



2018 Status of Women & Girls in Minnesota
Research Overview

Research & writing by the University of Minnesota Humphrey School's Center on Women, Gender, and Public Policy in partnership with the Women's Foundation of Minnesota

Acknowledgments

Women's Foundation of Minnesota and University of Minnesota Humphrey School's Center on Women, Gender, and Public Policy

A strong partnership is the foundation of *Status of Women & Girls in Minnesota*. Debra Fitzpatrick, co-director of the Center on Women, Gender & Public Policy at the Humphrey School of Public Affairs, analyzed and summarized the data, produced new research, and wrote the Research Overview with analysis support from Jonathan Watkins and editorial support from Lauren Martin at Robert J. Jones Urban Research and Outreach Engagement Center (UROC). At the Women's Foundation of Minnesota, Lee Roper-Batker (president & CEO), Saanii Hernandez (vice president), Mary Beth Hanson (vice president of external relations), and Jen Lowman Day (director of communications) helped shape and edit the report's content through production and to final publication.





Our Vision

At the Women’s Foundation of Minnesota, we know that when women thrive, so do their families and communities. And when you build pathways to prosperity for women, Minnesota succeeds. Gender and racial equity is the key.

Since the last publication of *Status of Women & Girls in Minnesota* (June 2014), new comprehensive laws in our own state have given us tangible reasons to hope that gender equity is possible.

On Mother’s Day (May 11, 2014), Minnesota Gov. Mark Dayton signed the Women’s Economic Security Act into state law. Minnesota became the first state in the nation to pass into law a comprehensive women’s economic security package — one designed to break down barriers to economic progress for women.

We are proud that our Economics research served as the basis for the new laws. This is an excellent example of how data drives policy change — the key reason why we produce *Status of Women & Girls in Minnesota* periodically in Economics (pg. 4), Safety (pg. 11), Health (pg. 15), and Leadership (pg. 19).

Yet as we celebrate the progress made, the data show us that we have more work to do. Gender and racial inequality continues to render women the state’s poorest, reinforce systemic violence against women and girls, produce substandard health outcomes, and deny women leadership opportunities across all sectors.

Through this research report, we raise awareness about the road ahead to energize the momentum toward culture and policy changes that move us closer to gender equity. We also hope to inspire and engage more Minnesotans — citizens, philanthropists, and leaders — to demand economic opportunity, safety, wellness, and equal leadership for all of the state’s women and girls.

We know that together with Minnesotans, we can change culture, policy, and institutions to ensure all girls and women have opportunity, safety, health, and leadership.

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

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

The project represents a unique approach to research by using a gender-race-place-equity lens.

The data reviewed and included here comes from published reports produced by government agencies and nonprofits, and original gender-based analysis of publicly available datasets (American Community Survey, Minnesota Student Survey, and others).



SECTION 1 Economics

To achieve economic security, women must first have economic opportunity, including access to education, workforce development, living wage jobs with benefits and caregiving supports, such as childcare.

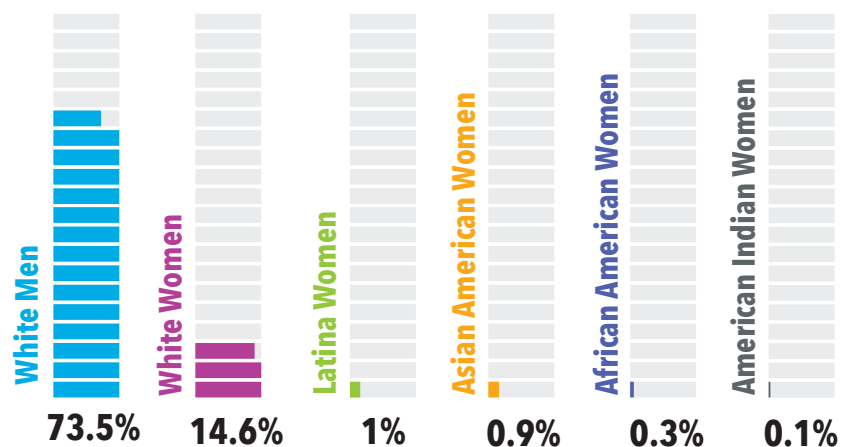
The data show that Minnesota can do better to create more economic opportunities and pathways to prosperity for its girls and women. The wage gap continues to shortchange women, regardless of education, age, race/ ethnicity, or region of the state. Women remain clustered in low-wage work with little or no benefits, representing two-thirds of those in the state earning at or below the minimum wage and continuing to be the majority of those living below the poverty line. While Minnesota continues to be a national leader in women's workforce participation and women earn a majority of all post-secondary degrees, these changes have not translated into economic equality. At the same time, support for caregiving, including affordable, quality childcare, has grown increasingly out of reach, even for those in the middle class.

Occupational clustering contributes to the wage and wealth gap, threatens women's economic security and stability, and compromises the productivity of Minnesota's economy. While 19% of Minnesota's white women work in the service sector, 31% of Latina women, 36% of African American women, and 38% of American Indian women work in these fields in which benefits are scarce.¹ Service sector workers are less likely to have an employer-sponsored retirement plan (45% compared to 68% of all workers), employer provided health insurance (46% versus 72%), paid sick leave (47% compared to 65%) and paid vacation (58% versus 74%).^{2,3}

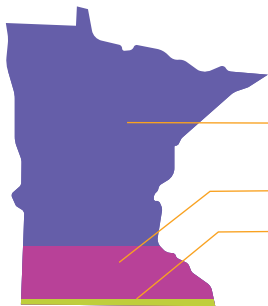
Women's representation in high-paying STEM occupations has fallen from 1 in 4 for Generation X, to 1 in 5 for the Millennial generation.⁴

Women Remain Under-Represented Among Those Receiving BA Degrees In High Wage Engineering

Percentage of Engineering Bachelor Degrees by Race and Gender, Minnesota 4-Year Colleges



Integrated Post-Secondary Education Data System, 2015



Young Men Dominate STEM Occupations

In MN, **80% of STEM workers** (ages 23-25) are men

Young women make up 20% of the 23-25 year old STEM workforce

African American, African Immigrant, American Indian, Latina, and young women with disabilities make up less than 1% of the 23-25 year old STEM workforce

American Community Survey, 2011-15

Overall, women (mostly white and Asian American) are 19.8% of Minnesota's 23-25-year-old STEM workforce, while representing half of the 23-25-year-old workforce. Asian young women in STEM occupations overall exceed their workforce proportion (5.1% compared to 3.1%), but Hmong women are underrepresented. Young women in Greater Minnesota are also more underrepresented than those in the seven-county metro area.⁵

Women are less likely to benefit from state and federal investments in infrastructure spending designed to create well-paying jobs. Less than 3% of construction workers are women and it remains the most gender-segregated occupational category.⁶ New, higher hiring goals of 20% in the metro area on state-funded projects will increase demand for women in construction. The prior goal of 6% has been exceeded on many high-profile projects, such as the U.S. Bank stadium and State Capitol.⁷

Workforce segregation varies by community. African Immigrant women are overrepresented in healthcare and support occupations. Twenty-four percent (24%) of Minnesota's African Immigrant women work in these fields, compared to a

statewide average for other women of 14%. Latinas are twice as likely to work in food preparation and serving as other women.⁸

Women-owned businesses are concentrated in traditional fields. While women own 38% of businesses overall, they own 64% of healthcare and social assistance firms, and 55% of educational service firms. Industry segregation contributes to lower revenue generation for women-owned firms in Minnesota.⁹

Workers in low-wage, female-dominated occupations increasingly have college degrees (and the student debt that accompanies that level of education) and rely on public assistance to support their families. Between 1994 and 2014, the proportion of women working in these female-dominated occupations with an associate's degree, a bachelor's degree, or even a master's or PhD doubled.¹⁰ Women comprise 93% of Minnesota's childcare workers and 82% of personal care attendants, earning an average of \$10-12 per hour.¹¹ Around a quarter of these workers have an associate's degree or higher, and more than a third need public assistance (food stamps, Medicaid, or free or reduced lunches for their children).¹³ ¹⁴

Women in Minnesota will lose an estimated \$382,360 in lifetime earnings on average due to the gender wage gap. Women of color and American Indian women will experience even greater losses.¹⁵

Between 2007 and 2016, Minneapolis-St. Paul ranked 36th among metropolitan areas in growth of the number of women-owned firms, but 16th for revenue increases, and 6th for employment increases among firms owned by women.¹⁶ Even with these increases, women own 32% of all Minnesota businesses, but generate just 4% of revenue and employ 8% of paid employees.¹⁷



Minnesota's women of color and American Indian women are starting more businesses, but average annual revenues remain unequal¹⁸

Female Business Owner Income By Race

	Average Annual Revenue
White	\$166,000
Latina	\$64,000
American Indian	\$61,000
Asian American	\$36,000
African American	\$25,000
Men	\$749,000

Survey of Business Owners, 2012, as summarized by the Office on the Economic Status of Women

Total household incomes for families headed by female couples are considerably lower when compared to the incomes of opposite sex households, or those headed by gay men. In lesbian couples, both earners' wages are affected by the gender wage gap, resulting in a potential doubling of disparities. Research has found that transgender women see their wages fall by nearly one-third after they transition from male to female. On the other hand, transgender men made slightly more after their transition.¹⁹

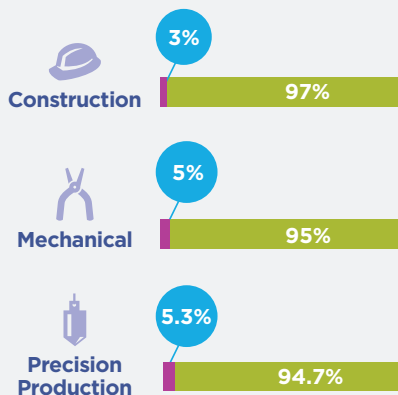
LGBTQ+ women face additional economic consequences.

Although women are receiving the majority of college degrees, they need them to earn as much as men with less formal education. Minnesota young women (25-30 years old) with a master's degree who are working full-time earn \$1,018 less than a comparable man with a bachelor's degree, and they earn just \$1,055 more per year on average than men with associate's degrees.²⁰

25-30-year-old Minnesota women with master's degrees earn just slightly more than men with AA degrees.

High-skill, middle-wage technical programs are dominated by men

Percent of Program Completers that are Women for Selected Two-Year Technical Programs, Minnesota



Integrated Post-Secondary Education Data System, 2015

Women make up the majority of Minnesota workers who are paid at or below the minimum wage, even with advanced degrees.

60% WOMEN ↓
40% MEN ↑

In Minnesota and nationally, workforce development programs reinforce gender and race-based occupational clustering.

