incarcerated.[82]

During Pride Month in 2019, 100 Shakopee inmates protested in favor of LGBTQ+ changes.[83] Following the protest, a trans man at the Shakopee Correctional Facility was granted gender-affirming hormone treatments and the facility's "no touch" policy was ended. The "no touch" policy banned any prisoner from touching another prisoner and was one way in which LGBTQ+ inmates were over-policed.[84]

Mass incarceration has impacted a significant portion of Minnesota's young women. While 17% of girls in

grades 9 and 11 report that a parent has been in jail or prison at some point, the proportion rises to 30% for Native American, 19% for African American, and 24% for Latina young women. Young women from Greater Minnesota are also more likely than those from the Twin Cities metro area to have had a parent incarcerated (20% compared to 13%).[87]

COVID-19 and Inmate Health

The COVID-19 virus spread rapidly among prison populations nationally, and in Minnesota. Crowded conditions and notoriously poor health care in prisons allowed the disease to spread. Between March 2020 and June 2021, Minnesota had the 11th highest rate among all U.S. states of COVID-19 per 10,000 inmates (4,750 illnesses per 10,000, or 48%).

At the federal women's prison in Waseca, 70% of inmates contracted the virus over a three-month period. A lawsuit filed by the American Civil Liberties Union alleged neglect and mistreatment, including failure to quarantine sick inmates and refusal to use personal protective equipment to slow the virus's spread.[86]

YOUTH & DISCIPLINE

Black girls experience anti-Black misogyny at school. One of the effects of "misogynoir" is treating Black girls as if they were adults. "Adultification" has harmful consequences within schools, where Black girls are perceived as less innocent than non-Black girls and are subjected to harsher punishments.[88] In June 2021, a St. Paul Public Schools committee recommended bringing an end to suspensions, given that Black students make up 25% of the district's population but 75% of its suspensions.[89]

Black and Latina girls are less likely to feel comfortable with police officers in their schools. Black and Latina girls (grades 5, 8, 9, and 11) are significantly

less likely to tell their in-school police officer if they know about something unsafe or illegal at their school, less likely to feel comfortable going to the officer if they are having problems or in need of help, and less likely to think that having a police officer in their school is a good idea than white girls.[90]

Girls of color and LGBTQ+ students are sent out of the classroom more often. Ten percent (10%) of Native American, 8% of Black, and 5% of Latina girls in grades 9 and 11 in Minnesota have been sent out of the classroom as a disciplinary measure, compared to 3% of white girls. While only 3% of straight girls in this age group are sent to the office, 8% of lesbians, 6% of bisexual girls, and

5% of pansexual girls are. Transgender high school students are twice as likely to be sent to the office as their cisgender peers (12% compared to 6%), and transgender girls are particularly heavily punished, with 14% having been sent out of the classroom.[91]

In Minnesota, Black girls are

10x more likely

than white girls to be suspended.

National Women's Law Center, 2017.

SECTION 3 Health

The health impacts of the COVID-19 pandemic extend far beyond the virus.

Individuals with underlying health conditions have been more susceptible to serious illness, while the stress on healthcare systems has exacerbated existing weaknesses in access and delivery of care. Good health requires more than just lack of illness. As defined by the World Health Organization, health is a "state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity."[1] The foundations of holistic health and well-being begin in our homes, schools, neighborhoods, and workplaces. But these places also often harbor inequities that impact the health of women and girls in our society—and as the pandemic has shown, these inequities lead to heightened vulnerability in times of crisis.

According to many indicators, Minnesota appears to be a leader in health care access and outcomes for women and girls. But when we disaggregate the data, what comes into focus are the persistent, and in some cases growing, health inequities for women and girls of color, Native American women and girls, LGBTQ+ people, disabled women and girls, and women and girls in Greater Minnesota. Reducing health disparities and increasing positive health outcomes for all Minnesota women and girls requires economic opportunity, increased physical activity, access to affordable and healthy foods, safe housing and neighborhoods, mental health services, and policies that ensure affordable access to high-quality health care. By addressing these underlying structural inequities, all Minnesotans can be better positioned not just to weather the toll of unforeseen health emergencies, but also to be well across all dimensions of health.

SPORTS AND PHYSICAL ACTIVITY

Exercise is a crucial foundation for good physical health, but in Minnesota, women's and girls' physical activity trails that of men and boys.

In Minnesota, girls of color and Native American girls in grades 8, 9, and 11 are less likely than white girls to participate in sports. Sixty percent (60%) of white girls participate in sports at least once a week compared to 40% of Native American girls, 36% of Black girls, and 37% of Asian and Latina girls.[2]

Immigrant girls have lower sports participation rates than both immigrant boys and their non-immigrant peers. Within immigrant families, girls have lower rates of athletic participation compared to boys. Immigrant girls also have lower rates of athletic participation when compared to non-immigrant girls.[3] Among Minnesota students in grades 8, 9, and 11, only 25% of Somali girls participate in sports at least once a week, compared to 49% of Somali boys and 42% of non-Somali African American girls. Less than one-third of Hmong girls participate in sports (about 6 percentage points less than boys), while 60% of white girls participate (same as boys).[4] Research suggests that a variety of societal, gender, religious, and cultural factors present barriers for immigrant girls.[5]

NUTRITION / FOOD DESERTS

Many women and girls in Minnesota face barriers to obtaining healthy foods.

Girls of color and Native American girls go hungry more often. Among 8th, 9th, and 11th graders, girls of color and Native American girls are two to three times more likely than white girls (6-11% versus 3%) to report that they skipped meals due to lack of family funds to buy food.[6]

In Minnesota, about 64% of participants in the Supplemental Nutrition Assistance Program (SNAP) are women.[7] Participation is disproportionately higher among non-white women: almost 22% of Native American women, 12% of Black women, 15% of Latina women, and 8% of Asian women used SNAP in the past year, compared to 5% of white women. While 13% of Minnesotan bisexual women used SNAP in the past year, only 6% of straight women and 6% of lesbians turned to this form of food support, compared to 10% of gay and 9% of bisexual men. Transgender Minnesotan women are far more likely to have used SNAP in the past year compared to trans men (19% compared to 2%).[8]

Access to healthy food is not equally distributed across Minnesota. About 1.5 million Minnesotans (27%) have low retail access to healthy food based on their distance to a full-service grocery store. Fourteen percent (14%) of Minnesota census tracts qualify as federally designated food deserts — areas that are both low-income and low-access measured by distance.[9] Women who are low-income, women who live in rural areas, and single heads of household face the highest barriers to healthy food access.[10]

FOOD DESERTS AFFECT 302,000 MINNESOTANS[11]

Food Deserts in Minnesota and the Twin Cities Area

■ FOOD DESERT

Minnesota   **Hennepin & Ramsey Counties**

CWGPP maps created using USDA Economic Research Center's Food Access Research Atlas 2019 data and TIGRIS census tract shapefiles. Food deserts are low-income census tracts where a significant proportion of residents live more than 1 mile (urban) or 10 miles (rural) from the nearest supermarket

Saint Paul native **Sunisa Lee** made Minnesotans proud when she won the gold medal for all-around gymnastics at the 2021 Olympic games. As the first Hmong-American Olympic gymnast and first Asian-American gymnast to win gold in the all-around event, her example may inspire more first-generation immigrant girls to participate in sports.

HEALTH RISKS AND THE WORKPLACE

Female-dominated professions entail specific health risks. For example, women may face adverse health effects from working in cosmetology professions because of exposure to potentially dangerous chemicals. Domestic care workers may face work-related musculoskeletal injuries. Restaurant workers and cashiers may face back pain from standing or repetitive movement injuries.[12] Lifting and moving patients result in higher injury rates for nursing assistants than construction workers.[13] Those in the health care and social assistance industry (where four out of five workers are women) face high rates of intentional injury by another person— more than three times higher than for private industry overall.[14]

COVID-19 and Healthcare Workers

Many women healthcare workers continued to work through the pandemic, facing high risk of exposure to COVID-19.

A 2020 study by the Center on Women, Gender, and Public Policy on the impacts of COVID-19 on Minnesota's workforce found that women comprised a majority of essential workers at high risk of contracting the virus, with women of color disproportionately represented. Healthcare composed a significant portion of this essential workforce. Forty percent (40%) of Asian women, 37% of Native American women, and 30% of Somali women in the workforce worked in a high-risk, essential job.[15]
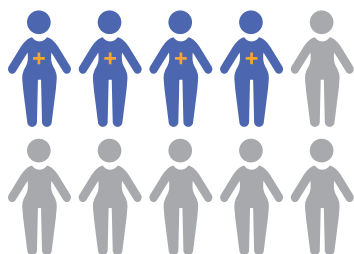
DISEASE BURDEN

While Minnesota is a leader in women's health outcomes overall, when disaggregated by race, Native American women and women of color have much higher rates of disease-related mortality than white women.

Cancer is a leading cause of death for Minnesota women. Forty-four percent (44%) of Minnesota women will be diagnosed with cancer.[16] The cancer mortality rate for Native American women is 1.5 to 2.2 times the mortality rate for other racial and ethnic groups.[17]

Breast cancer is the second leading cause of cancer deaths and the most diagnosed cancer for women in Minnesota. While white women in Minnesota are at the greatest risk of being diagnosed with breast cancer, Native American and Black women are at the greatest risk of dying from it, in part because of later-stage diagnosis.

