



2019 Status of Older Women in Minnesota

Research Overview

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

Acknowledgments

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

A strong partnership is the foundation of the *Status of Women and Girls in Minnesota* project. Debra Fitzpatrick, co-director of the Center on Women, Gender & Public Policy at the Humphrey School of Public Affairs, analyzed and summarized the data, produced new research, and wrote this special edition focused on older women in the state. At the Women's Foundation of Minnesota (WFMN), Lee Roper-Batker (president & CEO), Saanii Hernandez (vice president), Jen Lowman Day (director of communications), and June La Valleur, M.D. (WFMN trustee) helped shape and edit the report's content through production. Project management and communications support was provided by Mary Beth Hanson (principal, MB 360 LLC).

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

Since 1990, the Women's Foundation of Minnesota has conducted research to inform its grantmaking and policy work. Launched in 2009, *Status of Women & Girls in Minnesota* is an ongoing collaborative research project of the Women's Foundation of Minnesota and the University of Minnesota Humphrey School's Center on Women, Gender and Public Policy. Periodically, data specific to Minnesota women and girls is gathered and analyzed in economics, safety, health, and leadership. The project represents a unique approach to research by using a gender-race-place-equity lens.

The data reviewed and included in this special Older Women edition, as well as periodic Research Overviews, comes from published reports produced by government agencies and nonprofits, and original gender-based analysis of publicly available datasets (American Community Survey, Behavioral Risk Surveillance Survey, Minnesota Student Survey, and others).



OVERVIEW

The lives of older women (ages 55 and older) in Minnesota are evolving and there is much to celebrate in that evolution.

Older women in the state are becoming more diverse. They are more likely to be in the paid labor force, a phenomenon that will continue to grow even among women over 65 so that by 2050, their lifetime working trajectory will closely mirror that of men. They are as educated as men in their age cohort and are more likely to be living independently for all or part of their lives.

Many older women flourish in widowhood or otherwise as single women, with greater economic independence that creates more options in living situations. They remain critical contributors to the state's economy as unpaid caregivers for spouses, parents, and increasingly, grandchildren. They are the glue that holds many families together and today, they are doing so more frequently, while juggling the demands of a paid job.

Because they comprise the majority of seniors in the state, almost all aging issues have a greater impact on women. Others just play out in unique ways for older women.

For example, take age discrimination in employment. Recent research by the National Bureau of Economic Research finds that older women face greater hiring barriers due to the double disadvantage of age and gender discrimination, including facing the negative implications of physical appearance for older women, but not for older men.

Security in old age is built on a lifetime of economic and social security or insecurity, so that the wage and wealth gap, the caregiving penalty, disproportionate gender-based violence and historical trauma based on race, ethnicity, LGBTQ identity, or geography accumulate.

As a result, men — especially white men — enter old age with more financial and human resources at their disposal. While Minnesota men may have a shorter life span, their later years are less likely to be characterized by poverty, isolation, abuse, or poor health.