Across all of Minnesota's workforce development programs since 2013, women of color were most likely to receive training in service sector fields (32% followed by white women at 12%). White men (3%) and men of color (7%) were less likely to be trained in service fields. Conversely, women

of color were least likely to be trained in management and professional fields (12% versus 32% for white women). Training in construction and production primarily went to men of color and white men (35% and 26% trained in these fields versus 3% of white women and 5% of women of color).²¹

While Asian American incomes tend to exceed those of other minority groups in Minnesota by a significant margin, further disaggregating by race reinforces the need to recognize major differences within race categories.

For example, Minnesota's Hmong women make 57 cents per dollar relative to white males; whereas Asian Indian women have median earnings that exceed white men (120%). A similar disaggregation of African Immigrant and African American women's income levels identifies differences within and between men and women.²²

Women shoulder disproportionate levels of student loan debt, in part due to the gender wage gap.

In Minnesota, median student loan debt is \$18,233 for those with an associate's degree and \$26,822 for those with a bachelor's degree.²³ Minnesota Student Health Survey data suggests that women students are slightly more likely to have student debt and higher levels of debt.²⁴ National data suggests a similar disparity, with women more likely to take out a student loan (44 percent of women undergraduates compared to 39 percent of men) and to take out more debt than

men at almost every degree level and type, approximately 14 percent greater than men's in a given year. Upon completion of a bachelor's degree, women's average accrued student debt is about \$1,500 greater than men's, and African American women take on more student debt on average than members of any other group. Following graduation, women repay their loans more slowly than men, in part because of the gender pay gap.²⁵



Earnings After Exit from Minnesota's Workforce Development Programs

Average Hourly Wage By Race and Gender for Those Consistently Employed

\$14.31 Women of Color

\$16.12 Men of Color

\$18.12 White Women

\$22.31 White Men

MN DEED Report Card, 2013-17

Minnesota's Female College Students Incur Greater Student Debt

Percentage of Students in Years 2-4 at Minnesota 2-Year Colleges with Various Levels Of Debt

NO DEBT



47%
MEN

32%
WOMEN

Among those with debt

\$15,000+ DEBT



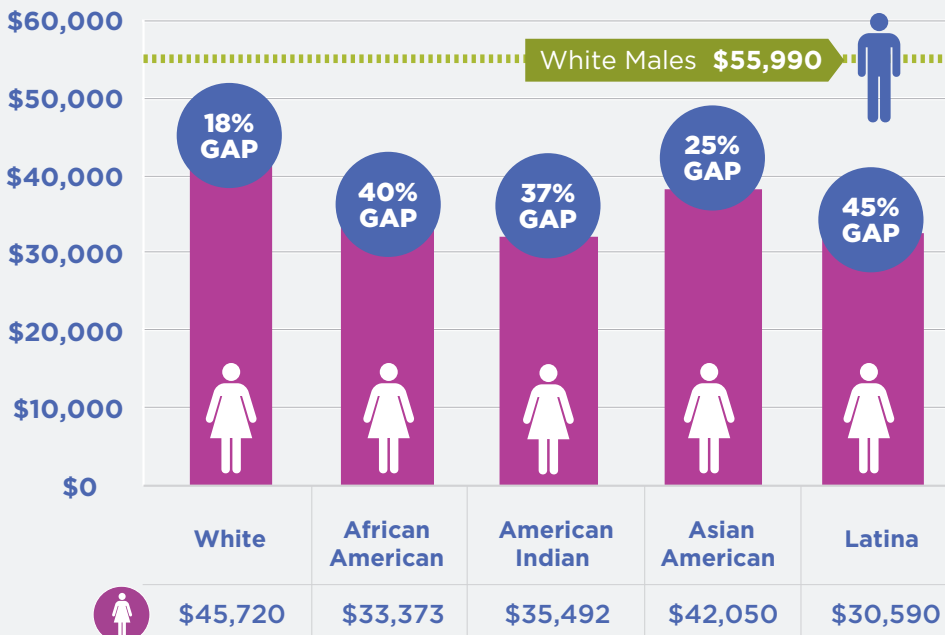
38%
MEN

49%
WOMEN

Minnesota College Student Health Survey, 2015

While the pay gap between white men and women closed between 2015 and 2016, it grew for African American women and Latinas

Female Wage Gap Compared to White Males



American Community Survey, 2016, Full-Time, Year Round Workers, 16 and over

Wage Gap Varies Within Racial Categories

Median total personal income for Minnesota Asian American and African American workers employed full-time by subgroups, age 16+

	Women	As a % of White Men
Hmong	\$29,508	57%
Asian Indian	\$62,071	120%
Chinese	\$48,519	94%
Vietnamese	\$30,969	60%
Korean	\$40,701	79%
Laotian	\$28,905	56%
All Asian	\$35,614	69%
Somali	\$26,252	51%
Ethiopian	\$26,840	52%
Liberian	\$26,531	51%
Kenyan	\$45,789	89%
Nigerian	\$34,389	67%
All Black	\$32,154	62%

American Community Survey, 2011-15

A majority of Minnesota's Latina, African American, and American Indian women report they are worried or stressed about having enough money to pay the rent or mortgage; 23% of African American women and 29% of American Indian women express the highest level of concerns, always or usually worried.²⁶ Fifty-nine (59%) of Minnesota's female-headed households in rental housing and 44% of those who own their home are paying housing costs that exceed 30% of their income. Four in 10 Asian American, Latina, and African American female-headed renting households are in extremely unaffordable housing, paying more than 50% of their earnings for rent.²⁷

Minnesota's older women are much more likely to need assisted living or nursing home care during their lifetime and costs for both types of housing in Minnesota are increasing at a higher pace than the national average.²⁸ In 2017, Minnesota's median monthly assisted living costs of \$3,600 per month were more than twice the median monthly total income of \$1,408 for Minnesota women 65 or older overall, and more than four times higher than monthly income for African American women over 65.²⁹

Homelessness in Minnesota is down overall (9% decrease since 2012) for the first time since the recession (2006). However, the number of homeless unaccompanied minors increased by 46% between 2012 and 2015 and young

women are overrepresented (two-thirds) among them, putting them at risk for sexual exploitation and violence.³⁰

At the time of the Single Night Count, conducted every three years by Wilder Research, **66% of homeless women reported being a parent of at least one child age 17 or younger**, and 53% of all homeless women interviewed had at least one child with them as they were being interviewed.³¹

Homelessness is two to three times more likely among LGBTQ+ students, students of color, American Indian students, and students with long-term mental or physical health problems. While 3.4% of

Minnesota's white 9th and 11th grade girls reported staying in a shelter or someone else's home because they had no place else to stay, 14.1% of American Indian young women, 12.8% of Hmong young women, 8.5% of young women with a long-term health problem, and 8.6% of transgender youth reported the same.³²

The proportion of female-headed households who own their own homes has declined over the past two decades. While 87% of married couple families (similar to 2000) and 67% of male-headed households live in homes they own, only 50% of female-headed families do so (down from 59% in 2000).³³

Households from communities of color are less likely to be living in a home they own, a key building block for wealth

Redlining, discriminatory mortgage-lending practices, lack of access to credit, and lower incomes have created barriers to stable and reasonably priced homeownership

MARRIED COUPLE



	White	African American	African Immigrant	American Indian	Asian American	Latino
Own	90%	46%	46%	79%	65%	58%
Rent	10%	54%	54%	21%	35%	42%

FEMALE-HEADED FAMILY



	White	African American	African Immigrant	American Indian	Asian American	Latino
Own	62%	17%	20%	31%	56%	30%
Rent	38%	83%	80%	69%	44%	70%

American Community Survey, 2011-15

Minnesota is a national leader in women's workforce participation. Nearly 9% of all women in Minnesota's labor force have at least one child under the age of six. Of those women, nearly 80% are currently participating in the labor force. This figure is up from 75.4% between 2006 and 2010, and is increasing at a time when workforce participation for this group of women has been declining nationally.³⁴

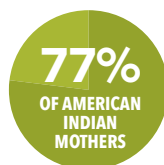
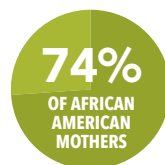
While more men are taking responsibility for caregiving, overall women continue to shoulder the majority of unpaid caregiving. Among women, Latina and African American caregivers experience higher caregiving burdens and spend more time caregiving on average than their white or Asian American counterparts. Nationally, half of African American caregivers are doing both eldercare and childcare.³⁵ Women from Minnesota's communities of color and American Indian students are

also more likely to live with a person with a disability: 19% for American Indian, 16% for Asian American, and 14% for African American women, compared to 10% for white women.³⁶

Low-income workers, people of color, and women are more likely to have to reduce their work hours or leave the workforce because of their caregiving responsibilities.³⁷

Many working mothers in Minnesota are the primary breadwinner in the family

With increasing numbers of women breadwinners, the disadvantage of lower wages across almost all occupations and lower wages in female-dominated professions affects Minnesota families and communities.

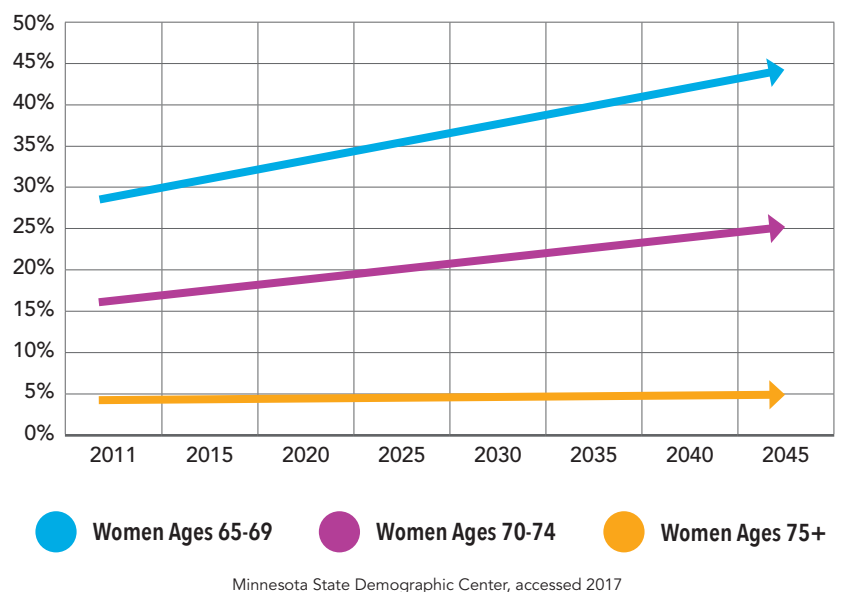


Proportion of mothers in the labor force who earn 50% or more of family income, American Community Survey, 2011-15

Nearly a quarter of full-time working mothers in Minnesota report eldercare during the past 3 months,³⁸ and 6 in 10 caregivers report having to make a workplace accommodation as a result of caregiving.³⁹ These include cutting back on their working hours, taking a leave of absence, receiving a warning about performance or attendance, or other such impacts. Higher-hour caregivers (the nearly one-quarter of caregivers providing 41 or more hours of care per week) are more likely to report experiencing nearly all of these work impacts.