44% of Minnesota Women Diagnosed with Cancer[18]

About 21 of every 100,000 Native American women, and 20 of every 100,000 Black women die from breast cancer, compared to 18 white, 12 Latina, and 11 Asian women.[19]

Native American women and women of color are most at risk of cervical cancer. Native American women in Minnesota have the highest incidence of cervical cancer, and Asian women have the highest mortality rate. Asian and Black women are the least likely to have had a recent pap test screening, which is key to the detection of cervical cancer. Lower access to health care may also limit access to the HPV (human papillomavirus) vaccine. If cancer is detected in an early stage, white women have a 94% five-year survival rate, compared to a rate of 83% for Black women.[20]

While mortality rates due to heart disease and stroke have been trending down in Minnesota, they remain shockingly high for Native American women and some women of color. Minnesota has lower mortality due to heart disease rates for women from all racial and ethnic groups than the U.S. as a whole, except Native Americans.[21] Native Americans in Minnesota die from heart disease at rates higher than every other race and ethnic group in the state; their mortality rates are around 50% higher than whites.[22] African Americans and Asian Americans in Minnesota have higher rates of stroke mortality than every other race and ethnic group; their stroke mortality rates are each more than 40% higher than whites'. Overall, the number of stroke deaths for women is higher than men.[23]

The percentage of women diagnosed with diabetes is lower in Minnesota than the nation for all racial and ethnic groups except Native Americans. Seventeen percent (17%) of Native American women in Minnesota have been diagnosed with diabetes, compared to a national average of 11%. At 5%, Minnesota's Asian American women are least likely to have received a diabetes diagnosis.[24]

Environmental health risks are not distributed evenly across Minnesotan communities. Air pollution from particulate matter can lead to asthma hospitalizations for children, respiratory and cardiovascular hospitalizations in adults, and even death. Areas in Minnesota with higher proportions of people of color (20% or greater) have higher amounts of particulate matter in the air, and 11% of deaths in these areas can be attributed to this form of air pollution compared to 9% in areas with less than 10% people of color.[25] Over 300,000 Minnesotans drink from contaminated water systems (with greater than 5 mg/L of nitrate), which is associated with greater risks of certain forms of cancer and adverse birth outcomes. In Minnesota, 85% of contaminated public water systems and 98% of townships containing contaminated domestic wells are located in rural areas.[26]

COVID-19 and Health Impacts

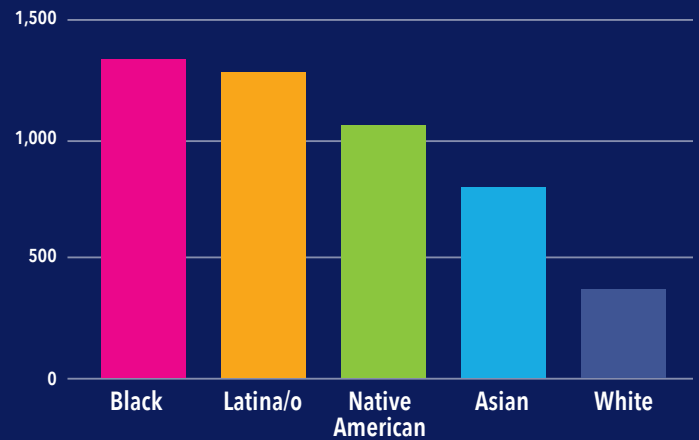## The health impacts of COVID-19 differ by gender, age, and race.

While men and women are equally likely to contract COVID-19, men are more likely to be hospitalized and die from the virus. From the beginning of the pandemic through July 2021, of all patients hospitalized with COVID-19 in Minnesota, 49% were women and 51% were men.[27] Of those who died, 48% were women and 52% were men. Experts suggest both biological and social factors may contribute to men's greater vulnerability. In particular, social norms around masculinity encourage some men to take less care of their physical health and engage in detrimental health behaviors that make them susceptible to COVID-19.[28]

COVID-19 mortality increases exponentially with age. Nationally, the 65-74 age group has six times higher risk of hospitalization and 95 times higher mortality than those in 18-29 age categories.[29] In Minnesota through July 2021, 88% of the deaths were aged 65 or older, while less than 1% were in their 20s and 30s.[30] Vaccine availability may change these proportions.

People of color have been disproportionately impacted by COVID-19.

As of July 26, 2021, women were 8% more likely than men to complete the COVID-19 vaccine series among Minnesotans aged 16 and older. While more than 60% of whites and Asian Americans in Minnesota had been vaccinated by this date, 51% of Latinas/os and just 45% of Blacks and Native Americans had completed vaccination.[31] For men, masculine norms and their greater tendency to lean toward the Republican party appear to be playing a role in lower uptake. For communities of color, a combination of access to health care close to their work and homes, and a distrust of the health care system may be contributing factors.[32]

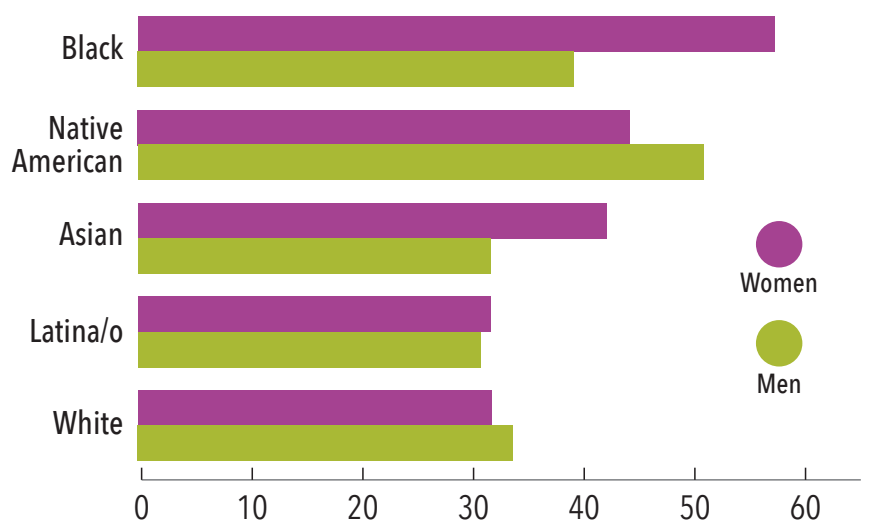### Age-adjusted hospitalizations per 100,000 by race and ethnicity

Department of Health, "Data by Race/Ethnicity," COVID-19 Updates and Information. https://mn.gov/covid19/data/data-by-race-ethnicity/index.jsp

DISABILITY

Women are disproportionately impacted by disability risk later in life. Sixty-seven percent (67%) of nursing home residents are women. Almost 25% of long-term care expenses are financed out-of-pocket, and women are especially at risk for this type of uninsured health expense later in life. For example, a 65-year-old woman with median wealth would exhaust her assets after 9.5 months of paying out of pocket for nursing home care.[33]

Minnesota's Black, Asian American, and Latina older women (65+) are more likely than men to be managing at least one disability. Both Native women and men experience high rates of disability.

Percent of Women and Men Over 65 with at Least One Disability by Race

CWGPP analysis of the American Community Survey 2015-2019.

Mental health conditions manifest differently in women and men due to social and biological factors.

Experience of mental health conditions differs across gender. In Minnesota, more women (26%) than men (14%) report having had depression at some point during their lives.[34] Research in the U.S. finds gender differences in depression start early. Between the ages of 12 and 17, 14% of boys and 36% of girls have experienced a first episode of depression. This disparity is evident even at 12 years old.[35]

In Minnesota, boys and girls display different patterns of mental health challenges. Minnesota's ninth grade boys are nearly twice as likely as girls to have hit or beat someone up, while girls are nearly twice as likely to report significant, daily problems with feeling down, depressed, or hopeless. Furthermore, ninth grade girls are twice as likely to seriously consider attempting suicide than boys.[36]

Mental health challenges for college students continue to increase. In 2021, the large majority of gender-expansive college students (83%) and more than half (59%) of college women reported a mental health diagnosis during their lives compared to 43% of college men. (In 2019, half of college women and 32% of college men reported a diagnosis.) College women also report having had a depression diagnosis at higher rates than men (42% compared to 27%), though not as high as gender-expansive students (71%).[37]

Eating disorders, which psychologists attribute to body shame, are more prevalent among women and girls than men and boys. Over a lifetime, incidence of both anorexia and bulimia are three times greater among women than men.[38] Among Minnesota college students, 3% of men, 8% of women, and 16% of gender-expansive students report being diagnosed with an eating disorder within their lifetime.[39] National research comparing women across racial and ethnic groups finds the prevalence of eating disorders is similar among white and Latina women, but lower among Black women.[40]

Older women face increased risk for mental health conditions. Having a chronic health condition is a risk factor for depression in older adults. The Centers for Disease Control reports that about 80% of older adults have one or more chronic health conditions, and 50% have two or more.

Depression is an important mental health risk for many older women. Research using national data from 1998-2018 found that older women were more likely to report symptoms of depression than older men. In 2018, 13% of women and 9% of men aged 65 and over reported depressive symptoms.[42] In Minnesota, 16% of women aged 65 and older reported being told by a health professional they have a depressive disorder compared to 11% of men.[43]

Women are more likely than men to live alone in old age. Sixty percent (60%) of Minnesota seniors (50+) who live alone are women.[44] Senior women are more likely than men (36% versus 31%) to report that they feel a lack of companionship in their lives, especially if they live alone.[45]

Poor mental health has been linked to the experience of racism. Research suggests that racism has considerable impact on the cognitive processes that play a role in the development of depression.[46] In a meta-analysis of 293 studies, having experienced racism was found to be associated with poorer mental health, including depression and anxiety.[47] One in five Minnesota African American women report that they have felt emotionally upset (angry, sad, or frustrated) in the past 30 days as a result of how they were treated based on their race.[48]
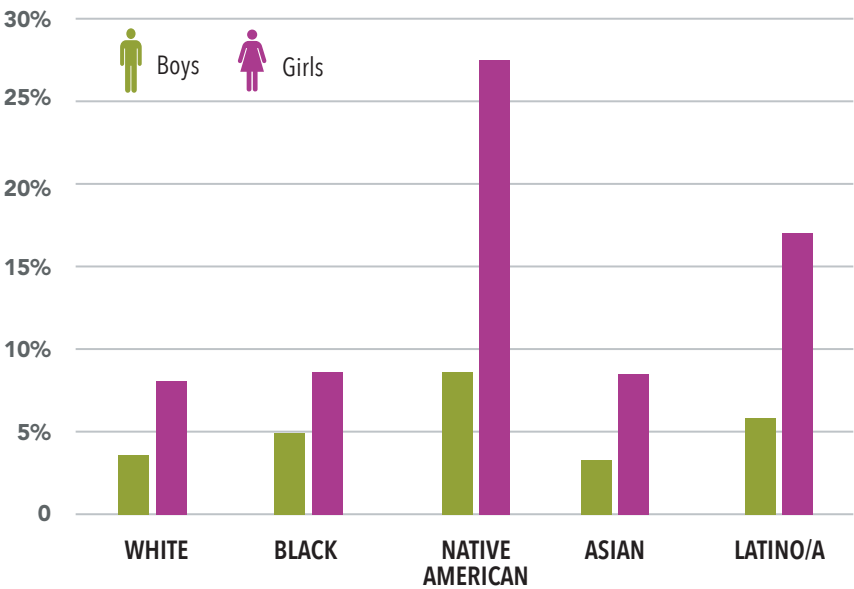
Economic status affects women's mental health. One large risk factor for mental health issues and stress is poverty, and people of color and Native Americans in the U.S. and Minnesota disproportionately live in poverty.[49] Low-income women are exposed to more uncontrollable life events, dangerous neighborhoods, and job insecurity, among other risks.[50]

Race and income are linked, but income does not tell the whole story about health differences across race. Public health scholar Arline Geronimus and her co-authors have found evidence of a weathering hypothesis: "The finding of larger racial disparities among the nonpoor than the poor, and among women than men, suggests that persistent racial differences in health may be influenced by the stress of living in a race-conscious society. These effects may be felt particularly by Black women because of 'double jeopardy' (gender *and* racial discrimination)."[51]

PERCENTAGE OF MINNESOTA 8TH, 9TH, AND 11TH GRADERS WHO HAVE ATTEMPTED SUICIDE

CWGPP analysis of 2019 Minnesota Student Survey Data

COVID-19 and Mental Health

Women's mental health plummeted during the pandemic.