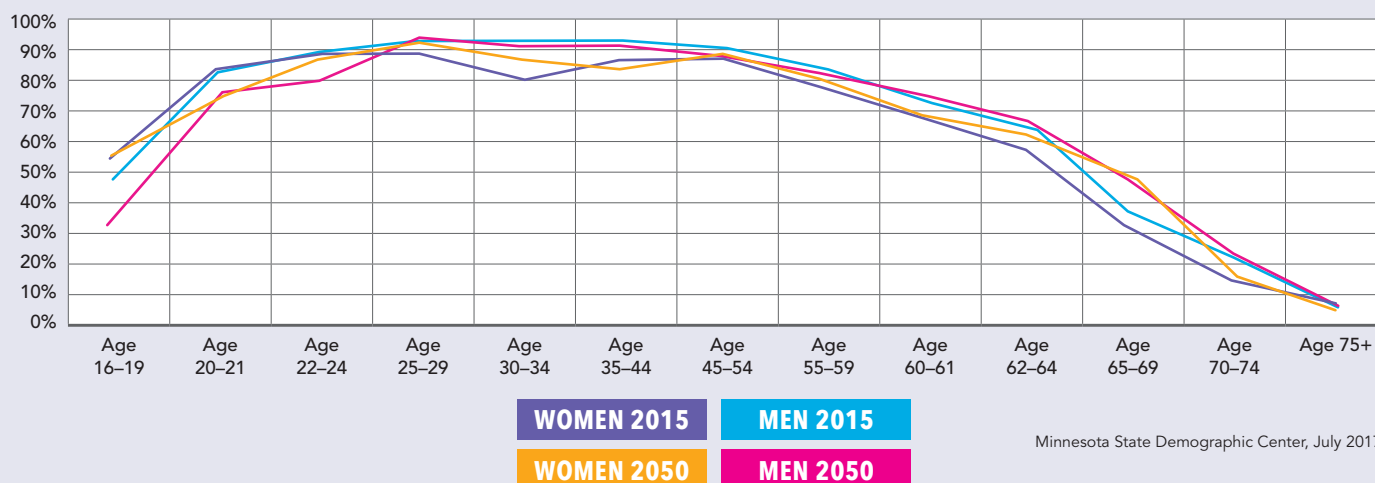
In this report, we will look at these key trends and others for women (ages 55 and older) in Minnesota and assess the intersectional impacts of gender, race, place, and additional identities (ethnicity, sovereignty, class, age, ability, sexual orientation, and immigration status) on their economic well-being, health, and safety.

The number of older women of color and American Indian women in Minnesota is increasing

2000		2013-17
9,897	55-64 Years	29,584
5,647	65-74 Years	14,502
2,767	75-84 Years	6,269
970	84 Years +	2,191

2013-2017 American Community Survey

Projected workforce participation rates of Minnesota's older women and men more closely align in the future

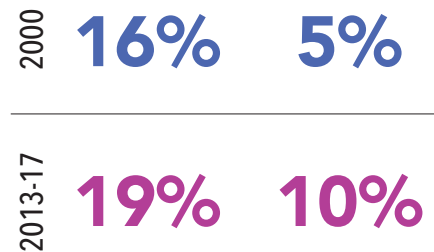




Today's older women are less likely than older women in 2000 to have the benefit of a spouse's income as they move into retirement

Marital status for 55 to 59 year Minnesota women

DIVORCED NEVER MARRIED



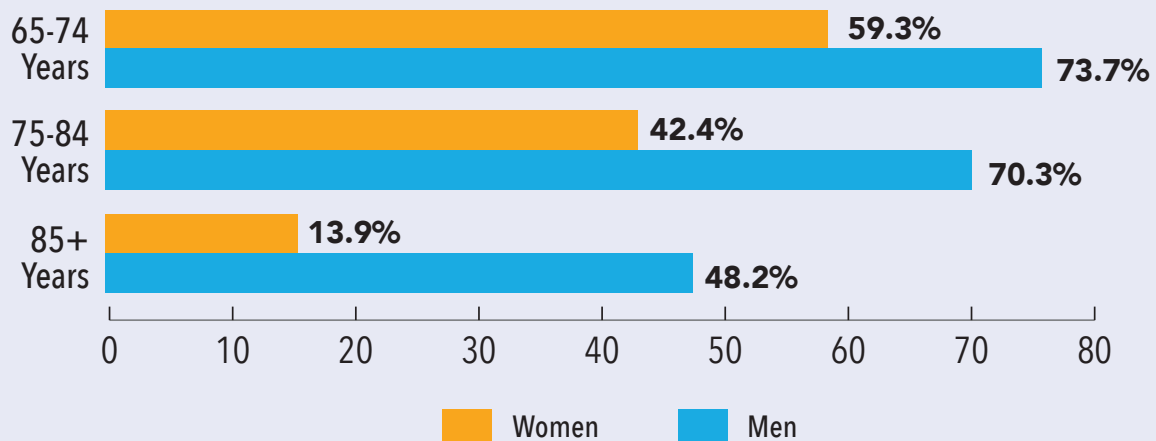
2013-2017 American Community Survey, 2000 Census

More than half of Minnesota women, ages 85 and older, live alone.