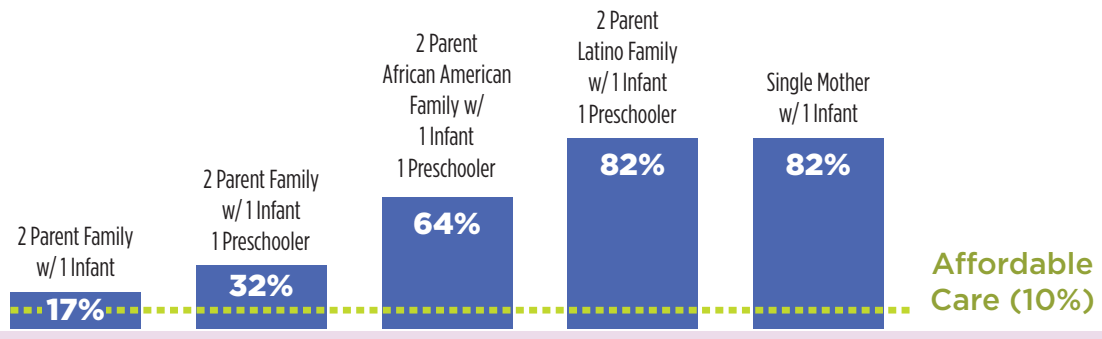
There has been a real decrease in the state's commitment to families struggling with childcare costs and quality. State funding for the Basic Sliding Fee Childcare Program has decreased by 25 percent since 2003, adjusting for inflation, resulting in 5,000 fewer families being served and roughly the same number now on a waiting list for support. The state estimates that an additional 8,400 families would access support if the program were fully funded. In addition, thousands of other Minnesota families receive childcare assistance only to find that their assistance doesn't cover the cost of care at many of the providers in their area.⁴⁰

Workforce participation for Minnesota's older women is projected to increase significantly

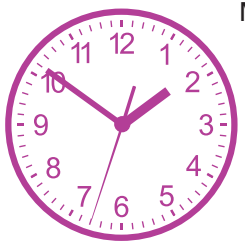


High-quality childcare is out of reach for many Minnesota families, especially those headed by women

Cost of Minnesota Accredited Center-based childcare as a percent of median family income for families with children under 6



American Community Survey, 2011-15, and Parents and the High Cost of Childcare, 2016

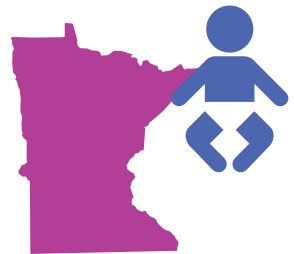


Minnesota's full-time working mothers **SPEND ALMOST TWO HOURS MORE PER DAY**

on care* and housework than full-time working fathers.

*includes primary care for household members and secondary childcare

American Time Use Survey, 2010-15



Minnesota has the 6th highest cost in the United States for quality infant care.⁴¹

For center-based infant care as a percentage of median family income. Parents and the High Cost of Childcare, 2016

Minnesota's Human Rights Act protects same-sex and transgender workers from employment discrimination. **Poverty rates are higher for female same sex couples in states without such protections.**⁴²

Poverty rates are high for Minnesota's female-headed families. Poverty rates are highest among Latina (42%), African Immigrant (45%) and American Indian (45%) female-headed families.⁴³

There are nearly twice as many Minnesota women above the age of 64 living in poverty than men (36,445 compared to 18,278). Median income for Minnesota women over 65 falls nearly \$13,000 short of the statewide cost of living for a single person over 50; for the state's Latina and African American women, the deficit grows to \$18,000 and \$20,000, respectively.^{44 45}

Not only are women less likely to have other retirement income, their Social Security checks are increasingly based on their earnings, making them significantly less than those received by white men.⁴⁶

MINNESOTA IS THE SECOND WORST STATE FOR RACIAL EQUALITY⁴⁷

Poverty rates for Minnesota's African American families with children are falling but remain higher than the national average

Married Couple



Female-Headed



American Community Survey, 2016

The poverty rate understates the number of Minnesota families struggling to make ends meet

White and Asian American married couple families are the only Minnesota two-child families that have median income levels exceeding the state cost of living^{48 49}

	MARRIED w/ 2 children	% of cost of living	SINGLE MOTHER w/ 2 children	% of cost of living
White	\$105,709	130%	\$42,155	56%
African American	\$69,556	85%	\$19,422	26%
African Immigrant	\$58,067	67%	\$23,333	31%
American Indian	\$71,347	88%	\$15,558	21%
Asian American	\$91,400	112%	\$39,425	52%
Latino	\$54,609	67%	\$22,764	30%

Cost of Living, Minnesota DEED, Labor Market Information, 2017, and ACS, 2011-15

INSTITUTIONAL FACTORS THAT LEAD TO LIFELONG DISPARITIES

Disparities in access to high-quality early education and care for Minnesota's infants, toddlers, and preschoolers are often accompanied by disparities in health and social well-being. Research shows that these disparities get magnified over time, showing up later in college readiness and completion, and ultimately, in earnings and overall economic and social well-being.

EARLY CHILDHOOD Access to high-quality care for 2 children	HIGH SCHOOL % of students college-ready in math on ACT	HIGHER EDUCATION % of 23-25 year olds with a BA	EARNINGS Median full-time, year round (16 and over)	HOME OWNERSHIP at age 35	POVERTY RATES 18-64 year olds
Cost for White Married Family with Children Under 6: 32% of income	White: 57%	White women: 30%	White women: \$45,720	White women: 76%	White women: 8%
Cost for African American Married Family with Children Under 6: 63% of income	African American: 16%	African American women: 12%	African American women: \$33,373	African American women: 30%	African American women: 29%
Cost for American Indian Married Family with Children Under 6: 54% of income	American Indian: 15%	American Indian women: 2.9%	American Indian women: \$35,492	American Indian women: 23%	American Indian women: 27%
Cost for Asian Married Family with Children Under 6: 39% of income	Asian American: 44%	Asian American women: 29%	Asian American women: \$42,050	Asian American women: 73%	Asian American women: 15%
Cost for Latino Married Family with Children Under 6: 56% of income	Latino: 24%	Latina women: 17%	Latina women: \$30,590	Latina women: 40%	Latina women: 20%

2017 Parents and the High Cost of Childcare/ACS, 2011-15 IPUMS

Minnesota Profile ACT

ACS 2011-15 IPUMS

ACS 2016 SE

ACS 2016 SE

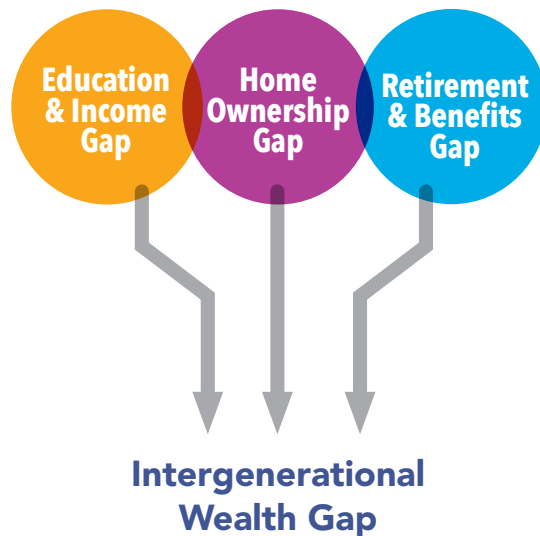
ACS 2011-15 IPUMS



Public policy decisions related to education, housing, and worker pay and benefits contribute to extreme and growing gender and racial wealth disparities in Minnesota.

Key contributions to wealth, defined as the value of all assets owned by a household minus all debts, are summarized throughout this report and include home ownership, levels of student and other debt, segregation in low- or no- benefit occupations and pay gaps. A growing body of research documents how centuries of law, discrimination, and violence have kept people of color from participating in wealth-building programs that many white Minnesotans have benefitted from over many generations.⁵⁰

Education disparities contribute to the wealth gap. Not only do most of Minnesota’s women of color and American Indian women* have less access to higher education, when they do complete degrees the return on their investment is smaller due to lower earnings and higher debt levels.⁵¹ Both result in fewer resources available for savings or investments in a home, retirement, or other assets. These disparities compound. National research shows that for every dollar of wealth that accrues to median African American households associated with a college degree, median white households accrue \$11.49.⁵²



Home ownership disparities stack up similarly against African American women and Latinas. Not only are they less likely to own their own home, when they do, their return on investment is lower than for white families.

Redlining, discriminatory mortgage-lending practices, lack of access to credit, and lower incomes have created barriers to stable and reasonably priced homeownership for African Americans. 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.⁵³

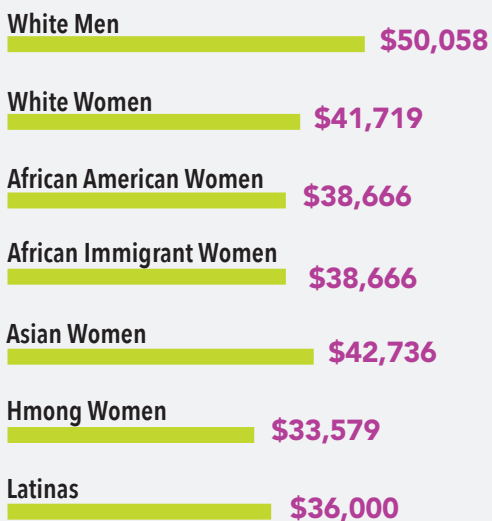
Minnesota’s female-headed families have few financial assets, making them four times more likely than other family households to be in “asset poverty,” a measure that establishes a minimum threshold of wealth needed for household security: 41% of single-parent households statewide, 56% in St. Paul, and 63% in Minneapolis do not have enough savings or wealth to provide for basic needs during a sudden job loss or medical emergency.⁵⁴ Minnesota’s female-headed families are four times more likely than married couple families to be unbanked (not having a bank account) and almost twice as likely to be “under-banked” and rely on payday loans, pawn shops, or refund anticipation loans.⁵⁵

In a 2018 study analyzing how racial income gaps change across generations for 20 million US children and their parents, **American Indian women had the worst intergenerational individual income outcomes nationally.** They were least likely to end up with high income after growing up in a low income family and most likely to start in a high income family and end up with the lowest levels of individual income. White and Asian-American men and Asian-American women had the best mobility outcomes. Limited Minnesota data available for selected cities and racial/ethnic groups (White, African American and Latino) showed that in Minneapolis African American men had the worst intergenerational mobility, although outcomes for all groups fell significantly below those of white men, but **in the seven Greater Minnesota cities included the worst mobility outcomes were for African American women and Latinas.**^{56 57}

“Income can change on a dime, but wealth changes over generations.”
 – The Color of Wealth

Return on Educational Investments Are Not Equal

Median full-time earnings for 25-30 year old Minnesota workers with a BA



*Sample size for American Indian women was too low to produce a reliable result.