Research into the early phase of the pandemic in the U.S. found that women's rates of depression (29%) and anxiety (29%) were two to three times higher than pre-pandemic estimates, and one in six women (17%) exhibited post-traumatic stress symptoms.[52] Almost half of mothers with children still in the home (47%) reported that their mental health worsened over the course of the pandemic, as opposed to about a third (30%) of fathers.[53]

Nationally, Latina/o adults were 60% more likely to report symptoms of depression than white adults during the pandemic, and four times more likely to express suicidal thoughts/ideation than either white or Black adults.[54] A combination of factors including disproportionate health impacts for Latina/o families due to existing inequities, restrictions on various businesses and industries, and school closures and online education contributed to this disparity.[55]

The CDC's Household Pulse Survey found Minnesota to be the state with the best mental health outcomes during the pandemic, but mental health advocates argued that the mounting strain on the state's care systems was unsustainable. Minnesota's mental health screenings rose throughout 2020, and in February 2021 were six times higher than the previous year.[56]

HEALTH CARE

To achieve acceptable health outcomes, Minnesota's women and girls of all racial and gender identities need accessible, affordable, and culturally competent health care.

INSURANCE AND AFFORDABILITY

The uninsured may face health and economic repercussions from going without important health and dental care services. Minnesota's uninsured rate for individuals under 65 years old decreased significantly due to the Affordable Care Act. While recent years have seen some fluctuations, in 2019, around 5% of Minnesotans under the age of 65 lacked health insurance. Uninsured people report poorer health and fewer healthy days than the overall population of Minnesota.[57]
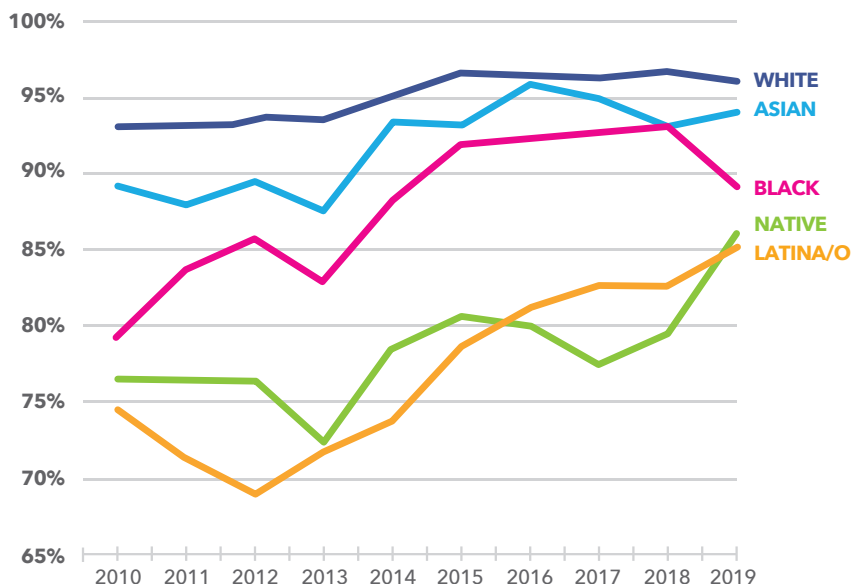
Cost of healthcare is a greater barrier for African American and Latina women in Minnesota. One in five Black women and one in three Latina women in Minnesota reported that they could not see a doctor because of costs in the past year, while fewer than one in 10 white and Asian women reported the same.[58]

Minnesota women with disabilities face cost barriers to health care twice as often as non-disabled women. Almost one in four (23%) disabled women in Minnesota face cost barriers to care, whereas 11% of non-disabled women do.[59]

Rural Minnesotans are more likely to get health care through public sources. Rural residents are

Minnesota Health Insurance Coverage Rates Over Time, by Race

Minnesotans of all races and ethnicities were helped by the insurance expansion facilitated by the Affordable Care Act, which especially benefited communities of color and Native Americans.

CWGPP analysis of the American Community Survey, 2010-2019.

significantly more likely to have public health insurance, such as Medicare, Medicaid, and MinnesotaCare, because they are older than those living in urban areas, earn lower incomes, and have less access to employer coverage.[60]

Access to health insurance for lesbian and gay couples has improved, but still lags behind other groups. Since the 2012 and 2013 U.S. Supreme Court rulings that recognized same-sex marriage, more employers have opted to provide spousal health care coverage to same-sex couples, including 15 of Minnesota's largest corporate employers.[61] The number of U.S. employers offering same-sex spousal health coverage increased from 43% in 2016 to 74% in 2020. Ninety-one (91%)

of U.S. workers whose firms offer spousal health care coverage now have access to same-sex spousal coverage, though that coverage is more common in large firms.[62]

Trans health care is often targeted with spending cuts. Minnesota, the first state to cover gender affirmation surgeries under its Medicaid program, has strong state laws protecting transgender health care. However, state legislators have chipped away at this once-progressive policy by introducing bills that prohibit transition procedures and hormone therapy from the state's Medicaid coverage, arguing that trans health care, though not costly, is an inappropriate use of public funds.[63]

Trans Minnesotans face problems accessing medically necessary health care services due to insurance and cost-related barriers. One in four transgender people in Minnesota experienced problems with insurance coverage for treatment related to gender transition or routine care. Twenty nine percent (29%) of trans people have postponed medical care when sick or injured because they couldn't afford it.[64]

Rural areas in Minnesota face a severe shortage of health care services. In metropolitan areas, there are 965 people for every primary care physician, but in isolated rural areas there are 2,715 people for every physician.[65] In 2017, more rural (65%) than urban Minnesotans (48%) were unable to get a timely appointment with a primary care provider. Over the past decade, available health care services declined in rural areas due to hospital closures, consolidation, or service loss. Closed nursing homes in rural counties accounted for over half of all closures between 2003 and 2018.[66]

Prior to sick leave ordinances in Minneapolis and St. Paul, 40% of Minnesota women workers did not have access to paid sick days. Low-wage and women of color workers were overrepresented among those without sick leave.[67] Since 2018, local ordinances in Minneapolis and St. Paul require employers to offer sick leave, which should reduce the number of women workers without this benefit. In 2021, the Minnesota House of Representatives passed a bill that required employers to provide employees with at least one hour of paid sick and safe time for every 30 hours of work.[68] According to the state Department of Health, Minnesota would have healthier babies, more productive workers, and better overall health if every employer provided paid family and sick leave.[69]

LGBTQ+ people report high rates of healthcare discrimination. Fifteen percent (15%) of LGBTQ+ Americans reported postponing or avoiding medical treatment due to disrespect or discrimination, including nearly 30% of transgender individuals. Studies show that LGBTQ+ adults have hidden their sexual status from social service agencies or health care providers because they feared discrimination based on sexual orientation or gender identity. Transgender people face unique obstacles, often needing to teach their doctor about transgender health in order to receive appropriate care, in addition to common gaps in insurance coverage for gender-affirming care.[70]

Mental health care is not equitable across race. Women and girls of color and Native American women and girls are less likely than white women and girls to receive therapeutic treatment for a variety of reasons, including limited access, cultural norms, lack of sufficient mental health care professionals, and lack of culturally sensitive care approaches.[71] According to 2008-2015 national data, while 48% of white adults with any mental illness received mental health services, 31% of Black and Latina/o adults, and 22% of Asians received mental health treatment or counseling.[72] In Minnesota, 55% of Black girls and 58% of Asian American girls in grades 8, 9, and 11 who reported a long-term mental or emotional problem said they had not received treatment, compared to 32% of white girls.[73] In addition to the access issues mentioned above, people of color may receive less mental health care because they face "double stigma" from their racial identity and mental illness.[74]

Nationally, the lack of African American mental health practitioners has harmful consequences for the African American community. In 2017, just 2% of all members of the American Psychological Association identified as African American.[75] Because African Americans are so underrepresented, it is likely that the majority of the remaining 98% of mental healthcare specialists lack the cultural competence to address the needs of individuals in this community.[76] The lack of cultural sensitivity by healthcare professionals makes African Americans feel marginalized and depend primarily on family, community, and spiritual support, even when medical or psychiatric treatment are critically necessary.[77]

COVID-19 and Discrimination

Discrimination and job segregation is more deadly during the pandemic.

In part due to disparities in the healthcare systems, communities of color and Native American communities are at higher risk of multiple health issues, including diabetes, heart disease, severe asthma, and obesity. These factors put them at higher risk for severe illness if they contract COVID-19. In addition, Black and Latinas/o workers have a higher exposure to the virus because they are more likely to work in healthcare, food production, or restaurants and were unable to work from home during the pandemic.[78]

CONTRACEPTIVES

Public funding for contraception is crucial to preventing unintended pregnancy. In 2017, an estimated 257,000 Minnesota women (age 15 to 49) needed public support annually for contraceptive services and supplies based on their income. In Minnesota, 51% of public funding is from Medicaid.[79] The federal Title X program also provided $3.2 million for family planning services in Minnesota in 2017.[80] Without publicly supported family planning services, the rates of unintended pregnancy, unplanned birth, and abortion would be 55% higher in Minnesota and the teen pregnancy rate would be 60% higher.[81] In May 2019, a new federal regulation prohibited the use of Title X funds in programs that offer abortion. As a result of these restrictions, clinics that served more than 90% of Minnesota's Title X recipients were forced to withdraw from the program, corresponding to approximately 193,000 women in need of contraception.[82]

TEEN PREGNANCY

While Minnesota teen birth rates overall are at historic lows, there is significant variability by race.