Older women in Minnesota are more likely than men to be widowed, more likely than women from previous generations to be divorced or never married, and as a result, more likely to be living alone as they age.¹² Successful state efforts to keep elders in their homes and out of institutions is one reason more women live alone in old age. Older LGBTQ women are more likely than their straight counterparts to be aging alone.³

Minnesota's older women are much less likely than older men to be married and living with a spouse

Percentage married, living with spouse



2012-2016 American Community Survey

SAFE, AFFORDABLE HOUSING

Nationally, Minnesota leads a shift toward seniors staying in their homes as long as possible.

The rate of nursing home stays by Minnesotans, ages 85 and older, dropped from 36.4% in 1984 — twice the national average at the time — to 12.4% in 2015.⁴

While increased aging-in-place has many potential benefits, it can come at a cost for many older women and their families. In some cases, lack of affordable alternatives means staying in homes that are too big or difficult to maintain, physically and financially. While aging-in-place can save the state money on nursing home and healthcare costs, the work and cost of maintaining an additional house often falls to adult children or other family members. According to AARP, 71% of older adults say they will need help with home maintenance as they age.⁵ Increasingly, the family members that make aging-in-place possible must manage these additional responsibilities from a distance.⁶

Inaccessible housing characteristics can be a challenge for older women who have an unexpected medical event or mobility challenges. Two-thirds (66.6%) of older adults reported living in a home with at least one characteristic that makes it inaccessible or hard to access — for example, steps to get inside the house or lacking a bathroom or bedroom on the first floor.⁷

Minnesota's older women are much more likely to need assisted living or nursing home care during their lifetime. In Minnesota, costs for both types of housing are increasing at a faster pace than the national average.⁸ In 2017, Minnesota's median monthly assisted-living costs of \$4,000 per month were more than twice the median monthly total income of \$1,518 for Minnesota women ages 65 or older overall, and more than four times higher than monthly income for African American women over 65.^{9,10}

In 2017, the Minnesota Department of Health received 25,226 allegations of neglect, physical abuse, unexplained serious injuries, and thefts in state-licensed homes for the elderly.¹¹ Women represent an estimated two-thirds or 20,000 of the 30,000 Minnesotans living in nursing homes and 51,000 (85%) of the 60,000 in assisted-living facilities. An estimated 1 in 10 women over 60 reported emotional, physical, or sexual mistreatment or potential neglect in the past year.¹²

Without earned income, most older women must rely on accumulated wealth, including home equity, as they age. Home ownership disparities for women of color and American Indian women contribute to greater economic instability and vulnerability. Not only are they less likely to own their own home, when they do, their return on investment is lower than for white families.

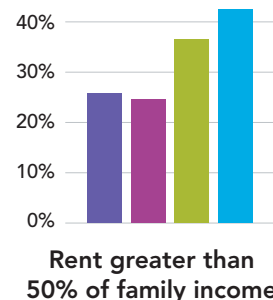
For Minnesota's African Americans, redlining, discriminatory mortgage-lending practices, lack of access to credit, and lower incomes have created barriers to stable and reasonably priced homeownership. For these reasons, African Americans are more-recent homeowners and are more likely to have high-risk mortgages, making them more vulnerable to foreclosure and volatile housing prices and less accumulated equity.¹³

Less than half of women renters 55 and older are in affordable housing. As home ownership declines and renting increases for older women, many renters struggle with affordability. Almost half of Minnesota's 85-year-old-plus women renters are paying half or more of family income on rent; 30% or less is considered affordable.¹⁴

LGBTQ elders face housing discrimination. One recent study found that almost half of LGBTQ seniors applying for retirement housing experienced discriminatory treatment, such as housing availability, higher pricing, less incentives, fewer amenities or more stringent application requirements.¹⁵

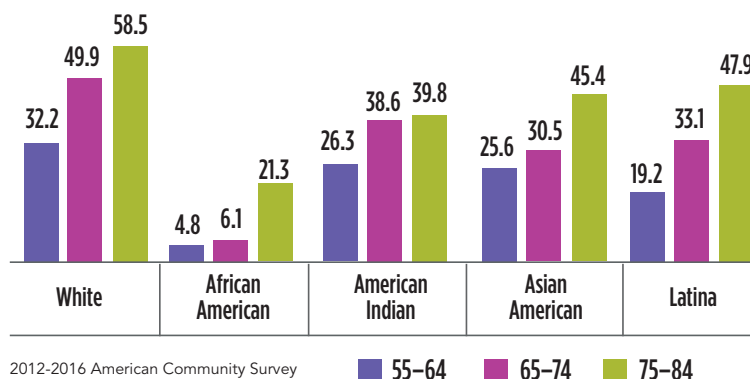
Rental housing affordability declines as women age