American Community Survey, 2011-15



SECTION 2 Safety

Brick by brick, the walls of silence are crumbling. Across America and Minnesota, women’s voices are uniting to illuminate the shocking prevalence of sexual harassment and violence. The world over, gender-based violence is a reality for women and girls. We know that together, we will change culture and ensure all girls and women experience the world as a place of safety, and thrive.

According to the United Nations Population Fund, gender-based violence “reflects and reinforces inequities between men and women and compromises the health, dignity, security, and autonomy of its victims. Violence against women has been called the most pervasive, yet least recognized human rights abuse in the world.”

Here in Minnesota, the data reveals the realities and related effects of sexual and physical violence for all women and girls, particularly for women and girls of color. The consequences include mental health issues, such as depression and suicidal thoughts and attempts, chronic disease and health problems, teen pregnancy, substance abuse, homelessness; and lost economic productivity and security. The normalization of violence in our culture and in the media exposes women and girls to harassment and bullying, date rape, domestic violence, stalking, and sex trafficking.

As many individual women step forward to share their #MeToo stories, recent surveys confirm that the majority of women and LGBTQ+ people have experienced sexual harassment at work or in the community. Sixty-three percent (63%) of Minnesota women say they have been

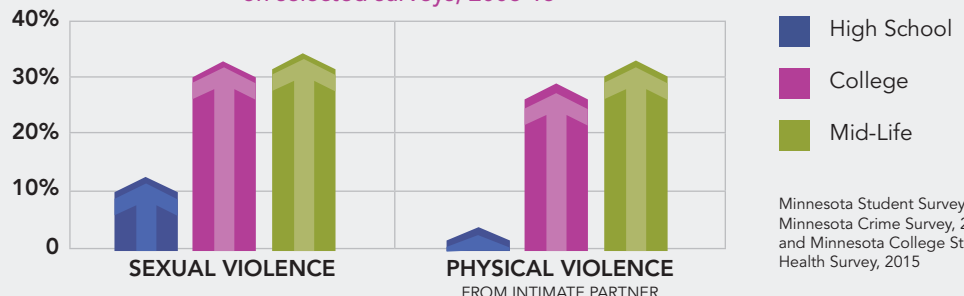
sexually harassed.² Using a broader definition, a national survey found that 81% of women had experienced sexual harassment or assault in their lifetime.³ Harassment can be more prevalent in male-dominated fields: 78% of female founders of tech start-ups say they have had a personal experience,⁴ and

harassment is more frequent in certain industries, like hospitality, dominated by women of color or American Indian women. Forty-nine percent (49%) of housekeepers said a guest had answered the door naked or exposed themselves, and 56 percent said they did not feel safe returning to work after the incident.⁵

VIOLENCE GROWS OVER A LIFETIME

The prevalence of violence in the lives of Minnesota women grows over a lifetime and by mid-life impacts 1 in 3 women.

Minnesota women and girls reporting violence on selected surveys, 2008-15



Minnesota Student Survey, 2016, Minnesota Crime Survey, 2008/2010, and Minnesota College Student Health Survey, 2015

Sexual harassment in the workplace is a pervasive, chronic problem that can cause enduring psychological and financial harm.⁶

In addition to the emotional toll, many women also pay a financial cost for sexual harassment. A study following a group of Minnesota 9th grade girls since 1988 examined how sexual harassment affects women in the early stages of chosen careers. Job change, industry change, and reduced work hours were common, 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."⁷

Many young women regard harassment as a normal part of everyday life in middle and high schools. Approximately one in four Minnesota 9th grade girls report "unwanted sexual comments,

jokes, and gestures." One-third to one-half of overweight girls report harassment or bullying based on their appearance, thirty-five percent (35%) of Somali girls report the same based on ethnicity and national origin. Four in 10 Minnesota transgender and nonbinary 9th and 11th grade students report being bullied based on their appearance and half of lesbians report harassment based on their sexual orientation.⁸

Harassment and bullying based on non-dominant identities is more common for some girls in rural areas of the state. Asian American, African American, and lesbian 8th, 9th, and 11th grade girls 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 22% in the Twin Cities metro area. Fifty-five percent (55%) of lesbian students in greater Minnesota report the same

because of sexual orientation, compared to approximately half of students in the metro.⁹

Schools are a mixed place for Minnesota's LGBTQ+ students. While almost all (98%) report that there is at least one supportive educator, only a quarter were taught positive things about LGBTQ+ people in their classroom. More than half of LGBTQ+ students report discriminatory practices at their school. Three-quarters of transgender students reported that they were unable to use the restroom that aligned with their gender. Nine out of 10 LGBTQ+ students reported regularly hearing homophobic, sexist, and negative remarks related to their gender expression (e.g., someone not acting "feminine" or "masculine" enough).¹⁰ While almost half of Minnesota straight, cisgendered girls strongly agree that they feel safe at school, less than a third of bisexual or lesbian girls and only one quarter of transgender and nonbinary students report the same.¹¹

THE CONSEQUENCES OF BULLYING IN MINNESOTA ARE SIGNIFICANT

Reported mental health outcomes for Minnesota 9th and 11th grade girls who have been bullied weekly or more



Bothered by feeling down, depressed or hopeless



Seriously considered committing suicide



Hurting or injuring self, such as cutting, burning, or bruising



Attempted suicide during the last year

Minnesota Student Survey, 2016

In 2017, the Minnesota Department of Health received 25,226 allegations of neglect, physical abuse, unexplained serious injuries, and thefts in state-licensed homes for the elderly.¹² Women represent an estimated two-thirds of the 30,000 Minnesotans living in nursing homes and 85% of the 60,000 in assisted living facilities. An estimated 1 in 10 women over 60 reported emotional,

physical, or sexual mistreatment or potential neglect in the past year.¹³

By the time they reach 11th grade, a significant number of Minnesota girls have experienced dating violence. Twelve percent

(12%) of 11th grade girls in the Twin Cities metro area and 15% in Greater Minnesota report that they have been pressured to have sex by a date.¹⁴

Sexual assault is common on our college campuses and affects academic performance. By age 25, 3 in 10 of Minnesota's female college students report that they have been sexually assaulted. This level of violence is up slightly from the past decade when it remained relatively constant at around 1 in 4. Forty-one percent (41%) of college students dealing with a sexual assault report that it has affected their academic performance.¹⁵

By mid-life, 33% of Minnesota women have experienced a rape crime. The

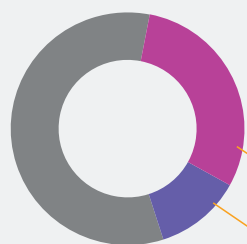
proportion of lifetime victims varies across the state, from 18% in southeast Minnesota, to a high of 33% in west central Minnesota. American Indian women (42%) have experienced rape or attempted rape at higher rates than white women (25%). Asian American women have the lowest rates at 9.4%.¹⁶

Eight percent (8%) of 11th grade girls in Minnesota report sexual abuse inside or outside of their family at some point in their life. The highest levels are among American Indians (15%) and Latinas (14%).¹⁷



The number of female college students who are sexual assault survivors

Sexual Assault Often Begins in Childhood



According to the Centers for Disease Control and Prevention, most female rape victims (est. 452,000 in Minnesota) were first raped by age 25.

30% BETWEEN 11 AND 17 YEARS OLD

12% LESS THAN 10 YEARS OLD

Homelessness and running away are significant risk factors for sexual exploitation and other forms of violence and LGBTQ+ youth are over-represented among homeless youth (18%). A quarter cite their identification as a contributing factor in their homelessness.¹⁸ Three times as many lesbian girls and transgender or nonbinary Minnesota students in 8th, 9th, and 11th grade report running away from home or living in a shelter on their own as their straight, cisgendered counterparts.¹⁹

Sex trafficking of juveniles in Minnesota involves sexual violence. Sexual violence, along with emotional manipulation, is part of how sex traffickers forcibly recruit and train victims of sex trafficking so that they can be sold in the marketplace.²⁰ Sexual exploitation of youth has profound effects. A trauma-informed program for sexually exploited youth in Ramsey County, Minnesota, found that 73% of sexually exploited runaway youth in their program screened positive for possible post-traumatic stress disorder (PTSD).²¹

Since 2010, 207 people have been charged under Minnesota's sex trafficking statutes.²²

At the intersection of racism, sexism, homophobia, and transphobia, fatal violence disproportionately affects transgender women of color. These women face employment, housing, healthcare, and other barriers, which make

them vulnerable. In 2016, advocates tracked at least 22 deaths of transgender people—in the United States due to fatal violence—the most ever recorded. In 2017 at least 28 transgender people were fatally shot or killed by other violent means. While some of these cases involve clear anti-transgender bias, in others transgender status created vulnerabilities, such as homelessness."²³

Violence & Abuse Have Multi-Generational Consequences

NOT SEXUALLY ABUSED
11th GRADE BOYS

SEXUALLY ABUSED
11th GRADE BOYS

1%	Have hit, slapped or physically hurt girlfriend	19%
2%	Have pressured girlfriend into having sex	25%
1%	Have been involved in a pregnancy	11%

Minnesota Student Survey, 2016

On a given day, Minnesota providers serve an estimated 2,400 victims of domestic violence (40% receive shelter).

Another 810 requests for services are unmet due to lack of resources. Researchers estimate that only 1 in 5 female victims access services. Women subjected to intimate partner violence are more likely to say that they did not report the violence to police because they feared the abuse would get worse or that the abuser would not let them report. Female victims are more likely to go to an emergency room or seek medical attention or counseling than male victims.²⁴

Intimate partner violence can escalate in predictable and deadly ways.

