

RESEARCH OVERVIEW

2024 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

A team of researchers from the Center on Women, Gender, and Public Policy (CWGPP) at the University of Minnesota's Humphrey School of Public Affairs conducted the research and wrote this report. The team was led by Professor Christina Ewig, Ph.D., director of the CWGPP, and included Carmen Armas Montalvo (Ph.D. student), Julie Marzec (Ph.D. student) and Professor Joseph Ritter, Ph.D. (University of Minnesota's Department of Applied Economics). Jayne Swift (CWGPP communications manager) provided editorial coordination and support.

At the Women's Foundation of Minnesota, Cynthia Bauerly (Vice President of Strategic Initiatives) and Jen Lowman Day (Senior Director of Communications) provided substantive content and editorial direction.

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.

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.

In this report, we have added several composite narratives to demonstrate the impact of multiple and intersecting forms of inequality. While Nicole, Cheryl, Lara, Sally, Elena, Ana and Julia are fictional characters, their stories and experiences reflect and represent the very real issues and struggles faced by Minnesota women and girls. Amara Strande's story on p. 35 is real.





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 of disparities, while bringing visibility to how attitudes, institutions, systems, and policies must shift to support greater community power and leadership, safety, economic justice, health, and well-being for women, girls, and gender-expansive people. It informs where we make investments in communities, through grantmaking, narrative change, and policy and identifies areas where further research is needed.

Our policy agenda is shaped by identifying how our systems are failing women. Because the wage gap continues to hurt women's long-term earnings and potential for wealth creation, the Women's Foundation worked on passing Paid Family & Medical Leave Act in 2023 to end the long-term consequences women face when they leave the workforce to care for family members, a burden that is felt more predominantly by Black, Indigenous, and people of color working in the service sector.

The updated and new data in this report show us that in the last 10 years, since the economics research in this report supported the Women's Economic Security Act (WESA) in 2014, we see progress in women's leadership. Women are running for office – and winning, and they make up a greater share of leadership in corporate and nonprofit roles.

However, the data also shows us that the wage gap between men and women has barely budged over the past decade. Women in Minnesota still face a high likelihood of experiencing violence in their lifetime. The report reveals the hard truth of how inequities appear in the lives of Black and Indigenous women, girls, and people of color and for rural, disabled, LGBTQ+ people, and older women. Leaning into our values of hope and courage, we must transform our sectors to value equity and justice. The solutions that live in communities will benefit all Minnesotans.

By disaggregating the data by gender, race, place, and additional characteristics like age, LGBTQ+ and disability, we see how inequities impact communities differently. The title of this research includes a plus symbol to indicate that data in the report is inclusive of gender-expansive identities where possible.

We also seek to inspire and engage Minnesotans — residents, philanthropists, and leaders of all kinds — to demand safety, economic justice, health, and well-being for all the state's women, girls, and gender-expansive people.

This research is a call to increase investments in community solutions so that we see more equity and justice in our lifetimes. Read more about our recommendations for policy solutions on p. 49.

Together, we can move the needle so Minnesota women, girls, and gender-expansive people have everything they need to thrive.

Gloria Perez
President & CEO
Women's Foundation of Minnesota



SECTION 1

Economics

Economic security is a measure of women’s full and equal inclusion within our democracy. Women – white, Black, Latina, Asian, Native American, married, single, aging, and with disabilities – deserve full inclusion.

However, women have yet to obtain economic security in Minnesota and some women face steeper challenges than others. For women to achieve economic security, we need to raise pay in occupations dominated by women, ensure all workers have access to a living wage, expand educational opportunities and access to high-paying trades, address the affordable housing crisis, and value unpaid carework through benefits like sick leave and subsidized child care. These steps are integral to addressing gender and racial wealth gaps, and their consequences for future generations.

The data demonstrate that Minnesota can do more to open pathways to economic security for women and girls. Minnesota women remain segregated in lower-paying industries, and race and gender have an outsized impact on average earnings. Unpaid carework – disproportionately performed by Minnesota women – results in a loss of lifetime earnings and economic opportunities.

While women now obtain more education than men, the gender wage gap persists. We see this gap vividly illustrated in fields that include science, technology, engineering, and math known as STEM fields. STEM has long been touted as a pathway for economic mobility, yet also a sector where women have traditionally been underrepresented. However, most definitions of STEM do not include health care occupations – a field in which women have high rates of participation and which requires scientific training. When we include healthcare, over half of Minnesota’s STEM workforce is women. Participation in STEM fields is not enough. Ensuring women’s success in high paying occupations and increasing wages in sectors dominated by women is critical for advancing equity.

In addition to lower wages, Minnesota women continue to struggle to afford housing and child care and have higher rates of student debt than their male counterparts. These challenges add up to more women in poverty than men. Long-term, women experience some of the deepest gender and racial wealth gaps in the nation.

In the U.S., wealth inequality surpasses income inequality. Approximately 78% of all wealth is concentrated in the top 10% of U.S. households.¹

Wealth, defined as the value of all assets owned by a household minus all debts, is crucial for its impact on intergenerational economic mobility. In addition to savings, assets can include homes, cars, stocks and bonds, fine art, and other property. Stark wealth disparities exist among U.S. racial groups, and gender intersects with race along several important wealth dimensions.

THE STATE OF THE WEALTH GAP

Minnesota has the third-largest racial wealth gap in the United States.²

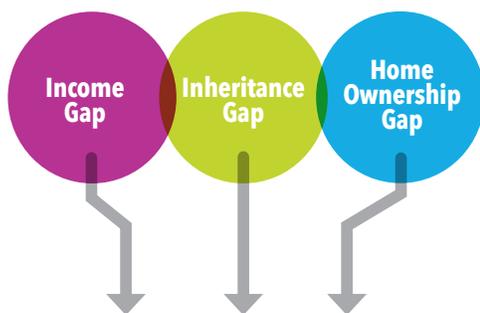
The median white family in the U.S. has nearly eight times the wealth of the median Black family. U.S. white families have a median family wealth of \$188,200 compared to Black families' median wealth of \$24,100.³ In Minnesota, the median net worth of Black households is \$0, compared to \$211,000 for white households and \$18,000 for Latina/o households.⁴

The gender wealth gap is larger than the gender wage gap and is exacerbated by racial inequalities.

Families led by women in the U.S. possess only 55 cents of median wealth for every dollar owned by families led by men. Women of color face even larger wealth gaps. While white women have 56 cents in wealth for every white male dollar, Latina women have only 10 cents, and Black women just five cents. Women who have never married also face a steeper wealth gap, with 34 cents for every dollar of male wealth.⁵

WHAT DOES AND DOES NOT DRIVE THE WEALTH GAP

Three key factors drive the wealth gap: lifetime household earnings, financial support or inheritance, and homeownership.⁶



Intergenerational Wealth Gap

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.⁷ The gender wage gap deeply impacts single women, women of color, and Native American women and contributes to women's greater vulnerability to poverty in old age.

Owning a home is the most important building block to wealth for Black Americans.⁸

Redlining, discriminatory mortgage-lending practices, lack of access to credit, histories of discriminatory covenants, and lower incomes have erected barriers to stable and reasonably priced home ownership for Black families in Minnesota and the nation. Consequently, Black Americans are more recent homeowners and are more likely to hold high-risk mortgages, making them more vulnerable to foreclosure and volatile housing prices.⁹ Research into redlining and racial covenants in Minneapolis has brought to light decades of discriminatory housing practices that have contributed to only 25% of Black families owning a home in the Twin Cities today, compared to 78% of white families.¹⁰

Higher education does not close wealth gaps.

The gender wealth gap persists despite women making up the majority of bachelor's degree holders in the U.S. since the early 1980s.¹¹ 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 lacks a high school degree or GED have one-third more wealth than a Black family whose breadwinner has a college degree.¹²

Debt is a key impediment to wealth generation for women. Nationally, women have 74% more student debt per dollar of income and 14% more credit card debt per dollar of income compared to men.¹³ Single female household heads are also more likely to be unbanked and more likely to accumulate payday loan debt. Unmarried female-headed households in the U.S. have a notably higher unbanked rate of 9.2%, in contrast to married couple households, which have a rate of 1.8%.¹⁴

In Minnesota, higher education costs contribute to gender disparities in debt accumulation.

Among Minnesota two-year college student respondents, 41% of men indicated a student loan balance of \$0, compared to 36% of women. Among students at four-year institutions, 41% of men indicated a student loan balance of \$0 compared to 32% of women. A larger percentage of women compared to men also have debt over \$25,000.¹⁵

WHY THE WEALTH GAP MATTERS

Inheritances provide 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.¹⁶

Wealth provides important advantages. Wealth may allow families to provide their children with better education, purchase homes or rent in the neighborhood of their choosing, 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 poor families.¹⁷ For example, young people from high-wealth families (exceeding approximately \$223,500) are more than 1.5 times as likely to complete two or four years of college by the age of 25 compared to those from low-wealth families (below \$2,000).¹⁸

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

But gender biases can also be drivers of 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 paid work experience. 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 advancement, and lifetime earnings.

Minnesota is a national leader in women's workforce participation.

With a women's labor force participation rate of 66%, 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.¹⁹

Minnesota mothers' workforce participation has recovered since the worst of COVID-19. Like most of the country, Minnesota saw a drop in workforce participation among women with children during the COVID-19 pandemic, when child care became more scarce and schools shifted online. According to data from *Who Cares?*, a fact sheet from the Center on Women, Gender and Public Policy, in 2019, prior

to the pandemic, 77% of women with kids six or under were in the workforce; this dropped in 2020 to 73%. By 2022, however, those numbers recovered and even improved.²⁰

High workforce participation can boost women's economic autonomy.

However, workforce participation alone is not enough to resolve the gender wage gap. The wage gap between men and women has barely budged over the past decade.²¹ On average, Minnesota women who work full-time all year make \$0.81 for every dollar that men make, with important differences among women depending on race or ethnicity.²²

Even when a range of factors are considered, Minnesota's women earn on average 5% less than men.

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 discrimination and will widen over the course of women's lives.²³

The gender wage gap has lifetime impacts.

Women in Minnesota lose an estimated \$483,040 in lifetime earnings due to the gender wage gap, a gap which disproportionately impacts women of color. Asian women in Minnesota lose an estimated \$741,360, while Black, Latina, and Native American women lose more than \$1,000,000 over a lifetime.²⁴ Minnesota is the 16th worst state in the nation for lifetime losses due to the wage gap.²⁵

Minnesota women must work between 10 and 25 years more than men to earn the same lifetime earnings. To achieve the same income as a white man by the age of 60, a white woman from Minnesota would need to

continue working until she reaches age 69, and an Asian woman until the age of 75. Native American, Black, and Latina women would need to work until their mid to late 80s to earn as much as white men.²⁶

Women are often pushed to spend time out of the labor force to provide care for others, 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.²⁷

Caregiving also impacts work hours.

About 6 in 10 caregivers report having to make at least one workplace accommodation, such as reducing work hours, because of caregiving.²⁸

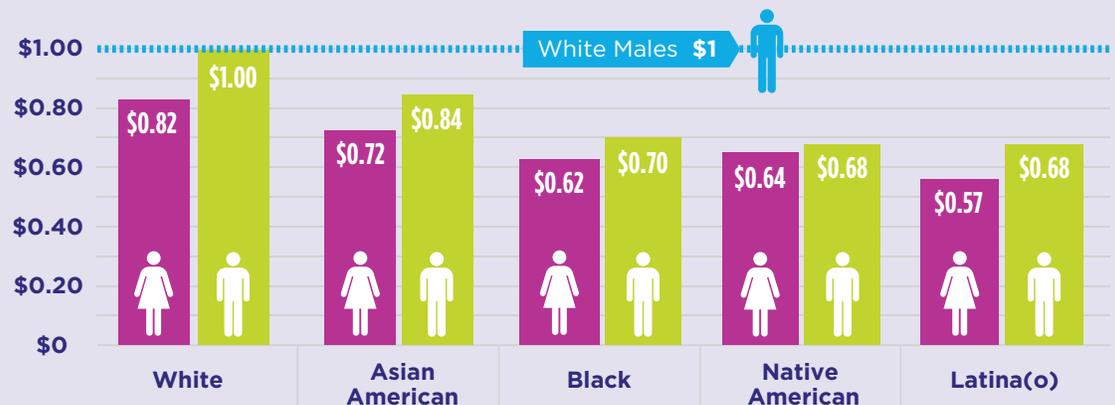


Wage Gap Differs by Race & Ethnicity

The wage gap is 1.7 times as large for Somali women and 1.4 times for other African immigrant and Hmong women than it is for white women in Minnesota.²⁹

Minnesota Cents on the Dollar

Average Wage and Salary Income Relative to White Men



CWGGP analysis of American Community Survey, 2017-21. Average earnings of full-time, year-round workers age 16 and over in Minnesota.

Gender gaps in the workforce 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 between 2015 to 2019.³⁰ 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 exceeded incomes of opposite-sex couples. In Minnesota, average household income is highest for same-sex male couples (\$155,596), followed by same-sex female couples (\$130,207), and is lowest for opposite-sex couples (\$95,493). Women with male partners 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 (51% work full-time compared to 62% of women in same-sex partnerships), the motherhood wage penalty, and the child care burden (38% have children, compared to 31% in same-sex partnerships).³¹

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.³²

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

Since the passage of separate, higher, minimum wage laws in Minneapolis and St. Paul, Minnesota now has four categories of minimum wage workers: federal, state, St. Paul, and Minneapolis.

Among those that earn the state minimum wage, or less: 56% are women. 57% of workers earning at least St. Paul's minimum wage are women. 59% of workers earning at least Minneapolis' minimum wage are women.

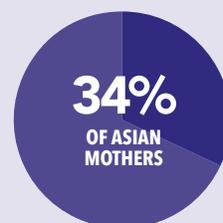
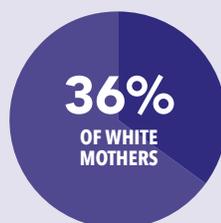
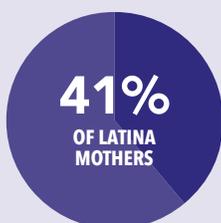
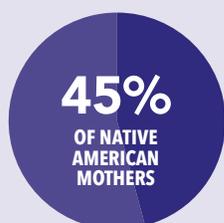
More Greater Minnesota women than Twin Cities metro women work minimum wage jobs. In 2022, 58% of minimum wage workers in Greater Minnesota and 54% of minimum wage workers in the Twin Cities metro area were women.

CWGPP analysis of Quarterly Employment Demographics data from the Minnesota Department of Employment and Economic Development. Data was from Q1-Q4 2022. Minimum wages were as follows in 2022: state large firm \$10.33, small firm \$8.42; Minneapolis large firm \$15, small firm \$13.50. St. Paul has more tiers, ranging from \$15 for 'macro' firms to \$10.75 for 'micro' firms. Calculations are based on those earning the large firm wage, or less, for a given area.



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.



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. Occupational segregation is an important contributor to the gender wage gap.

OCCUPATIONAL SEGREGATION TRENDS AND EFFECTS

Occupational segregation by gender is significant in Minnesota.

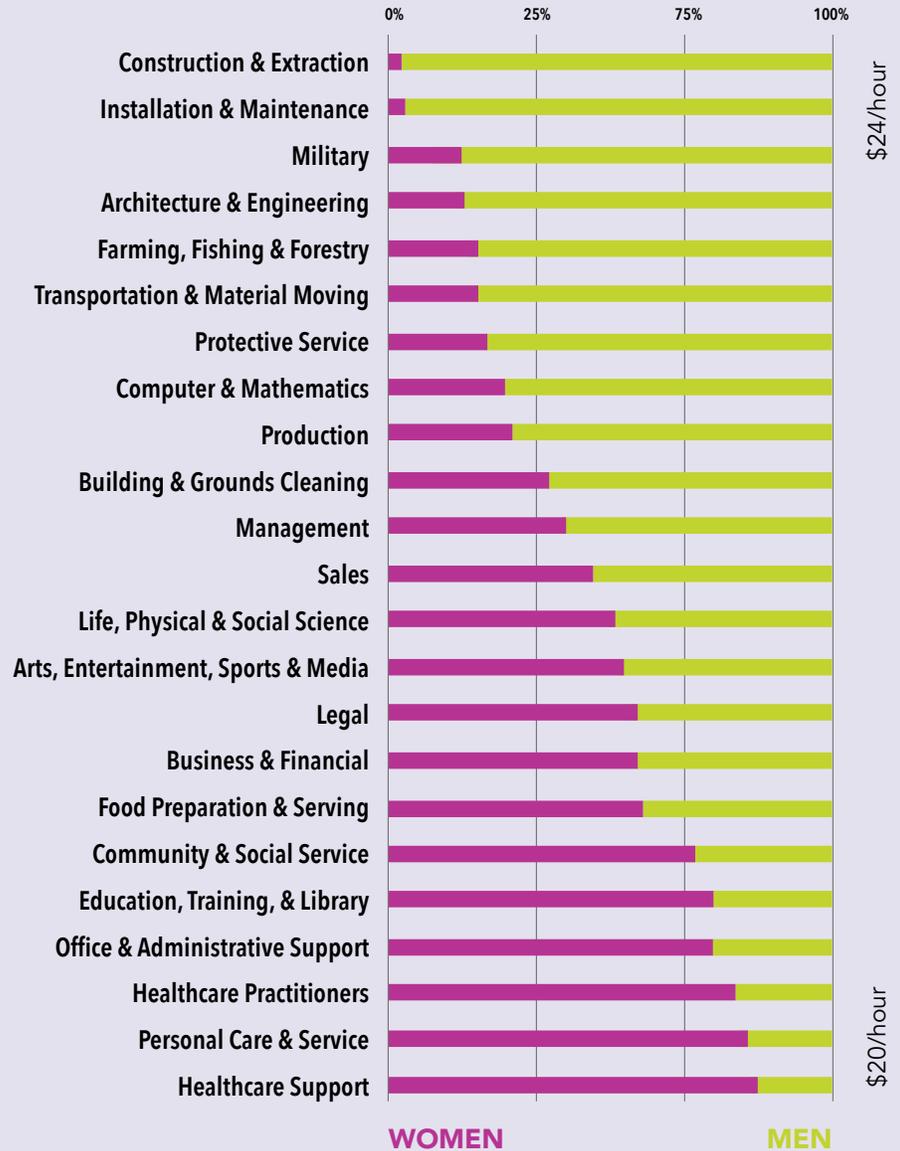
Women are more likely to work in care and service-related occupations that are relatively underpaid. Women account for over 75% of employees in healthcare, personal care, and service occupations, and more than 70% of employees in office and administrative support, education, and library occupations. In contrast, men account for more than 80% of construction, farming, and military-related occupations and over 70% of computer and production occupations.³³

Women of color and Native American women are concentrated in service occupations. While 17% of Minnesota’s white women work in service jobs, 29% of Latina, Black, and Native American women work in service fields where benefits are scarce. By comparison, 12% of men work in these occupations.³⁴

Occupational segregation results in lower wages for women in Minnesota. For large, gender-segregated occupations, which together comprise almost half of all employment in the state, occupations dominated by women pay an average wage of \$22/hour, compared to \$27/hour in male-dominated occupations.³⁵ If we zoom out to broader occupational categories as pictured in the figure on occupational categories, workers in sectors dominated by women earn \$20/hour, while workers in male-dominated sectors earn \$24/hour.³⁶

Ninety-six percent (96%) of child care workers in Minnesota are women, and they are low-paid. Nationally, women of color and Native American women comprise 43% of the early child care workforce. In Minnesota, they represent 17%.³⁷ 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.³⁸ Minnesota child care

Employee Composition by Gender of Major Occupational Categories in Minnesota



CWGPP analysis of the American Community Survey, 2017-21.

workers earn a median hourly wage of \$14.63. Compare this to kindergarten teachers in the state, who earn on average \$31 an hour.³⁹

The construction trades are well-paid and dominated by men. Only 3% of construction workers are women, the most gender-segregated occupational category.⁴⁰ The median hourly wage for Minnesota construction workers is \$31.⁴¹

Workers in service occupations are less likely to have access to employee benefits.⁴² U.S. 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 65% of these workers have access to paid sick leave, compared to 73% of civilian industry workers in natural resources, construction, and maintenance occupations and 93% in management, professional, and related occupations.⁴³

EDUCATION, TRAINING AND OCCUPATIONAL SEGREGATION

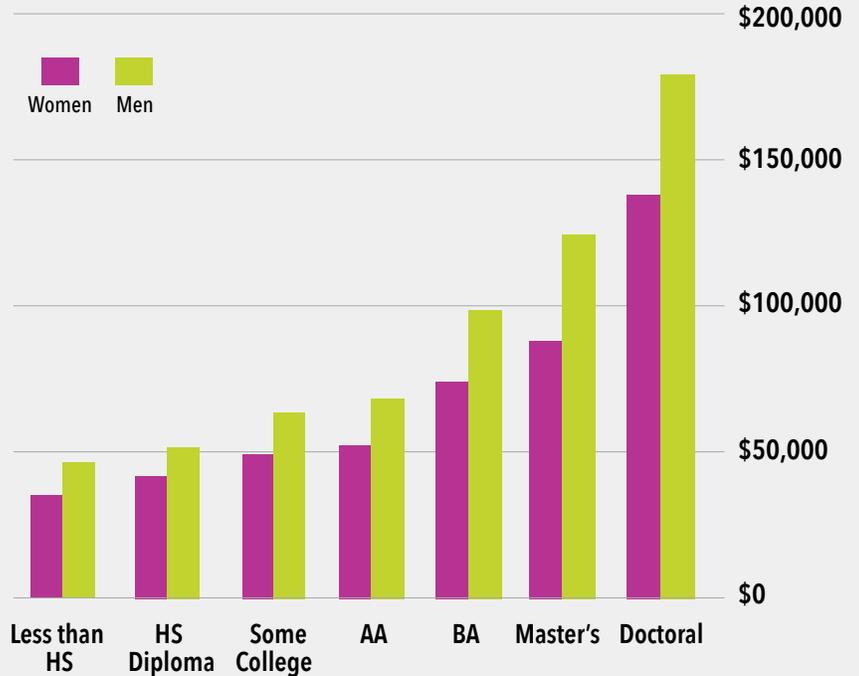
Disparities in education between women and men have largely disappeared. For example, women now earn more college degrees than men. Yet, women’s earnings still trail men’s, regardless of education level.