Percentage of Minnesota women who spend more than 50% of their family income on rent



Older Minnesota women of color and American Indian women are less likely to live in a home that is owned, losing an important source of wealth and stability

Percentage of Minnesota women by age and race that live in a home that is owned free and clear, 2012-16



MOBILITY & TRANSPORTATION

Engagement in work, civic, social, and community life contributes to greater economic stability, health, well-being, and quality of life for the state's older women, and often requires the ability to get around.

For many of Minnesota's older women, and in the absence of robust aging-friendly public transportation, driving is fundamental to independence and well-being.

Unfortunately, older women outlive their driving days by 11 years compared to 6 years for men.¹⁶

Aging-in-place alone, more common among the state's women, can result in greater transportation challenges leading to a host of negative social, health, and safety consequences.

Nationally, non-driving among adults ages 70-85 has become more concentrated among women of color over the past 15 years. Women of all races (70-85) are more likely than men to have never driven or to have stopped driving. In 2008, they made up 91% of those who had never driven and 76.6% of those who had given up driving.¹⁷

For many older Minnesota women, adequate services are not in place to replace a loss of driving capacity. Door-to-door para-transit services for people with disabilities are not available for many seniors, especially those aging-in-place outside the urban core. Many conditions that lead someone to give up driving are more common among women and often do not qualify as a disability for purposes of transportation support.¹⁸



Women, especially women of color, are more likely to be non-drivers or former drivers than white men, even with similar levels of cognitive and physical ability.

Life as a non-driver is associated with:

- Lower life satisfaction
- Fewer social roles
- Reduced caregiving, network of friends, and social engagement
- Increased depression
- Lower physical health and accelerated health decline
- More rapid decline in cognitive ability

Journal of Applied Gerontology, 2017.
"Transportation and Aging"



Approximately 70% of Minnesota women over 65 live outside the urban-core counties of Hennepin and Ramsey where public transportation options are more limited or difficult to provide.

2012-16 American Community Survey

HEALTHCARE & WELL-BEING

While access to high-quality, affordable healthcare is critical for Minnesota women at all stages of life, health for the state's older women is also deeply dependent on their life-long social and economic environment.

Health disparities earlier in life often lead to chronic lifelong conditions that older women must manage and more often do so with fewer resources. Culturally appropriate care may be more difficult to obtain for some older women, including those from immigrant and refugee and LGBTQ communities. Often entering retirement with less wealth and income while living longer, older women are more susceptible to economically destabilizing health events.

While women have longer life expectancies than men — a gap that is closing — they often spend many of their extra years in poor health and disability. Recent research looking at 30 years of health data shows that while, for example, an 85-year-old man can expect an average of four more years of a relatively active and healthy life, this number drops to 2.5 years for similarly situated women.¹⁹

Minnesota's rural women have less access to healthcare, with fewer physicians per population than urban areas. Between 2003 and 2007 there was a 48% decline in obstetrical care in rural areas. Disproportionate retirements of physicians in rural places will further exacerbate access as rural physicians are older on average — 51% older than 55, compared to urban areas where only 34% are similarly aged.²⁰

The cost of doctor visits more often prevents Minnesota women of color, American Indian women, women with disabilities, and LGBTQ women from obtaining healthcare. While 10% of Minnesota white

women, ages 55-64, report that they could not see a doctor because of costs, 32% of Latina women, 18% of African American women, 12% of American Indian women, and 16% of lesbians cited this barrier to access.²¹

"Social determinants of health (SDOH) are social, economic, and environmental conditions (e.g., access to nutritious food, stable employment, safe housing) that are key to ensuring the health and well-being of older adults." — AARP

National studies suggest that Minnesota LGBTQ older adults may avoid or delay healthcare or conceal their sexual or gender identity from healthcare or social service providers due to fears of discrimination.²²