Approximately 80% of women murdered in Minnesota between 2005 and 2015 were murdered in domestic violence homicides. Well documented factors that predict escalation to lethal levels of violence were present in a significant number of these cases, including an attempt to leave the abuser, previous death threats, access to firearms, and a history of violence.²⁵

Domestic violence has a multigenerational impact. One hundred and fifty Minnesota children lost their mothers to domestic violence in the past five years. In 2016, children were either present at the time of the murder or discovered the body in one-third of those cases.²⁶ Minnesota's 8th, 9th, and 11th grade girls who have been the victims of physical abuse or witnessed domestic violence in the home are much more likely to have suicidal thoughts (60%)

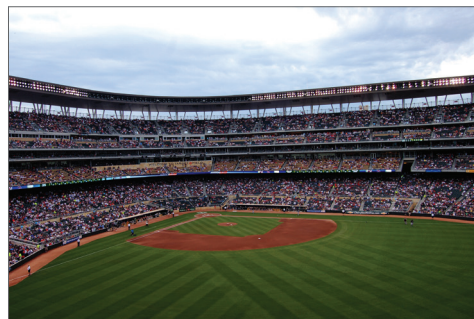
or attempts (28%) than their counterparts (20% and 6%) who have not experienced domestic violence.²⁷

While only 17% of college-age domestic violence victims reported it to police,²⁸ and about 25-35% of domestic violence survivors of all ages report the crime to authorities,²⁹ such reporting is even lower in immigrant communities. Studies have found that immigrant survivors are less likely to seek assistance or report violence because they are afraid they, their partners and/or children will be deported. In addition, lower incomes, less access to financial resources, and a lack of culturally responsive services constrain options.³⁰

Almost one-third of women who experience homelessness reported that they were homeless as direct result of domestic abuse, a proportion that climbs to 40% in Greater Minnesota. Nearly 50% of homeless women (38% of female youth) stayed in an abusive relationship because they had no other housing options. Homeless women are also more likely to be victims of childhood sexual and physical abuse. Forty-seven percent (47%) of homeless adults and 61% of homeless youth witnessed abuse as a child.³¹

Mental health effects for those who witness physical abuse in their homes, and those who experience it directly are equally devastating. Seventy-seven percent (77%) of girls from homes with domestic violence reported depression and hopelessness, 48% hurt themselves,

and 58% 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).³² Forty-six percent (46%) of college students who reported a lifetime experience with sexual assault and 45% of those reporting intimate partner violence also report depression, compared to just 17% of students without these experiences.³³



We could fill Target Field
17 times

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

The CDC estimates that 684,000 Minnesota women are survivors and Target Field holds 39,000 people.

Recent research on African American girls documents the potential role of adultification in disproportionate punitive treatment by the education and justice systems.³⁴ Compared with white girls of the same age, African American girls are perceived as being more independent, knowing more about adult topics and sex, and needing less nurturing, protection, support, or comforting.

While women represent only 7% of Minnesota’s prison population, their numbers are increasing. They have unique needs and reasons for being incarcerated. Many of Minnesota’s women prisoners are mothers with primary caregiving responsibilities, yet nearly two-thirds (61%) of the women currently incarcerated at Shakopee were committed outside of the seven-county metro area. The distances to their homes may be too great for relatives, especially children, to travel.³⁵

The incarceration rate of American Indian women in Minnesota is significantly higher than other groups. At Shakopee, American Indian women comprise 21% of the inmate population. Though individuals of all non-white races are overrepresented

in Minnesota’s prison population, the incarceration of American Indians is dramatically disproportionate—American Indians of all genders make up only about 1% of the Minnesota population. The proportion of American Indian women in the prison population outpaces that of men.³⁶

Lesbian and bisexual women are over-represented in prison populations. While gay or bisexual men are found in roughly the same proportion in prisons and the U.S. population, the proportion of lesbian and bisexual women in prisons and jails is 8 to 10 times higher than the U.S. population overall.³⁷ Stressors related to family rejection and community marginalization as well as the failure to conform to ideas about femininity, may lead lesbian and bisexual women to be perceived as dangerous and ultimately recipients of more punitive treatment.

Girls in Minnesota’s juvenile justice system are more likely to report experience with any trauma, as well as multiple traumas, than their male counterparts and other girls. Girls are more likely than boys to report that they

live with adults who physically hurt each other (32% compared to 20%) and that they have been victims of sexual abuse inside or outside their family (32% versus 10%).³⁸

Mass incarceration has impacted a significant portion of Minnesota’s young women. While 15% of 9th and 11th grade girls report that a parent has been in jail or prison at some point, the proportion rises to 50% for American Indian, 29% for African American, and 28% for Latina young women. Young women from greater Minnesota are also more likely than average to have had a parent incarcerated (20%).³⁹

American Indian women are disproportionately detained by police. Minneapolis data on police stops reveals that in 2017 American Indian women were stopped, searched and arrested more than any other racial group, including African American men. They were most frequently stopped for being a “suspicious person” while overall people were most frequently stopped for traffic enforcement. After being stopped, American Indian women were more likely to be searched (27%) than white women (7%) and arrested (20% compared to 4%).⁴⁰

Many Minnesota girls of color and LGBTQ+ youth receive disproportionate levels of discipline

	Sent to Office	In-School Suspension	Out-of-School Suspension
African American	11.6%	7.5%	5.2%
Somali	8.4%	5.8%	4.2%
American Indian	15.1%	9.1%	5.2%
Latina	7.9%	4.2%	1.9%
White	3.2%	1.0%	0.4%
Asian American	1.6%	0.5%	0.4%
Hmong	2.5%	1.7%	1.0%
LGBTQ+			
Lesbian/Gay	7.0%	3.7%	2.0%
Bisexual	8.6%	3.3%	2.3%
Trans**	7.4%	2.3%	1.7%
Heterosexual	3.9%	1.3%	0.7%
Long-term mental health problem	8.1%	3.5%	1.8%
Long-term physical health problem	5.9%	2.7%	1.4%

** Student considers themselves transgender, genderqueer, genderfluid, or unsure about their gender identity.
9th & 11th Grade Girls, Minnesota Student Survey, 2016



SECTION 3

Health

Even before women, girls, and families acquire health insurance or access direct medical care, the foundation for health begins in their homes, schools, and neighborhoods. In this section, we focus on health outcomes unique to women and girls and the highly interconnected social and economic factors that affect health.

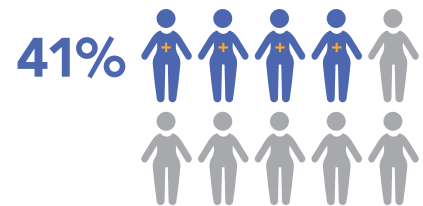
When compared to other states, Minnesota’s health outcomes for women and girls look positive. But a closer examination of the data reveals persistent health disparities for Minnesota women of color, American Indian women, LGBTQ+ people, and women in Greater Minnesota. Reducing health disparities and increasing health outcomes for all Minnesota women and girls goes beyond physical and mental health. It requires social and economic health and opportunity of families, communities, and the entire state.

White girls are more likely to participate in school sports daily than girls of color (37% compared to 18-21% of Latinas, American Indian, Asian American and African American girls).¹

Seventy-three percent (73%) of Somali girls do not participate in sports at all, compared to 44% of Somali boys and 57% of other African American girls.² Research, including Young Women’s Initiative of Minnesota focus groups, suggests that a variety of societal, gender, religious, and cultural factors present barriers for immigrant girls in general and Somali girls in particular.³

Cancer is a leading cause of death for Minnesota women. Forty-one percent (41%) of Minnesota women will be diagnosed with a potentially serious cancer, while Minnesotans are 6% less likely than the nation, as a whole, to die from cancer. Women are most likely to be diagnosed with breast cancer, but are more likely to die from lung cancer. American Indians in Minnesota are two times more likely to die from cancer than in the United States as a whole. Lung cancer mortality is three times higher in Minnesota than nationally for American Indian women. Minnesota’s African American women are less likely to be diagnosed with breast cancer than white women, but are more likely to die from it, in part because of later-stage diagnosis (50% compared to 35%).⁴

Minnesota Women Diagnosed with Potentially Serious Cancer



Minnesota continues to experience lower mortality rates due to heart disease and stroke for women from all racial/ethnic groups than the United States as a whole, with a 38% decline in stroke mortality and a 31% decline in heart disease mortality since 2000.

However, Minnesota’s American Indian women have a heart disease mortality rate more than double that of white women and a 41% higher rate than American Indian women nationally. Latina women have the lowest heart disease mortality rate.⁵

Minnesota’s teenage girls are less likely than boys to be physically active

Percentage of Minnesota’s 9th and 11th graders that are physically active for 60 minutes or more daily

Minnesota Student Survey, 2016



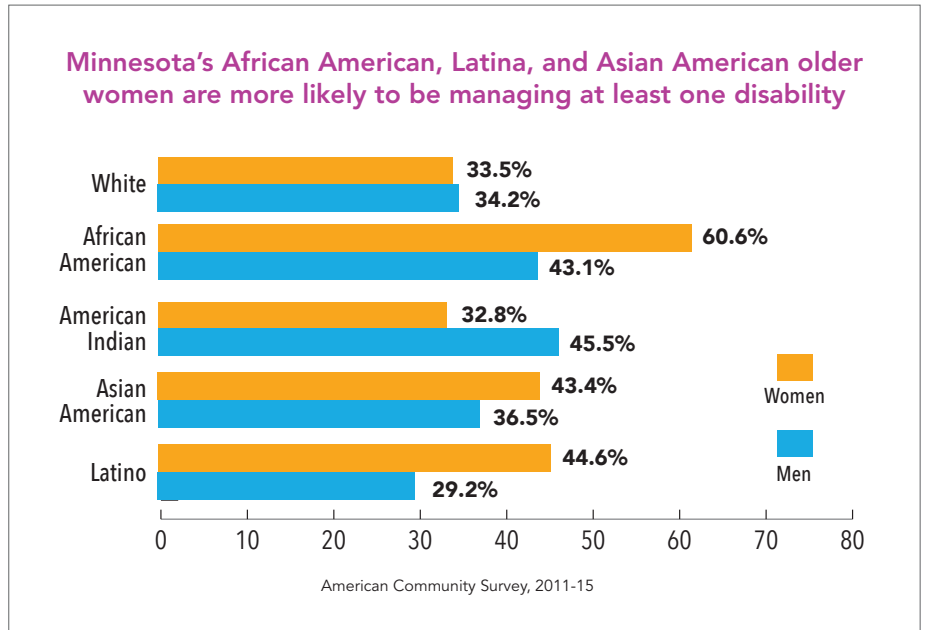
The percentage of women who have been diagnosed with diabetes is lower in Minnesota than the nation for all racial and ethnic groups except American Indians (18% compared to 15%). Minnesota's Asian American women are least likely to have received a diabetes diagnosis at 2.4% (almost three times lower than the U.S. overall).⁶

A majority of Latina, African American, and American Indian women in Minnesota report they are worried or stressed about having enough money to buy nutritious meals, with 17% of African American women and 24% of American Indian women expressing that they are always or usually worried.⁷ Girls of color in Minnesota are two to three times more likely (11-8% versus 4%) than white girls to report that they skipped meals because their family didn't have enough money to buy food.⁸

Among LGBTQ+ people nationally, women are more likely (31%) than men (22%) to report past experiences of not having enough money for food. While 34% of LGBTQ+ women used Supplemental Nutrition Assistance Program (SNAP) in the past year, 24% of straight women and 15% of gay and bisexual men turned to this form of food support.⁹

Women are disproportionately impacted by disability risk later in life. For example, women make up two-thirds of nursing home residents nationally and assisted living communities have a 7:1 ratio of women to men.¹⁰ Furthermore, nearly one-quarter of formal long-term care costs are financed out-of-pocket, making it the least insured major category of

health care services. Women, therefore are especially at risk for considerable uninsured health expenses later in life.¹¹ In the Asian American, African American, and Latino communities, women are more likely to have at least one disability than their male counterparts.