Where education matters more is in the chosen field of study. Occupational segregation begins with education and 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, majors, and careers. The consequences for wages are enormous.

Minnesota high school girls take fewer career and technical education courses than boys, with consequences for wages. While girls take fewer of these courses, when they do, the courses girls concentrate in are less aligned with the job market than those in which boys predominantly concentrate. As a result, male students have more opportunities to obtain in-demand job skills training in high school and earn high wages with a high school degree, while women students must rely on postsecondary credentials, which are much more costly.

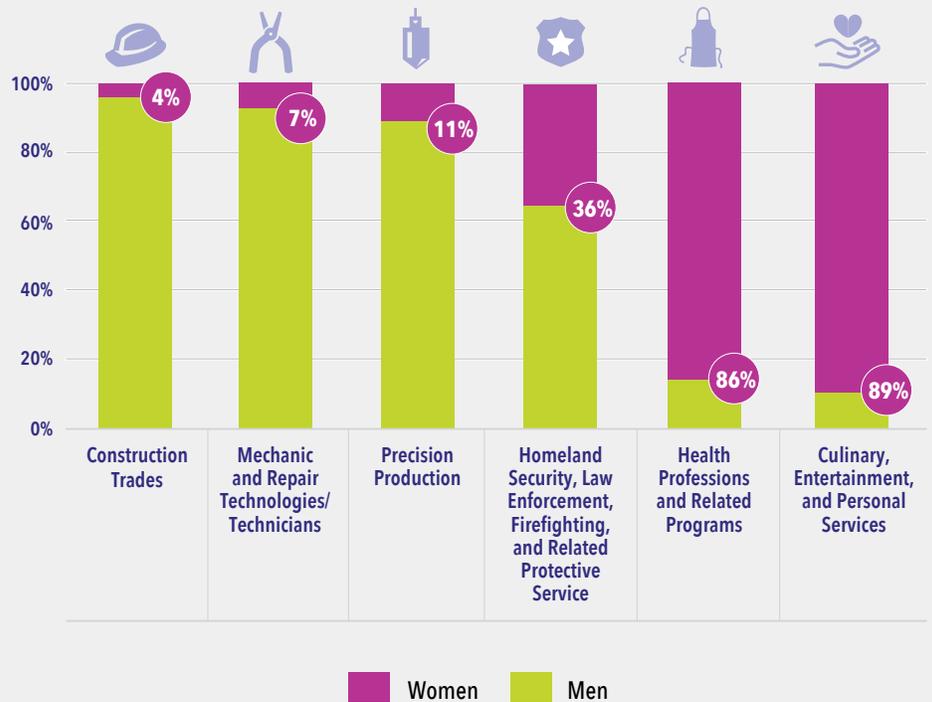
Gender- and race-based occupational segregation is apparent in Minnesota’s workforce development programs. From July 2022 to July 2023, across all state workforce development programs, there was a notable gender difference in training preferences by workers – a trend since 2013. Women (24%) were more inclined to enroll in training for service occupations compared to men (5%). Women of color and Native American women (30%) had the highest likelihood of receiving service occupation training, compared to 5% of men of color and 4% of white men. Conversely, only 6% of women pursued training in production, transportation, and material moving, while 40% of men chose this field. Furthermore, 11% of men enrolled in training related to natural resources, construction, and maintenance compared to just 1% of women. Nevertheless, women outpaced men in pursuing training in management, professional, and related fields, with 56% pursuing this training compared to 37% of men.⁴⁴

Average Annual Wages in Minnesota by Gender and Education



CWGPP analysis of the American Community Survey, 2017-21. Average income of full-time, year-round workers, 16 and older in Minnesota.

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



CWGPP analysis of IPEDS 2021-2022 Provisional Data Release. Associate degrees and 1-2-year awards, first majors, as listed.

STEM and Occupational Segregation

Occupational segregation also happens within science, technology, engineering and math occupations (“STEM”). The higher paid jobs are in life and physical science, engineering, mathematics, and information technology occupations. Three-quarters of these jobs are held by men in Minnesota, and just 26% are held by women. However, if we include health occupations, the picture changes dramatically and women represent just over half (51%) of workers in STEM occupations in Minnesota. Compare this to the general workforce – where women make up 47% of the total over-25 workforce.

Women’s representation in STEM occupations varies, depending on whether health occupations are included. When health occupations are included, women of color and Native Americans are overrepresented relative to their proportion of Minnesota’s population.



STEM Without Health Occupations:

26% WOMEN 74% MEN

- STEM occupations in life and physical science, engineering, math and information technology occupations represent 7.8% of employment in Minnesota and have a median wage of \$39 per hour, compared to \$21 for occupations in other fields.
- Three percent (3%) of women in Greater Minnesota work in STEM under this narrow definition – half as likely than women in the Twin Cities metro area, 6% of whom are in this workforce. By comparison, 8% of men in Greater Minnesota and 15% of men in the Twin Cities work in STEM under this definition.
- Young women, ages 23-25, make up 31% of Minnesota’s STEM workforce in that age range, using this narrow definition.
- Women of color and Native American women in Minnesota vary in their workforce participation under the narrow definition of STEM. Just 0.2% of Native American women workers; 2% of Black women workers; and 4% of Latina workers work in these fields. Five percent (5%) of white women workers are in these fields. Eleven percent (11%) of Asian women workers work in these fields. Within the category of Asian, 5% of Hmong women and 29% of Asian Indian women workers work in these fields.

STEM + Health Occupations:

51% WOMEN 49% MEN

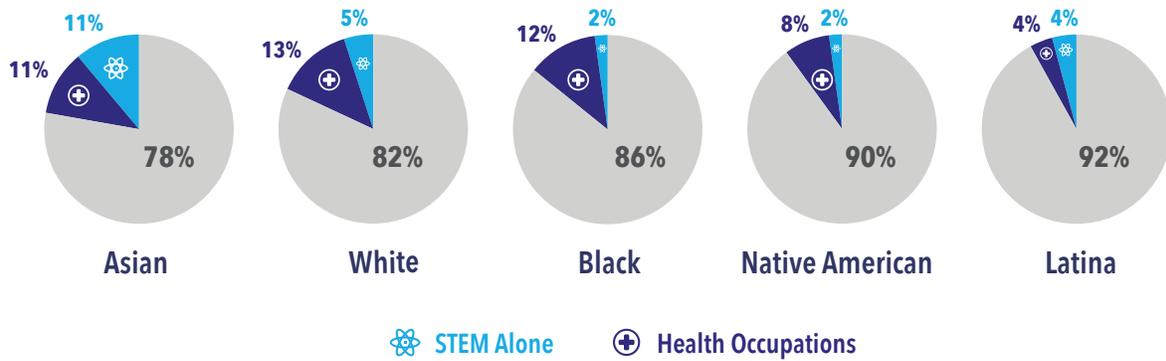
- When we add STEM-related health occupations to life and physical science, engineering, math and information technology, together these represent 15% of employment in Minnesota. Combined, they have a median wage of \$37 per hour. STEM-related health care occupations alone have a median hourly wage of \$34 per hour.
- Using the STEM + health definition, 18% of women and 11% of men in Greater Minnesota work in STEM. In the Twin Cities, men (18%) have only a slightly bigger participation rate in STEM occupations compared to women (17%) under this definition.
- Young women, ages 23-25, make up 53% of Minnesota’s STEM workforce in that age range, when we include health occupations.
- Women of color and Native American women in Minnesota also vary in their workforce participation under the broader definition of STEM. Just 8% of Latina, 10% of Native American, and 14% of Black women workers work in STEM + health. Eighteen percent (18%) of white women workers are in these fields. Twenty-two percent (22%) of Asian women workers are in these fields, with Asian Indian women being highly likely to work in STEM + health jobs – 50% of Asian Indian women workers work in STEM + health.⁴⁵

NICOLE’S STORY

Economic disparities intersect, and these disparities collectively disadvantage Minnesota women and girls, as well as their families and communities.

While STEM can be a high-paying field, the financial benefits of STEM professions differ by gender and race. Consider the case of Nicole: Nicole is a Black woman in her mid-30s who resides in Minneapolis. She has a Ph.D., works as a research scientist in the private sector, and makes a six-figure salary. While Nicole makes a high annual salary, she is also paid less than a male colleague. During job negotiations, her employer based her starting offer on her previous salary history, which was lower than male counterparts. A lack of pay transparency and entrenched discrimination financially disadvantage Nicole, and many other women.⁴⁶ Policies and practices that promote pay transparency, such as the federal Paycheck Fairness Act that took effect Jan. 1, 2024, promote greater pay equity, as would prohibitions on asking previous salary history. If Nicole thought her pay was a direct result of discrimination, she could also pursue legal action. Courts have a role to play; the federal judiciary can do more to affirm the ways race and sex discrimination intersect by allowing people to bring claims on multiple bases.⁴⁷

Percentage of Minnesota women in the labor force who work in STEM alone and health occupations, by race and ethnicity



CWGPP analysis of the American Community Survey, 2017-21. Minnesota's racial and ethnic composition is 79% white and 21% non-white including 6.4% Black, 5.5% Latina/o, 4.9% Asian, 3.4% multiracial or other, and 0.9% Native American. See Definitions for more information on STEM calculations.

Disparities in the highest-paying STEM occupations begin with education in grade school and continue through college and graduate school.

A gender gap in math achievement emerges in 8th grade and widens by 11th grade, with significant implications for Minnesota girls' future earnings.

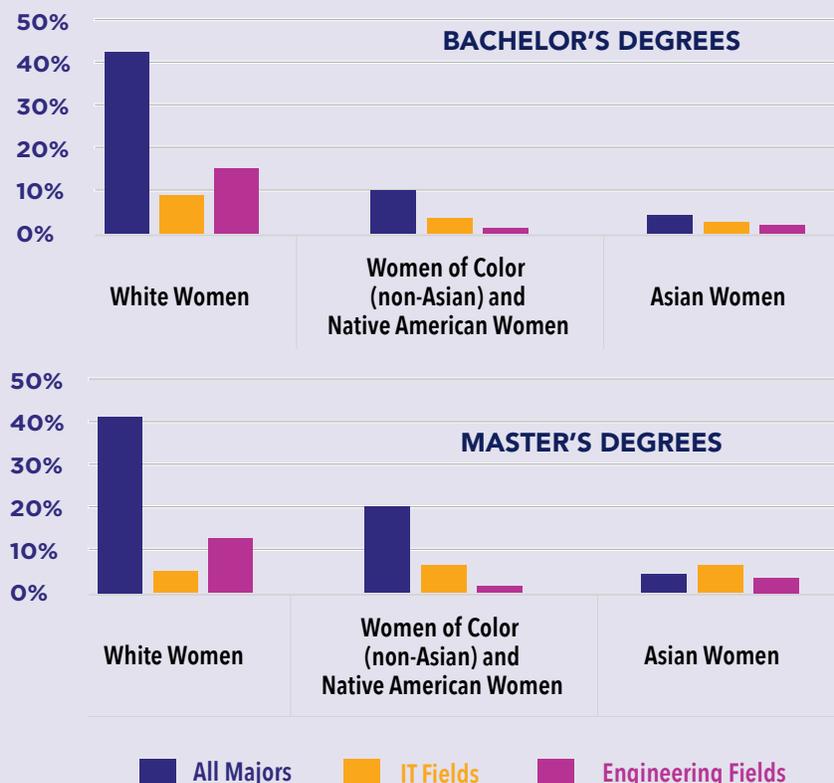
Math proficiency and interest in math can shape course choices, such as accelerated math courses and college majors. Strong

math skills can lead to higher-paying jobs.⁴⁸

Women in Minnesota are underrepresented in information technology and engineering undergraduate education. While women receive the majority (63%) of bachelor's degrees in Minnesota, they are only 22% of computer-related degree majors and 21% of engineering-related degree majors.⁴⁹

Women make up a larger proportion of information technology and engineering 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 34% of degree earners in computer-related fields and 26% of degree earners in engineering.⁵⁰

Percentage of Women Graduates in Minnesota by Field and Race*



CWGPP Analysis of IPEDS 2021-22 Provisional Data Release. First majors only. Includes only U.S. citizens and permanent residents and excludes multiple races and unknown race/ethnicity. *For example, the pink bar for master's degrees shows that 12% of master's graduates in engineering fields were white women.

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

CHILDCARE COST & AVAILABILITY

94% of Minnesota families have insufficient income to meet federal recommendation on cost of child care. 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.⁵¹ Based on 2021 data, only 6% of two-parent families had enough income to meet this recommendation when paying the average cost of center-based infant care in Minnesota.⁵²

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 10th least affordable for the annual cost of infant care in a center (\$17,441) and 11th least affordable for the annual cost of toddler care in a center (\$15,340). However, when looking at family child care, Minnesota is among the 10 most affordable states.⁵³

The average cost of center-based infant care in Minnesota is more than the annual cost of college tuition at the University of Minnesota. The cost for center-based infant care is around \$335/week (\$17,441 annually), while tuition and fees at the University of Minnesota for an in-state resident total \$16,598.⁵⁴

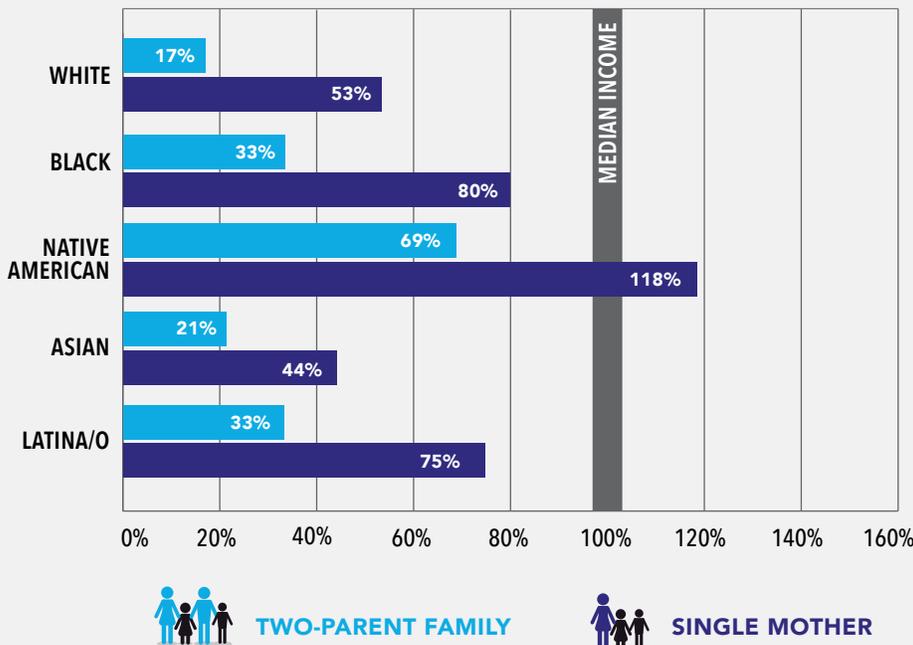
Child care access is low in Minnesota. In Minnesota, the typical family with a young child resides where there are almost two children for every slot of child care capacity. In Greater Minnesota, families have more access to

publicly provided child care (Head Start and public pre-kindergarten) than in the Twin Cities, but less access to center-based child care.⁵⁵

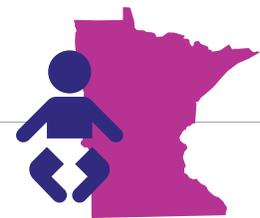
Minnesota experienced an 11% drop in licensed child care programs between 2019 and 2022.⁵⁶ A large portion of these were family-based centers located in central Minnesota, where the child care deficit has increased nearly 21%, from 4,400 slots to 5,317.⁵⁷

Access to child care is especially critical for Minnesota's Black mothers. Sixty-five percent (65%) of Minnesota Black mothers with children under 18 are single parents, while the figure is 56% for Native American, 40% for Latina, 29% for Asian and 22% for white mothers.⁵⁸

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



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



Minnesota has the 10th 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. Child Care Aware, "The Price of Care: 2022 Child Care Affordability Analysis".

CWGPP analysis. Income data from American Community Survey, 2017-21. Cost data from Child Care Aware Minnesota, November 2022. 100% line indicates when infant care is equal to the average median income for that group.

Overall, poverty in the United States declined in 2021, after the COVID-19 pandemic. This included Minnesota, where fewer families were under the poverty line than prior to the pandemic. COVID-19 relief played an important role in poverty reductions.

It remains to be seen if poverty rates continue to decline or rise, now that many pandemic benefits, such as expanded Medicaid health care coverage, are rolled back. Before and after the COVID-19 pandemic, poverty disproportionately impacts single female-headed households and communities of color.

POVERTY, RACE, AND HOUSEHOLD HEADSHIP

Women are more likely than men to experience poverty in Minnesota, and especially in Greater Minnesota. In 2021, 12% of Minnesota women were living below the poverty level, about 1.2 times than the poverty rate for men. While 10% of women in the Metro area were living below the poverty level, 14% of women in Greater Minnesota experienced poverty.⁵⁹

Gender and race increase the probability of food insecurity for college students. In 2023, 29.8% of female students ran out of food at some point in the last 12 months in contrast with 24.5% of male students. Moreover, 50% of African American, 47% of Native American, 43% of Asian, and 35% of Latina/o students ran out of food at some point in the last 12 months, in contrast with only 27.4% of white college students.

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 of 12.5%, poverty rates are three times higher for Minnesota’s single female-headed families than other family compositions. This is 2.5% over the national poverty rate for single female-headed families of 35%.⁶⁰

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.⁶¹ Other research shows that their incomes do not recover over time.⁶²

In Minnesota, divorced working-age mothers are more likely to live in poverty than divorced working-age fathers –18% compared to 9%.

Single mothers’ income levels, across race and ethnic groups, fall far short of the cost of living.

LGBTQ+ POVERTY

Transgender Minnesotans are more likely to live in poverty. While there is not a significant difference in poverty rates between LGB Minnesotans and cisgender, straight Minnesotans, 15% of transgender individuals live in poverty in Minnesota, compared to 6% of cisgender, straight individuals.⁶⁴

Race intersects with LGBTQ+ identities to influence poverty rates. Nationally, LGBTQ+ people of color and Native Americans experienced a poverty rate of 25% in 2021 compared to 13% for LGBTQ+ white individuals. Lesbian cis women with children are among the most likely to be poor; 28.2% lived below the poverty line in 2021.⁶⁵

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

White, Asian American, and Native American married couples are the only two-child Minnesota families that have median income levels exceeding the state cost of living.

	Single mother with 2 children Cost of living: \$ 85,920			Two-parent family with 2 children Cost of living: \$ 90,252		
	Median income	% with income below cost of living	% below poverty line	Median income	% with income below cost of living	% below poverty line
Asian	\$54,158	73%	23%	\$124,895	36%	5%
White	\$50,172	82%	17%	\$130,837	26%	3%
Latina/o	\$25,800	96%	42%	\$58,287	77%	11%
Black	\$25,121	97%	36%	\$70,000	59%	11%
Native American	\$15,537	99%	54%	\$109,421	31%	18%
Total	\$41,900	87%	24%	\$125,000	31%	4%

CWGPP analysis. Cost of living estimate from the MN DEED, 2022 (includes full-time child care costs). Income data from American Community Survey, 2017-2021.

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 11.5% of the Minnesota population and are almost evenly split between women and men. Twenty-three percent (23%) 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 49.6% of Minnesotan adults with disabilities are in the workforce.⁶⁶

Women with disabilities experience a larger wage gap.

In Minnesota, women with disabilities earn a median hourly wage that is \$3 less than that of men with disabilities (\$21 compared to \$24 for men).⁶⁷ Nationwide, women with disabilities are less likely to attain a bachelor's degree (19.7%) compared to men with disabilities (21.5%).⁶⁸ Moreover, the Fair Labor Standards Act allows employers to pay people with disabilities less than minimum wage if they work in "sheltered workshops" (nonprofit facilities that provide controlled work environments and training for individuals with disabilities). This further contributes

to the suppression of wages for women with disabilities.⁶⁹ A new legislative report has recommended phasing out subminimum wages by 2025.⁷⁰

Disability intersects with other systematic inequalities. Structural forms of marginalization including racism and gender biases exacerbate the stigma and discrimination experienced by people with disabilities. In the U.S., people of color with disabilities are more likely to face barriers to education and employment that limit their earning potential.⁷¹ Nationally, significantly more Black (45.2%) and Latina/o (33.3%) households with a disability have an income less than \$15,000 compared to their white counterparts (27.4%).⁷² In Minnesota in 2021, the poverty rate for women aged 18 to 64 with disabilities was higher than it was for men with disabilities, 27% and 22%, respectively.⁷³

WOMEN OVER 65

Minnesota has more aging women than men.

Women comprise 54% of the population of Minnesotans over 65 and 63% of those age 85 and older.⁷⁴

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.⁷⁵

Social Security is crucial for older women's financial well-being, yet their Social Security checks are smaller.