Compared to whites, the teen birth rate is almost seven times higher for Native Americans, almost five times higher for Latinas, and 3.5 times higher for young Black women.[83]

The overall decline in the teen birth rate over the past two decades is likely due to improved contraceptive use (especially highly effective methods like IUDs and implants) and delayed initiation of sexual activity.[84]

The 10 counties with the highest teen birth rates are all in Greater Minnesota. Youth in rural Minnesota may face more difficulties accessing sexual health clinics due to barriers, including fewer clinics, longer distances to travel, limited hours of operation, and confidentiality/privacy concerns. Of all rural Minnesota counties, 47% have no sexual health clinic, while Hennepin and Ramsey counties have 29 such clinics.[85]

Teen pregnancy and sexual experience are higher among LGBTQ+ youth. About 1.5 times as many Minnesotan lesbian, gay, and bisexual youth report having had sex compared to heterosexual or questioning youth. Bisexual youth report having been pregnant at rates five times larger than both lesbian and heterosexual youth. Transgender and gender diverse students are more likely than cisgender students to report that they ever had sex (30% vs. 22%) and more likely to have not used a condom in their last sexual experience (51% vs. 38%).[86]

According to the Human Rights Campaign: "Inclusive [comprehensive] programs are those that help youth understand gender identity and sexual orientation with age-appropriate and medically accurate information; incorporate positive examples of LGBTQ individuals, romantic relationships, and families; emphasize the need for protection during sex for people of all identities; and dispel common myths and stereotypes about behavior and identity."[87]

COVID-19 and Contraception

COVID-19 delayed access to crucial reproductive health care.

The pandemic led to delays in health care access for many Minnesotans. In a survey of Minnesota physicians, 53% reported that delays in care due to COVID-19 led to adverse outcomes for their patients.[88]

National data show that COVID-19-related clinic closures had significant impacts on reproductive health care. One in three women reported having to delay reproductive health care visits or had trouble obtaining birth control due to the pandemic. Barriers to timely care were larger for Black (38%) and Latina (45%) women compared to white women (29%). They were also higher for LBTQ+ women (46%) than for straight women (31%), and for lower-income (37%) compared to higher-income (32%) women.[89]
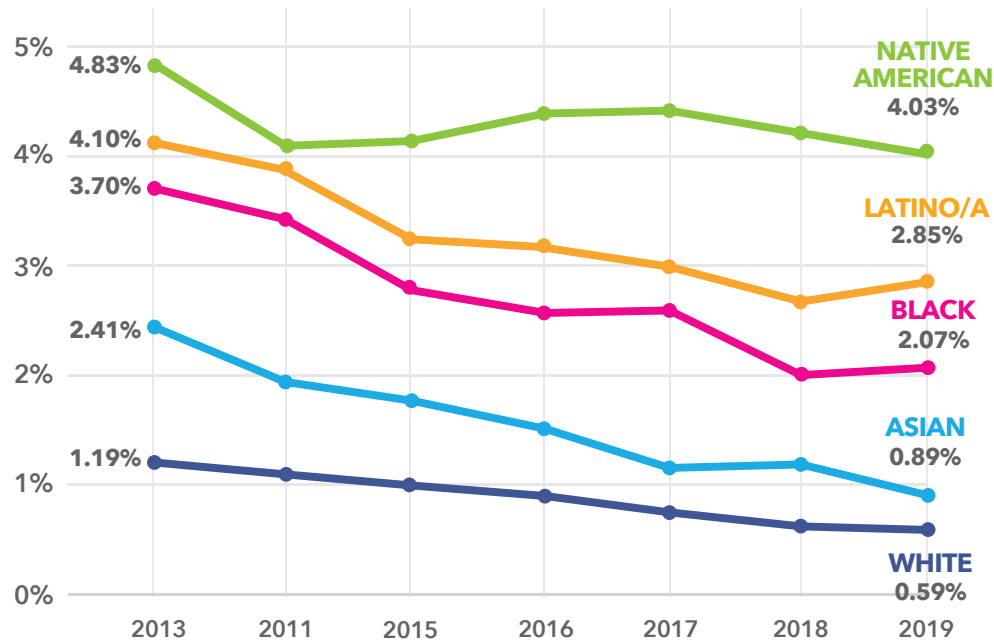
COVID-19 and Online Care

The shift to online health and education services had disparate effects on the accessibility of reproductive care and education for Minnesota youth.

Due to the COVID-19 pandemic, clinicians pivoted to provide sexual health care and education virtually whenever possible, many providing telehealth services that were not available prior to the pandemic. Adolescents facing transportation or geographic barriers benefited from the move towards online or hybrid reproductive services, whereas those without internet access were negatively impacted.[90]

While Minnesota teen birth rates overall are at historic lows, there is significant variability by race.

TEEN BIRTH RATES IN MINNESOTA BY RACE & ETHNICITY, 2013-2019

CWGPP compilation, Minnesota Adolescent Sexual Health Reports, 2015-2021.
Teen birth rate percentages (births per 100) in Minnesotans aged 15-19.

Dignity in Pregnancy and Childbirth Act

Native American birthing people in Minnesota are four times more likely and Black birthing people in Minnesota are 2.3 times more likely to die of pregnancy- or childbirth-related causes than white birthing people, and over 60% of these deaths are preventable. Maternal morbidity (injuries related to childbirth and pregnancy not resulting in death) and infant mortality rates are also unequal across race. In 2021, the Minnesota House of Representatives approved the Dignity in Pregnancy and Childbirth Act, supported by the Women's Foundation of Minnesota. The new law addresses these issues by requiring hospitals to supply education on implicit biases and anti-racism training in hospitals with obstetric units and birth centers, as well as by improving the availability of doulas and midwives in underserved communities.[91]

ACCESS TO ABORTION

Abortion is an essential component of women's health care and each woman's ability to determine when, if, and how she wants to become a parent. Safe, accessible abortion services save lives because women do not have to seek illegal, unsafe alternatives.

Illegal abortion was common in the U.S. prior to the 1973 Roe v. Wade decision, as was death from illegal abortion.

Between 1972 and 1974 the number of illegal abortions dropped from roughly 130,000 to 17,000, and the number of deaths from illegal abortions fell from 39 to five while deaths from legal abortions remained constant.[92] Attempting to limit abortion through restrictions such as mandatory waiting periods and parental consent has been shown to increase the amount of unsafe abortions, not eliminate abortion altogether.[93]

The 1995 Minnesota Supreme Court Case Doe v. Gomez established abortion as a constitutional right in Minnesota.[94] Despite the relatively few abortion providers in the state, Minnesota has increasingly become a point of abortion access for women across the Midwest, as neighboring states have placed greater restrictions on abortions.[95]

Most Minnesotan women live in counties without clinics that provide abortions. The vast majority of Minnesota counties (97%) have no abortion-providing clinics, and 61% of Minnesota women reside in these counties.[96] There are eight clinics that provide abortions in Minnesota, four of which are located in the Twin Cities, and two of which offer abortion medication by mail.[97]

Despite the constitutional right to abortion, the state of Minnesota restricts abortion access in multiple ways. Restrictions include mandated state-directed counseling, a 24-hour waiting period, and parental notification if the patient is a minor before an abortion can be performed.[98] In addition, law mandates the burial or cremation of fetal tissues.[99]

COVID-19 and Abortion

While Minnesota abortion services were unaffected by the COVID-19 shelter-in-place order, other states closed clinics.[100]

Sioux Falls's abortion-providing clinic was required to close temporarily during COVID-19. As a consequence, Minnesota abortion clinics saw a 50% increase in patients traveling from South Dakota for abortion services.[101] If neighboring states follow Texas's lead in restricting abortions after six weeks — allowed by the Supreme Court to go forward on September 1, 2021 — Minnesota could become a refuge once again.

ACCESS TO PRENATAL & OBSTETRICS CARE IS UNEQUAL AND DETERIORATING

Access to prenatal care is unequal across race and ethnic groups in Minnesota. Eighty-two percent (82%) of women in Minnesota in 2015 received prenatal care in the first trimester 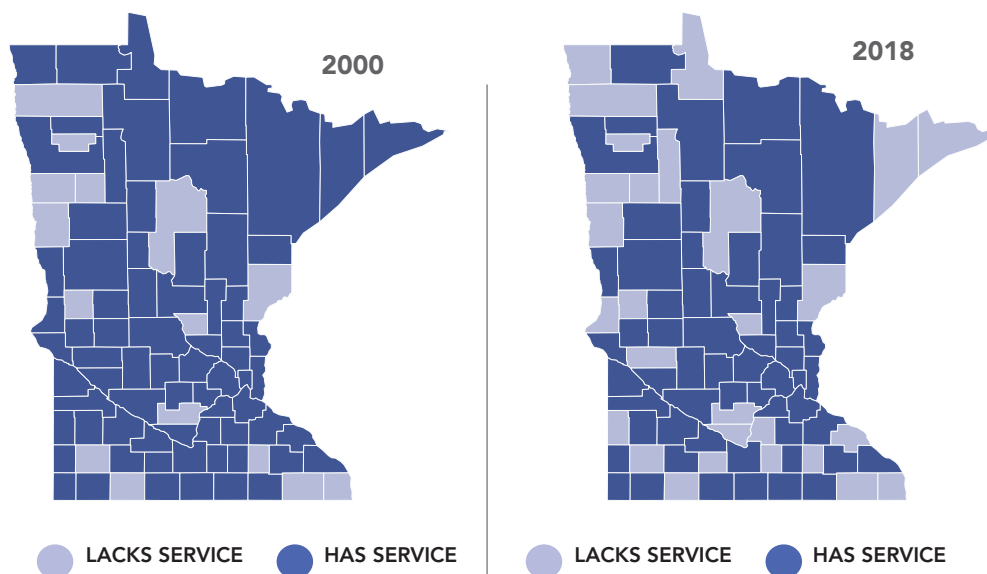of their pregnancy, surpassing the federal goal of reaching 78% by 2020. However, that access diverges sharply across racial groups. White women report the highest rates of care beginning in the first trimester (87%) while Native American women report the lowest rates (55%).[102]

Disparities in access to adequate prenatal care are also evident across race and ethnicity in Minnesota.
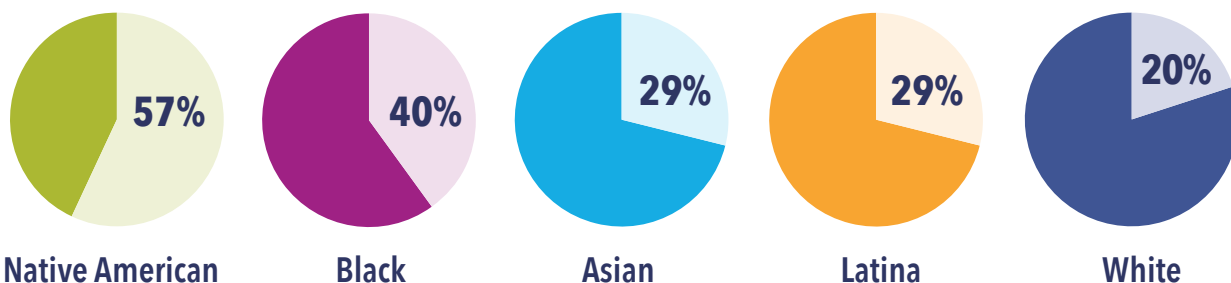
Adequate prenatal care includes beginning care in the first trimester and having the appropriate number and timing of prenatal care visits. Eighty percent (80%) of white mothers report adequate prenatal care, the highest for all racial groups. Native American mothers report the lowest level of adequate care (43%), down from 51% in 2010.[103]

In-hospital Obstetrics Care in Minnesota in 2000 and 2018

In 2000, 15 Minnesota counties had no hospitals providing obstetrics care. By 2018, this figure had increased to 29 counties.