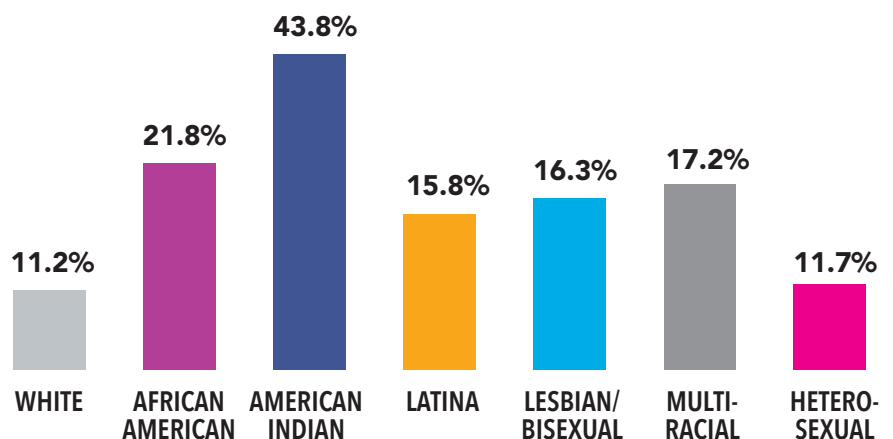
While 74% of Minnesota's 55-64-year-old heterosexual women had a routine check-up in the past year, only 58% of lesbians reported the same.²³ Research shows better perceived health and less depression among those that share their sexual identity. However, one Midwest study found that even the fear or expectation of discriminatory or unfriendly care among older LGBTQ patients resulted in fewer sharing their status.²⁴

Healthcare cost saving efforts that move recovery and care out of hospitals more quickly and into homes can have serious health consequences for older women, especially those living alone. Patients today are released "quicker and sicker," with many still requiring medical and skilled nursing care — care that is increasingly provided by the "nearest available female" family member.²⁵

Days of poor physical health are not distributed equally among the state's older women

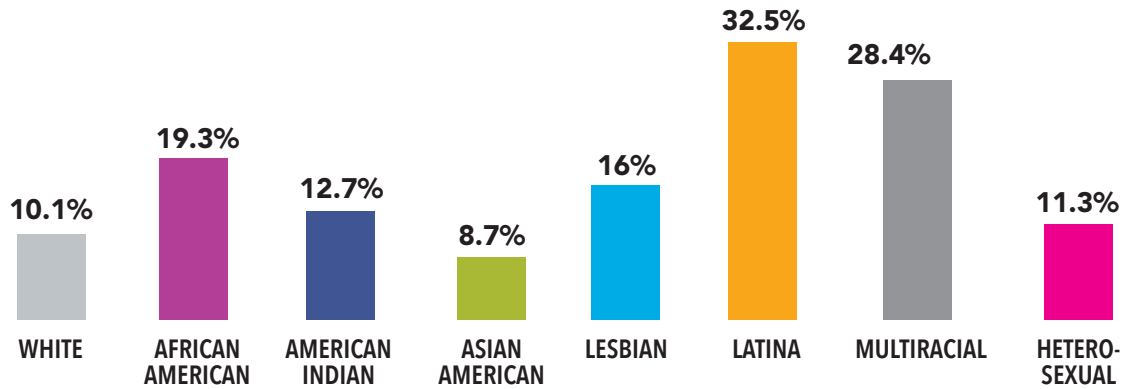
Percentage of 55-64-year-old women that report 14 or more bad physical health days in the past month

Behavioral Risk Surveillance Survey 2017



The cost of seeing a doctor remains a significant barrier for many older Minnesota women

Proportion of 55-64-year-old women that could not see the doctor because of the cost, 2017



Behavioral Risk Surveillance Survey 2017

The amount of time Medicare recipients spend in the hospital has declined, with an average stay dropping from 8.4 days to 5.3 days, leading to increased need for home-based medical care.^{26 27}

Seventy-two percent (72%) of Minnesota seniors that live alone are women²⁸ and are at greater risk for loneliness and related mental-health problems (34% compared to 9% for those who do not live alone) and are less likely (25% compared to 5%) to have someone to take care of them if they become sick or disabled.²⁹