Women over age 70 who are widowed or divorced rely on Social Security benefits for a majority of their income.⁷⁶ Many factors contribute to the post-retirement gender income gap: women outlive men by an average of 5 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.⁷⁷ On average, older women in the U.S. receive approximately 80% of the retirement income that older men receive, extending the gender pay gap into retirement.⁷⁸

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



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, households headed by single women rarely meet this mark. Sixty-five percent (65%) of Minnesota's families headed by single mothers are in rental housing, and 42% 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: 67% pay over 30% of family income on housing, and 43% pay over half of their income.⁷⁹

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 Latinos.⁸⁰ Eviction rates in Minnesota declined with the eviction moratoriums during the pandemic, but they have been increasing since lifting the moratoriums in June 2021.⁸¹

LGBTQ+ individuals experience heightened homeownership disparities. Nationally in 2021, only 44% of LGBTQ+ adults owned homes, compared to over 66% of non-LGBTQ+ adults.⁸²

Costs for assisted living for older Minnesotans can be substantial. Nationally, women constitute the vast 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.⁸³ In 2021, the average monthly cost for adult assisted living in Minnesota was \$4,508, or \$54,090 per year. A semi-private room in a nursing home facility in 2021 was \$11,601, or \$139,211 per year. More than half of Minnesota women 85+ years of age live alone. These figures are higher than the national average.⁸⁴ The pandemic increased the cost of living in these facilities as providers increased their use of personal protective equipment and enhanced health and safety protocols.⁸⁵ The rates are often unaffordable due to women's lower wealth and Social Security benefits. In 2021, the average annual Social Security income received

by women 65 years and older was \$14,204 compared to \$18,108 for men.⁸⁶

UNHOUSED MINNESOTANS

The Wilder Foundation is currently collecting new data on the unhoused. 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 2018.⁸⁷

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+.⁸⁸

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.

Unhoused men are much more likely to not have a child living with them (89%).⁸⁹

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 (for at least a year or 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.⁹⁰ One percent of unhoused women report having served in the U.S. military, compared to almost 12% of unhoused men.⁹¹

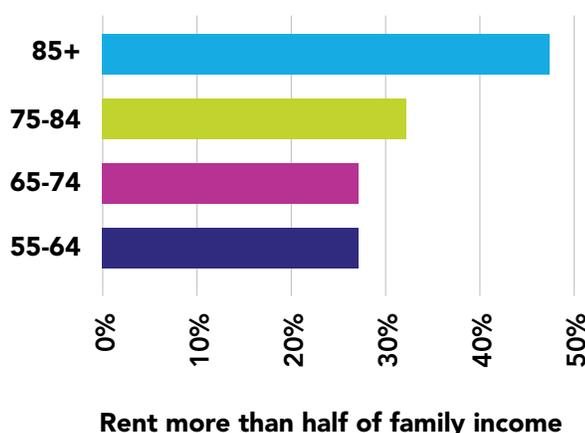
HOME OWNERSHIP

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

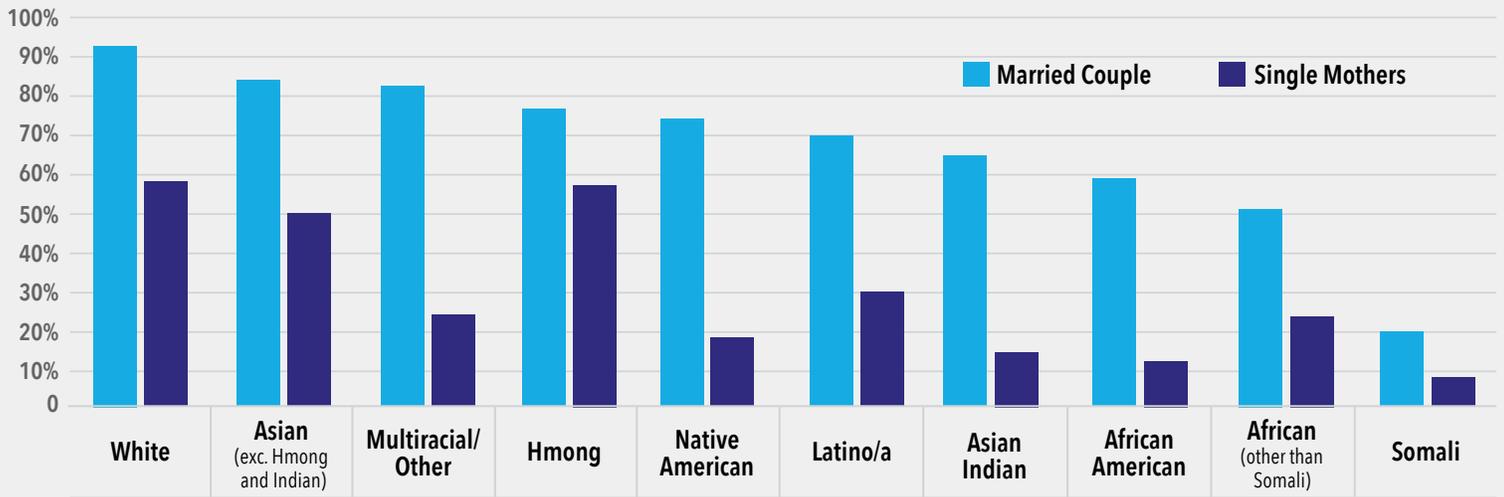
The Twin Cities has the largest Black-white homeownership gap of any metropolitan region in the U.S. This gap is driven by both gentrification and the rise in corporate landlords. Large property investors purchased foreclosed single-family properties, turning former homeowners into renters.⁹² In Minnesota, the disparity in homeownership rates between white households and households of color is more than the national average. However, there has been a reduction in this gap since 2018.⁹³

Rental housing affordability declines as women age

Percentage of older Minnesota women living in rental housing who spend more than half of their family income on rent.



Home Ownership by Race and Family Type



CWGPP analysis of American Community Survey, 2017-21

CHERYL'S STORY



Not all occupations within STEM are highly lucrative.

Nicole's sister, Cheryl, works in the low-wage sector of healthcare, as a nursing assistant. Despite the fact that she has some college education and a professional license, Cheryl makes only \$21/hour. She is also a single mother with a small child. Due to the astronomical cost of child care and her low hourly wage, Cheryl has been unable to purchase her own home. A lifelong renter, Cheryl is one of the many Minnesota women spending more than one-third of her monthly earnings on ever-increasing rental costs.

WOMEN-OWNED BUSINESSES

Minnesota ranks 30th among U.S. states for the number of women-owned businesses per 100,000 people.⁹⁴

Minnesota women-owned businesses are concentrated in traditional fields. In 2023, an estimated 34% of businesses in Minnesota were women-owned and half of these were concentrated in three traditionally female industries: personal services (19%) (e.g. hair/nail salons, dry cleaning, pet care); retail trade (12%); and real estate rental and leasing (11%).⁹⁵

Male and Female-Owned Firms, Employees, and Annual Gross Revenue by Owner Characteristics

	Percent of all firms	Percent with >5 full-time employees*	Percent with >\$10,000 in annual gross revenue
Male-Owned Firms	66%	8%	53%
Female-Owned Firms	34%	6%	44%
White women	28%	6%	47%
Women of color	6%	7%	31%
Immigrant women	3%	8%	35%
Women with disabilities	1%	6%	32%

CWGPP analysis of Minnesota Business Snapshot Data (Office of the Secretary of State), June 2023. Specific categories of women are subgroups of female-owned firms. Immigrant women and women of color categories overlap. Women with disabilities overlap with other categories of women. *Only for those who answered the survey question.

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.⁹⁶

Among races and ethnicities, Minnesota Latinas spend the most time on carework. Among Minnesotan adults, Latinas spend significantly more time total on caregiving and housework activities (5.7 hours per day) than both Latinos (3.5 hours per day) and white women (3.1 hours per day).



Minnesota's full-time working mothers

**SPEND 44 MINUTES
MORE PER DAY**

on housework and caregiving for family members than full-time working fathers.

CWGPP analysis of the American Time Use Survey, 2017-21.

POLICY WIN



Minnesota Becomes the 12th State to Pass a Paid Family Leave Program

After years of effort and advocacy, Minnesota passed HF 2, Paid Family and Medical Leave in 2023. The program, which goes into effect in 2026, will ensure workers have access to paid leave to take time to care for children and dependents or to attend to health conditions (including pregnancy).

The program will greatly expand access to paid leave for low-income workers and families.

- Workers will be able to take up to 12 weeks of leave for family or medical reasons (or 20 weeks total for both) in a year.
- Wage replacement rates are progressive, with lower-income workers receiving a higher percentage of their income in benefits.
- Those earning \$15 an hour and working a 40-hour week could see up to 90% of their wages replaced.
- Benefits are capped at 100% of the state's average weekly wage (currently \$643.50)

Further information: <https://mn.gov/deed/programs-services/paid-family/individuals/>

Paid family and medical leave allows 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 their jobs and maintain jobs that match their expertise. This can raise their earnings and help close the gender pay gap.

NICOLE & CHERYL'S STORY



Together, Nicole and Cheryl reveal the stark realities of gender and racial economic inequality.

Nicole has a high annual income, but she also had to take out extensive student loans to earn her degree and, like many Black women, she helps support her less well-off relatives.⁹⁷ As a result, she spends more of her income on debt payments and family aid and saves and invests less than her white male peers, diminishing her ability to build wealth. Cheryl has periodically had to work part-time due to parenting responsibilities; she's also been unable to purchase her own home – a key mechanism for wealth accumulation. Nicole and Cheryl did not inherit significant assets from their deceased parents, and as a result they will have less wealth to transfer to Cheryl's child or other youth in their family. Pay inequity, low wages in women-dominated and caring professions, unaffordable housing, and unfair debt burdens contribute to profound gender and racial wealth gaps. Minnesota women, like Nicole and Cheryl, deserve better.



SECTION 2

Safety

Over the last several years, feminist, LGBTQ+, and social justice activists have called for action on intersecting epidemics of violence.

National campaigns, such as #SayHerName, Missing and Murdered Indigenous Women (MMIW), and #MeToo, have raised public awareness about police, intimate partner, and gender-based violence – including horrifying rates of fatal violence against trans women of color. These efforts have begun to come to fruition in Minnesota, which recently established state offices dedicated to addressing systemic violence against Black, Indigenous, and women of color and girls.

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 poor mental health outcomes, chronic disease and health problems, unwanted pregnancy, substance abuse, homelessness, lost economic productivity, and a lack of personal security.

SEXUAL HARASSMENT IS PERVASIVE

Sexual harassment includes unwelcome and inappropriate sexual remarks or physical advances, and is a pervasive, chronic problem that can have enduring psychological, health, and financial consequences.

The majority of Minnesota women have been sexually harassed. Sixty-three percent (63%) of Minnesota women say they have been sexually harassed.¹ 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.²

Women are at increased risk for sexual harassment in the workplace. Women are statistically 3 to 4 times more likely than men to encounter gender discrimination and sexual harassment in the workplace.³ Women in male-dominated fields face an elevated risk of harassment, particularly from their supervisors.⁴ Other risk factors for sexual harassment at work include lack of legal immigration status, working for tips (such as in hospitality and food services), and working in isolated spaces (such as janitors, domestic care workers, hotel workers, and agricultural workers).⁵

More than three-quarters of LGBTQ+ Minnesotans report experiencing anti-LGBTQ+ behavior in the past year. In a 2021 survey, two-thirds of respondents reported verbal abuse due to their gender and/or sexual identity, and over one-third (35%) were threatened or attacked physically due to their LGBTQ+ status.⁶

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.⁸

Sexual harassment in the workplace has repercussions for employers. These include high employee turnover and the loss of investments made in

developing the skills of their workforce. A study following a group of Minnesota 9th grade girls since 1988 examined how sexual harassment affects women early in their careers. Women experiencing harassment switched jobs, industries, and reduced work hours, sometimes resulting in a precipitous drop in earnings. Some women also pursued lower paying careers where they thought sexual harassment would be less likely.⁹ In 2022, the U.S. Equal Employment Opportunity Commission (EEOC) received more than 6,201 reports of sexual harassment, leading to direct settlements amounting to \$59 million.¹⁰

Momentum to address sexual harassment in the legislature is building. In 2021, the Minnesota Legislature closed 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. In January 2023, an amendment to a 2022 Minnesota law was proposed by the Minnesota House that would prohibit employers from considering financial settlements related to sexual harassment or abuse in the workplace to be a part of an employee’s wages or severance pay.¹¹ In February 2023, a companion bill was introduced in the Minnesota Senate.¹²

Progress in the State Courts. In 2022, the Minnesota Supreme Court ruled that employees can establish constructive discharge through intentional discrimination, without necessitating the existence of a hostile work environment or giving the employer an opportunity to address the discrimination before resigning.¹³

HARASSMENT BEGINS EARLY IN LIFE

Girls are significantly more likely to experience cyberbullying than boys. While 18% of 8th, 9th, and 11th-grade girls report that they are cyberbullied, 11% of boys report the same. Twenty percent (20%) of overweight girls experienced cyberbullying, significantly higher than average weight girls (18%). More than one in five 9th- and 11th-grade LGBTQ+ students (22%) experienced cyberbullying. More than a quarter of Native American girls (28%) in Minnesota schools report that they were bullied online.¹⁴

Black and Asian American girls in Greater Minnesota report greater levels of bullying than in the Twin Cities metro area. Black and Asian American 8th, 9th, and 11th grade girls report higher levels of bullying in Greater Minnesota. Forty-seven percent (47%) of Black girls and 37% of Asian American girls in Greater Minnesota report bullying or harassment based on race, compared to approximately 28% and 27%, respectively, in the metro area.¹⁵

Anti-LGBTQ+ discrimination persists in Minnesota schools. Seventy-eight percent (78%) of bisexual or lesbian girls and 66% of transgender or nonbinary students reported in the Minnesota Student Survey that they feel safe at school, compared to 88% of straight, cisgender girls in Minnesota.¹⁶ In a separate survey, while nearly all (99%) LGBTQ+ student survey respondents in Minnesota could identify a school staff member supportive of LGBTQ+ students, only 19% were taught positive representations of LGBTQ+ history or people. Moreover, less than half of respondents (45%) reported the level of support from school administrations was somewhat or very supportive. More than 1 in 2 (53%) experienced at least one form of anti-LGBTQ+ discrimination at school, an increase of 13% since 2019.¹⁷

Minnesota students report harassment because...

- 55%** They are lesbian
- 54%** They are transgender
- 31%** They are perceived as overweight
- 30%** They are female
- 30%** They are non-white or immigrant

CWGPP analysis of Minnesota Student Survey 2022. Minnesota 8th, 9th, and 11th grade girls. The data point on females reflects those who were subject to unwanted sexual comments or jokes.

Safer Spaces

Lara is a 16-year-old transgender girl in Greater Minnesota. Like 53% of LGBTQ youth, Lara has endured sexual harassment and bullying from peers. Lara fears going to school, worrying about her ability to use the restroom or change in locker rooms. School administrators have been largely indifferent to her experience of bullying, and some have discriminated against her by blaming her for “causing trouble” or making transphobic comments. Due to discrimination and bullying, Lara struggles with poor mental health. Home is also not a safe place for Lara, as her mother is in an abusive relationship with a male partner. Lara has considered running away. She was hopeful when she learned of recent legislation making Minnesota a “trans refuge” state for those seeking gender-affirming care. She hopes that it will inspire greater inclusion of trans youth within her local environment.

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	84%	57%
Seriously considered committing suicide	38%	15%
Hurting or injuring self, such as cutting, burning, or bruising	54%	25%
Attempted suicide during the last year	13%	3%

CWGPP analysis of Minnesota Student Survey, 2022.

SEXUAL VIOLENCE

SEXUAL VIOLENCE AFFECTS MINNESOTA WOMEN AND GIRLS THROUGHOUT THEIR LIFETIMES

Women in Minnesota face a high likelihood of experiencing sexual violence in their lifetime. According to the most recent statistics from the Centers for Disease Control, 42% of Minnesota women reported sexual violence (other than rape) in their lifetime.¹⁸ Nationally, 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.¹⁹

Nationwide, Native American women face high rates of violence. 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. Unfortunately, more than one-third of survivors (38%) were unable to access the essential services they required, underscoring the gaps in support systems. The vast majority (97%) of Native female victims have encountered at least one act of violence committed by someone from a different racial/ethnic background. Thirty-five percent (35%) have experienced one or more acts of violence by a perpetrator who is also Native.²⁰

Transgender women of color face high risks of fatal violence. Nationwide, at least 38 trans and gender non-conforming people were murdered in 2022. The majority were Black transgender women. While many of these cases involved anti-transgender bias, in other cases the violence

may have stemmed from associated vulnerabilities such as homelessness and poverty.²¹ Transgender individuals across the U.S. are over four times more likely to experience violent victimization than cisgender individuals. In 2017-2018, the victimization rate for transgender individuals was 86.2 per 1,000, while for cisgender individuals, it was 21.7 per 1,000.²²

MINNESOTA GIRLS AND YOUNG WOMEN EXPERIENCE SEXUAL VIOLENCE

Sexual violence affects Minnesota girls. Sixteen percent (16%) of 11th grade girls in Minnesota report sexual abuse inside or outside of their family at some point in their life. Native Americans (37%) and Latinas (21%) report the highest levels of abuse.²³

Minnesota girls experience pressure to have sex. Seventeen percent (17%) of 11th grade girls in the Twin Cities metro area and 20% in Greater Minnesota report that they have been pressured to have sex by a date.²⁴

Lesbian and gender-expansive youth are especially at risk of running away. Almost twice as many lesbian girls (9%) and three times as many transgender (15%) and nonbinary (14%) Minnesota students in 8th, 9th, and 11th grade report running away from home or living in a shelter on their own. By contrast, only 5% of their straight, cisgender counterparts report running away.²⁵

Unhoused women are more likely to be childhood victims of abuse than unhoused men. About 49% of unhoused women in Minnesota experienced physical abuse as a child compared to 36% of men. Forty-two percent (42%) of unhoused Minnesota 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.²⁶ Nationwide, approximately one in three homeless women experience childhood sexual trauma.²⁷

Nationally, survivors of child sexual abuse face a higher risk of future victimization compared to those who have not been abused in their past. Women who have been subjected to child sexual abuse are two to 13 times more likely to experience sexual victimization, and twice as likely to be subjected to non-sexual intimate partner violence in their adult years compared to those who were not abused as children.²⁸

The experience of sexual violence is often repeated. According to a meta-analysis of 80 different studies, almost half (48%) of victims are likely to experience sexual violence repeatedly.²⁹

SEX TRAFFICKING REMAINS AN ISSUE IN MINNESOTA FOR WOMEN AND GIRLS

The National Human Trafficking Hotline received 335 calls from Minnesotans in 2021. A total of 98 cases were identified with 148 victims. Seventy-seven percent (77%) of cases involved sex trafficking and 8% involved labor trafficking. The hotline does not collect the gender of all victims, but of those it did collect, 88% were women.³⁰

Minnesota high school students report trading sex for resources. Responses to a question in the Minnesota

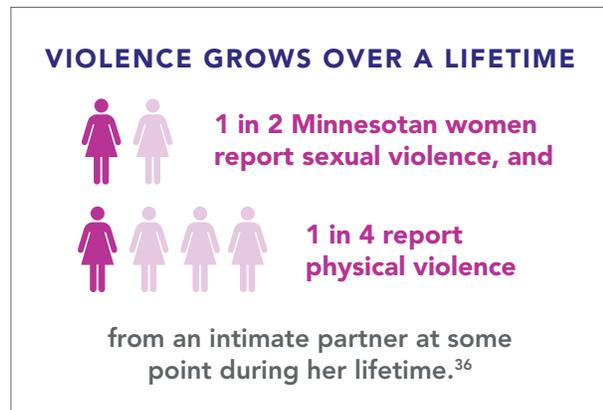
Student Survey funded by the Women’s Foundation of Minnesota revealed that almost 2% of Minnesota 11th grade girls and 5% of nonbinary and transgender students surveyed in Minnesota public schools reported having traded sexual activity to receive money, food, drugs, alcohol, a place to stay, or anything else.³¹

MINNESOTA GIRLS AND WOMEN FACE THE RISK OF RAPE THROUGHOUT THEIR LIFETIMES

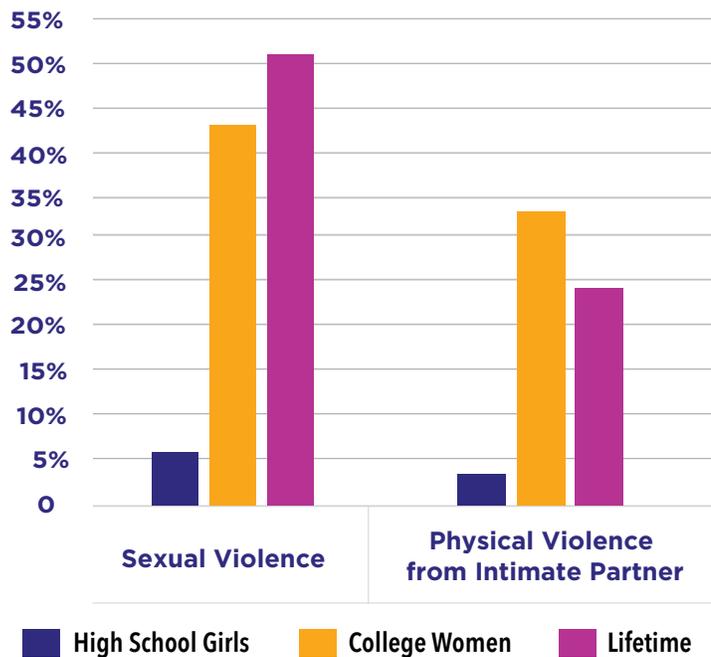
Women in Minnesota face a high likelihood of experiencing rape in their lifetime. According to the most recent statistics from the Centers for Disease Control, 20% of Minnesota women reported rape or attempted rape.³²

Thirty-two (32%) of multiracial women reported rape, followed by 28% of Native American women, 21% of Black women, and 21% of white women.³³ Women who experience sexual assault are more likely to report symptoms of depression, anxiety, and poor sleep than women who had never experienced sexual assault.³⁴

Reports of rape in Minnesota increased 11% in 2021 over 2020. In 2021, Minnesota saw 2,472 cases of rape reported to law enforcement agencies, a rate of 43.3 per 100,000 population. This was an increase of 11% over 2020 (2,222 incidents). Less than one-fourth of the reported cases were cleared by arrest or exceptional means.³⁵



Minnesota Women & Girls Reporting Sexual Violence, and Physical Violence



CWGGP analysis of Minnesota Student Survey 2022, College Student Health Survey 2023, and National Intimate Partner and Sexual Violence Survey 2015.³⁷

One-third of reported rape cases occurred within the context of domestic violence; one-third of offenders were acquaintances with the victim; and 16% were in a dating relationship. Only 5% of cases involved rape perpetrated by strangers. Nine out of 10 rape victims were identified as female, and more than nine of 10 perpetrators were identified as male.³⁸

Minors account for almost half of the rape victims in Minnesota. In 2021, 46% of reported rape victims in Minnesota were under the age of 18, while only 10% percent of rape offenders were minors.³⁹

Sexual assault is all too common among female college students. Two in five (43%) Minnesota female students who completed the 2023 College Student Health Survey reported they had experienced sexual assault at some point in their lives, with 8% experiencing an assault within the past year. Male students experienced lower sexual assault rates: 16% at some point during their lives and 3% within the past year. Among

transgender students, the numbers are much higher — 56% experienced sexual assault at some point in their life and 14% in the last year.⁴⁰ Of all the students who indicated they have experienced a sexual assault at some point during their lives (35%), only 30% told a health care provider and only 10% reported it to the police.