2000

2018

LACKS SERVICE   HAS SERVICE   LACKS SERVICE   HAS SERVICE

CWGPP reproduction of maps from the Minnesota Department of Health, Health Economics Program "Access to Hospital Birth Services in Rural Minnesota - A Data Short Take" (2017) and the Minnesota Department of Health, Division of Health Policy "Rural Health Care in Minnesota: Data Highlights Chartbook" (2019).

Percentage of inadequate prenatal care, by race and ethnicity

57% Native American

40% Black

29% Asian

29% Latina

20% White

CWGPP figures based on Minnesota Department of Health, "Care During Pregnancy and Delivery" (2019).

Minnesota's decline in rural obstetric services now outstrips the national average. Nationally as of 2018, 34% of all hospitals that provide obstetric services were located in rural areas (987 in all). This number dropped from 1,002 hospitals in 2000, a 1.5% decline. In addition, counties with higher percentages of Black women were at greater risk of losing all hospital-based obstetric services.[104] Between 2000 and 2018 the number of Minnesota counties with hospitals offering birth services declined by 19%.[105]

Births in facilities without obstetric services are on the rise, a bad sign for maternal mortality and morbidity. National research has found associations between losing rural hospital-based obstetric services and both lower use of prenatal care and more births in hospitals without obstetric services. Care of mother and baby up to and during childbirth is important; without it, there is an increased risk of poor health outcomes for both patients.[106]

Only 50% of Minnesota's new mothers take parental leaves of 6 weeks or longer. About 25% of mothers take parental leaves of two weeks or less, whereas 70% of fathers take leaves of two weeks or less.[107] These lengths fall far short of the International Labor Organization's recommendations of 14 weeks of maternity leave for mothers after birth. Minnesota does not require any paid maternity leave, but a number of other states do: Rhode Island, Hawaii, New Jersey, California, and New York.[108]

Prenatal care in Minnesota is unequal.

Many rural women in Minnesota must travel hours to deliver in a hospital with obstetric services. For example, a woman who lives in Grand Marais would need to travel to Duluth — 110 miles, more than 2 hours by car — to give birth in a hospital with obstetric services.[109]

COVID-19 and Births

The COVID-19 pandemic led to a record-breaking decline in births.

Nationally, births dropped by 4% in 2020, the largest one year drop in more than a century. Minnesota is expected to have followed the trend. Concerns about the health and economic consequences of the pandemic likely played a role in decisions to delay childbearing.[106]

Leadership

A growing body of research shows that gender, racial, and other types of diversity in leadership and representation bring clear benefits, from economic innovation to deeper community support for democratic institutions.[1]

Women bring different experiences to the decision-making process. Women leaders, and especially women leaders who represent a wide range of socioeconomic, racial, and ethnic backgrounds, signal to girls that their options are limitless and to boys that women are equals. Yet, Minnesota has a long way to go to achieve gender parity in leadership at nearly every level. When we look at business, nonprofits, and government together, women make up just one in four leaders statewide. Women hold a greater share of nonprofit and government leadership roles, but even in those sectors, men outnumber women leaders two to one.[2] From the pandemic to climate change, Minnesota and the world face complex, urgent challenges. Now more than ever, we cannot afford to leave any of the state's talent on the sidelines.

LEADERSHIP

Nationally, women are underrepresented at every level of corporate leadership, but especially at the highest ranks. Among large corporations, in 2020 white women made up 29% of entry-level employees and 26% of managers in the U.S. Their numbers grew for senior vice president positions to 28%, but they remain just 19% of those in chief officer positions. Women of color and Native American women made up 18% of entry-level employees but only 12% of managers and 3% of corporate officer positions at these companies. In contrast, men made up 53% of entry-level employees, 62% of managers, 72% of senior vice presidents, and 78% of corporate officer positions.[3]

Women have made gains, but Minnesota corporate leadership remains overwhelmingly male. Only nine of the top 77 publicly held companies in Minnesota are headed by a woman (12%), and 30% of these companies have no women executives. In 2020, women held 25% of corporate board of director seats in these top companies, which has trended up from 15% since 2014. Women of color and Native American women held only 4% of these director seats in 2020.[4]

Women in corporate America face hostile work environments,

Percentage of Women in Corporate Leadership Roles in the Top Minnesota Corporations

Although women's representation among Minnesota's corporate executives has risen in recent years (to 22% in 2020), at the current rate it would take 54 years to reach gender parity.[8] This rate has slowed since our last report.
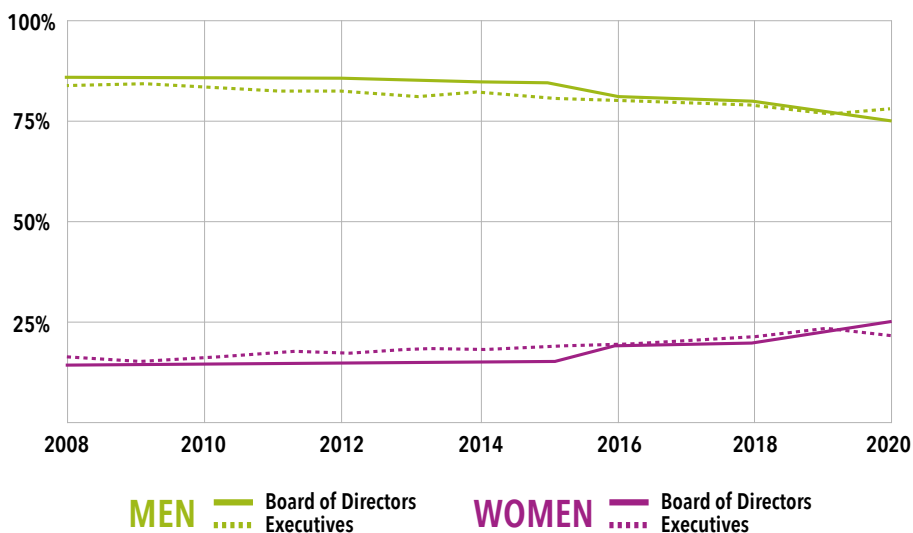

MEN — Board of Directors ····· Executives

WOMEN — Board of Directors ····· Executives

Figure by CWGPP based on data from Minnesota Census of Women in Corporate Leadership, 2020.

a potential barrier to reaching leadership. Women who work full-time in corporate America are much more likely than men to experience microaggressions in their workplace, such as having their judgment questioned in their area of expertise (36% versus 27%) or being mistaken for someone at a much lower level in the corporate hierarchy (20% versus 10%). Black and lesbian women are even more likely to experience these forms of discrimination.[5]

COVID-19 and Corporate Leadership

Women in corporate leadership in the U.S. faced increased pressure at work and home during COVID-19. Senior-level women were 1.5 times more likely than senior-level men to consider taking a lower position or leaving the workforce due to the pandemic. Three out of four cited burnout as a primary factor.[6]

If women leaders leave the workforce, women at all levels could lose their most powerful allies and champions. Senior-level women are more likely than men to mentor women of color and publicly recognize women for their ideas and contributions. They also contribute to changing companies' culture by taking a public stand for racial and gender equity more frequently than senior-level men.[7]

NONPROFITS

While women are the majority of nonprofit sector employees, their leadership does not reach parity with men. In Minnesota, 21% of employed women work in the nonprofit sector, compared to just 6% of male workers.[9] However, from 2015-2019, only 34% of Minnesota nonprofit leaders were women, down from 43% from 2010-2014. Over the same period, the percentage of nonprofit leaders making $100,000 or more increased from 57% to 64%, which is a larger proportion than for leaders in government or business.[10]

ACTIVIST ORGANIZATIONS

Indigenous women, Black women, women of color, and gender-expansive Minnesotans of color are leading activist voices locally, nationally, and globally.

Black women in Minnesota have long been civil rights leaders. This work has become even more critical with repeated police brutality against Black Minnesotans. In 2018, Leslie E. Redmond became the youngest president of the Minneapolis NAACP when she was sworn in at the age of 25.[11] Angela Rose Myers followed suit, succeeding Redmond as Minneapolis NAACP president at age 25 in 2020.[12]

According to national polls, the protests sparked by the killing of George Floyd in the summer of 2020 were the largest movement in U.S. history. An estimated 15-26 million people protested (6-10% of the population).[13]

Asian Minnesotan leaders band together against hate. In May 2020, the Asian Minnesotan Alliance for Justice (AMAJ) formed as a coalition of 16 organizations to stand in solidarity with the Black community in the wake of George Floyd's murder and to stand against rising anti-Asian racism in response to the COVID-19 pandemic.[14] Some of these are women-led organizations, like the Coalition of Asian American Leaders, led by Bo Thao-Urabe. (Thao-Urabe was also appointed to the University of Minnesota's Board of

Regents in August 2021. She is the second Hmong regent elected to the university's governing board.)[15]

Young women of color lead climate action. Isra Hirsi is a Black Muslim climate justice activist from Minneapolis who cofounded the U.S. Youth Climate Strike alongside two other young women activists.[16]

Native American women and two spirit people lead the resistance against construction of the Enbridge Line 3 pipeline. The pipeline carves through Anishinaabe territory in northern Minnesota. Known as the Water Protectors, at least 11 Indigenous women lead or founded organizations that engaged in activist struggle against Line 3.[17]

"Indigenous women's leadership is important in everything that we do, but especially regarding the water because it is our responsibility to take care of the water. What's at stake is clean water, our wild rice beds, our culture, our family dynamics, all of that is at stake and Line 3 is just another way that we are using fossil fuels to do damage to our waterways in Minnesota."[18]

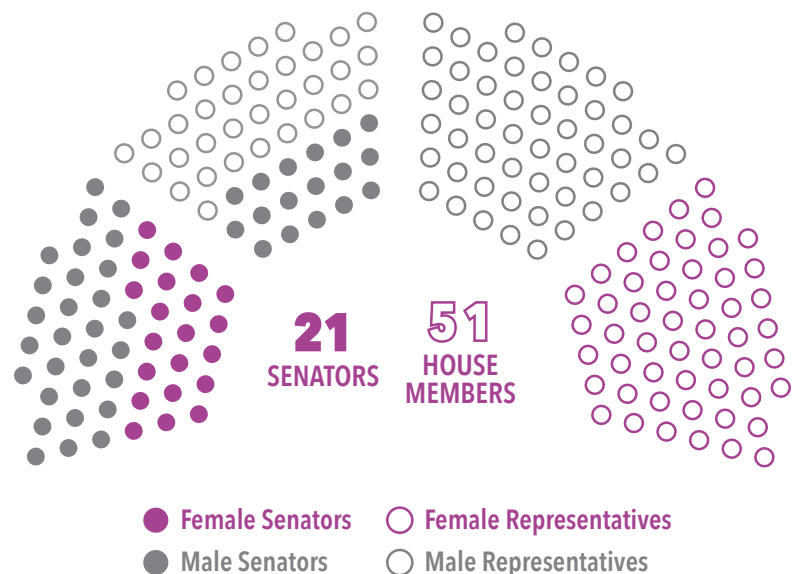*- Sharon Day, Executive Director of Indigenous People's Task Force*

MINNESOTA'S CONGRESSIONAL DELEGATION

In 2021, Minnesota's Congressional delegation is majority women. Minnesota is currently one of only four states with an all-women senate delegation: U.S. Senators Amy Klobuchar and Tina Smith.[19] Four of eight Minnesota members of the U.S. House are women, one of them is a woman of color (Somali-American and Muslim U.S. Representative Ilhan Omar), and one is openly lesbian (U.S. Representative Angie Craig).