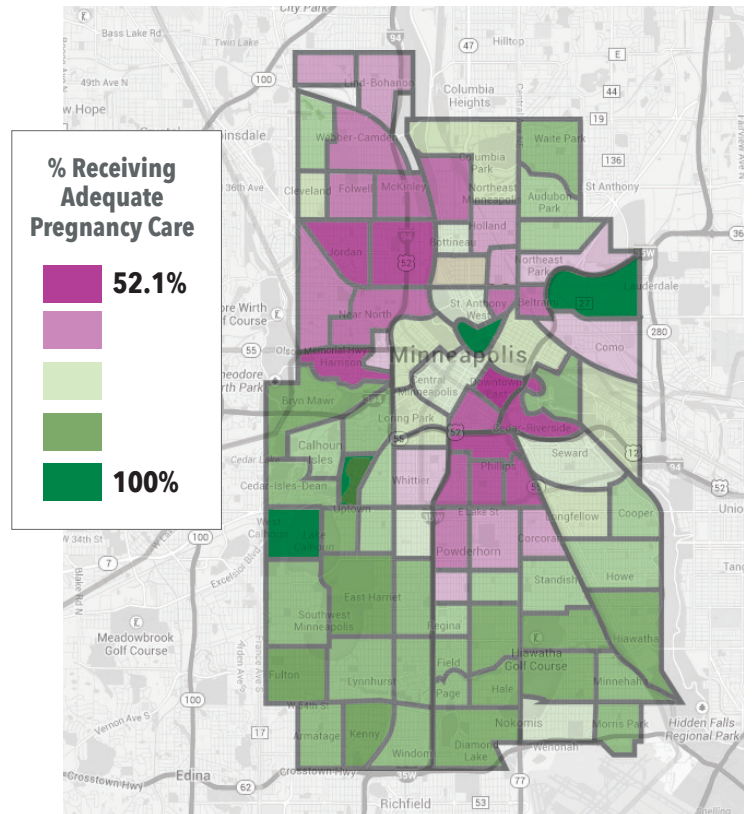


An estimated 294,680 Minnesota women are in need of public support for contraceptive services and supplies based on their income and reproductive status annually: Women's contraceptive needs were publicly funded for 71% of Latina women, 67% of African American women, and 43% of white women. In Minnesota, 62% of funding is from Medicaid and 10% is from Title X. Without publicly supported family planning services provided at safety-net health centers, the rates of unintended pregnancy, unplanned birth, and abortion would be 55% higher in Minnesota, and the teen pregnancy rate would be 60% higher.¹²

Access to prenatal care remains unequal. Only 1 in 40 of Minnesota's white mothers (2.5%) received inadequate prenatal care or no prenatal care during 2010-2014. In all other race and ethnic groups, the percentage receiving inadequate or no care was two to eight times higher. Women who access prenatal care receive important components of care necessary for a healthy pregnancy and that prevent prematurity or low-birth weight. Lower rates of prenatal care are also linked to higher infant mortality. American Indian and African American infant mortality rates are more than twice as high as the rates for white infants.¹³

A decline in rural maternity care access, as hospitals and obstetric units have closed over the past decade, is resulting in rising rates of maternal morbidity and mortality.¹⁴ While these declines and negative health outcomes are also occurring in rural Minnesota, the same study found that states like Minnesota with more extensive eligibility and benefits under Medicaid were more likely to have hospital-based obstetric units in their rural counties.¹⁵

Across Minneapolis Prenatal Care is Unequal



The Miracle of Two Minneapolis in Prenatal Care¹⁶

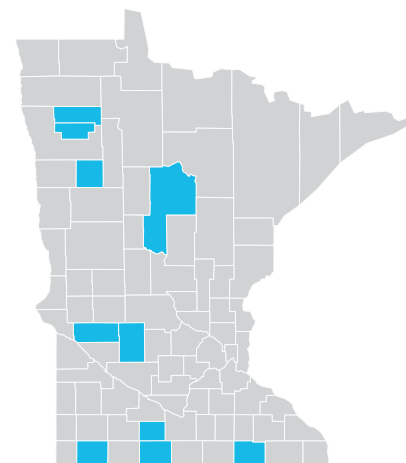
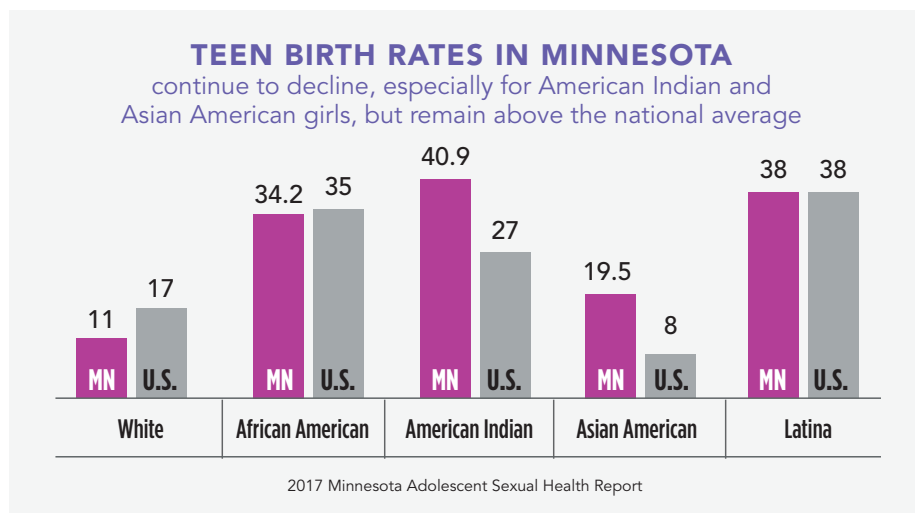
Almost one-quarter of Minnesota’s new mothers in the workforce return to their jobs within two weeks of giving birth, and 70% of new fathers take leaves of two weeks or less. Research shows that when fathers take leave there are significant, long-term health and economic benefits for mothers, children, and themselves.¹⁷

The overall decline in the adolescent birth rate over the past two decades has been attributed to delayed initiation of sexual activity and improvements in teens’ contraceptive use.¹⁸

Minnesota lesbian and bisexual 11th grade girls have almost twice the pregnancy rate of their heterosexual counterparts.¹⁹ LGBTQ+-inclusive sex education has been shown to reduce sexual behavior in LGBTQ+ youth, but must be comprehensive. 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.”²⁰

Traumatic events (or Adverse Childhood Experiences) during childhood are correlated with increased sexual activity and pregnancy; each additional event results in a 49% greater likelihood of having sex and a 62% greater likelihood of being involved in a pregnancy. Thirty percent (30%) of 9th graders report exposure to at least one traumatic event.²¹



The 10 counties with the highest teen birth rates are all in Greater Minnesota

2017 Minnesota Adolescent Sexual Health Report

Systemic racism can have mental health consequences. 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.²²

Rigid gender stereotypes are tied to increased depression, violence, and suicide in a recent research project conducted across 15 counties. As part of this Johns Hopkins study, public health experts across the globe collaborated to learn how an assortment of culturally enforced gender stereotypes long associated with an increased risk of mental and physical health problems become firmly rooted between ages 10 and 14.

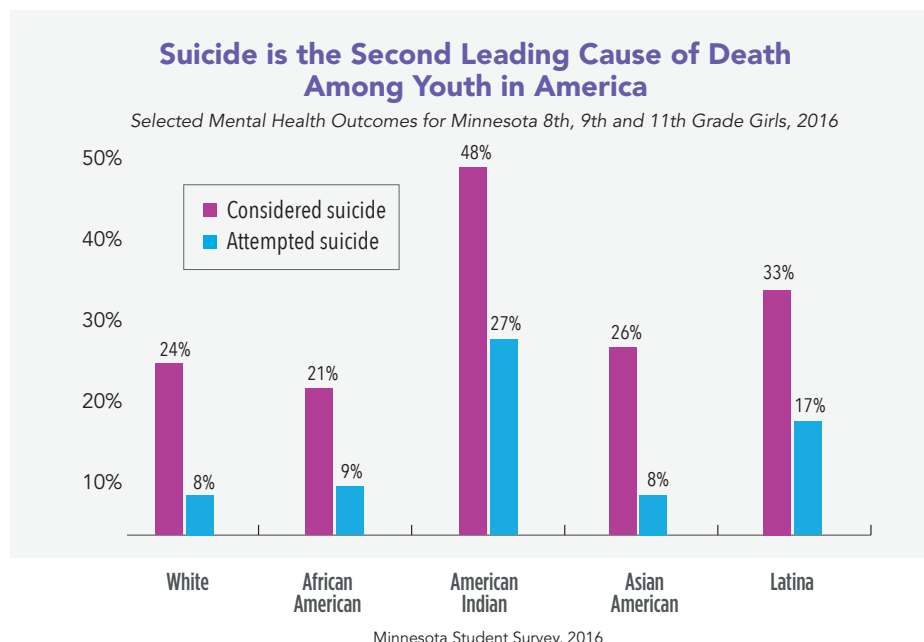
Around the world, young boys and girls are outfitted with ‘gender straitjackets’ at a very early age, with lifelong negative consequences that are particularly perilous for girls.²³

Compared to other age groups, recent research suggests that young adults in the United States have relatively high rates of mental health conditions. Forty-four percent (44%) of Minnesota’s women

college students report a diagnosed mental-health condition at some point in their lives; 29% report a depression diagnosis.²⁴

Minnesota student data is consistent with research showing that gender norms and social definitions of masculinity and femininity have psychological consequences that emerge in adolescence. On average, women and

girls are more likely to have internalizing problems, like depression, that are more self-destructive, while men and boys have externalizing problems, like antisocial behavior, that are more destructive to others. Minnesota’s 9th grade boys are twice as likely as girls to have hit or beat someone up, while girls are twice as likely to report significant, daily problems with feeling down, depressed, or hopeless.²⁵



The surge in incidents of elder abuse has consequences for the health of older women. A study published early this year by two University of Chicago sociologists found that elder maltreatment leads to significant declines in health, including greater anxiety, feelings of loneliness, and increased susceptibility to disease.²⁶

Seventy-two percent (72%) of Minnesota seniors that live alone are women²⁷ and are at greater risk for loneliness and related mental health problems (34% compared to 9% for those who do not live alone) and are less likely (25% compared to 5%) to have someone to take care of them if they become sick or disabled. These problems are more pronounced in

rural areas where distances are greater and isolation more common.²⁸

With counselor-to-K-12 student ratios in Minnesota ranked 46th in the nation,²⁹ many young women are left untreated.