Reports of sexual assault to postsecondary institutions result in little disciplinary action. In 2021, postsecondary institutions in Minnesota received reports of 332 incidents of sexual assault. Of these, 107 incidents (32%) were investigated. A mere 14% cases were referred for a disciplinary process within the institution and only 6% of the reported incidents led to the identification of the responsible respondent(s) for sexual assault. Out of all the incidents reported, only 13% of victims chose to report the assault to law enforcement.⁴¹

College campuses experienced a rise in reported rape cases since 2020. At



28% of Minnesota college students report having experienced domestic violence.

- 43% of Native American students
- 34% of Latina(o) students
- 31% of white students
- 21% of Black students
- 18% of Asian students
- 36% of Transgender students

the University of Minnesota Twin Cities campus, 40 rapes were reported in 2022, 42 in 2021, and 23 in 2020. In 2022, 57% of the reported rapes occurred in university residence halls.⁴⁶ Nationally, the number of reported forcible sex offenses on campus increased by 220% from 2010 to 2020.⁴⁷

Safe Harbor Laws Support Youth Victims of Trafficking

In 2011, Minnesota’s Safe Harbor for Youth law went into effect, with expansions in 2013, 2014, and 2016. This law considers sexually exploited victims aged 24 and younger to be survivors in need of services rather than criminals. (Minnesota currently criminalizes the sale and purchase of sex, and third-party involvement in commercial sex among adults.) 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. Evaluation of Safe Harbor for Youth suggests that access to quality services and shelter has increased, community awareness about sexual exploitation has heightened, and law enforcement better supports victims than prior to the legislation. State funding now provides over \$15 million dollars biannually for Safe Harbor implementation.⁴²

Participants in Safe Harbor:



Expanding Safe Harbor for All

In January 2019, the Minnesota Department of Health presented a strategic plan for extending Safe Harbor services to individuals of all ages. The legislature has yet to act.

The strategic plan was based on the 2018 statewide report, Safe Harbor for All, which generated findings and recommendations through a community engagement process. Despite important differences in perspectives, those engaged in the community advisory group agreed that more work must be done to address the intersecting oppressions and structural barriers that endanger and marginalize people with lived experience in the sex trades.⁴³

recommended partially decriminalizing commercial sex involving adults — removing criminal penalties for the sale of sex but maintaining criminal penalties for sex buyers or third parties. In recent years, some advocates have called for full decriminalization of commercial sex amongst adults⁴⁴ based on research that finds full decriminalization has reduced exploitation of people involved in the sex trade, whereas partial decriminalization has increased violence.⁴⁵

Minnesota can do more to address the harms of criminalization, by funding people with lived experience to design and lead new responses, expanding funding for voluntary services such as housing and income assistance to those over the age of 24, expunging criminal records, and passing safe reporting laws that allow people to report serious crimes without fearing arrest for involvement in commercial sex.

College students in Minnesota who experience violence are vulnerable to depression. Among those surveyed, 68% of female college students who identified as victims of sexual assault reported a depression diagnosis within their lifetime, compared to 54% of male victims. In the same survey, 71% of female college students who identified as victims of domestic violence also reported being diagnosed with depression, compared to 56% 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 (33% for female, 25% for male).⁴⁸

Almost half of LGBTQ+ Minnesotans surveyed reported experiencing some form of unwanted physical sexual activity in their lifetime. Sixteen percent (16%) reported they experienced it within the last year, while almost one in five reported that they did not seek help or disclose the abuse to anyone. One-third of respondents told someone about the assault, one-fourth disclosed it to their therapist, 9% called a crisis line, and 17% sought medical care. Only 5% of respondents reported their assault to the police.⁴⁹

Older women are more likely than men to experience elder abuse. Four-hundred cases of elder abuse are reported in Minnesota each week. Approximately 60% of the abuse is perpetrated by a family member. Being abused as an elder leads to a 300% higher risk of death.⁵⁰

People with disabilities are more likely to experience rape and sexual assault than those without disabilities. From

2011 to 2015, the rate of rape or sexual assault against persons with disabilities was more than three times the rate for persons without disabilities. Women with disabilities that prevent them from living independently have higher rates of violent victimization than males with the same disabilities (33.8 compared to 26.5 per 1,000).⁵¹ Approximately 39% of women who were victims of rape had a disability at the time of the assault.⁵²

Minnesota continues to experience a backlog of rape kits. Minnesota has implemented all but one of six pillars of rape kit reform recommended by End the Backlog, a project that aims to test all backlogged and new rape kits. Minnesota currently has a backlog of 2,498 untested rape kits. This is a 51% decrease in untested kits found during 2015 and 2019 investigations. In 2022, Minnesota launched a rape kit tracking system and in 2023, HF2890 was signed into law, allocating \$8 million in two years to reduce turnaround times and testing the backlog. However, the legislature failed to implement a measure that would require a 90-day testing timeline for all new tests.⁵³

Rape is economically costly. The estimated lifetime cost of rape is \$122,461 per victim in the United States. If we account for all U.S. rapes, 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.⁵⁴



The number of female college students who are sexual assault survivors

Native American 43%

White 39%

Latina 38%

Black 26%

Asian 21%

More than 1 in 2 Minnesota transgender students are sexual assault survivors.

2023 College Student Health Survey.

INTIMATE PARTNER VIOLENCE

INTIMATE PARTNER VIOLENCE KILLS

Intimate partner violence is deadly for Minnesota women. In 2022, at least 20 Minnesota women were killed by violence from a current or former intimate partner. Among these, six were separated or attempting to leave, eight were killed with firearms, 13 were killed by a partner with a history of abuse. Eleven of these victims were in the metro area, and nine in Greater Minnesota.⁵⁵

Women experience stalking more than twice as often as men. According to a national stalking victimization report, over 2.4 million women 16 or older were victims of stalking in 2019. The prevalence of stalking was

significantly higher for women (1.8%) than for men (0.8%). In 2019, two out of three victims knew their stalker. Approximately 25% of victims were stalked by their current or former intimate partners (6% by current partners and 19% by former intimate partners). Approximately 38% of victims were stalked by a well-known or casual acquaintance.⁵⁶

High reports of domestic violence are likely just the tip of the iceberg. A total of 20,705 domestic violence incidents were reported to law enforcement in Minnesota during 2021.⁵⁷ Due to reluctance to report, these do not represent the full picture of intimate partner violence in the state.

Domestic violence remains underreported. Nationally, just 49% of all domestic violence victimizations were reported to police in 2021, and just 22% of all sexual assaults.⁵⁸ Of the 33% of Minnesota female college students and the 17% of male college students surveyed who report having experienced domestic violence in their lifetime, only 14% of women and 5% of men reported the incident to the police, and only 29% of women and 16% of men told a health care provider.⁵⁹

Felony domestic violence cases rank second among Minneapolis case loads. The Hennepin County Attorney's Office reports that felony domestic violence cases from Minneapolis rank second in percent of caseloads,

surpassed only by drug cases. From 2019 to 2022, one-third of all aggravated assaults in Minneapolis were classified as domestic aggravated assaults.⁶⁰

Intimate partner violence impacts Minnesota children and youth. At least 52 children in Minnesota lost a parent due to intimate partner violence in 2022; 21 adult children and 31 minor children. At least 16 children witnessed their parent's murder, or found the body.⁶¹ Among Minnesota 8th, 9th, and 11th grade students, 85% of girls from homes with domestic violence reported depression and hopelessness, 63% hurt themselves, and 46% contemplated suicide. Seventeen percent (17%) of girls living with domestic violence attempted suicide in the past year (compared to 3% for those from homes without violence).⁶²

LGBTQ+ Minnesotans also experience intimate partner violence. Almost half (47%) of Minnesota LGBTQ+ survey respondents reported experiencing physical or emotional abuse in a relationship over their lifetime. Less than one-third (28%) told someone about the abuse and only 3% reported the abuse to the police.⁶³

SURVIVORS OF GENDER-BASED VIOLENCE NEED BETTER SERVICES

Gaps in the Minneapolis Police response to domestic violence impact victim safety. A 2023 report by Global

Rights for Women found that these gaps create an environment where victims are at a heightened risk of experiencing repeated acts of violence. For example, abusers exploit the absence of consequences if they leave before police arrive, and victims hesitate to call due to biased or impatient responses by law enforcement. Holding offenders accountable falls to victims when documentation is lacking and police fail to prioritize resources to addressing the most dangerous offenders.⁶⁴

Minnesota domestic violence service providers provide important supports for victims. Local domestic violence programs provided housing and support to a total of 2,296 victims, including 818 adults and children affected by domestic violence. In addition, a total of 1,478 adult and child victims received nonresidential supportive services to address various needs, including legal assistance, housing advocacy, transportation, mental health support, and public benefits. However, there were 501 requests for services made by victims that service providers were unable to fulfill due to resource limitations. Out of these unmet requests, around 46% were specifically for emergency shelter, hotels, motels, or other forms of housing.⁶⁵

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

LARA & SALLY'S STORY



Safety Begins at Home

Intimate partner violence, sexual violence, and sexual harassment have a cumulative impact on Minnesota women and girls. Lara's mother, Sally, is a survivor of intimate partner violence. Like many other Minnesota women, Sally is in a long-term, abusive relationship because she does not have access to other housing options and because she fears violent retaliation by her partner. Sally has attempted to leave but found that her search for supportive resources went unfulfilled because of a lack of resources to meet demand.

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 2009.⁶⁶

ADDRESSING MISSING AND MURDERED INDIGENOUS RELATIVES

In Minnesota, Indigenous women are murdered at a rate seven times that of white women.⁶⁷

In 2019, the Minnesota Legislature voted to create a statewide task force on missing and murdered Indigenous women.⁶⁸ The first task force report was released in December 2020, and led to the creation of a state office on Missing and Murdered Indigenous Relatives, which opened in 2022.⁶⁹

The Office provides a number of services: case support and guidance to families during law enforcement investigations; trainings and educational lectures to youth, families and the community; awareness by developing and distributing missing person materials; referrals to connect with victim services and professionals; and data analysis to provide investigative support.

Native Minnesotans experience murder at higher rates than the rest of the population. In 2022, Native Americans constituted 5.46% of the state's homicide victims, and 2.44% of domestic homicide victims, despite being just 1% of the state's population.⁷⁰

A disproportionate number of Indigenous Minnesotans are missing. Between 27 and 54 Native American women were missing in Minnesota in any given month from 2012-2020.⁷¹ In 2022, Indigenous peoples represented 8% of all missing persons in Minnesota, and 9% of all missing women in the state were Indigenous. Women were 53% of all missing Indigenous people in Minnesota and 58% of missing Indigenous youth.⁷²

According to the Missing and Murdered Indigenous Persons Database compiled by the Sovereign Bodies Institute, as of January 2024, Minnesota has had 139 cases of missing and murdered Indigenous women and girls since 2000. Of these, 47.3% are missing, 44.9% are murdered, and 2.9% are unknown.⁷³



**Minnesota
Missing and Murdered
Indigenous Relatives
Office**

New Office Aims to Combat the Epidemic of Missing and Murdered Black Women and Girls

In Minnesota, Black women are murdered at a rate 2.7 times that of white women.⁷⁴

Following the model of the Missing and Murdered Indigenous Women’s Task Force, in 2021, Minnesota established a Task Force on Missing and Murdered African American Women; the first state to dedicate resources to the investigation of violence against Black women and girls. In 2023, the state established the nation’s first Office of Missing and Murdered Black Women and Girls (OMMBWG). The OMMBWG office is charged with collecting data and conducting research on cases involving missing women and girls and homicide cases, including cold cases. They will engage in legislative advocacy and award grants to community organizations working to address violence against Black women and girls. The office also will serve as contact points for those reluctant to speak with police.⁷⁵

Black women are disproportionately impacted by domestic violence. In 2022, 24% of domestic violence homicide victims were Black, even though 6.4% of Minnesota’s population is Black.⁷⁶ Black women in Minnesota are also disproportionately impacted by domestic violence; they make up 40% of domestic violence victims in the state.⁷⁷

Boys, Men & Rigid Masculinity

Men who internalize rigid masculine norms are more likely to perpetrate sexual harassment. 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 within 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.⁷⁸ 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.⁷⁹ A 2023 survey found that 40% of all men, and almost half of young men in the United States, trust anti-feminist and pro-violence voices in media and social media.⁸⁰

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.⁸¹

Rigid masculine norms are directly related to risky health behaviors. Research shows that when faced with threats to their masculinity, men may engage in aggressive behaviors.⁸² 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.⁸³

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	15%
12%	Have hit or beat up someone	36%
66%	Used a condom the last time they had sex	48%
85%	Have talked with partner(s) about preventing pregnancy	72%

CWGPP analysis of Minnesota Student Survey 2022.

YOUTH AND 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.⁸⁴ Studies indicate that students of color are suspended from school at disproportionate rates compared to their white peers. A bill was introduced to the Minnesota legislature in 2023 that would prohibit the suspension and expulsion of children in kindergarten through third grade. This proposed bill did not pass.⁸⁵

Black girls are less likely to feel comfortable with police officers in their schools. Black girls (grades 5, 8, 9, and 11) are significantly less likely than girls of other races and ethnicities 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.⁸⁶

Girls of color and LGBTQ+ students are sent out of the classroom more often. Eleven percent (11%) of Native American, 4% of Black, and 5% of Latina 9th and 11th grade girls 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, 4% of lesbians, 5% of bisexual girls, and 4% of pansexual girls are. Transgender high school students are as likely to be sent to the office as their cisgender peers.⁸⁷

women of being searched if stopped by the Minneapolis police.

Native American women in Minneapolis disproportionately face police stops. While 1% of women in Minneapolis identify as Native American, Native women represent 6% of Minneapolis police stops (vehicle and non-vehicle stops) between November 2016 and June 2023.⁸⁸ After being stopped, Native American women were searched 29% 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.”⁸⁹

INCARCERATION

Native American women in Minnesota are disproportionately incarcerated. Despite Native Americans comprising only 1.1% of Minnesota’s population, Native women make up as much as 20% of the female prison population in the state. In 2019, 97% of more than 60 incarcerated Native women in Minnesota reported having experienced violence or abuse, with 84% specifically reporting incidents of intimate partner violence.⁹⁰

Many incarcerated Minnesota women are mothers with primary caregiving responsibilities.⁹¹ Among Minnesota prison 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%).⁹² Nearly two-thirds of the women incarcerated at the Shakopee Correctional Facility reside in communities outside of the seven-county Twin Cities metro area, often making the distance from home to Shakopee too far for relatives, especially children, to visit.⁹³

Minnesota is among few states with policies that support pregnant people in prisons. Approximately 6% of women are pregnant when they arrive at the Shakopee women’s correctional facility where they have a parenting unit. In 2021, the Minnesota Legislature passed the Healthy Start Act to prevent the separation of babies from mothers. The first legislation of its kind in the nation, this act allows the Commissioner of Corrections to place pregnant or postpartum people into community alternatives such as halfway houses for the duration of their pregnancy and to remain with their child up to one year of age.⁹⁴ Minnesota is one of 12 states

to offer alternatives to incarceration for pregnant and postpartum people, and one of only six states with community-based alternatives.⁹⁵

LGBTQ+ individuals are overrepresented in every stage of the criminal justice system. LGBTQ+ individuals experience significantly higher rates of arrest, incarceration, and community supervision compared to their straight and cisgender counterparts. Research shows that 40% of girls (assigned female at birth) within the juvenile justice system identify as LBO (lesbian, bisexual, queer) and/or gender-expansive. Lesbian and bisexual women are four times as likely to be arrested compared to heterosexual women, while gay and bisexual men face a 1.35 times higher likelihood of arrest than heterosexual men. Incarcerated gay, lesbian, and bisexual people are more likely to be put in solitary confinement than their heterosexual counterparts.⁹⁶

Mass incarceration has impacted a significant portion of Minnesota’s young women. While 17% of 9th- and 11th-grade girls report that a parent has been in jail or prison at some point, the proportion rises to 61% for Native American, 21% for Latina and 16% for African American 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 (21% compared to 13%).⁹⁷

POLICY WIN 

Minnesota allows incarcerated trans people to reside in prisons that align with their gender identity.

In January 2023, Minnesota joined 10 states and the District of Columbia in allowing trans people to be housed in facilities that align with their gender identity. The change was prompted by a lawsuit by Christina Lusk, a 58-year-old trans woman, who sued the Department of Corrections for placing her in a men’s prison where she was sexually assaulted. She was transferred in 2023 to the women’s prison in Shakopee.⁹⁸

In Minnesota, Native girls are **5x more likely** than white girls to be suspended, and Black girls are **4x more likely**

POLICE STOPS

While women are searched less often by police than men, among women, Native American and Black women have a higher likelihood than other



SECTION 3

Health

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 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, girls, and gender-expansive people in our society.

According to many indicators, Minnesota is a leader in health care access and outcomes for women and girls. But when we disaggregate the data, what comes into focus are persistent health inequities for women and girls of color, Native American women and girls, LGBTQ+ people, women and girls who are disabled, and women and girls in Greater Minnesota. Reducing health disparities and increasing positive health outcomes for all Minnesota women and girls requires a living wage, freedom from violence, increased physical activity, access to affordable and healthy foods, safe housing and neighborhoods with clean air and water, mental health services, adequate time for rest, 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.

Since our last report, the reproductive rights and access to reproductive health care landscape for women and girls in the state has changed dramatically. The 2022 *Dobbs* decision – which overturned the constitutional right to abortion set by *Roe v. Wade* – was a devastating setback for women’s healthcare and the broader goal of reproductive justice. Yet *Dobbs* was just the latest in a decades-long attack on the goal of reproductive justice. Abortion access is just one piece of a much broader continuum of rights and demands contained within the movement for reproductive justice, which includes the right to have or not have children, the right to make choices about one’s own health care, and the right to care for the children we have in a safe and healthy environment. While some states moved quickly to roll back abortion access, Minnesota moved in the opposite direction with legislation codifying the right to abortion, doubling investments in financial resources to sexual and reproductive health care clinics, and repealing unconstitutional restrictions on access to abortion.

In addition, in contrast to states across the country that attacked trans healthcare, Minnesota law and executive orders protected LGBTQ+ youth from violent “conversion” therapy, and declared the state a trans refuge state for parents and children seeking gender-affirming health care.

These are wins, but more work needs to be done to realize the aims of reproductive justice for Minnesota women and girls including creating better access to all forms of health care, increasing culturally congruent care, and reducing maternal morbidity and mortality, especially for Black and Indigenous patients.