MINNESOTA STATE LEGISLATURE / STATEWIDE OFFICE

The number of women in the Minnesota Legislature reached a historic high of 72 women in the 2020 election. For the past decade, around one-third of all members have been women, below a record of 71 in the 2007-2008 session. For the 2020-2021 session, 21 of the 67 senators (31%) and 51 of the 134 representatives (38%) are women, for a record high of 36% overall.[20]

21 SENATORS

51 HOUSE MEMBERS

● **Female Senators**   ○ **Female Representatives**
● **Male Senators**   ○ **Male Representatives**

Minnesota ranks 13th nationwide for state legislatures with the largest proportion of women in 2021, up from 17th in 2019.[21]

In 2021, the Minnesota Legislature swore in its most racially diverse group of lawmakers yet. Legislators of color and Indigenous legislators increased to 25 (13 women) in the 2021-2022 session, up from 21 (11 women) in 2019-2020. Representative Esther Agbaje, the first Nigerian-American to serve in the Minnesota House of Representatives, started her term in 2021.[22] However, representation still doesn't reflect the state's racial diversity; each non-white group (except Native Americans) are underrepresented in the Legislature relative to the state's population, especially women of color.[23]

Two women were elected to statewide offices in 2018. Julie Blaha serves as State Auditor. Peggy Flanagan, Minnesota's Lieutenant Governor, is the first Native American woman elected to statewide office in Minnesota and the second elected to statewide office in the United States. Flanagan is the highest-ranked Native American woman serving in elected office in the U.S.[25]

LOCAL POLITICS

Men dominate county governments. Women were 16% of all candidates and 17% of winners in the November 2020 state county commissioner races.[26] Women comprise just 18% of all county board chairs in Minnesota.[27]

Women are underrepresented in municipal offices. In 2021, women were 35% of members and officers in municipal legislative branches in Minnesota cities with populations over 10,000. Minnesota ranks 12th nationwide for the largest proportion of women in municipal office.[28]
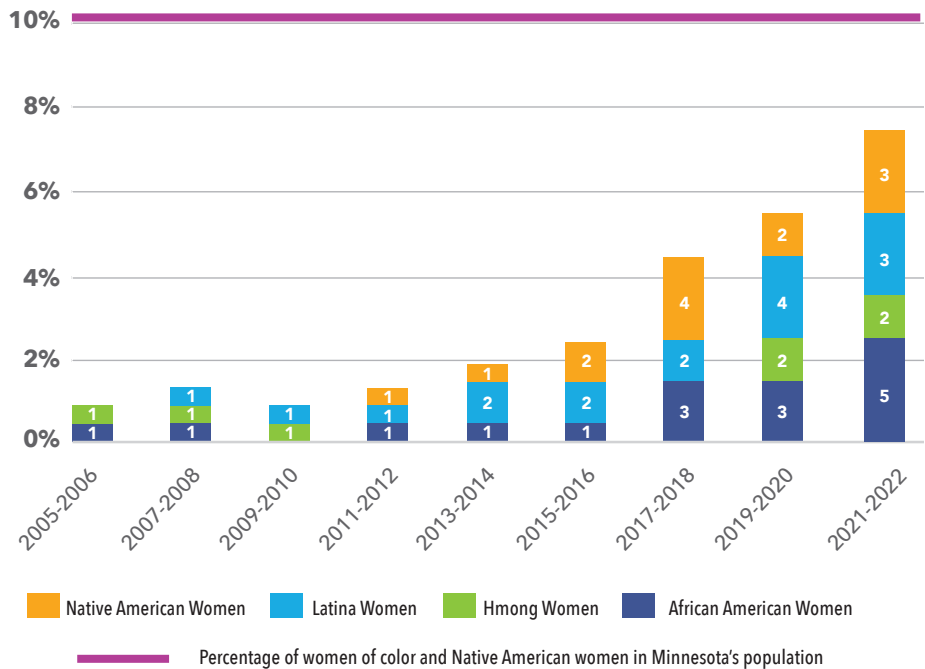
The number of women mayors is growing in Minnesota. As of 2021, ten Minnesota cities with populations greater than 30,000 have women mayors: Andover, Apple Valley, Burnsville, Duluth, Mankato, Maplewood, Richfield, Rochester, Savage, and Woodbury.[29] This accounts for 32% of all cities over 30,000.[30] In 2018, Maria Regan Gonzalez of Richfield was elected as Minnesota's first Latina mayor.[30]

Women of color and LGBTQ+ people are making gains in Twin Cities metro area city councils but have yet to reach

Women of Color and Native American Women in the Minnesota Legislature[24]

Women of color have increased their presence in the Minnesota Legislature but remain underrepresented relative to their proportion of the state's population.

CWGPP analysis of data from the Minnesota Legislature Reference Library and the Census Bureau's Population Estimates for July 1, 2019. Bar heights represent the percentage of women of that ethnicity or race in the state Legislature in the session year indicated. The numbers inside the bars indicate the counts of women of the indicated ethnicity or race.

parity. The St. Paul City Council, with the election of Council Member Mitra Jalali Nelson in 2018, has its first-ever elected female majority. Self-identified as LGBTQ+, Jalali Nelson is the first woman of color ever elected to the city council and first to grow up in a Muslim household.[31] As of 2021, seven of the 13 Minneapolis City Council members are women.[32] Council President Andrea Jenkins is the first openly trans city council president in the U.S., after being the first Black trans woman elected to public office in the U.S. in 2017. Jenkins was first elected along with Phillipe Cunningham, the first openly transgender man elected to the Council.[33]

WOMEN RUNNING FOR OFFICE

Nationally, women ran for and were elected to Congressional seats in record numbers in 2020. In 2020, 643 women filed to run for U.S. House and Senate seats, compared to 529 women in 2018. Of the 643, 319 won their primary—slightly outperforming their record in 2018. In the general
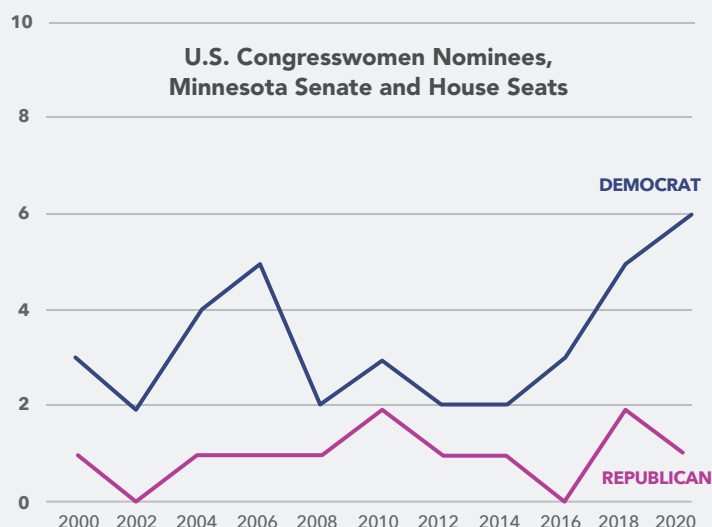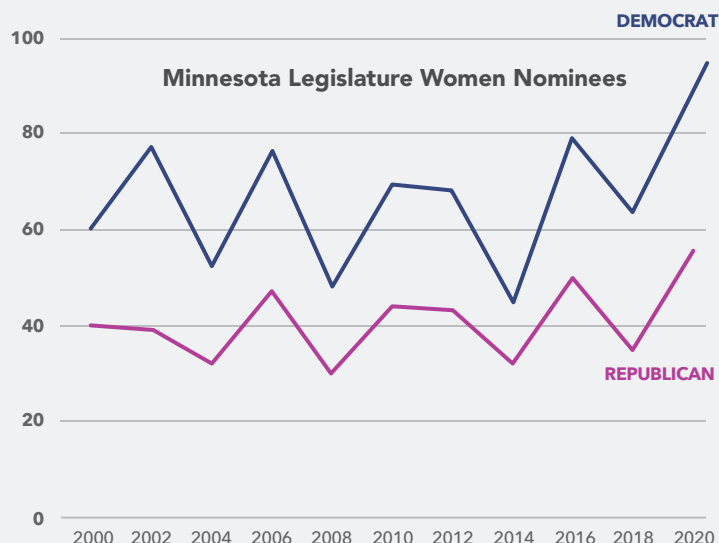
election, 126 won their seat, with 51 of these winners (47 in the House, 4 in the Senate) having competed against another woman. While the total numbers of women elected increased, the percentage who ran and won the final election dropped from 45% to 39%.[34]

Minnesota contributed to the 2020 record Congressional wins. Fourteen women candidates ran for Minnesota U.S. Congressional seats in the midterm races. Seven of the candidates won the primary, and five won the general election.[35]

Women did well in gubernatorial elections in 2018, but no new candidates won in 2020. Ten women are currently serving as U.S. governors. Nine were seated based on the 2018 election, when 61 women filed to run. One, Kathy Hochul, replaced Governor Andrew Cuomo of New York upon his resignation in 2021. In 2020, 11 women filed to run in gubernatorial primaries in 11 states. Of the 11 women, three won their primary, but none won their contested seat.[36]

Number of Minnesota Women Major-Party Nominees Over Time, By Party

More women candidates ran for U.S. Congress in 2018, but fewer ran for the Minnesota Legislature, an important pipeline to higher office.