These problems are more pronounced in rural areas where distances are greater and isolation more common, as well as among LGBTQ elders.³⁰

LGBTQ older women report worse mental and physical health compared to their heterosexual or cis-gendered peers. Among Minnesota's 55-64 year old women, 16.3% of lesbians report 14 or more days of bad physical health compared to 11% of heterosexual women. Lesbian and bisexual older women also have higher risks of mental health issues, disabilities, disease and physical limitations.³¹

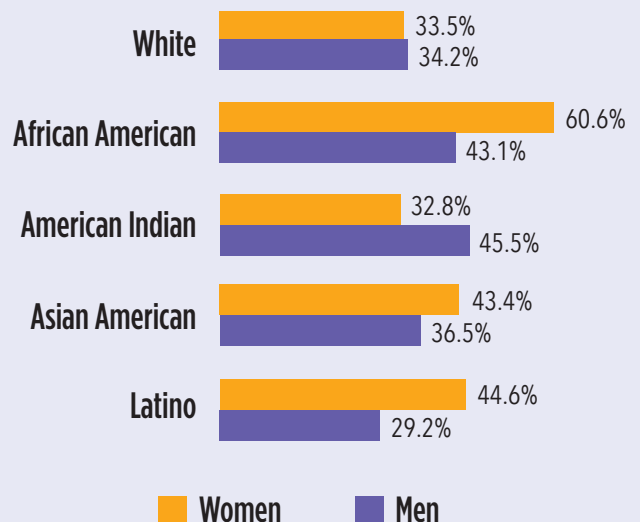
The surge in incidents of elder abuse has consequences for the health of older women. A study published in 2017 by two University of Chicago sociologists found that elder maltreatment leads to significant declines in health, including greater anxiety, feelings of loneliness, and increased susceptibility to disease.³²

Women are disproportionately impacted by disability risk later in life. Women are especially at risk for considerable uninsured health expenses later in life. Medicare provides little help with long-term physical or cognitive declines. Nearly 25% of formal long-term care costs are financed out-of-pocket, making it the least insured major category of healthcare services. One study found that a 65-year-old woman with median wealth would exhaust all her financial assets to cover one average (9.5 month) nursing home stay.³³