Reproductive justice is grounded in the human right to make autonomous decisions about one’s own sexual health and well-being – including to have or not have children – and access to the services required to support those decisions.²

CONTRACEPTIVE ACCESS

Public funding for contraception is crucial to preventing unintended pregnancy. Contraception is funded through private insurance, Medicaid, and Title X federal funding for individuals with low or no incomes who are un- or underinsured. In 2021, an estimated 391,1056 Minnesota women of reproductive age needed public support for contraception.³ Medicaid provides contraceptive coverage for 21% of women of reproductive age in the state.⁴ In 2023, Minnesota received \$3.5 million for family planning services from Title X; funding that has not increased for two decades.⁵ Without publicly supported family planning services, unintended pregnancy, unplanned birth, and abortion would be 55% higher in Minnesota and the teen pregnancy rate would be 60% higher.⁶ In May 2019, a federal regulation prohibited the use of Title X funds by providers that offer abortion. As a result, clinics that served more than 90% of Minnesota’s Title X recipients were forced to withdraw from the program, and the number of women served fell by 97.9% between 2018 and 2021, when the Biden administration lifted this rule.⁷

In 2022, 283,400 Minnesota women resided in contraceptive deserts. Contraceptive deserts lack sufficient access to health centers offering a comprehensive range of contraceptive methods. Among women in need of contraception, 53,430 were in counties that lacked even a single health center providing the full range of contraceptive options.⁸



About 12% of adult Minnesota women – 283,400 – resided in a contraceptive desert in 2022⁹

Minnesota health clinics report an increase in surgical sterilization since the *Dobbs* decision. The ruling that rolled back the federal right to abortion has led to fears that access to birth control may be compromised in the future, even in Minnesota where the right to abortion is protected. Consequently, a growing number of Minnesotans have opted for permanent contraception such as tubal ligations and vasectomies.¹⁰

TEEN PREGNANCY

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

Compared to whites, the teen birth rate is nearly five times higher for Latinas and Native Americans, and almost four times higher for Blacks.¹¹

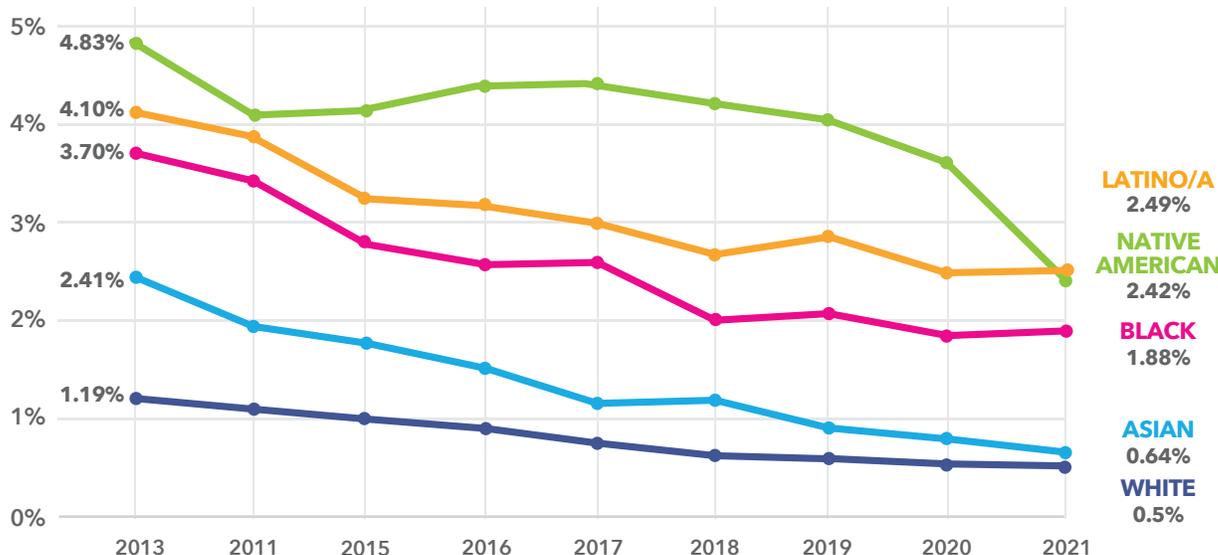
Despite an accelerated decline in birth rates among adolescents of color since 2007, racial and ethnic minorities continue to have higher birth rates than white populations, suggesting unequal access to reproductive health care education.¹²

The 10 counties with the highest teen birth rates are all in Greater Minnesota. In rural areas, access to confidential, affordable, youth-friendly health care may be limited. There are large geographic disparities in sexual health clinic hours of availability and distance to service. For example, there are 33 sexual health clinics in Hennepin and Ramsey Counties with services available five days per week. In contrast, 37% of rural counties in Minnesota have no sexual health clinic.¹³

Teen pregnancy and sexual experience are higher among LGBTQ+ youth. About 1.5 times as many Minnesota 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-expansive 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%).¹⁴

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

Teen birth rates in Minnesota by race & ethnicity, 2013-2021



CWGPP compilation, Minnesota Adolescent Sexual Health Reports, 2015-2023. Teen birth rate percentages (births per 100) Minnesotans aged 15-19.

ACCESS TO ABORTION

Abortion is an essential component of women's health care and each person's ability to determine when, if, and how they become a parent.

Safe, accessible abortion services save lives because pregnant people do not have to seek illegal, unsafe alternatives.

Most Minnesotans live in counties without abortion clinics. There are nine clinics providing abortion care in Minnesota, five in the Twin Cities, one in Duluth, one in Rochester, and one in Moorhead.¹⁵ In 2021, the FDA announced it will permanently allow abortion pills by mail and they are available from several providers in the state.¹⁶ However, as of this writing, the continued availability of abortion pills is in question after the Fifth Circuit U.S. Court of Appeals sought to end their use in a September 2023 ruling. The FDA is appealing the decision to the Supreme Court.

The majority of individuals seeking abortions in Minnesota in 2022 used abortion pills. Sixty percent (60%) of abortions performed in Minnesota were through medical means (abortion pills) while 40% were surgical procedures. Two-thirds of abortions in Minnesota are performed before nine weeks of gestational age. Twenty-nine percent (29%) were performed between nine and 24 weeks of gestation.¹⁷

Racial differences in abortion rates reflect broader disparities in access to contraception, comprehensive sexual education, and sexual and reproductive health services.¹⁸

Minnesota has experienced a rise in abortions since the *Dobbs* decision. Between April 2022 and March 2023, abortions increased by 52%.¹⁹ Much of the increase is due to patients traveling from states with restrictive laws or bans. Planned Parenthood North Central States reported a 100% increase in patients from outside the region, with a 19% rise in second-trimester abortions. Whole Woman's Health experienced a surge as well, with the number of patients doubling from outside of Minnesota.²⁰

A total of 12,175 abortions were performed in Minnesota in 2022, 83% for Minnesota residents. Of those provided to out-of-state residents, the majority came from Wisconsin (874), followed by North Dakota (383), South Dakota (271), Iowa (174), Texas (150) and other states (152).²¹

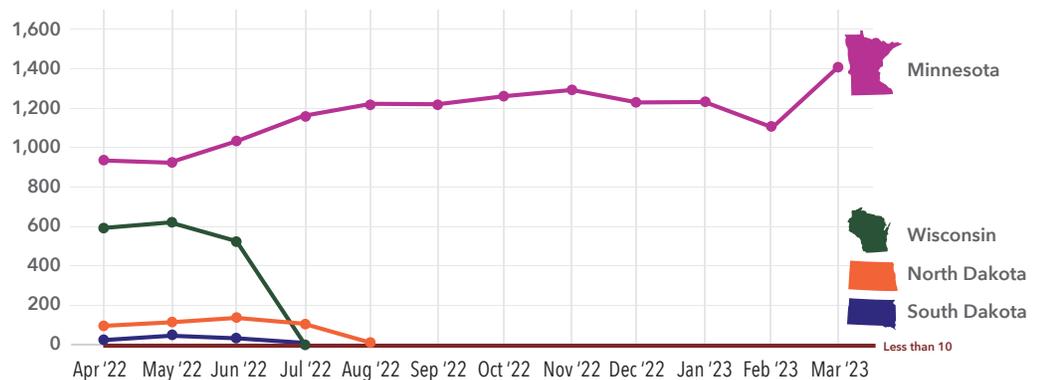
Denying access to a wanted abortion harms women. Research shows that women who were denied abortions and

subsequently gave birth experience a significant increase in household poverty, lasting for at least four years, compared to those who obtain an abortion. Those denied an abortion are also more likely to remain in contact with a violent partner.

On the other hand, women who received an abortion report a decrease in physical violence. Children born as a result of abortion denial were found to be at a higher risk of living below the federal poverty level when compared to children born from subsequent pregnancies to women who had received an abortion. Furthermore, giving birth is associated with a higher incidence of severe health issues, such as eclampsia and postpartum hemorrhage, in contrast to those who had undergone an abortion.²⁵ Abortion denial has a particularly burdensome impact on Black women, who are more likely to seek abortions than white women, have less access to health care, and face high maternal mortality rates, due in part to medical racism.

Minnesota has become a refuge state for those seeking abortion care

Estimated number of abortions by state and month



CWGPP figure based on data from Society of Family Planning #WeCount Report, June 2023.

Minnesota Enhanced Reproductive Justice in 2022 and 2023

In the aftermath of the June 2022 *Dobbs v. Jackson Women's Health Organization* decision, which rescinded the federal constitutional right to abortion, many states banned or passed onerous restrictions on abortion. By contrast, Minnesota lawmakers moved to protect abortion access.

July 2022: A Ramsey County judge ruled that several of the state's restrictions on abortion were unconstitutional under the state Supreme Court's 1995 *Doe v. Gomez* ruling, which established abortion as a constitutional right. These included the mandatory 24-hour waiting period, the requirement that both parents be notified before a minor could get an abortion, that only physicians could perform abortions, and that abortions after the first trimester be administered in a hospital.²²

January 2023: The Minnesota Legislature enacted the "PRO Act" (Protect Reproductive Options) to uphold *Doe v. Gomez*. This law aims to safeguard abortion rights from potential shifts in the court's stance, similar to what occurred federally with *Doe*.

April 2023: Governor Walz approved the Reproductive Freedom Defense Act, which ensures legal safeguards for out-of-state individuals seeking reproductive care in Minnesota, protects licenses for providers, and prevents extradition for related charges from other states.²³

May 2023: In a health omnibus law, the Minnesota Legislature repealed 12 restrictive measures pertaining to abortion, including those found unconstitutional in 2022, and others, such as limitations on abortion for those receiving state Medical Assistance.²⁴ The law removes state funding for pregnancy "crisis centers" that spread misinformation about abortion, and removes the previous mandate that doctors provide inaccurate information to those seeking an abortion. It also broadens access to reproductive health by increasing the Medical Assistance reimbursement rate for reproductive health care providers by 20%, funding doula services, and doubling funding for sexual and reproductive health clinic grants.

ACCESS TO PRENATAL & OBSTETRICS CARE IS UNEQUAL

Systemic racism leads to significant racial and ethnic disparities in reproductive health care access, quality, and outcomes in Minnesota. Pregnant Black, Indigenous, and people of color face obstacles in accessing high-quality care during pregnancy and delivery, and fair treatment. Consequently, Native Americans and people of color experience poorer pregnancy and birth outcomes.

Access to prenatal care is unequal across race and ethnic groups in Minnesota. Seventy-nine percent (79%) of women in Minnesota in 2020 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 (84%) while Native American women report the lowest rates (55%).²⁶

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 timed prenatal care visits. Eighty-two percent (82%) of white mothers report adequate prenatal care, the highest for all racial groups. Native American mothers report the lowest level of adequate care at 51%, followed by Black mothers at 60%.²⁷

The Dignity in Pregnancy and Childbirth Act, passed in 2021, seeks to address disparities in healthcare services for people who give birth.²⁸

This law mandates that all hospitals with obstetric care provide continuing education on anti-racism and implicit bias to staff caring for pregnant and postpartum patients. Black Minnesotans constitute 14% of the birthing population but account for 23% of pregnancy-associated deaths, while Native American Minnesotans make up 2% of the birthing population but represent 8% of pregnancy-associated deaths.²⁹ In 2023, new statutory requirements will track morbidity in addition to mortality resulting from pregnancy in Minnesota to determine how to prevent these outcomes.³⁰

Minnesota's decline in rural obstetric services now outstrips the national average. Continuing a decline begun in 2000, between 2012 and 2021, nine Minnesota counties lost birth services.³¹ A lack of hospital-based obstetric services correlates with the loss of a variety of maternal and infant care services, including peer and community support for pregnancy and families and family-centered models of care, such as midwifery.³²



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.³³

POLICY WIN

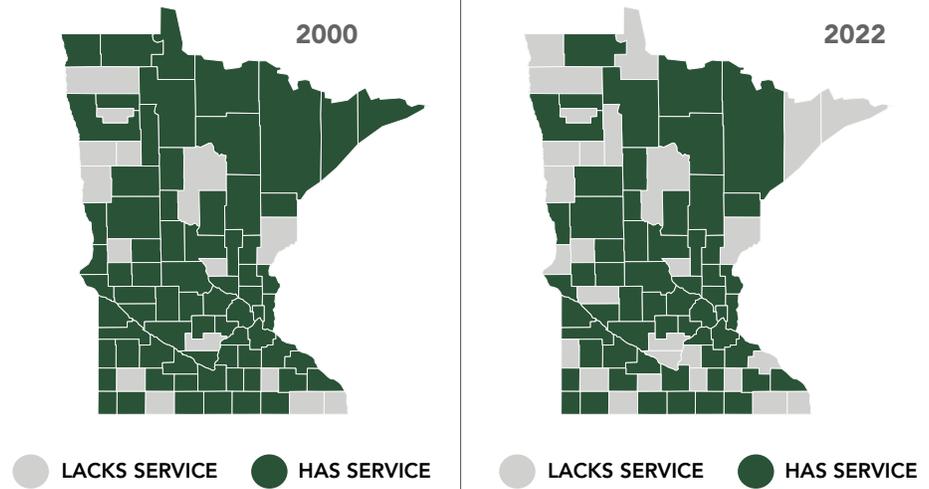
Minnesota acts to reduce low birth weight babies and infant mortality.

The proportion of babies with low birth weight in Minnesota increased from 6.9% in 2019 to 7.2% in 2021.³⁴ The 2024-25 state budget includes a partnership program aimed at reducing infant mortality for Black, Native American, and infants of color. The budget also includes funding for a task force on pregnancy health and substance abuse disorder.³⁵



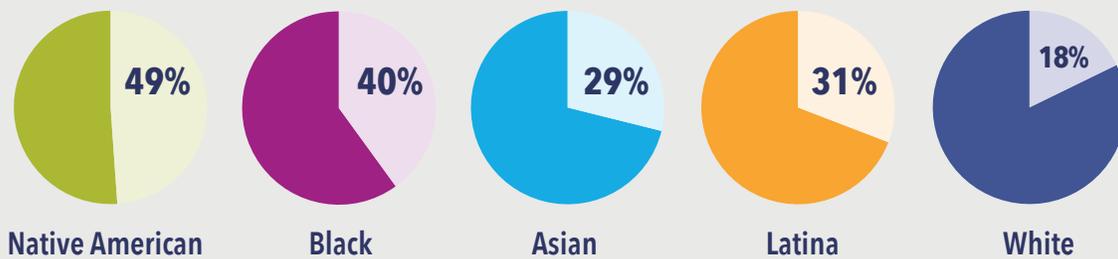
In-hospital Obstetrics Care in Minnesota in 2000 and 2022

42% of Minnesota counties lack birth services. In 2000, 15 Minnesota counties had no hospitals providing obstetrics care. By 2022, this figure had increased to 37.



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 In Minnesota: Data Highlights" (2022).

Percentage of Inadequate Prenatal Care, by Race and Ethnicity



CWGPP figures based on Minnesota Department of Health, "2020 Minnesota Health Statistics" (2022).

POLICY WIN



In 2023, Minnesota made history as the first Midwestern state to pass a paid family and medical leave law.

The Economics section of this report shows that access to paid family leave is essential to combating gender wage gaps and improving women's economic opportunities. It also provides important health benefits for the pregnant person and baby.

This law mandates that employers in Minnesota offer up to 12 weeks of paid leave for medical leave, caregiving leave, parental leave, safety leave for domestic violence victims, and deployment-related leave. Importantly, workers can take this leave to care for family members, regardless of blood relation or living arrangements, if there is a relationship that creates an expectation of reliance.³⁶

Prior to this legislation, only 50% of Minnesota's new mothers took parental leaves of six weeks or longer. About 25% of mothers took parental leaves of two weeks or less, whereas 70% of fathers took leaves of two weeks or less.³⁷ These lengths fell far short of the International Labor Organization's recommendations of 14 weeks of leave for mothers after birth.³⁸

Research shows that paid parental leave leads to improved physical health outcomes for both mothers and children and improved mental health outcomes for mothers.

Elena is a Latina woman living in Greater Minnesota who recently celebrated the birth of her first child.

Yet her experience navigating maternity and obstetric health care added stress, uncertainty, and considerable travel time to her pregnancy. Living in Greater Minnesota, Elena had to travel more than 70 miles to access adequate prenatal care; a considerable investment of time and expense for someone who is also an unpaid caregiver for a family member. Elena was filled with great apprehension and stress near the end of her pregnancy, wondering if her distance from her care facility meant she would be one of the many pregnant people forced to give birth in an emergency room or out of the hospital entirely.³⁹

Minnesota among top five states for increased Latina maternal mortality

Over the past two decades, maternal mortality in the United States has increased, while in other high-income countries it has decreased – despite the U.S. spending more, per capita, on health care. A recent study comparing maternal mortality rates from 2009-19, across all U.S. states, found that maternal mortality rates doubled over that time. Due to systemic racism, pregnant Native American and Black individuals have mortality rates 2.5 and 2.4 times higher, respectively, than white people. Pregnant white individuals have a mortality rate 1.3 times higher than Asians and Latinas.

In Minnesota, maternal mortality rates are highest for Native Americans (near 80 per 100,000 live births) followed by Blacks (near 20 per 100,000 live births). Even though maternal mortality for Asians and Latinas is historically lower than for whites, Minnesota was one of the top five states with the largest percentage increase of maternal mortalities for the Latina population (greater than 105%) between 2009 and 2019. The state also saw large increases in maternal mortality among Native Americans and whites.⁴⁰



PHYSICAL HEALTH

PHYSICAL ACTIVITY AND SPORTS

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

In Minnesota, 8th, 9th, and 11th grade girls of color and Native American girls are less likely than white girls to participate in sports.

Fifty nine percent (59%) of white girls participate in sports at least once a week compared to 41% of Native American, 35% of Asian and Latina, and 34% of Black girls.⁴¹

Minnesota immigrant girls have lower sports participation rates than both immigrant boys and their non-immigrant peers.

Among 8th, 9th, and 11th grade Minnesota students, only 23% of Somali girls participate in sports at least once a week, compared to 44% of Somali boys and 40% of non-Somali Black girls. A quarter of Hmong girls participate in sports (similar to the percentage for Hmong boys), while 59% of white girls participate (1% less than white boys).⁴² Research suggests that a variety of societal, gender, religious, and cultural factors present barriers for immigrant girls.⁴³

In Minnesota, 8th, 9th, and 11th grade LGBTQ+ students are less likely than straight, cisgender girls to participate in sports. Sixty percent (60%) of straight, cisgender girls participate in sports at least once a week compared to 37% of cisgender bisexual girls, 34% of cisgender lesbian girls, and 23% of nonbinary and 24% of trans students.⁴⁴ These numbers are better than the national average, where 29% of cisgender lesbian and bisexual girls, 19% of genderqueer and non-binary youth, 14% of transgender boys, and 12% of transgender girls participate in sports. Research indicates that LGBTQ+ youth encounter significant

Minnesota's teenage girls and adult women are less likely to be physically active.

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

12% **26%**
Girls Boys

Percentage of Minnesota survey respondents that reported physical activity, outside of work, in the last month.

78% **85%** **81%** **85%** **77%**
All Women Lesbian Women All Men Gay Men Transgender Individuals

levels of harassment on playing fields and in locker rooms.⁴⁵ Trans and nonbinary youth who are open about their gender identity have lower involvement than those who were less open about it.⁴⁶

Minnesota’s transgender inclusion in school athletics bucks national trends.

Nearly a decade ago, the Minnesota State High School League implemented a policy allowing transgender students to participate in sports based on their gender identity. While some argue that more trans athletes will lead to fewer girls participating in sports, in Minnesota, girls’ participation rates have increased.⁴⁷ Currently, 22 states have laws banning the participation of transgender students, affecting almost one in three (31%) transgender youth aged 13-17.⁴⁸ Moreover, the U.S. House of Representatives passed a bill in March 2023 aimed at preventing transgender girls from participating in school sports aligned with their gender identity.⁴⁹

Patterns of physical activity in childhood carry over into adulthood.

While 80% of white Minnesota women report physical activity in the last month (compared to 82% of white men), the rates are much lower for other race and ethnic groups. Seventy-seven percent (77%) of Asian, 68% of Black, 65% of Native American, and just 61% of Latina women surveyed in Minnesota reported physical activity in the last month. For each of these groups, their participation rates are lower than men of the same race and ethnicity.⁵⁰

NUTRITION AND 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 (4-10% versus 2%) to report that they skipped meals due to lack of family funds to buy food.⁵¹

In Minnesota, about 71% of participants in the Supplemental Nutrition Assistance Program (SNAP) are women.⁵² Participation in SNAP 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. Thirteen percent (13%) of Minnesota bisexual women, 6% of straight women, and 6% of lesbians used SNAP in the past

year, compared to 10% of gay and 9% of bisexual men. Transgender Minnesota women are far more likely to have used SNAP in the past year compared to trans men (19% compared to 2%).⁵³

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.⁵⁴ Women who are low-income, women who live in rural areas, and single heads of household face the highest barriers to healthy food access.⁵⁵ In December 2020, 55 percent of individuals who frequently or sometimes lacked sufficient food were women. Furthermore, in 2019, households led by single mothers showed a higher rate of food insecurity at 28.7 percent, compared to 15.4 percent in single-father households.⁵⁶

U.S. older women of color and older women with disabilities are disproportionately food insecure.

Seventeen percent (17%) of Black women, 16% of Latinas, and 6.4% of white women over 50 years old in the U.S. reported not having enough food to eat in the last seven days. LGBTQ+ individuals aged 50 and older (13%) were more likely than their non-LGBTQ+ counterparts (8%) to experience insufficient food, with higher numbers for LGBTQ+ people of color. Older women with disabilities also report high rates –

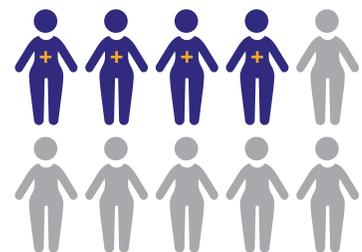
16% of white disabled women, 30% of Black and Latina disabled women, and 14% of Asian disabled women reported not having enough food to eat in the past seven days.⁵⁷

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 were diagnosed with cancer between 2015 and 2019.⁵⁸ While cancer-related deaths have declined in this period, the decline is more significant for men (1.9%) compared to women (1.4%). Between 2015 and 2019, Native American men and women experienced the highest incidence and mortality rates among all racial and ethnic groups for all types of cancer combined.⁵⁹

44% of Minnesota Women Diagnosed with Cancer⁶⁰



FOOD DESERTS AFFECT 302,000 MINNESOTANS⁶¹

Food Deserts in Minnesota and the Twin Cities Area



Minnesota

Hennepin & Ramsey Counties

CWGGP 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.

Breast cancer is the most common form of invasive cancer among women of all races and ethnicities 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. Twenty-three of every 100,000 Minnesota Black women and 22 of every 100,000 Native American women die of breast cancer, compared to 18 white women, 10 Latina, and 9 Asian women.⁶²

Native American women and women of color are the most at risk of cervical cancer.

Native American women in Minnesota are over two-and-a-half times more likely to be diagnosed with cervical cancer compared to women in Minnesota as a whole. Asian women have the highest mortality rate among races and ethnicities – two-and-a-half times the rate for all women in the state. Women of color have a higher likelihood of being diagnosed at a late stage compared to white women.⁶³ Pap screenings are key to early detection and treatment.