Figures by CWGPP based on data from the Center for American Women in Politics (CAWP), 2000-2020, on women major party nominees in Minnesota.

Minnesota is far from gender parity in politics but does better than 40 other states. According to a gender parity index compiled by RepresentWomen, Minnesota ranks 10th in the nation for women's representation in elected office. Minnesota's gender parity score has remained similar over the past seven years but has significantly improved since 2003.[37]

WHY WOMEN IN POLITICS?

Women bring different political experiences to the political decision-making process. Women introduce more legislation than men related to women's rights, children, and family. Women of color and Native American women bring unique community voices to elective office; African American and Latina women focus especially on issues and interests of their communities.[38]

Women legislators bring more federal money back to their constituents and work harder to affect change. Research has found that not only do congresswomen secure about 9% more federal outlay money than congressmen, but they also sponsor and cosponsor more bills.[39]

VOTING

Except for 2014, Minnesota has had the highest voter turnout rate in the nation for each general election since 2000. In the last three election cycles turnout reached 80% (2020), 64% (2018), and 75% (2016).[40]

Since 1980, women in the U.S. have been more likely than men to vote in every presidential election.[41] In Minnesota, women's voter turnout rates have been on average 2% higher than men's since the year 2000.[42]

Women are more likely to vote than men.

	WOMEN	MEN
2020 (Presidential)	81%	79%
2018 (Midterm)	67%	61%
2016 (Presidential)	76%	72%
2014 (Midterm)	52%	48%
2012 (Presidential)	78%	74%
2010 (Midterm)	56%	54%
2008 (Presidential)	81%	74%

CWGPP analysis of Current Population Survey, Current Population Survey - Voter Supplement (2000 - 2020) (extracted from IPUMS USA, University of Minnesota, 2020), www.ipums.org. Due to sampling error, reported voting rates from the CPS do not exactly match the official turnout rate. Because of this, we rescaled the male and female voting rates so that the overall rate equaled the official rate.[43]

COVID-19 and Voting

Despite the challenges that COVID-19 presented to in-person voting, the 2020 elections resulted in Minnesota's highest voter turnout rate since 1956.[44] The tightly contested presidential race and early voting opportunities facilitated strong turnout.[45]

The criminal justice system disproportionately impacts the lives of people of color in the United States, whether through police interactions or in prisons, where Black and Latina/o people make up a majority of the U.S. incarcerated population, despite their minority status.[46] This context makes it all the more urgent that our judiciary and legal professions reflect the makeup of the overall population.

Minnesota's Supreme Court members are majority women. Four of seven justices are women, including one Native American, one African American, and one lesbian woman.

In 2021, women achieved parity with men as state court judges. While for 2014 Gavel Gap gave the state a "C" rating based on the fraction of women and racial minorities among state court judges compared to these groups' share of the overall population,[47] the number of women and people of color on the state bench has increased since that time. In 2018, 44% of state court judges in Minnesota were women, up from 37% in 2014.[48] In 2021, Minnesota reached gender parity in state court judges.[49]

In the federal courts, the District Court of Minnesota within the U.S. 8th Circuit lacks racial diversity. While women make up 36% of all judges, and 50% of active judges, only two judges on this court are people of color, both of whom are Black, and one of whom is a woman.[50]

Women of color and Native American women are especially underrepresented in law—prerequisite to serving as a judge. Women make up 42% of active lawyers in the Minnesota. People of color and Native Americans make up only 10% of lawyers compared to 22% of the population overall. Latina/o lawyers are the most underrepresented group, followed by Black lawyers.[51]

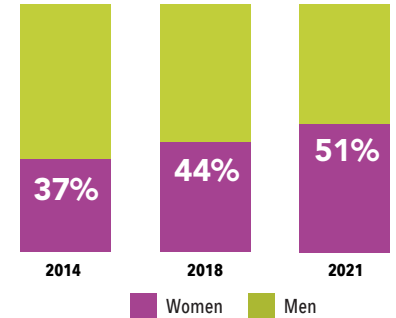### Women have gained representation in Minnesota's state courts since 2014.

Figure by CWGPP based on data from The Gavel Gap (2014) and National Association of Women Judges/Forster-Long, LLC (2018 and 2021).
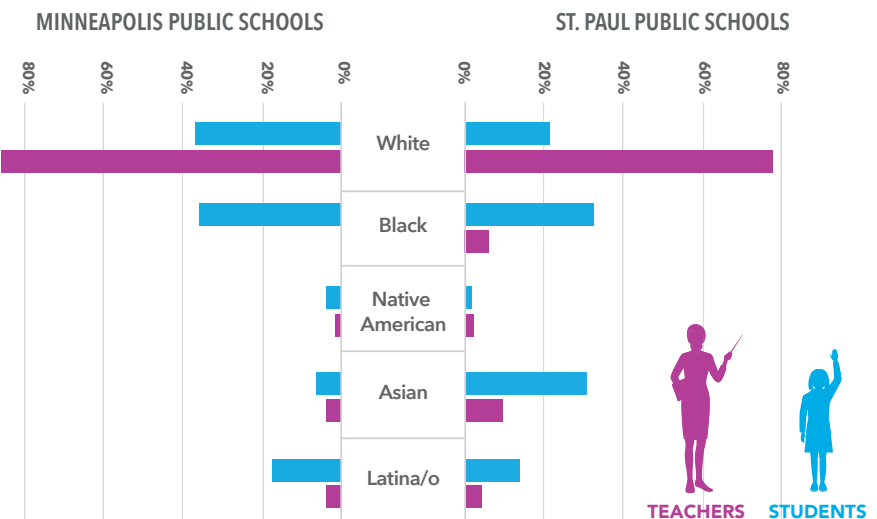

SCHOOL DISTRICT LEADERSHIP

Even though women dominate the teaching profession, they are not proportionately represented in top leadership. While 76% of K-12 educators nationwide are women, just 24% of superintendents are women.[52] In Minnesota, 74% of teaching staff were women in 2020-2021, while 20% of all superintendents in the state were women.[53] Their leadership representation is better at the district and school level. Statewide, 49% of district and school administrators are women, with higher numbers in the Twin Cities (61% in St. Paul and 64% in Minneapolis).

Women of color and Native American women make up just 5% of school district administrators statewide, but in some districts their numbers are significant. The Floodwood, Bagley, and Richfield public school districts lead the state in the proportion of administrators who are women of color or Native American women, with 100%, 33%, and 32%, respectively.[54] In Minneapolis, people of color or Native Americans make up 35% of administrators—nearing their representation in the general population in Minneapolis (40%). In St. Paul, 37% of school administrators and 49% of the general population are people of color or Native Americans.[55]

The teaching profession in Minnesota is overwhelmingly white. Only 4% of teachers in the state are non-white, compared to 22% of the population.[56] Even in Minneapolis and St. Paul, where people of color and Native Americans comprise most of the students, a large majority of teachers are white. In Minneapolis, 62% of students and 17% of teachers are non-white, while these numbers are 79% and 22% in St. Paul.[57] For comparison, 27% of the over-25 labor force in Minneapolis and 34% in St. Paul are non-white.[58]

On average, girls have higher levels of participation in student government and other leadership activities than their male peers. Overall, 8% of teenage boys and 12% of teenage girls in the state participate in these activities. Asian Indian girls are the most likely to report participation in these activities (24%), followed by non-Somali African immigrants (16%), Somali (15%), African American (14%), Asian American (12%), Hmong (11%) and white (11%) girls. Native American (9%) and Latina girls (10%) are least likely to participate in school leadership activities.[59]

Twin Cities Public Schools: Teachers and Students by Race

Figures by CWGPP based on data from Minneapolis and St. Paul Public Schools, Minnesota Department of Education.

Policy Paths Forward

ECONOMICS

Building economic opportunity for women requires a multi-factor approach of increased income, caregiving support, access to high-paying sectors, and more. Policy advancement in one area must recognize and account for impact in others. For example, wage increases are key to economic opportunity and must be implemented in ways that avoid the sudden loss of access to child care, food, and housing benefits as income increases.

Address Income and Wage Gaps

- Implement transparency measures to increase wages for women in all jobs.
- Pursue private sector comparable worth policies (like those that apply to state and local government jobs in Minnesota) to raise wages in sectors where women make up a majority of workers.
- Expand enforcement of existing equal employment law to combat wage discrimination.
- Require annual disclosure of the number and types of cases of discrimination filed against employers, with relevant privacy considerations.
- Ban employer inquiries into salary history.
- Support women's access to pursue higher education through community-based pathways.
- Include financial management courses in high school curricula.

Reform Systems to Increase Stability

- Transform public benefits system so that when a mother finds work or receives a wage increase she and her family do not lose access to child care, food, and housing benefits.
- Reform the structure of health insurance and access to comprehensive care to increase stability and security for families who would be financially devastated by a high-cost medical emergency.
- Support unions, which have been shown to equalize wages and create more family-friendly workplaces.
- Decriminalize minor infractions like unpaid parking tickets, which can become legal issues that keep women from being able to support their families.

Expand Access to High-Paying Sectors

- Set targets for women in job training and career pathways programs in higher paying fields like STEM.

- In the education sector, encourage women and girls to consider STEM fields.
- Level the playing field by investing in rural broadband and cell service for every household in the state so women and girls can access virtual training programs, networking, and remote job opportunities.
- Expand DEED's Women and High-Wage, High-Demand Nontraditional Jobs Grant Program to reduce occupational segregation and increase opportunities for women to enter high-wage sectors.

Support Women Entrepreneurs

- Focus economic development programs for business loan and grant access on women and girls from underrepresented communities.
- Continue and expand funding for the Women of Color Opportunity Act.

Provide Support for Care Responsibilities

- Make the expanded federal child tax credit permanent.
- Support caregivers' ability to care for their families and their own well-being with expanded paid time off for all workers
- Support paid family and medical leave.
- Support earned sick and safe time.
- Expand subsidies for childcare with higher payments for Child Care Assistance Program and other programs with focus on early childhood care and education.
- Incentivize employers to support workers' access to affordable child care via vouchers, stipends, or on-site childcare benefit options.
- Support for family child care providers and lower cost barriers for licensure and training.

SAFETY

In order to thrive, women and girls need to feel safe in their communities. Policies that address violence prevention as well as culturally appropriate, community-led and community-centered responses are needed to achieve safety for all.

Support Prevention and Response

- Increase investment in Homeless Youth Act programs to reduce youth vulnerability to violence, trafficking and exploitation.

- Expand and replicate programs like Duluth-based Men as Peacemakers to support men and boys to change the social norms that encourage or ignore sexual and domestic violence.

- Reauthorize and strengthen the federal Violence Against Women Act to align needs with services and include restorative justice options.