Women and girls of color are less likely than white women and girls to receive therapeutic treatment for a variety of reasons including limited access, cultural norms about treatment and lack of culturally specific/sensitive approaches. Forty-eight percent (48%) of African American girls and 58% of Asian American girls who reported a long-term mental or emotional problem said they had not received treatment, compared to 31% of white girls.³⁰



Minnesota's rural women have less access to healthcare, with fewer physicians per population, than urban women. Between 2003 and 2007 there was a 48% decline in obstetrical care. Rural physicians are also older on average – with 51% older than 55, compared to urban areas where only 34% are similarly aged. Medicaid expansion state and However, the Affordable Care Act and Medicaid Expansion in Minnesota increased access options for 75% of rural residents without insurance.³¹

The cost of doctor visits more often prevent Minnesota women of color, American Indian women, women with disabilities, and LGBTQ+ women from obtaining healthcare. While 8% of white women report that they could not see a doctor because of costs, 18% of Latina women, 15% of African American women, 15% of Asian American women, and 14% of American Indian women cited this barrier to access. Younger women (18-24) are even more likely to face this barrier.³²

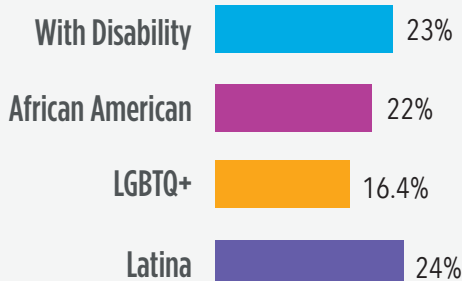
LGBTQ+ people face high levels of discrimination within the healthcare system. Seventy percent (70%) of transgender people and 56% of LGB people report this barrier to care. In addition, 50% of transgender people have to educate their healthcare providers and 24% of transgender women have been refused care.³³ Several studies report that older LGBTQ+ adults have avoided or delayed getting healthcare or concealed their sexual status from social service agencies or healthcare providers because of fears of discrimination based on sexual orientation or gender identity.³⁴

In addition to poverty-level wages (\$11 per hour on average), women working in low-wage female-dominated occupations face considerable health risks. Lifting and moving patients result in higher injury rates for nurses than construction workers. More than 75 percent (75%) of nurses reported physical and verbal abuse by patients and others on the job.³⁵

Forty percent (40%) of Minnesota women workers, overall, do not have access to paid sick days. Three-quarters of part-time workers and two-thirds of the lowest-wage workers lack earned sick leave, and women are over-represented in both groups. People of color also are more likely to have no earned sick days. In Minnesota, 60 percent of Latino workers and 47 percent of African American workers do not have earned sick leave.³⁶ New ordinances in Minneapolis and St. Paul allowing most workers to accrue paid time off will reduce these disparities. According to the Minnesota Department of Health, Minnesota would have healthier babies, more productive workers, and better overall health if every employer provided paid family and sick leave.³⁷

Cost is a barrier to health care for many Minnesota women

Percentage of Minnesota women (18-24 years old) that could not see a doctor because of the cost



Behavioral Risk Factor Surveillance System, 2014-15





Leadership

SECTION 4

When women share equal influence at all levels of government, businesses, and nonprofits, our state will benefit from new perspectives and expertise that advance equality and justice.

The data paint a vivid picture of inequity. In fact, at all levels of leadership—from the state Legislature and county commissions to Minnesota courts and schools—women remain conspicuously underrepresented across the state. In order to thrive, women should not be limited by racial and cultural stereotypes, and restrictive societal expectations for girls and women. Some young women feel more optimistic and in control of their futures than others, but, overall, young women report lower levels of optimism and control than young men.

In this section, we look at four key areas of leadership: politics, businesses and nonprofits, education, and law. Across all areas, the data show that progress for women leaders in Minnesota has slowed or stalled but some bright spots demonstrate the possibilities as women are surging into candidate training programs.

Research shows that the most productive companies have the most women in leadership. Diverse women leaders also signal to our girls that their options are limitless and to our boys that women are equals. In this global economy, we cannot afford to leave any of the state’s talent on the sidelines.

The number of women in the Minnesota Legislature dropped during the 2016 election and remains around one-third. In 2018, 66 women serve in the Minnesota House and Senate, below the historic high of 70 women in 2006-2008.¹

However, the current Minnesota House of Representatives class is the most diverse ever.² Rep. Ilhan Omar made national news as the first Somali woman to be elected.

Three LGBTQ+ women and three African American women serve in the House of Representatives, and two Latinas serve in the Senate. Two American Indian women were elected in 2016 joining two others to form the first ever House American Indian Caucus.³

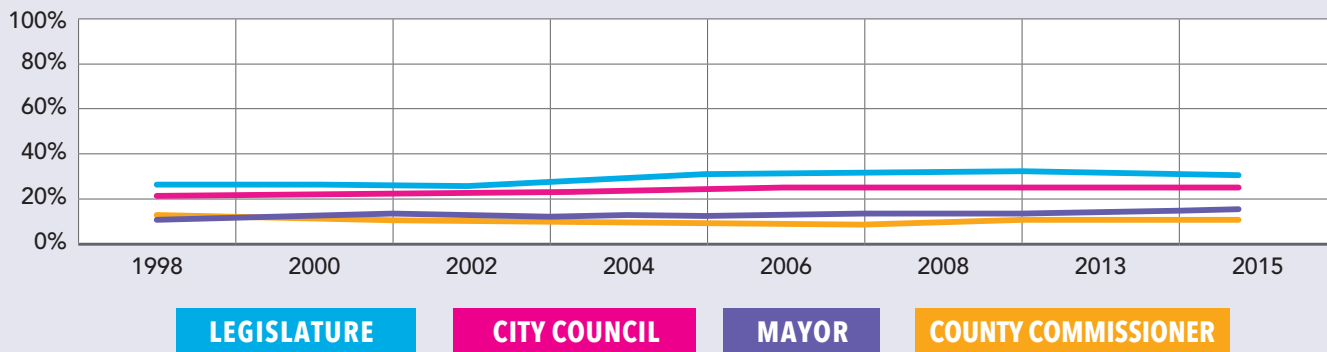
Number of Women in the Minnesota Legislature



66 WOMEN 135 MEN

Increases in Women's Political Representation Have Flat-Lined

Percentage of Selected Minnesota Elected Officials that are Women



Association of Minnesota Counties, League of Minnesota Cities and the Minnesota Legislature



More than 50% of Minnesota's county commissions do not include women.

Representation has actually fallen from an historic high of 15% (1998) to the current 14%. That means that women's leadership is missing in public funding decisions that total \$6 billion, annually.⁴

Across the state, women are underrepresented in city government.

73% of Minnesota's city council members are men. Women mayors are similarly rare, at 16%.⁵

Women of color, American Indian women, and LGBTQ+ women are absent from the majority of local elected bodies, but are making gains in Minneapolis where Andrea Jenkins, the first transgender African American woman, was elected in 2017. The St. Paul City Council has no women of color or American Indian women.⁶

No woman of color has ever held statewide office.

While only one of eight congressional districts is represented by a woman, **for the first time in history both of Minnesota's U.S. Senators are women.**

Women bring different life experiences to the political decision-making process.

Research tells us that women of color bring their distinctive voices and experiences to elective office.⁷ For example, African American women state legislators have been found to be distinctive from other legislators in their focus on women's interests and African American interests. A similar pattern is emerging for Latinas in state legislatures.

Minnesota women are slightly more likely than their male counterparts to vote or register to vote and they vote at higher rates than the national average.⁸

These findings are similar for the country as a whole. Since the 1980s, women nationally have been more likely than men to vote in the general election and vote more consistently than men do. Nationally, white (66.8% of eligible voters) and African American (63.7%) women were more likely to vote in 2016 than their Asian American (47.7%) or Latina (48.4%) counterparts.⁹

Overall, Minnesota women are more likely to volunteer (31% of women compared to 24% of men) and put in significantly more hours when they do volunteer (an annual average of 5,850 hours versus 3,539 for men). Women are slightly less likely than

men to volunteer for civic organizations (6% versus 8%). Forty-two (42%) of women spend their time volunteering for a social and community service organization.¹⁰

The 2016 election and its aftermath have resulted in a surge of women expressing an interest in running for office.¹¹

Organizations supporting women interested in running for office have seen a 50-75% increase in interest. In fall 2017, the nonpartisan VoteRunLead hosted a Minneapolis training for more than 200 women, many of them rural, younger, from communities of color, and American Indian communities. And women aren't just getting trained, they are running. New women candidates, including the country's first transgender female legislator, played a significant role in Virginia's 2017 state House elections.¹²



MEN

Minnesota Voting Behavior in the 2016 Election



WOMEN

67.2%	Voted	70.3%
6.9%	Registered but did not vote	8.2%
10.1%	Not registered	8.5%

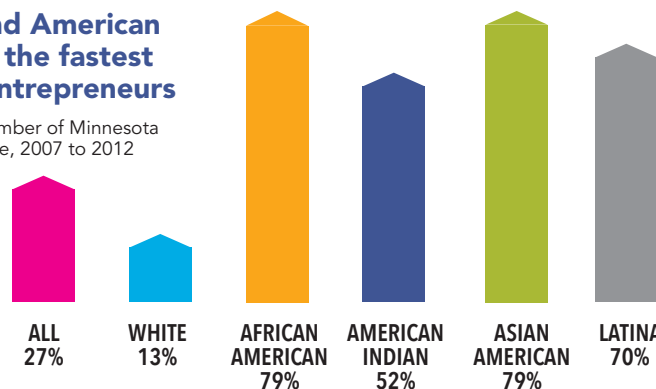
Reported Voting Behavior in the 2016 Election 18 and older. Current Population Survey 2016 Voting Supplement.