Ovarian cancer impacts older women disproportionately.

Eighty percent (80%) of Minnesota women diagnosed with ovarian cancer are over 50. While Native American women have the highest incidence of ovarian cancer in the state (43% higher than women as a whole), white women in Minnesota have the highest ovarian cancer mortality rate.⁶⁴

While mortality rates due to heart disease and stroke have been trending down in Minnesota, they remain high for Native American women and some women of color.

Minnesota has lower mortality rates due to heart disease for women from all racial and ethnic groups than the U.S. as a whole, except Native Americans.⁶⁵ 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.⁶⁶ The stroke death rate was more than 30-40% higher among Asian, Black, and Native Americans in Minnesota compared to the overall Minnesota average from 2018-2021.⁶⁷

The percentage of women diagnosed with diabetes is lower in Minnesota than the nation for all racial and ethnic groups except Native Americans.

Twenty-four (24%) of Native American Minnesotans have been diagnosed with diabetes, compared to the national average of 15%. Asian American women in Minnesota are the least likely to receive a diabetes diagnosis at only 4%, significantly lower than the U.S. average for this population at 10%.⁶⁸

Environmental health risks are not distributed evenly across Minnesota communities. The highest rates of death and disease related to air pollution in Minnesota are in neighborhoods with the largest percentages of Black, Indigenous, and people of color; low-income and uninsured individuals; and residents with

a disability. Neighborhoods with the largest percentages of people of color experience more than five times the rate of asthma-related emergency room visits attributed to air pollution compared to areas with more white residents.⁶⁹

Rural Minnesotans are exposed to higher levels of pollution in their drinking water.

Many rural Minnesotans rely on private wells that draw water from groundwater systems beneath agricultural fields and livestock operations. Nitrates from these agricultural activities can seep into the water, rendering it unsafe for consumption. This is a concerning issue in Minnesota, where approximately 1.2 million people rely on well water. The impact of nitrate pollution is particularly pronounced in rural, low-income communities. High levels of nitrates in drinking water can lead to life threatening conditions including cancer.⁷⁰

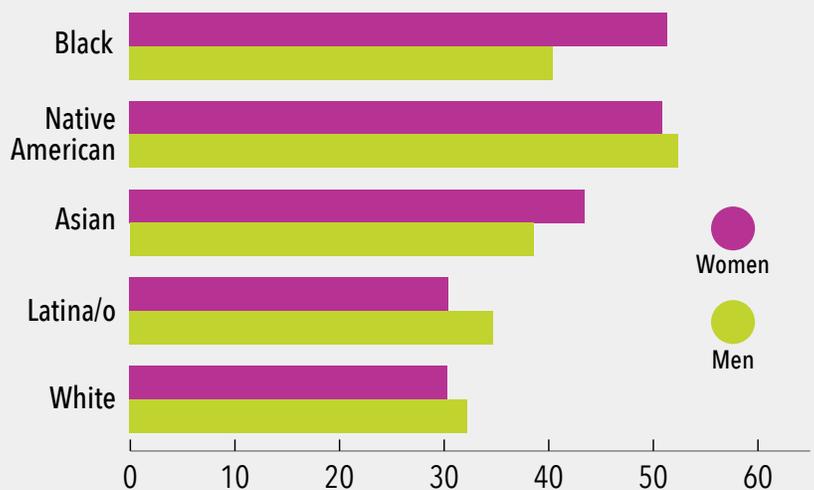
DISABILITY

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.⁷¹

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

Minnesota’s Black and Asian 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.



Long-term effects from COVID-19 – known as long COVID – are more prevalent in women than men and vary across ethnicity, sexual orientation, and disability.

Approximately 15% of Minnesotans have experienced long COVID-19.⁷² Long COVID manifests as a range of ongoing or recurring health problems that may persist for weeks, months, or even years. Common symptoms include fatigue, respiratory and heart problems, brain fog, difficulty breathing, headaches, sleep disturbances, lightheadedness, depression or anxiety, and joint or muscle pain.

- Nationally, 19% of cisgender women are affected by long COVID compared to 11% of cisgender men.⁷³
- In Minnesota, 16% of cisgender women are affected by long COVID compared to 11% of cisgender men.
- The ethnic and racial groups most impacted by long COVID in Minnesota are Latinas and Blacks. Seventeen percent (17%) of Latina and Black women suffer from long COVID.
- LGBTQ+ Minnesota women have higher rates of long COVID than straight women, with 20% of lesbians and 25% of bisexual women experiencing it.
- Minnesota women with disabilities (27%) are also more likely to experience long COVID than those without a disability (14%).⁷⁴

AMARA'S STORY



Amara Strande dedicated the end of her life to fighting against 3M's "forever chemicals." The chemicals led to her death at age 20.

Amara Strande, a young woman diagnosed with a rare liver cancer, dedicated her final months of life to lobbying for legislation to regulate toxic chemicals produced by 3M, a Fortune 500 company. Her testimony and advocacy in the state legislature led to the passage of "Amara's Law," which bans per- and polyfluoroalkyl substances (PFAS) – also known as "forever chemicals" – in most products. Unfortunately, Amara died in April 2023, four months after beginning her efforts.

Amara's home in Oakdale, Minnesota, faces contamination due to waste disposal practices by 3M. The company has been producing PFAS since the 1950s, but for decades neglected to disclose to regulators that these chemicals posed health risks. Oakdale experienced a higher incidence of low birth weight, premature births, and a lower fertility rate prior to implementing filtration for PFAS chemicals. Cancer rates in Oakdale were also elevated in comparison to unaffected neighboring communities. People who died in Oakdale between 2003 and 2015 were 19% more likely to have had cancer than those living in unaffected areas nearby. A study conducted in 2017 found that children who died in this region between 2003 and 2015 were 171% more likely to have had cancer than children who died in surrounding areas.⁷⁵

Despite opposition from major industries and lobbying efforts, Amara's powerful testimony helped push the bipartisan legislation forward. Her dedication and impact inspired lawmakers to name the legislation in her honor. The passage of "Amara's Law" marks a significant step in curbing PFAS use in Minnesota and sets an example for other states to follow.⁷⁶



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

DEPRESSION

Experience of depression differs across gender. In July 2023, 29% of Minnesotans reported symptoms of an anxiety or depressive disorder, just under the national rate of 33%.⁷⁷ More women (27%) than men (14%) in the state report having had depression at some point during their lives.⁷⁸ 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 age 12.⁷⁹

In Minnesota, boys and girls display different patterns of mental health challenges. Minnesota’s 9th grade boys (19%) are nearly twice as likely as girls (11%) 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, 9th grade girls (60%) are almost twice as likely to have seriously considered attempting suicide than boys (34%).⁸⁰

Mental health challenges for Minnesota college students continue to increase. In 2023, most gender-expansive college students (81%) and two-thirds of college women reported a mental health diagnosis during their lives compared to just under half of college men. College women also report having had a depression diagnosis at higher rates than men (49% compared to 31%), though not as high as gender-expansive students (70%).

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.⁸¹ In 2021 in Minnesota, 18% of women and 11% of men aged 65 and over reported depressive symptoms.⁸²

Women are more likely than men to live alone in old age. Sixty percent (60%) of Minnesota seniors (50+) who live alone are women.⁸³ 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.⁸⁴ In 2021, a higher percentage of older men in the U.S. (69%) were married compared to older women (47%). Widows made up about

30% of all older women in 2021, with widows outnumbering widowers three to one.⁸⁵

LGBTQ+ Minnesotans report high rates of mental distress. Four out of five (80%) of respondents to a 2021 Minnesota survey of LGBTQ+ Minnesotans reported experiencing moderate to severe mental distress. Bisexual (89%), pansexual (97%), and queer (98%) respondents experienced much higher levels of moderate to severe mental distress compared to lesbian (66%) and gay (80%) respondents. Transgender respondents (33%) experienced higher rates of severe mental distress compared to cisgender respondents (22%).⁸⁶

EATING DISORDERS

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.⁸⁷ Among Minnesota college students, 3% of men, 9% of women, and 22% of gender-expansive students report being diagnosed with an eating disorder within their lifetime.⁸⁸ 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.⁸⁹ LGBTQ+ adults and adolescents face higher rates of

eating disorders compared to their heterosexual and cisgender peers.⁹⁰

The COVID-19 pandemic has introduced additional challenges for people with eating disorders.

Individuals with eating disorders often experience increased levels of uncertainty and anxiety, which were exacerbated by COVID. Moreover, the shift to remote work placed many individuals in a new environment, where they may spend the entire day in isolation.⁹¹

SUICIDE

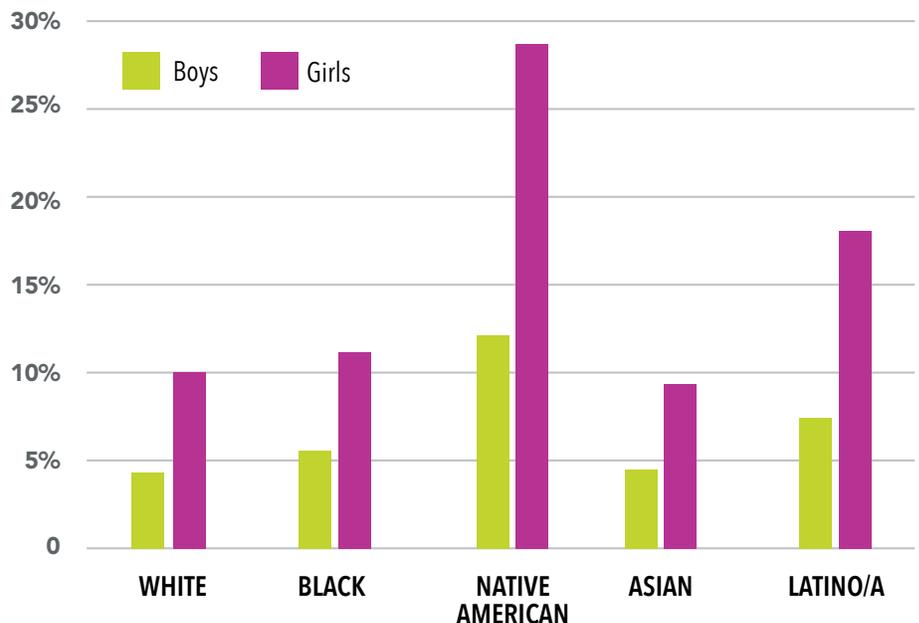
CDC warns teen girls are facing mental health crises.⁹²

Minnesota teenage girls are two to three times as likely to attempt suicide as teenage boys (12% vs 5%). Almost one in three Native American teenage girls has attempted suicide.

FACTORS THAT IMPACT MENTAL HEALTH

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.⁹³ Low-income women are exposed to more uncontrollable life events, dangerous neighborhoods, and job insecurity, among other risks.⁹⁴

Percentage of Minnesota 8th, 9th, and 11th Graders Who Have Attempted Suicide



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.⁹⁵ In a meta-analysis of 293 studies, having experienced racism was found to be associated with poorer mental health, including depression and anxiety.⁹⁶ One in five Minnesota

Black 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.⁹⁷

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 2021, 4.7% 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.⁹⁸

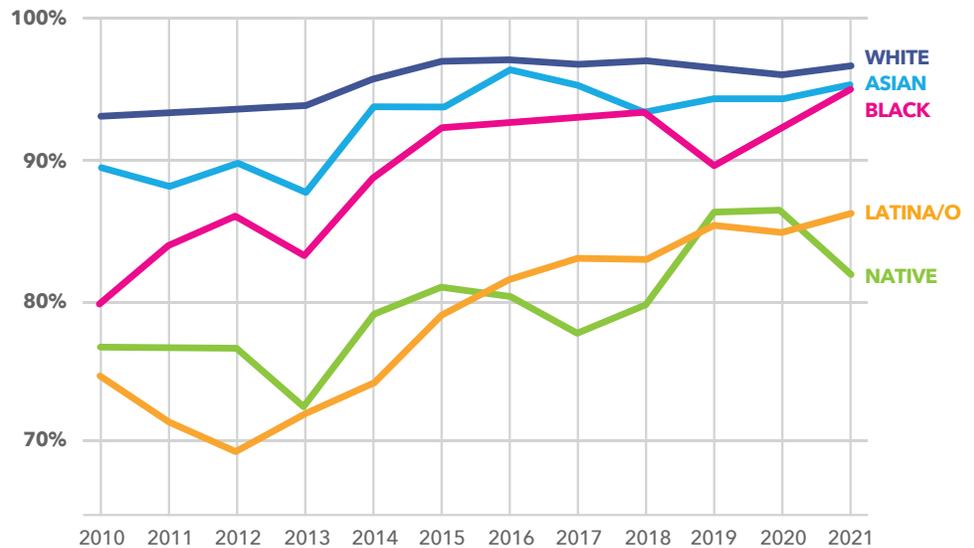
Cost of healthcare is a greater barrier for Black and Latina women in Minnesota, but access has improved. In 2021, 14% of Latinas and 10% of Black women reported that they could not see a doctor because of costs in the past year, while 7% of white and 5% of Asian women reported the same.⁹⁹ This is an improvement over 2019 when 20% of Black women and 30% of Latinas in Minnesota reported that they could not see a doctor because of costs in the past year.¹⁰⁰

Low-income LGBTQ+ individuals have less access to health care in Minnesota. Almost one-third of respondents to the Rainbow Health survey in Minnesota reported being uninsured. The majority of the uninsured have incomes of \$25,000 or less. Twenty-seven percent (27%) of respondents reported being unable to access needed medical care due to the high cost.¹⁰¹

Minnesota women with disabilities face cost barriers to health care twice as often as non-disabled women. Twelve percent (12%) of Minnesota women with a disability reported there was a time in the last 12 months when they needed to see a doctor but could not afford it, compared to 6% of able-bodied women.¹⁰²

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 2010-2021.

Rural residents in Minnesota tend to rely more on public health care sources like Medicare, Medicaid, and MinnesotaCare. This is because, on average, they are older than those living in urban areas, earn lower incomes, and have less access to employer coverage.¹⁰³

Insurance benefits for LGBTQ+ individuals in the U.S. are improving. Over half (57%) of Fortune 500 companies offer insurance coverage for domestic partners, up from 49% in 2019. Additionally, 77% of CEI-rated businesses provide such coverage. In 2002, none of the Fortune 500 companies offered transgender-inclusive health insurance coverage. However, as of 2022 67% of the Fortune 500 companies and 86% of all CEI-rated businesses provide such coverage. This represents a remarkable increase of 22 times the number of businesses compared to 2009.¹⁰⁴

Health Care is Unaffordable for Trans and Bisexual Women

Among Minnesota women, transgender and bisexual women are most likely to not see a doctor because they could not afford it.

Percent who reported there was a time in the last 12 months when they needed to see a doctor but could not afford it:

- Straight cisgender women: 6.0%**
- Lesbian cisgender women: 6.4%**
- Transgender women: 10.5%**
- Bisexual cisgender women: 21.3%**

Fifteen percent (15%) of transgender women in Minnesota use Medicaid as their main source of health insurance, compared to 6% of bisexual and lesbian cisgender women, and 2% of straight cisgender women.

CWGPP analysis of the Behavioral Risk Factor Surveillance System survey data, 2021.



Minnesota Extends Health Insurance Access to People Who Are Undocumented

In 2023, the Minnesota Legislature enacted SF2955, which allows people who are undocumented to enroll in the state's subsidized health care program, MinnesotaCare, beginning in 2025. Immigrants who are undocumented have long struggled to access health care, largely due to a lack of insurance. Approximately 17% of uninsured people in Minnesota are undocumented.¹⁰⁵ These very same immigrants are often working in essential, but physically taxing and low-wage jobs. Working in construction, agriculture, direct health care, food and hospitality services, and other service sectors, immigrants experienced higher rates of COVID transmission and mortality rates.¹⁰⁶ Currently, only California and the District of Columbia allow residents to enroll in public insurance regardless of immigration status.

ACCESS TO CARE

Rural Minnesota has a shortage of healthcare providers, particularly in primary and mental health care.

While 99% of Minnesotans live within 60 minutes of a trauma hospital, there is a maldistribution of healthcare providers, with the majority in urban areas. Approximately 80% of Minnesota counties are designated to have a shortage of mental health professionals. Additionally, rural providers tend to be older and closer to retirement.¹⁰⁷

Rural hospitals often have fewer services available, and a disproportionate number of rural medical facilities have closed. Non-metro counties have experienced declines in obstetrics services and increased outpatient psychiatric services. Between 2012 and 2021, more than half of nursing home closures in the state occurred in rural counties, leading to a nearly 10% decline in nursing home beds in rural areas. The nursing home population has been decreasing since 1995, as more people opt for alternative long-term care options like home care and assisted living.¹⁰⁸

Only 27% of the demand for mental health professionals in Minnesota is met. Unmet need in mental health refers to individuals who require treatment or counseling for mental health or substance

use issues but are not receiving care.

Certain groups, such as the uninsured, underinsured, and communities of color, are more likely to face barriers in accessing mental health care. In May 2022, among adults in Minnesota who reported experiencing symptoms of anxiety and/or depressive disorder, 30.6% expressed a need for counseling or therapy in the past four weeks but did not receive it. This percentage is larger than the U.S. average of 28.2%.¹⁰⁹

DISCRIMINATION

LGBTQ+ women report high rates of health care discrimination. Among the female-identified respondents in a survey of LGBTQ+ Minnesotans, 35% stated that they refrained from visiting a doctor when they needed to because they feared being disrespected or mistreated due to their LGBTQ+ identity. Forty-eight percent (48%) of bisexual or pansexual women, 39% of queer women, and 33% of lesbians had these concerns. Additionally, 43% of LGBTQ+ women of color and 31% of white women reported such apprehensions. Nineteen percent (19%) of respondents reported teaching their provider about their sexuality in order to receive proper care and 17% reported health care providers asked inappropriate or invasive questions related to their sexuality.¹¹⁰



Against the current: Minnesota is now a "trans refuge" state

In March 2023, Governor Tim Walz signed an executive order protecting gender-affirming health care access in Minnesota. By May 2023, the state codified the Trans Refuge Act into law, safeguarding healthcare rights for transgender individuals.¹¹¹ The law shields out-of-state visitors, preventing prosecution and the enforcement of court orders separating children from parents based solely on their use of gender-affirming care. Minnesota is one of five states affirming support for trans rights.¹¹² Supporters including health care providers and families see the law as ensuring access and sending a welcoming message to transgender individuals in Minnesota.¹¹³



Ana is a rural Latina woman in her late 60s who is suffering from long COVID.

She is fortunate to have extended family that support her care needs, including her granddaughter, Elena. A new mother, Elena also helps her grandmother with cooking, cleaning, transportation to doctor's visits and pharmacies, and other tasks that Ana now finds difficult. As a Minnesotan who is undocumented, Ana has long struggled with access to medical care. She's traditionally had to rely upon emergency health services and community clinics. Ana and Elena were relieved when they learned that the Minnesota Legislature recently voted to extend MinnesotaCare coverage to residents who are undocumented and who meet the eligibility requirement. With this coverage, Ana and Elena will be able to seek preventative health care, non-emergency care for Ana's long COVID, and access lower priced prescription drugs.

Minnesota low-wage, direct health care workers continue to exit health care occupations due to the stress induced by the pandemic.

This workforce is almost entirely women, and disproportionately women of color.

A 2022 Center on Women, Gender, and Public Policy report showed that stressful working conditions, low wages, and the physical risks of contracting COVID led 6.5% of low-wage health care workers to leave the labor force after COVID (between January 2019 and December 2021) – more than the rate prior to the pandemic. Of these, 40% of direct care workers transitioned to another occupation. These workers' departures have led to a labor crisis in the state's assisted care facilities. Over 40% of direct care workers in Minnesota earn wages that are below 200% of the federal poverty line, and around 40% have insurance through Medicaid, Medicare, or another public source rather than their employer.¹¹⁴

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.¹¹⁵ Nationally, only a minority of Latina/os (33%), Blacks (31%), and Asian Americans (25%) receive the necessary therapy they require.¹¹⁶ In Minnesota, 54% of 8th, 9th, and 11th grade Black girls and 59% of Asian girls who reported a long-term mental or emotional problem said they had not received treatment, compared to 31% of white girls.¹¹⁷ 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.¹¹⁸

Nationally, the lack of Black mental health practitioners has harmful consequences for the Black community. In 2020, only 2% of psychiatrists and 4% of psychologists in the U.S. were

Black. The scarcity of psychiatrists and counselors from diverse backgrounds has significant consequences for Black individuals seeking treatment. Recently, the American Psychiatric Association (APA) recognized that the disparities in the quality of care between Black clients and white clients can be linked to the historical pathologization of African Americans as more aggressive and unstable. These biased views have frequently discouraged Black students from considering mental health as a career option. In January 2021, the APA issued its first public apology for the racial inequities that have been present throughout its 176-year history.¹¹⁹

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).”¹²⁰

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.¹²¹

Lifting and moving patients result in higher injury rates for nursing assistants than construction workers.¹²² 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.¹²³

POLICY WIN

The Minnesota Legislature passed a “sick and safe time” mandate in 2023.

This law requires all employers to offer their workers 48 hours of paid time off each year for illness, medical appointments, child care, or seeking help for domestic abuse. The law aims to enhance worker safety and economic well-being, especially for the approximately 900,000 mostly low-wage workers who currently have no paid time off.