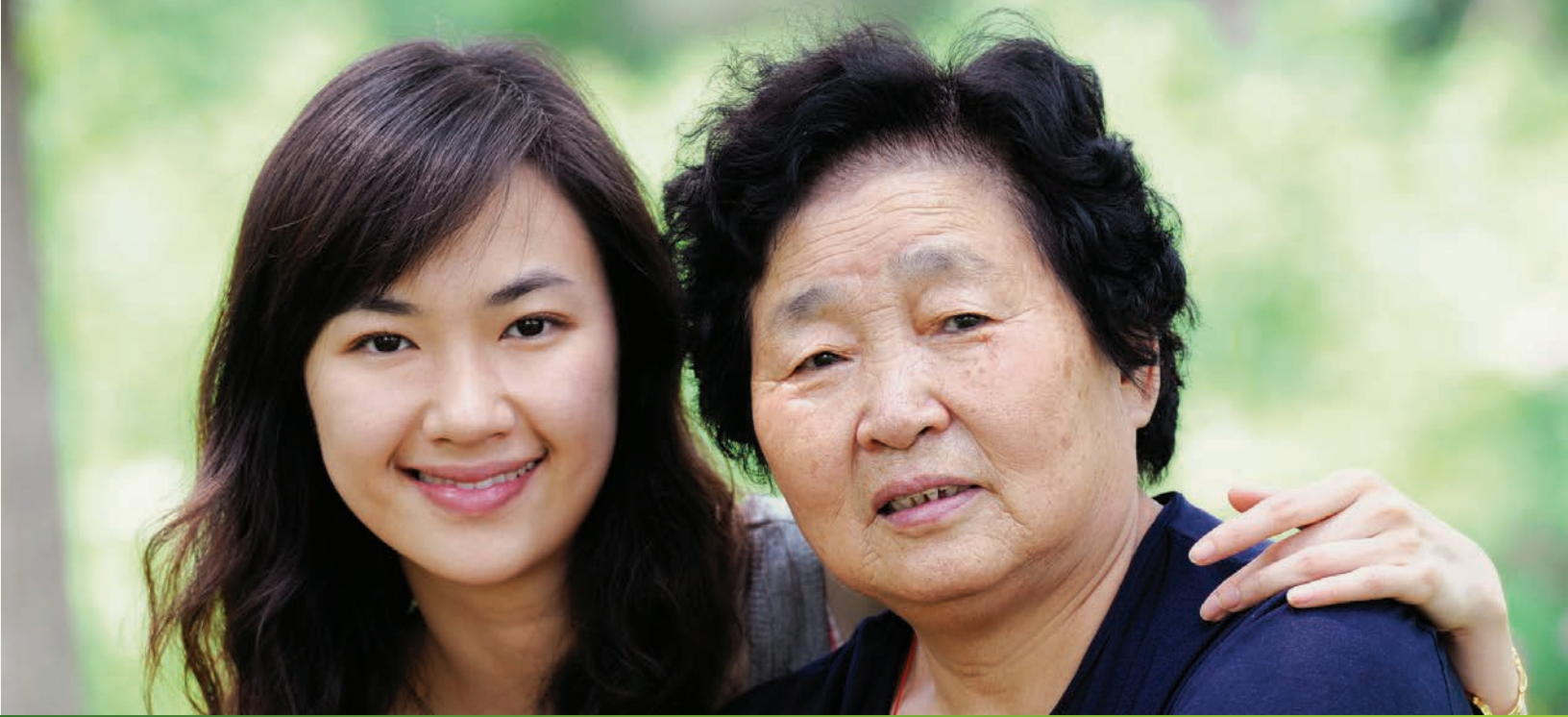
In most communities of color and in LGBTQ communities, women are more likely to have at least one disability than their male counterparts. Sixty percent (60%) of Minnesota's African American women over 65 have at least one disability compared to 43% of African American men, for example.³⁴ One national study found that while 37% of older women overall (compared to 34% of men) had a disability, 44% of LGBTQ women were managing life with a disability (compared to 38% of gay or bisexual men).³⁵

Minnesota's Latina, Asian, and African American older women are more likely to be managing at least one disability

Proportion of 65-year-old and older Minnesotans with at least one disability



2012-2016 American Community Survey



GIVING & RECEIVING CARE

Women are doubly affected by the lack of a robust care infrastructure in Minnesota: as the majority of those receiving care in old age and as the majority providing such care, often unpaid and in the prime earning years of their life.

In recent decades, there has been a significant shifting of medical care from hospitals and other institutional settings to the home. Since the 1970s, a similar shift from institutional care to homes has occurred for the chronically ill, children and adults with disabilities, and the elderly. At the same time, women of all ages, but especially those in their 50s and 60s who historically and currently provide the bulk of unpaid care, are increasingly depended upon to contribute a significant portion of family income. These combined trends have economic, health, and safety consequences for Minnesota's older women.

"In the United States [and Minnesota], the social organization of care has been characterized by reliance on private households, feminization and racialization of care, devaluation of care and care workers, and abnegation of community and state responsibility for care."

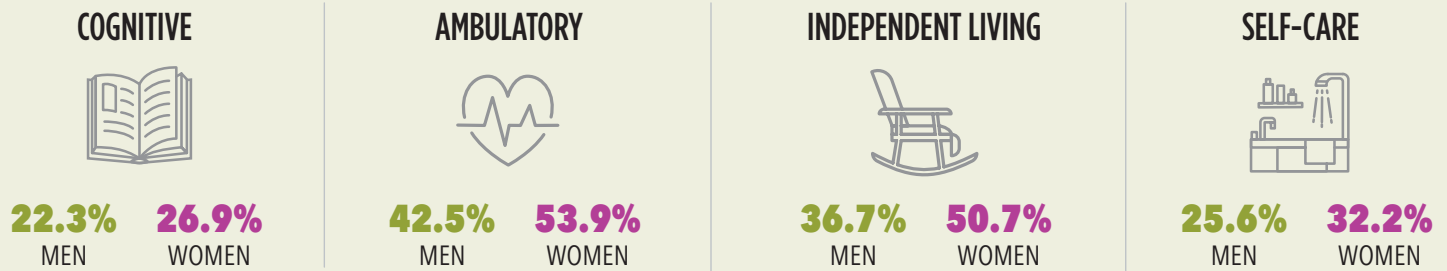
– Evelyn Nakano Glenn, Professor of Gender and Women's Studies and Ethnic Studies, and Founding Director, Center for Race and Gender, University of Southern California