CEOs remain primarily male. Only 7 of the top 85 Minnesota companies are headed by a woman (8%), and overall C-suite progress has stalled at around 20% (a half percentage point increase between 2015 and 2017).¹³

In 2016, women of color held 17.8% of the 135 corporate director seats filled by women in Minnesota's top 85 publicly held companies or 3.4% of all corporate director seats in these companies.¹⁴

Women of color and American Indian women are the fastest growing group of entrepreneurs

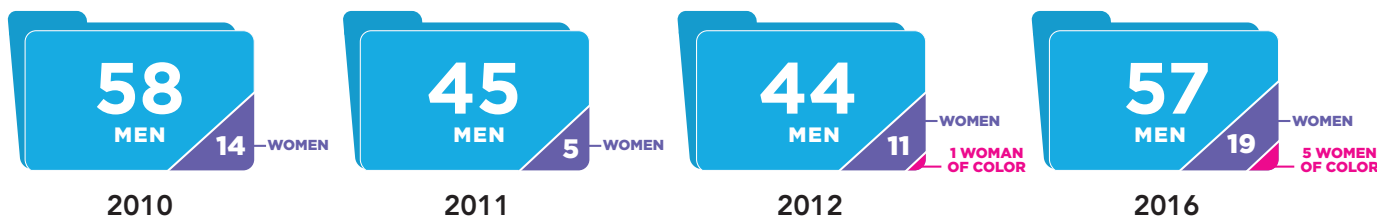
Percentage increase in the number of Minnesota women owned firms by race, 2007 to 2012



Survey of Business Owners, U.S. Census Bureau

Minnesota's Top Companies are Slowly Diversifying Their Boards

Number of New Independent Corporate Directors in Minnesota's Top Publicly Held Companies, by Sex and Race



Minnesota Census of Women in Corporate Leadership, 2010-16

Minnesota's Supreme Court includes a majority of women (four), including one American Indian, one African American, and one lesbian.

However, Minnesota received a "C" rating from the Gavel Gap project for its gap between the population and representation on the state bench overall.¹⁵ White men are overrepresented on the state courts (53% of judges compared to 40% of population). In some rural areas, significant disparities persist: notably in the 6th District Court in northeast Minnesota and the 5th District Court in southwest, where one quarter of judges or fewer are women. However, in the state's largest judicial district (Hennepin County), more than half of the judges are women, a third of those are women of color, and at least two are from the LGBTQ+ community.¹⁶

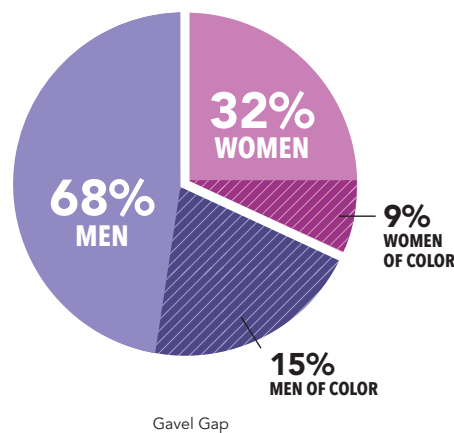
Decisions that profoundly impact women's lives are made in our federal courts, yet women remain underrepresented on most courts.

In 2017, three white men filled openings on the Eighth Circuit Court of Appeals, leaving only one sitting woman judge, Jane Kelley, on this powerful court. Cases from Minnesota are appealed to this court, which sits just below the U.S. Supreme Court and has the worst gender diversity in the country.¹⁷

While women have comprised nearly half of law school students since the 1980s, parity in the courts and law firms evades them. According to a MN State Bar Association study (2011), 55% of male and female attorneys said they saw gender bias in legal workplaces, 50% said the same of interactions with opposing counsel, and 40% repeated the same in Minnesota courtrooms, all up from 2006. Recent research shows that women attorneys of color report higher levels of unfair treatment based on race, gender, and age.¹⁸

Legal occupations have among the highest pay gaps in the state (57%), driven in part by the predominance of men (65%) in the highest ranks and women (82%) in the lowest.¹⁹

Majority of state judges are men; people of color are underrepresented



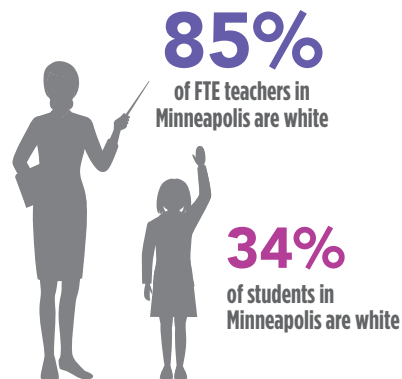
School district leadership is dominated by white men. The state's three largest school districts, Minneapolis, St. Paul, and Anoka-Hennepin, are all led by men (two of them white). In the two urban districts, this is a significant change from a few years ago, when both were led by women of color or American Indian women. St. Paul leads the state in the proportion of district level administrative FTEs (full-time equivalents) who are women of color or American Indian women: 23% are African American women, compared to 8% in Minneapolis and 2% statewide.²⁰

Girls of color inside and outside of urban areas are unlikely to see someone who looks like them in a leadership role at their school. Statewide, 50% of district and school administrators are white men and 41% are white women. School-level administration in Minneapolis and St. Paul is more diverse, but the single largest

representation is white women (46% of FTEs in Minneapolis and 36% in St. Paul). Two in 10 school-level leadership FTEs are African American men and women. Eight percent (8%) of St. Paul school administrators are Asian American women.²¹

On average girls participate in student government or councils at higher levels than their male peers. However, not all participate at the same rates. Asian American and Somali girls (1 in 5) are most likely to report this activity and American Indian girls or Latinas are least likely at 1 in 10 participating. Around a third of girls very often learn about leadership and teamwork and a quarter very often help make decisions in after schools activities, comparable to boys; with white and African American girls most frequently reporting this level of leadership training.²⁴

Students of all races across the state are most likely to be taught by a white woman. With the exception of Asian American women in St. Paul schools, all other men and women of color or American Indians comprise less than 5% of teaching FTEs, even in Minneapolis and St. Paul.



Minnesota Department of Education; Minneapolis Public Schools, 2016-17^{22,23}

What can you do?

ECONOMICS:

- In your community, help advance the 20 recommendations to achieve opportunity, safety, and leadership outlined in the Young Women's Initiative of Minnesota's *Blueprint for Action* report: www.wfmn.org/ywi-mn-blueprint.pdf.
- Challenge narrow stereotypes about gender, race, ethnicity, and other aspects of identity that keep people from thriving. Educate and encourage the girls and young women in your life to pursue careers in STEM and high-skill/high-wage nontraditional fields. Educate and encourage the boys in your life to consider the value of care and caring professions.
- Advocate for policies that increase economic security: expanded access to high-quality, affordable early learning and childcare; paid family and sick leave for working families; student loan supports and affordable post-secondary education options; and retirement plans for women.
- Support women-owned, women-run businesses and organizations that help women start businesses: www.wbenc.org, www.womenventure.org.
- Learn more about how to negotiate for the wage you deserve (www.wageproject.org). Then, coach the girls and women in your life to do the same.
- Take the Harvard Implicit Association Test to learn more about assumptions we make and the consequences in our schools, workplaces, and communities: <http://bit.ly/1bqPloF>.

SAFETY:

- Support MN Girls Are Not For Sale, a campaign of the Women's Foundation of Minnesota to end sex trafficking, reduce demand, and ensure safety and safe communities for all Minnesotans: WFMN.ORG.
- Learn more about criminal justice and immigration reform efforts, and how safety concerns disproportionately impact communities of color and American Indian communities: www.ilcm.org, www.blacklivesmatter.com, www.naacp.org, www.miwrc.org.
- Work with and encourage your employer or school to adopt best practices for reducing sexual harassment and assault: <http://bit.ly/2GB0FFp>.
- Join The Representation Project and use its tools to identify sexist media depictions, start conversations with teens and within your family about the powerful influences of media: www.therepresentationproject.org.

- Educate the men in your life about how they can help change boys' attitudes about sexual and domestic violence: www.menaspeacemakers.org, www.acalltomen.org.
- Speak up when you see harassment, disrespect, and violence. Demand accountability, support survivors, and change culture.
- Advocate for comprehensive sex education programs in schools that address sexual and domestic violence, gender inequality, and implementation of Minnesota's antibullying law, the Safe and Supportive Schools Act: <http://bit.ly/2qch6Oq>.

HEALTH:

- Mentor a girl or young woman in your life. Caring relationships with adults help to create resiliency.
- Advocate for improvements to, not repeal of, efforts like Minnesota Care and the Affordable Care Act that make health insurance more affordable and accessible for all.
- Support organizations such as Planned Parenthood that provide a full range of reproductive care in culturally responsive community settings: <http://bit.ly/2qajypq>.
- Create an ongoing, open dialogue with girls and boys in your life about reproductive and sexual health: <http://bit.ly/2GFRW5F>.
- Learn about the social determinants of health and support policies and programs that help create economic, social and physical environments that promote good health for all: <http://bit.ly/SfyX4n>.

LEADERSHIP:

- Run for elected office and invite other women to run too! Attend Vote, Run, Lead or another political training: <https://voterunlead.org>.
- Move beyond voting to deeper levels of political engagement. Help register voters or support a woman running for office in your area. Find out more about current year candidates: <https://bit.ly/2GB9l62>.
- Recruit and coach a woman colleague for a promotion or leadership role at work or in the community.
- Join a corporate, nonprofit, or government board. Check out openings for state boards and commissions: <http://bit.ly/1k65nJi>.
- Learn more about social justice movements, the women leaders within them, and how you can be a good ally: www.guidetoallyship.com.

A note about race, ethnicity and sex

Throughout this report, we use the words Latina/o, American Indian, African American, Asian American, White, and, in some cases, African Immigrant to represent racial/ethnic categories. We recognize that individuals identify in various ways and some may not use these words, preferring other identifiers. Survey instruments also use different terminology in some cases. The American Community Survey and many other surveys and data collection tools include self-identification data items in which participants choose the race or races with which they most closely identify, and indicate whether or not they are of Hispanic or Latino origin (often the only categories for ethnicity). In this report African Immigrants are defined as those that list an African nation as their first ancestry. We recognize that racial categories are a social-political construct for the race or races that respondents consider themselves to be 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.

For the purpose of Census Bureau surveys and the decennial census, sex refers to a person's "biological" sex and participants are offered male and female as options. Throughout this report we use the terms men and women, boys and girls and are relying on the self-identification of individuals. When possible given the survey instrument, we also use trans* 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 that identify with sexual orientations and gender identities that don't fall under the heterosexual label. Recently, Q+ has been added to 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 that individuals identify in various ways and some individuals may express their gender, sex, sexuality or sexual orientation in ways not accommodated by data collection instruments. While working with the limitations of available survey data, we acknowledge and respect the variation in these expressions.

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