Prior to the 2018 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.¹²⁴

In addition to the sick time mandate, the law introduces new workplace safety regulations for warehouse and meatpacking workers, and establishes a new nursing home work standards board.¹²⁵

WOMEN PERFORM THE MAJORITY OF UNPAID CAREGIVING FOR THE SICK AND DISABLED

Six in 10 caregivers of people aged 50 or older in the U.S. are women. Women caregivers are also more likely (27%) than men caregivers (20%) to provide care for two or more people. When caregivers provide care to their spouse/partner, 60% of the time the spouse cared for is a man.¹²⁶

Regardless of race and ethnicity, Minnesota women are more likely to provide unpaid care for people who are disabled or who are sick than men. When asked whether they provided regular care or assistance to a family member with a disability or health issue in the last 30 days, 19% of Minnesota women surveyed had done so, compared to 14% of men. Minnesota women aged 55 to 64 were the most likely to have engaged in such carework in the last 30 days (26%) compared to 19% of men in the same age range.¹²⁷

Among U.S. care recipients aged 50 or older, almost two-thirds are women. As the age of care recipients increases, the proportion of women recipients also increases. For example, 49% of recipients aged 50 to 64 are women, while 64% of those aged 65 to 84 are women, and 74% of those aged 85 and older are women. The majority of care recipients (76%) are aged 65 or older.¹²⁸

POLICY WIN



Minnesota's 2024-2025 biennium budget includes grants to recruit and retain behavioral health professionals.

These grants will focus on health professionals who can provide culturally responsive services to Black, Indigenous and people of color communities and rural communities. It also includes funding for psychiatric residential treatment sites.¹²⁹

The legislature also passed similar grant programs to increase the number of mental health and substance use disorder treatment organizations owned, managed, or led by BIPOC individuals.¹³⁰

POLICY WIN



Governor Walz signed a ban on LGBTQ+ conversion therapy in April 2023.

"Conversion therapy," also known as "reparative therapy," includes various practices aimed at altering a person's sexual orientation or gender identity. These efforts lack credible evidence and have consistently faced opposition from major medical and health organizations. Under the ban, mental health practitioners are prohibited from conducting conversion therapy on children under 18 and vulnerable adults.¹³¹





SECTION 4

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, are evidence of a healthy, inclusive democracy. 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

Leadership that reflects Minnesota's many vibrant communities is needed in corporate roles, boards, and nonprofits, in elected and appointed office, and as teachers and administrators. Minnesota women are rising in leadership positions, but as our state and the world face complex and urgent challenges, from deepening economic inequality to climate change, we cannot afford to leave any of the state's talent on the sidelines.

Nationally, women are underrepresented at every level of corporate leadership, but especially at the highest ranks. Among large U.S. corporations in 2022, white women made up 29% of entry-level employees and 27% of managers. From 2020 to 2022, their numbers shrunk for senior vice president positions from 28% to 23%, but they grew slightly in chief officer positions, from 19% to 21%. Black, women of color, and Native American women made up 19% of entry-level employees but only 14% of managers and 5% of corporate officer positions at these companies; also experiencing slight increases over 2020. In contrast, men made up 52% of entry-level employees, 60% of managers, 71% of senior vice presidents, and 74% of corporate officer positions.³

Nationally, women of color exhibit high levels of ambition, but lack support in the workplace. Forty-one percent (41%) of women of color (including 59% of Black women) aspire to be top executives, compared to 27% of white women in the U.S. However, women of color are more likely to have their competence questioned and receive less interest from their managers in their career development. Only 87 women and 82 women of color are promoted for every 100 men promoted from entry-level to manager, with manager being the essential stepping stone to higher leadership positions.⁴

Women have made gains, but Minnesota corporate leadership remains overwhelmingly male. Only nine of the top 78 publicly held companies in Minnesota are headed by a woman (11%), and 17 (22%) of these

companies have no women executives. Only 11 women of color (2%) hold corporate executive positions in Minnesota, lower than the national average of 5%. In 2022, women held 28.2% 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 7% of these director seats in 2022, up from 4% in 2020.⁵

Women in corporate America face discriminatory work environments, a 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 (31% versus 24%) or being mistaken for someone at a much lower level in the corporate hierarchy (16% versus 10%). Women with disabilities, and Black and lesbian women are even more likely to experience these forms of discrimination.⁶

Women leaders are leaving U.S. companies at rates higher than men; the widest gap observed to date. For each woman promoted from the director level to the next level, two women directors decide to leave their company. Women leave due to disproportionate obstacles to advancement, burnout, and undesirable workplace culture, including employer lack of commitment to diversity, equity, and inclusion.⁷ Additionally, women with disabilities and LGBTQ+ women are more likely to experience demeaning microaggressions. Forty-three (43%) of women leaders experience burnout compared to 31% of men at the same level.⁸

Women and Remote Work

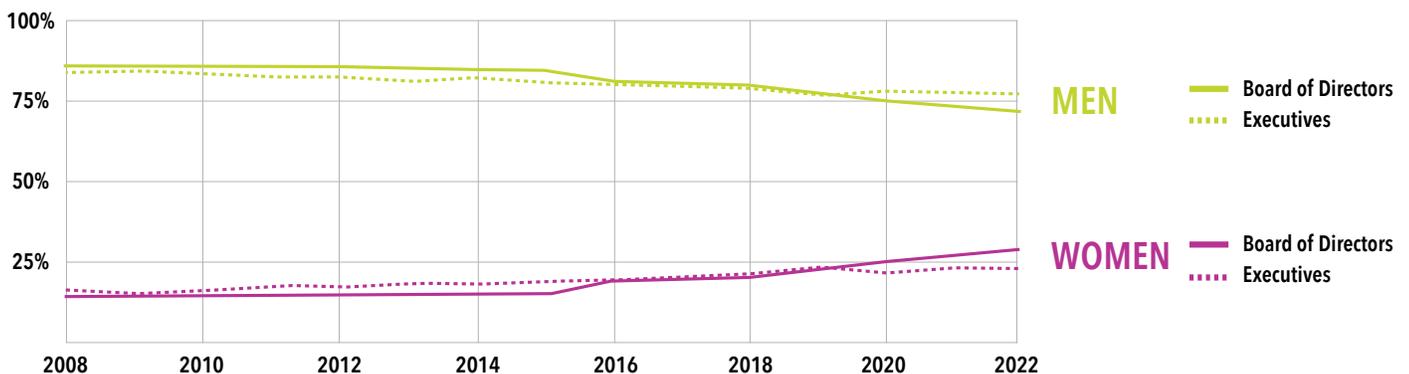
The onset of the COVID-19 pandemic precipitated the growth of remote and hybrid work. Nationally, more women (61%) than men (50%) work mostly remotely. Conversely, more men (18%) than women (10%) work mostly on-site. Only one in 10 women prefer predominantly on-site work, with many choosing remote and hybrid options as a top reason for joining or staying with a company.

Remote work is linked to reduced microaggressions and increased psychological safety, especially for women of color, LGBTQ+ women, and women with disabilities who often encounter demeaning and othering behavior. Among women who primarily work remotely, only 19% reported experiencing microaggressions, compared to 29% who work mostly on-site. For LGBTQ+ women, 27% reported remote work-related microaggressions, compared to 39% for on-site work. Remote work has been especially helpful for women with disabilities, offering greater opportunity to manage their disability and work at the same time. Among women with disabilities, 31% experienced microaggressions when working remotely, versus 43% on-site. Lastly, 23% of women of color who work remotely reported experiencing microaggressions, compared to 36% in an on-site setting.

Remote work has led to greater employee work satisfaction and has helped employers to diversify their workforces. However, evidence shows that when women are more concentrated in remote work arrangements than their male colleagues, they may receive less recognition.⁹

Percentage of Women in Leadership Roles in the Top Minnesota Corporations

Although women's representation among Minnesota's corporate executives has risen in recent years (to 23% in 2022), at the current rate it would take 53 years to reach gender parity.¹⁰



NONPROFITS

Although women make up the majority (75%) of Minnesota nonprofit sector employees, their leadership roles do not reach gender parity with men.¹¹

From 2017-2021, 37% of nonprofit leaders were women, making them underrepresented in nonprofit leadership positions in Minnesota.¹²

In Minnesota, nonprofit leaders of color are rare, making up only 17% of leadership positions.

Nevertheless, this is a significant increase from 2012-2016 when only 1% of nonprofit leaders were people of color. Women of color and white women have different paths to leadership: only 50% of nonprofit leaders of color were hired for that position, compared to 69% of their white counterparts. Women of color are more likely to be promoted to their leadership positions, compared to their white counterparts.¹³

Only 4% of nonprofit leadership positions in Minnesota are held by people with a disability.¹⁴



ACTIVISTS

Women, gender-expansive people, Black, Indigenous, Native Americans and people of color are leading the way to a better Minnesota.

A dynamic and diverse community of local activists is rising in Minnesota, fueled by a shared commitment to fostering positive change. Whether collecting the histories of marginalized communities or spearheading campaigns for environmental justice, Minnesota activists are leaving an indelible mark on their communities and the state.

Tara Houska, a tribal attorney and water protector, was honored for her environmental justice activism. Houska, founder of the Ginew collective, led protests of both the Dakota Access Pipeline and Enbridge’s Line 3. In 2023, Houska was awarded Dickinson College’s prize for Global Environmental Activism, which comes with \$100,000 and a multi-day residency.¹⁵ Houska plans to open a resistance camp in Minnesota, which will host Ojibwe language classes and train future movement leaders. The resistance camp will be a place for healing and solidarity and promote a just, equitable transition to clean energy.¹⁶

Youth activists fight systemic injustices in their schools and state.

Formed in May 2020 in response to the murder of George Floyd by local law enforcement, MN Teen Activists is one of the largest youth advocacy groups in Minnesota. In 2021, they organized a walkout at Highland Park Senior High School in St. Paul to protest a “sexual assault culture” at the school. The group organized a statewide walkout involving over 100 schools to protest racial injustice and police brutality.¹⁷

Cameron PajYeeb Yang is a second-generation Hmong queer, transgender, nonbinary activist and storyteller. Drawing on their own personal experience, Yang has spoken out against domestic and gender-based violence within the Hmong community. They also have been working with elected officials in St. Paul to address police violence in the Hmong community. Yang has a background in storytelling, including filmmaking, and they produced a Hmong LGBTQ+ radio show.¹⁸

Dr. Josie Johnson, known as Minnesota’s “first lady of civil rights,” honored with the Regents Award from the University of Minnesota.¹⁹ Dr. Johnson helped create what is now the Department of African American Studies and was the first Black person appointed to the University of Minnesota Board of Regents. An official member of the Minnesota delegation to the 1963 March on Washington, Johnson has dedicated her career to the fight for racial equity. Johnson worked to pass bills supporting fair housing and employment opportunities in Minnesota.²⁰

Residents of the East Phillips neighborhood in Minneapolis stopped a development project that would have caused further environmental damage. Cassie Holmes – a member of the Lac Courte Oreilles Band of Lake Superior Chippewa Indians and the director of the East Phillips Neighborhood Institute – was a leader in the decade-long fight for the Rooftop Depot site. The city of Minneapolis wanted to use the site to store public works equipment, which would have required redevelopment and potential further pollution in a low-income neighborhood that has a history of pollution-related illnesses. After an occupation and arrests in 2023, the city agreed to sell the site to the East Phillips Neighborhood Institute for \$3.7 million. The EPNI plans to create an urban farm, which will spur sustainable and community-driven development.²¹

Jennifer Almanza is addressing Minnesota’s maternal and infant mortality by advocating for culturally centered health care. Almanza is a Chicana doula, practicing nurse midwife, and current co-chair of the Minnesota’s Maternal Mortality Review Committee. She has dedicated her life to supporting women of color to overcome the hurdles they encounter during childbirth. She advocates for culturally centered care, including public insurance coverage for doula and midwifery care.²² Her current work is integrating best practices for birthing persons and their infants impacted by substance use disorder. This work is based in destigmatizing care and ensuring that intent matches impact in care.²³

JULIE’S STORY



Julie is a Native American woman in her 50s, with two decades of leadership in the nonprofit world.

She has worked tirelessly for environmental and gender justice, and now is the executive director of an organization she co-founded. Julie began her career working in the corporate sector but became frustrated with the entrenched gender and racial biases, and disturbed by the lack of concern with sustainability. She pivoted to focus on the issues she cares about, with the hopes of finding greater opportunities for career advancement and autonomy. She is also a champion of Native women political candidates, as she hopes they will do a better job of representing historically disenfranchised communities and pave the way to greater environmental justice and tribal sovereignty.

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.²⁵

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.²⁶

MINNESOTA'S CONGRESSIONAL DELEGATION

In 2023, Minnesota's Congressional delegation is majority women.

Minnesota has an all-women Senate delegation: U.S. Senators Amy Klobuchar and Tina Smith. 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).

STATEWIDE EXECUTIVE OFFICE

Two women were elected to statewide executive offices in 2018 and 2022. 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

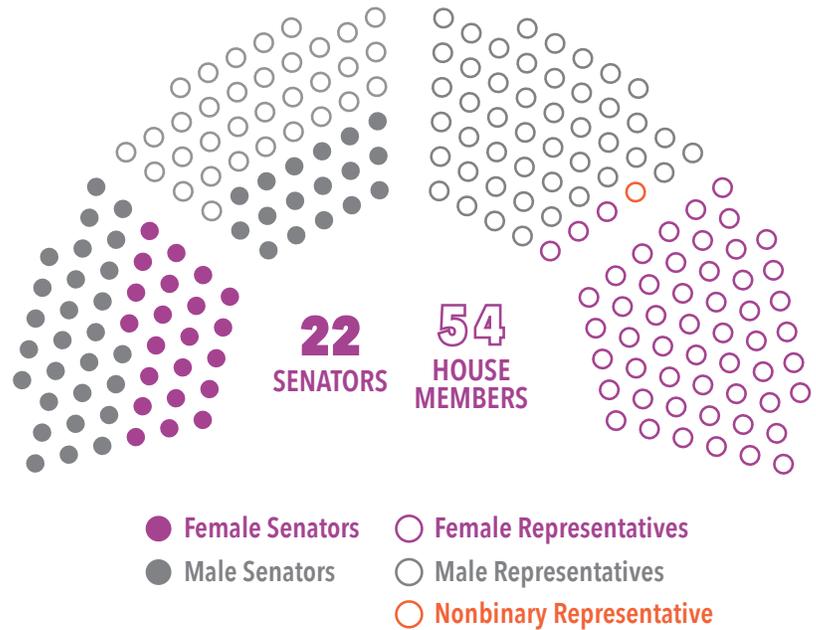
elected to statewide office in the United States. Flanagan is the highest-ranked Native American woman serving in elected office in the U.S. Both were re-elected in 2022.

MINNESOTA LEGISLATURE

The proportion of women in the Minnesota Legislature reached a historic high of 39% women in the 2022 election. For the 2023 session, 22 of the 67 senators (33%) and 54 of the 134 representatives (40%) were women (including one transgender woman), for a record high of 39% overall. Another representative is nonbinary.²⁷ Despite increases, Minnesota dropped to 17th place nationwide for state legislatures with the largest proportion of women in

2023, down from 13th in 2021.²⁸

In 2023, the Minnesota Legislature swore in its most racially diverse group of lawmakers yet. Legislators of color and Native American legislators increased from 25 in 2021 to 32 (18 of whom are women, and one nonbinary) in the 2022-2023 session.²⁹ 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.



2023 Minnesota Legislature Firsts

First Black women state senators: Zaynab Mohamed, Erin Maye Quade, and Clare Oumou Verbeten are the first Black women ever to serve in the Minnesota Senate.³⁰ Maye Quade co-sponsored the Trans Refuge Act³¹ and the Paid Family and Medical Leave Act.³² Verbeten co-sponsored the bill establishing the Office for Missing and Murdered Black Women and Girls.³³

Youngest woman elected to the Senate: Zaynab Mohamed was just 25 years

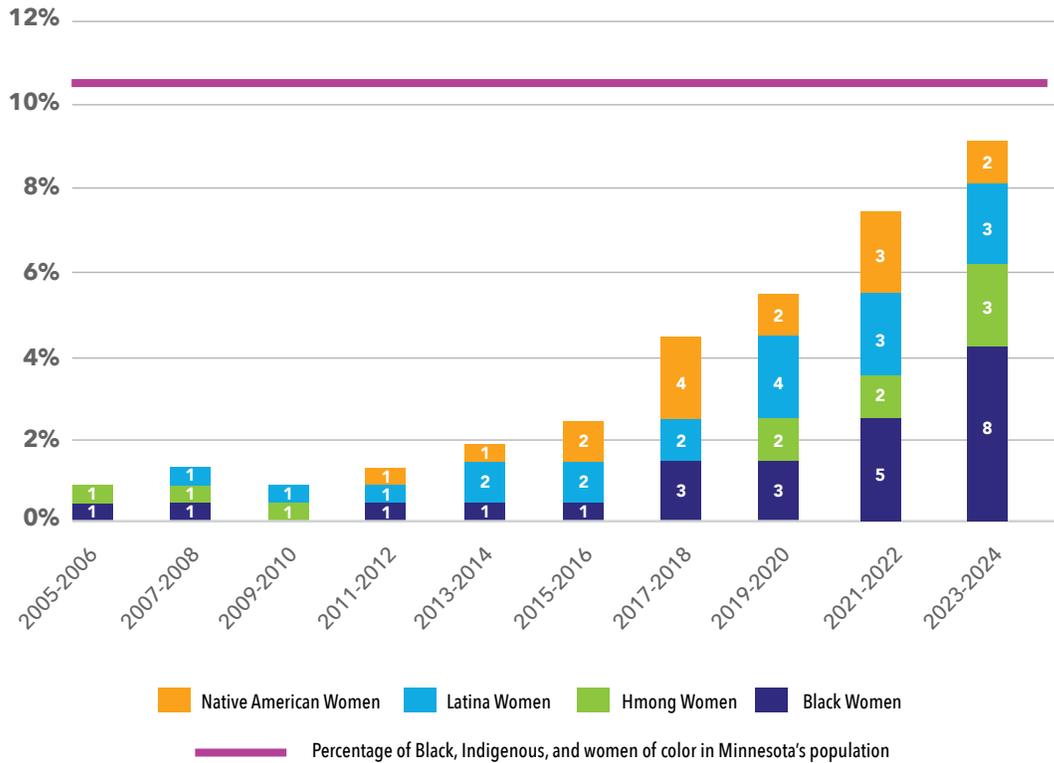
old when elected.³⁴ Mohamed co-sponsored the Drivers Licenses for All Act, allowing undocumented immigrants to obtain a driver's license.³⁵

First transgender person elected to the House: Leigh Finke is the first transgender person elected to the Minnesota House. Congresswoman Finke played a leading role in making Minnesota a trans refuge state.³⁶ *USA Today* named her the Minnesota honoree for Women of the Year.³⁷

First nonbinary member of the legislature.³⁸ Alicia "Liish" Kozlowski is the first nonbinary, two-spirit person elected to the Minnesota Legislature. Kozlowski is also known by their Ojibwe name, Ozaawaa Anakward or "Yellow Cloud." They are of Mexican and Anishinaabe-Ojibwe ancestry. Kozlowski helped pass a bill supporting gender-neutral bathrooms in Minnesota schools.³⁹

Black, Indigenous, and Women of Color in the Minnesota Legislature²⁴

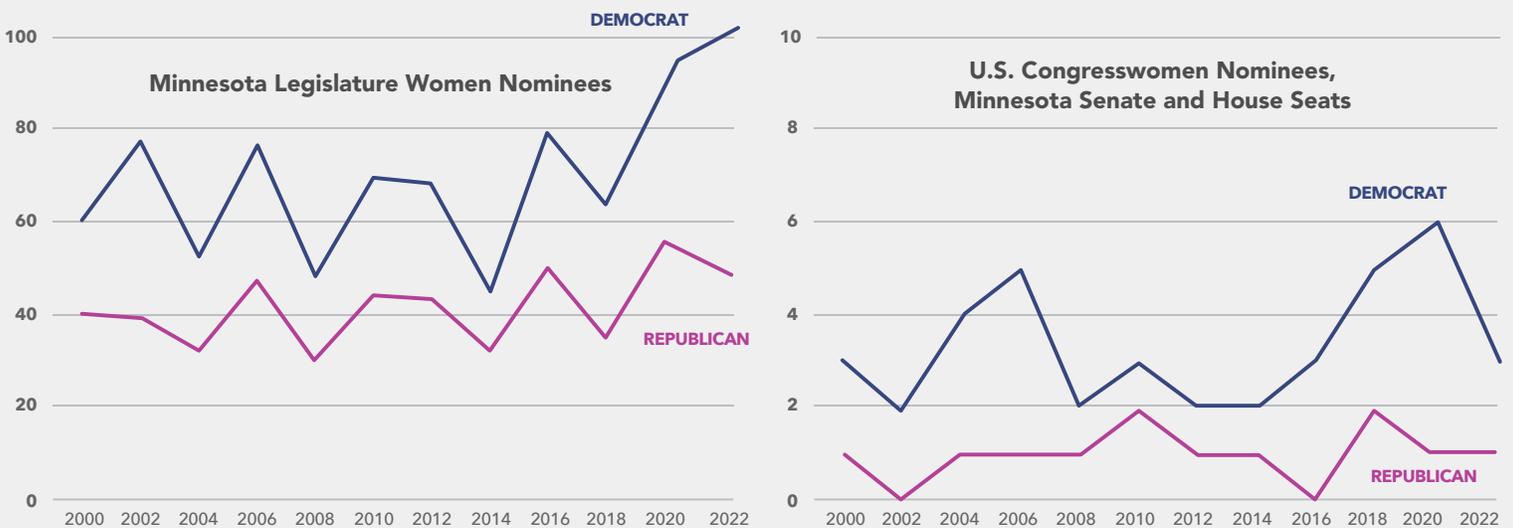
Women of color have increased their presence in the Minnesota Legislature but remain underrepresented relative to their proportion of the state's population.



CWGPP analysis of data from the Minnesota Legislature Reference Library and the Census Bureau's Population Estimates for July 1, 2022. Bar heights represent the percentage of women of that ethnicity or race in the Minnesota Legislature in the session year indicated. The numbers inside the bars indicate the counts of women of the indicated ethnicity or race.

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

The two major parties continue to diverge in their rates of nominating women to elected offices.