- Increase shelter space for families and domestic violence survivors in Minnesota.

- Include professionals with expertise in gender-based violence in the response to domestic violence 911 calls.

- Combat financial abuse through programs like Violence Free Minnesota's Survivor Fund that provide grants to survivors to secure or maintain housing.

- Invest in community-driven public safety response.

- Invest in safe transportation infrastructure to ensure safety while commuting to school and work.

- Invest in victim-support services.

Support Community-Led Recommendations to End Violence

- Fully fund and support the efforts of the Office of Missing & Murdered Indigenous Relatives and the Task Force's mandates including developing better systems for tracking cases of missing and murdered Indigenous women and girls and improved training and collaboration to investigate cases, among others.

- Support the Missing and Murdered African American Women Task Force and consider report and recommendations when offered.

Support Survivors of Trafficking

- Ensure victim-survivors have safe places and trusted resources to turn to in situations of violence and abuse that do not involve law enforcement, the criminal justice system, or economic risk.

- Increase locations and offerings, including additional mental health support, to improve Safe Harbor program accessibility for underserved populations.

- Expand Safe Harbor services to all survivors of human trafficking, not just youth.

Address Inequities in Law Enforcement and School Discipline

- Institute non-exclusionary discipline practices to remedy disparities for students of color.

- Implement restorative practices as an alternative to exclusionary discipline in schools.

- Design safety response mechanisms that center community needs and input. Create a public safety system that is community-based and accountable to community, which acknowledges the racialized violence and trauma perpetuated by police.

- Provide sustainable opportunities to thrive after incarceration. Policy changes in both public and private institutions can make finding housing, remaining in recovery, and finding employment easier for women exiting the justice system.

HEALTH

Health disparities among women and girls across many communities require bold policies to bring culturally inclusive access to all aspects of prevention and care. Policies that create culturally relevant and community-based solutions are key building blocks to improving health outcomes, including exercise, nutrition, and access to health care. Policy change is needed to create better access and outcomes in mental health and reproductive health for women and families across the state.

Make Building Blocks Available to All

- Build culturally inclusive athletic spaces that welcome women, girls, and gender-expansive youth and encourage physical activity among girls, especially immigrant girls.

- Create access to locally grown, organic, and healthy foods for communities in food deserts.

- Close health care access gaps —financial, geographic, and cultural — among women of color, Native American women, LGBTQ+ people, disabled women, and women in Greater Minnesota.

- Ensure comprehensive health care services for trans individuals, especially in rural areas.

- Change MN law that prevents employers from covering part-time workers on employer-sponsored insurances.

Promote Cultural Competence Among Health Care Providers

- Create stronger pathways for students of color in the health sciences so that health care providers of color reflect the diversity of Minnesota's population.
- Provide ongoing cultural competency training for health care providers on the unique health care needs of different populations.
- Invest in local and culturally specific healers to provide community-based services throughout Minnesota.

Improve Access to High-Quality and Affordable Mental Health Care

- Expand the accessibility of child and adolescent behavioral health counseling.
- Invest in mental health care that is affordable, school-linked, culturally competent, and includes early treatment and intervention as well as crisis services.
- Invest in, recruit, and retain teachers and school counselors of color.

- Create community living spaces for older women.
- Build opportunities for intergenerational connection.

Expand Access to Sexual and Reproductive Health

- Increase the number of sexual health clinics, doulas, and midwives in Greater Minnesota.
- Provide education on implicit biases and anti-racism in birth centers and hospitals.
- Expand reproductive justice by increasing access to abortion in Minnesota, including by repealing provider mandates on information, parental notification, and waiting period requirements.
- Ensure that the full spectrum of reproductive services is covered by health insurance, including abortion.

LEADERSHIP

Organizational leaders should reflect the diversity of Minnesota's population and represent the leadership that lives within each of our state's communities. Workplaces hold the power to create inclusive policies to ensure that women at the intersection of identities, including Black, Indigenous, women of color, women with disabilities, older women, and LGBTQ+ women are making key decisions. In addition to business, nonprofits, and elected office, leadership takes place in local communities where women innovators, entrepreneurs, and culture-bearers are creating solutions. Making space and investing in women, girls, and gender-expansive people will ensure that solutions created by people and families most impacted will be successful. Intergenerational relationships and cultural connections are particularly important to building future leadership.

Ensure Women and Girls are Represented in Leadership

- Implement proven inclusion and cultural competency training programs and hiring transparency measures within organizations.
- Create safe, confidential accountability mechanisms in the workplace by which women can report sexual harassment without fear of fallout, job loss, or discrimination.
- Establish internal inclusion policies for women, especially Black, Indigenous, and people of color in the private sector, following Organization for Economic Co-operation and Development (OECD) recommendations.

Ensure Women are Represented on Organizational Boards

- Develop pipelines to prepare people of diverse experiences and backgrounds to become board members and corporate leaders through paid internships, fellowships, and training programs.
- Commit to expanding board seats or recruiting women, especially women of color, for open seats.

Facilitate the Entry of Historically Marginalized Groups Into the Political Arena

- Ensure all eligible voters have access by ensure early voting, making registration universal, easy and widely available, and preventing intimidation or other barriers.
- Support community-led organizations who educate and promote voting and civic engagement.
- Provide support for women from diverse backgrounds as candidates for public office.
- Increase public financing for political campaigns.
- Develop pipelines to prepare people of diverse experiences and backgrounds for leadership roles within campaigns and government offices.

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Definitions and Comparisons

COST OF LIVING

Cost of living in Minnesota is calculated by the Minnesota Department of Employment and Economic Development. It includes basic-needs cost of living in the state, including food, housing, health care, transportation, child care, other necessities, and net taxes. It is designed to be comparable to pre-tax income for working families of various sizes. It is intended to represent only cost of living to meet basic needs for health and safety. There is no money built in for savings, vacations, entertainment, eating out, tobacco, or alcohol, even though some of these may be considered part of a normal healthy life.

DISABILITY

An individual in the ACS data was classified as "disabled" if they indicated they had difficulty with any of the following: hearing, vision, ambulatory movement, cognitive functioning, independent living, and/or self-care.

FAMILY

A family is defined in the American Community Survey (ACS) as a group of related individuals living together in a household. For family-level analyses in this report, we counted only the primary family in a household, which includes all inhabitants who are related to the householder. This covers 97% of individuals and 93% of families (outside of group quarters). This excludes all individuals living in group quarters (e.g., nursing homes and college dormitories), which makes up less than 3% of the total population.

GENDER OCCUPATIONAL CLUSTERING

For the analysis of gender occupational clustering, we defined these as occupations with employment of at least 5,000 in Minnesota and where at least 75% of workers were either male or female.

MINIMUM WAGES IN MINNESOTA

The Minnesota minimum wage for large employers was set at $9.50 per hour in August of 2016, and is set to increase every January to keep up with inflation. The rate for large employers was $9.86 in 2019. The City of Minneapolis imposed its own minimum wage of $10 per hour in January of 2018. This is set to increase to $15 per hour by July of 2022 for large employers, after which it will be indexed to inflation. The City of St. Paul also enacted its own minimum wage rules in 2018, which will gradually phase in between 2020 and 2028 for employers of different sizes. For the largest employers, the wage will be set at $15 per hour by July of 2022, and indexed to inflation thereafter.

RACE AND ETHNICITY

Throughout this report, we use the words Asian, Black, Latina(o), Native American, and white to represent racial/ethnic categories. We recognize that individuals identify in various ways and may prefer other identifiers. Survey instruments also use different terminology in some cases. The American Community Survey (ACS) and many other surveys and data collection tools include self-identification in which participants choose the race or races with which they most closely identify and indicate whether or not they are of Hispanic or Latina(o) origin (often the only categories for ethnicity). We recognize that racial categories are a social-political construct and "generally reflect a social definition of race recognized within the context of the United States" (Census Bureau). Some racial/ethnic categories overlap and increasingly, people identify with more than one racial category.

In the analyses in this report conducted by CWGPP, race/ethnicity was classified using the Census Bureau categories: Asian, Black, Native American, White, Other, or multiple races. We add to this another category: Latina(o), which is anyone who identifies as Latina(o), Hispanic, or Spanish origin. All other race categories exclude Latina(o) individuals. We further divide these race categories in some analyses based on ethnicity or birthplace: Black is separated into African American (self-identified and born in the U.S.), Somali, and Other. Asian is separated into Hmong, Asian Indian, and Other. These were determined based on the largest ethnicities in Minnesota within the race categories. In Minnesota over the period 2013-2017, the largest ethnic groups within the Black race category were African American (57%), Somali (18%), Ethiopian (8%), and Liberian (5%), and the largest ethnic groups within the Asian race category are Hmong (30%), Asian Indian (17%), Vietnamese (11%), Chinese (11%), Korean (7%), Filipino (5%).

SERVICE OCCUPATIONS

Service occupations are defined as those falling within the following major occupational groups based on the Standard Occupational Classification (SOC) system: Healthcare Support, Protective Service, Food Preparation and Serving, Building and Grounds Cleaning and Maintenance, Personal Care and Service. These are standard classifications used by the federal Bureau of Labor Statistics.

SEX AND GENDER

Throughout this report, we use the terms men and women and boys and girls, relying on the self-identification of individuals. In Census Bureau surveys and the decennial census, sex refers to a person's "biological" sex and participants are offered male and female as categories. When possible given the survey instrument, we also use gender-expansive to denote individuals that are transgender, genderqueer, genderfluid, or unsure about their gender identity. LGBTQ+ is the term used consistently throughout this report for individuals who identify with sexual orientations and gender identities that are not cisgender and heterosexual. Recently, Q+ has been added to the lesbian (L), gay (G), bisexual (B), and trans (T) to acknowledge not just queer/questioning and asexual people, but any other identity a person might have (the +). Most survey instruments do not include questions that allow a respondent to choose the full spectrum of identities within the LGBTQ+ label. When choices have been constrained within a data source, relevant citations include additional details. We recognize and respect that individuals identify in various ways and that some individuals may express their gender, sex, sexuality, or sexual orientation in ways not accommodated by data collection instruments.

STATISTICAL SIGNIFICANCE

In analyses done by the CWGPP, we highlight comparisons among groups if the differences between the groups is statistically significant ($p \leq 0.05$). Statistical significance means that the differences found are not due simply to sampling error, but likely reflect proportions that can be found in the population as a whole.

STEM

Science, technology, engineering, and math (STEM) was defined to include occupations in the life and physical science, engineering, mathematics, and information technology fields. Architecture, social science, and health specialties occupations were not included. This is consistent with the narrowest definition from the SOC Policy Committee recommendations to the federal Office of Management and Budget, available at bls.gov/soc/2010/home.htm.

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