LOCAL POLITICS

Men dominate Minnesota county governments. Women were 20% of all candidates and 21% of winners in the November 2022 state county commissioner races.⁴¹ Women comprise just 13% of all county board chairs in Minnesota.⁴²

Women's representation in Minnesota municipal offices is increasing. In 2022, women were 38% of candidates for city councils, and 42% of city council members in Minnesota cities with populations over 30,000.⁴³

Women lead one-third of Minnesota cities with populations over 10,000. Women were 30% of mayoral candidates in 2022 and were mayors of 32% of Minnesota cities with a population of 10,000 or greater. In 2023, Nadia Mohamed was elected as Minnesota's first Somali mayor, and the first Black mayor of St. Louis Park.⁴⁴ Also in 2023, Roslyn Harmon was elected the first Black mayor of Golden Valley.⁴⁵ In 2020, Amáda Márquez Simula was the second Latina elected mayor in Minnesota and the first person of color to be elected mayor in Columbia Heights.⁴⁶

Women of color and LGBTQ+ people are making gains in Twin Cities metro city councils. After the 2023 elections, the St. Paul City Council is entirely women and one member, Mitra Jalali, identifies as bisexual. Six of the seven members are women of color.⁴⁷

In 2023, 20 LGBTQ+ people occupied local elected positions in Minnesota. This includes five individuals who identify as transgender or gender-expansive. Seven of the officials identify as people of color or Native American.⁴⁸

WOMEN RUNNING FOR OFFICE

Nationally, women ran for and were elected to U.S. Congressional seats in record numbers in 2022. In 2022, 653 women filed to run for U.S. House and Senate seats, compared to 643 women in 2020. Of the 653, 280 won their primary—proportionally fewer than in 2020. In the general election, 149 won their seat, 124 in the House and 25 in the Senate.⁴⁹ Women now make up 27.9% of the U.S. Congress, the highest number on record.⁵⁰

Women were half of all Minnesota U.S. Congressional candidates in 2022. Ten women candidates ran for the eight Minnesota U.S. Congressional seats in the 2022 election. Four women won the general election, the second time that Minnesota sent a 50-50 delegation of women and men to the U.S. Congress.⁵¹ Minnesota is represented by two women Senators and is one of only four states in the U.S. with an all-female Senate delegation.⁵²

Minnesota has never had a woman governor. A record number of U.S. women – 12 – are now serving as governor. In 2022, 12 women won contests for governor and were serving

in office in 2023. The previous record was nine, set in 2004. In 2022, 69 women filed to run in gubernatorial primaries in 36 states. Of the 36 women, 25 won their primary, and 12 won their contested seat.⁵³

Minnesota ranks 6th in the nation for women's political representation.

According to a gender parity index compiled by RepresentWomen, Minnesota ranks 6th in the nation for women's representation in elected office.⁵⁴

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).⁵⁵

For the 2022 midterm elections, Minnesota was in the top three states for turnout at 60%. Only Maine (61%) and Oregon (62%) had larger turnouts.⁵⁶

Since 1980, women in the U.S. have been more likely than men to vote in every presidential election.⁵⁷ In Minnesota, women's voter turnout rates have been on average 2% higher than men's since the year 2000.⁵⁸



St. Paul Elects All-Women City Council

In the 2023 municipal elections, the residents of the City of St. Paul elected all women to the City Council. Six of the seven members identify as women of color.

Photo Credit: Asmeret Photography

The criminal justice system disproportionately impacts the lives of people of color in the United States, whether through police interactions or in prisons, where Blacks and Latinas/os make up a majority of the U.S. incarcerated population, despite their minority status.⁸⁹ This context makes it even more urgent that our judiciary and legal professions reflect the makeup of the overall population.

LAW ENFORCEMENT

Women make up about 10% of the Minnesota State Patrol’s sworn officers.⁶⁰ National research suggests that female police officers use less excessive force, make fewer discretionary arrests of non-white residents, and are named in fewer complaints and lawsuits. Furthermore, they see better outcomes for crime victims, especially for sexual assault. They are also perceived by communities as being more honest and compassionate. The Minnesota Department of Public Safety’s 30x30 program seeks to advance women in policing by 30% by 2030.⁶¹

Exceedingly few Minnesota sheriffs are

women. According to new research by the Center on Women, Gender, and Public Policy, the number of women sheriffs in the state has dropped since 2006 when they were 4% of all sheriffs, to just 2% in 2022.⁶²

LAWYERS

Women of color and Native American women are underrepresented in law. Women make up 38% of active lawyers in Minnesota. People of color and Native Americans make up only 9% of lawyers, compared to 22% of the population overall. Latina/o lawyers are the most underrepresented group, followed by Black lawyers. There are 12% of active lawyers that declined to choose between female and male categories.⁶³ Law is a gateway field to a variety of legal leadership positions.

Women are increasingly running for and elected as County Attorney. According to new research by the Center on Women, Gender, and Public Policy, the number of women running for County Attorney positions in the state has been rising since 2014. In 2022, women were elected to 33% of county attorney positions in the state.⁶⁴

COURTS

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 August 2023, Natalie Hudson became the first Black chief justice of the state’s highest court.⁶⁵

In 2023, women were the majority of state court judges. In 2023, 54% of state court judges were female in Minnesota (3% more than the number in 2022).⁶⁶

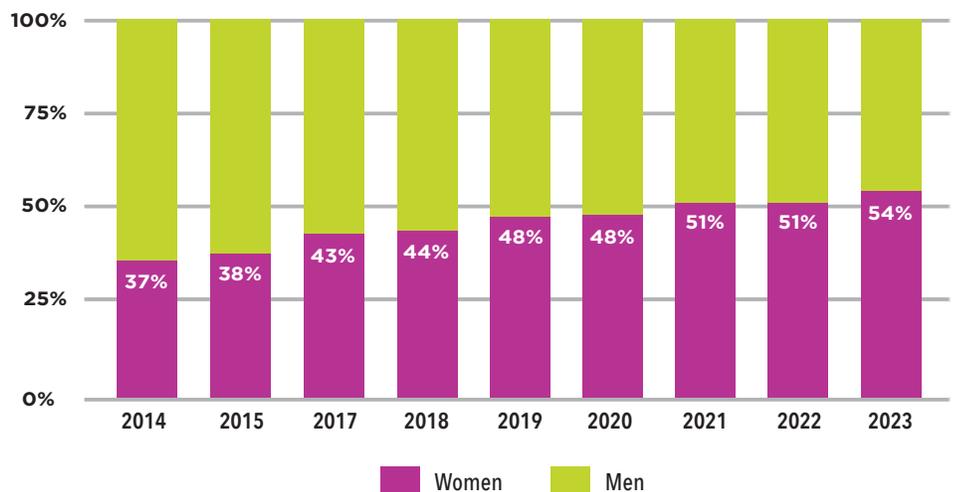
In the federal courts, the District Court of Minnesota within the U.S. 8th Circuit lacks racial diversity. Three of the seven active judges are women, and two judges on this court are people of color, both of whom are Black, and one of whom is a woman. In the 8th Circuit as a whole, women and Blacks make up just 9% of the judges; no Native Americans or people of color serve.⁶⁷



Dawanna Witt was elected the first Black female sheriff in Minnesota in 2022.

She is also the first woman and person of color to hold the position of Hennepin County Sheriff. She was the first woman to earn the rank of captain in Dakota County, where she started her law enforcement career.⁶⁸ In 2023, Kelly Lake of Carlton County was the only other woman sheriff in the state.⁶⁹

Women are now the majority of Minnesota state court judges



CWGPP figure based on data from the annual Gender Ratio Summary by Forester Long and the National Association of Women Judges, <https://www.nawj.org/statistics>.

SCHOOL DISTRICT LEADERSHIP

Extensive research shows that **Latina/o and Black students thrive in classrooms led by teachers with a shared ethnic or racial identity.**⁷⁰

Even though women dominate the teaching profession, they are not proportionately represented in top leadership. Recent research estimates that just 26% of public K-12 superintendents nationally are women.⁷¹ In Minnesota, 75% of teaching staff were women in 2021-2022, while 21% of all superintendents in the state were women. 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).⁷²

Women of color and Native American women make up just 5% of school district administrators statewide, but in some districts their numbers are

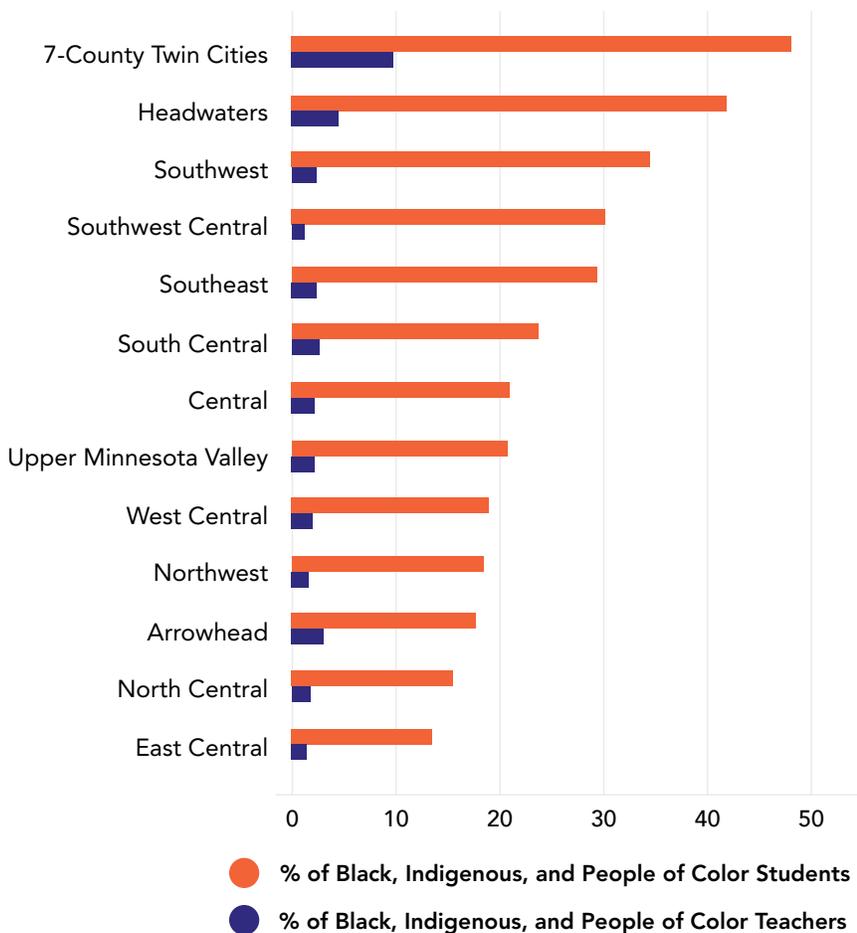
significant. The Nashwauk-Keewatin, Richfield, St. Paul, and Minneapolis public school districts lead the state in the proportion of administrators who are women of color or Native American women, with 50%, 37%, 22% and 21%, respectively. In the fifth place, Eden Prairie, Hopkins, and Floodwood are in a triple tie with 20%. In Minneapolis, people of color or Native Americans make up 40% of administrators – matching 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.⁷³

The teaching profession in Minnesota is overwhelmingly white. Only 6% of Minnesota teachers identify as people of color or Native American but 37% of students identify as a person of color or Native American.⁷⁴ Even in the seven-county metro area, less than 10% of teachers are Native American or a person of color, while 48% of

the students are Native or a person of color. Native American teachers constitute less than 1% of teachers in the state (0.68%), Asians 1.5%, Black 1.3%, and Latina/o teachers 1.4%.⁷⁵ For comparison, 32% of the over-25 labor force in Minneapolis and 40% in St. Paul are non-white.⁷⁶

On average, girls have higher levels of participation in student government and other leadership activities than their male peers, with significant variation by race and ethnicity. Overall, 8% of teenage boys and 11% of teenage girls in the state participate in these activities. Asian Indian girls are the most likely to report participation in these activities (22%), followed by African Americans (16%) and non-Somali African immigrants (14%). Just 11% of white, Hmong, Somali, and Native American girls participate in leadership activities. Latina girls (9%) are least likely to participate in school leadership activities.⁷⁷

Minnesota Public Schools by Economic Development Region: Percentages of Teachers and Students of Color



POLICY WIN



Minnesota teachers and legislators advocate to increase Black, Indigenous, and teachers of color.

Minneapolis Public Schools' new policy, negotiated with teachers, considers the race and ethnicity of both teachers and students in decisions about layoffs. The goal is to enhance representation by prioritizing the retention of underrepresented teachers. This involves giving preference to less senior underrepresented teachers during layoffs and favoring their rehiring over non-underrepresented teachers, even if less senior.⁷⁸

The Minnesota Legislature approved increased funding of \$1.925 million per year for grants aimed at attracting and retaining teachers of color. The higher education funding bill supports initiatives to draw student teachers from underrepresented racial or ethnic groups, marking a \$1.6 million increase. Additionally, a related bill, the Increase Teachers of Color Act, was introduced, setting a state goal to boost the percentage of American Indian and teachers of color while establishing a grant fund to address opportunity gaps.⁷⁹

CWGP graph based on data from the 2023 Biennial Report: Supply and Demand of Teachers in Minnesota, Minnesota Professional Educator Licensing Board.



Policy Paths Forward

When it comes to policy solutions, we use the word “paths” rather than “proposals” because our way forward is not solely the responsibility of government. Steps towards greater equity can – and must - be pursued by employers, organizations, and individuals, as well as the government policymakers. Some solutions are specific, and some are simply a start on pathways to policies that center equity.

ECONOMICS

The building blocks of economic security include pay equity, education and training, stable living-wage jobs with benefits, avoiding debt, and accumulating wealth. To achieve economic security, women must also have access to affordable and reliable caregiving supports such as child care, elder care, and paid leave.

Close the Gender Wage Gap

- Pursue private sector pay equity policies – like those that apply to state and local government jobs in Minnesota – to raise wages in work sectors currently dominated by women.
- Require or incentivize organizations that implement state-supported job training programs to meet targets for training women in male-dominated fields.
- In the education sector, pursue steps to encourage girls and women to consider traditionally male-dominated fields and careers.
- Enforce existing equal employment law to combat wage discrimination and pass state legislation to mandate wage transparency.
- Support unions, which have been shown to equalize wages and create more family-friendly workplaces.
- Raise the floor for low-wage workers by supporting federal and state proposals to raise the minimum wage to a living wage.

Provide Support for Care Responsibilities

- Mandate federal paid family leave to complement Minnesota’s state legislation.
- Make the expanded federal child tax credit permanent, complementing the new Minnesota child tax credit.
- Fund high-quality childcare as infrastructure for families.

SAFETY

Working upstream means investing in prevention, education, and targeting solutions identified by groups most impacted by violence.

Provide Comprehensive Support to Survivors of Violence

- Invest in more shelter space for families and domestic violence survivors in Minnesota.
- Combat financial abuse through programs like Violence Free Minnesota's Survivor Fund that provide grants to survivors to secure or maintain housing.
- Expand the response to domestic violence 911 calls beyond police officers to include professionals with specific expertise in gender-based violence.

Address the Root Causes of Violence

- Encourage men and boys to change the social norms that encourage or ignore sexual and domestic violence through programs like Duluth-based Men as Peacemakers.
- Parents, teachers, religious leaders, and others can make clear that no level of sexual or domestic violence is acceptable.

End Violence against Native American and Black Women and Girls in Minnesota

- Implement the mandates identified by the Missing and Murdered Indigenous Women Task Force, which include addressing systemic racism in state institutions; developing better systems for tracking cases of missing and murdered Indigenous women and girls; and improved training and collaboration to investigate cases, among others.
- Implement the mandates identified by the Task Force on Missing and Murdered African American Women, which include funding for housing and for Black women experiencing violence; identifying pathways for Black women's work advancement; and anti-racist trainings.

Support Survivors of Human Trafficking in Minnesota

- Move toward a public health model that seeks to prevent trafficking before it occurs by expanding free and affordable housing, addressing vulnerability in child protective services, removing employment barriers faced by undocumented immigrants, and improving access to substance abuse treatment.
- Increase locations and offerings to improve Safe Harbor program accessibility for underserved populations.
- Remove the current age limit to offer Safe Harbor programming to all survivors of human trafficking, not just youth.
- Include diverse impacted communities (trafficking survivors, people in the sex trades, and sex workers) in designing the policy response.

Address Racial and Gender Inequities in School Discipline

- Implement restorative practices as an alternative to exclusionary discipline in schools.
- Expand the accessibility of child and adolescent behavioral health counseling.



HEALTH

Increasing access to culturally relevant, community-based preventative health care inclusive of mental and reproductive health will support stronger health outcomes in all communities.

Close Gaps in Sexual and Reproductive Health

- Defend the strong abortion protections passed by the 2023 Minnesota Legislature, and advocate for federal legislation legalizing abortion.
- Reform public and private health insurance to pay for culturally competent care from doulas and midwives.
- Increase the number of sexual health clinics, doulas, and midwives in Greater Minnesota to help fill gaps in current hospital deficits in prenatal and obstetric care.
- Provide education on implicit biases and anti-racism in birth centers and hospitals.
- Mandate comprehensive health education in Minnesota's public education system, to provide all students with information about mental health, bodily autonomy, and reproductive health.

Make the Building Blocks of Health Available to All

- Encourage physical activity among girls, especially immigrant girls, through female-friendly and culturally inclusive athletic spaces.
- Change Minnesota law that prevents employers from covering part-time workers on employer-sponsored insurance.

Improve Access to High-Quality and Affordable Health Care

- Continue to narrow the health insurance gap as has been facilitated by the Affordable Care Act with a focus on closing coverage and access gaps among women of color, Native American women, LGBTQ+ people, disabled women, undocumented people, and women in Greater Minnesota.
- Maintain the federal LGBTQ+ health care protections reinstated in 2021.
- Continue to ensure comprehensive health care services for trans individuals and improve access to gender-affirming care for low-income people.
- Invest in affordable mental health services, early treatment and intervention, crisis services, and school-linked and culturally competent mental health care.

Promote Cultural Competence Among Health Care Providers

- Focus on encouraging a stronger pipeline of students of color in the health sciences, to ultimately increase the number of health care providers of color to reflect the diversity of Minnesota's population.
- Raise awareness of racism in health care and the importance of culturally competent care with training for health care providers.



LEADERSHIP

Gender, racial, and other types of diversity in leadership has clear benefits. Institutions across sectors can grow their pathways to leadership by increasing access to policymaking and public service, and setting and maintaining standards for recruitment and retention.

Diversify Leadership in Workplaces and Corporate Boards

- Implement proven diversity training programs and pay and hiring transparency measures.
- Private sector employers can make internal goals and develop pathways to prepare people of diverse experiences and backgrounds for leadership roles within campaigns and party leadership.
- Corporations can choose to follow OECD recommendations for voluntary targets or mandates for diversity.

Facilitate the Participation of Marginalized Groups in Civic Engagement and Politics

- Political parties can make internal goals and develop pathways to prepare people of diverse experiences and backgrounds for leadership roles within campaigns and party leadership.
- Increase public financing for political campaigns.
- Support community-led organizations in outreach and education about new voting rights and access in Minnesota
- Ensure greater access to voting locations for college students, persons with disabilities, and those who vote by absentee ballots.



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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, childcare, 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 costs 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 well-rounded life.

DISABILITY

In the ACS and BRFSS data, a person 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 gender-segregated occupations as those occupations where at least 75% of workers were either male or female. The ACS does not include an hourly wage measure, so we constructed the hourly wage for each occupation by dividing worker’s earnings in the previous 12 months by the product of “usual hours worked per week” and “weeks worked last year,” referring to the data methods used by University of California Berkeley’s Labor Center: <https://laborcenter.berkeley.edu/pdf/2014/chartbook-data-and-methods.pdf>.

MINIMUM WAGES IN MINNESOTA

The Minnesota minimum wage for large employers was \$10.59 per hour and \$8.63 for small employers as of January 2023, and has increased every January to keep up with inflation. As of July 2023, the City of Minneapolis has a minimum wage of \$15.19 per hour and a minimum wage of \$14.50 for small businesses. The City of St. Paul has a minimum wage of \$15 per hour for large employers, \$13 per hour for small businesses, and \$11.50 per hour for micro-businesses of five employees or less.

PREGNANT PERSON

Throughout this report, we use terms such as people who can become pregnant and pregnant person/people to refer to individuals who have the biological capacity to become pregnant. Alongside “pregnant people” we also refer to pregnant women. “Pregnant people” is a broader, more inclusive category that reflects the reality that some who can become pregnant do not identify as a woman and/or identify as a trans man, transgender, nonbinary, and so on. By using both terms we affirm the diverse experiences and needs of those who can or do become pregnant, acknowledge that women are people whose experiences may include pregnancy, and recognize that attacks on reproductive healthcare often have a direct and disproportionate burden on women.

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 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 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 2015-2019, the largest ethnic groups within the Black race category were African American (62%), Somali (14%), Ethiopian (6%), and Liberian (4%), and the largest ethnic groups within the Asian race category were Hmong (31%), Asian Indian (15%), Chinese (12%), Vietnamese (10%), 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 trans for those that identify as trans, and gender-expansive to denote individuals whose gender identity or expression falls outside current societal norms of binary sex/gender. Gender-expansive people might identify as transgender, two-spirit, nonbinary, agender, gender-fluid, genderqueer, and so on. Cisgender refers to individuals whose gender identity correlates with the sex they were assigned at birth. LGBTQ+ is the term used for individuals who identify with sexual orientations and gender identities that are not cisgender and heterosexual. Most survey instruments do not include questions that allow a respondent to choose the full spectrum of identities within the LGBTQ+ label. 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) are defined in two ways in the text. The first is to include occupations in the life and physical science, engineering, mathematics, and information technology fields only. The second is to add health occupations. Architecture and social science occupations were not included. The SOC Policy Committee recommendations to the federal Office of Management and Budget are to define STEM into four main categories: 1) Life and Physical Science, Engineering, Mathematics, and Information Technology Occupations; 2) Social Science Occupations; 3) Architecture Occupations; 4) Health Occupations. Full information on this classification is available here: <https://www.bls.gov/soc/2018/home.htm>.



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