Ironically, many women who have dedicated their lives to providing the care that keeps their spouses from entering nursing homes find themselves alone in old age, without reciprocal care — a key reason that more older women end up in such institutions and for longer periods of time. Not only do more older women enter nursing homes, their stays are twice as long as men (an average of 9.5 months compared to 4).³⁶

Women now spend just as many years providing care for elderly parents (18 years) as they do dependent children, and increasingly at the same time. Nearly a quarter of full-time working mothers in Minnesota report eldercare during the past 3 months.³⁷ Six in 10 caregivers report having to make a workplace accommodation as a result of caregiving, including cutting back on their working hours, taking a leave of absence, receiving a warning about performance or attendance, or retiring early. Higher-hour caregivers — the nearly one-quarter of caregivers providing 41 or more hours of care per week — are more likely to report experiencing nearly all of these work impacts.³⁸

Both paid and unpaid medical care disproportionately provided by women can take a significant toll on the lifelong physical health of caregivers. Lifting and moving patients results in higher injury rates for nurses (predominantly women) than construction workers.³⁹

Minnesota women aged 85 and older are more likely than men to have difficulties that require support from a caregiver



2012-2016 American Community Survey

While more men are taking responsibility for caregiving, women continue to shoulder most of the unpaid caregiving, overall. Among women, Latina and African American caregivers experience higher caregiving burdens and spend more time caregiving on average than their white or Asian American counterparts. Nationally, half of African American caregivers are simultaneously providing eldercare and childcare.⁴⁰

“Almost two-thirds of those 65 and older rely exclusively on family members or friends for their care, especially as they try to remain in their homes. This unpaid work saves taxpayers more than \$470 billion a year nationally and \$8 billion in Minnesota — which exceeds the amount Medicaid pays for nursing homes and other long-term care services.”

– “For Many Minnesota Seniors, There’s No Place Like Home,” *Star Tribune*, 2018

LGBTQ women are more likely to live alone and less likely to have children to care for them and more likely to be estranged from other family members than their heterosexual counterparts. Both scenarios result in less access to informal unpaid care. While “chosen family” can and does provide important support to LGBTQ elders, social expectations for long-term, non-kin care may not be as binding and this type of care is rarely legally recognized. Lack of legal recognition can result in less support and fewer available resources from employers or the government. Lesbian and bisexual women are also more likely than

gay or bisexual men to be providing that kind of care to others within the LGBTQ community that do not have support from biological family members.⁴¹

Minnesota’s rural caregivers have less access to family-friendly workplace benefits — like paid leave, flexible hours, and telecommuting — that make caregiving financially and logistically possible. They are also more likely to be providing care to non-relatives than their urban counterparts.⁴²



FINANCIAL WELL-BEING & STABILITY

Economic security and financial health are vital to the well-being of older women in the state.

For many of the state's older women, marital status is a significant predictor of financial stability. Income can drop by 50% when older women lose a spouse. Increasingly, older women are remaining in the paid labor force well beyond age 65, despite age, race, and gender discrimination. For all women, a lifetime of lower earnings, greater caregiving, and less access to retirement benefits takes its toll.

"When measured by total earnings across the most recent 15 years for all workers who worked at least one year, women workers' earnings were 49% —less than half—of men's earnings, a wage gap of 51% in 2015."

– Institute for Women's Policy Research ⁴³

The wage gap grows over a woman's lifetime but varies by race and geography. Among 55- to 64-year-old Minnesota women, the overall wage gap is 76.2%, compared to 81% for all full-time working women. ⁴⁴

Over the course of a 40-year career, women in Minnesota will lose an estimated \$382,360 in lifetime earnings on average, with women of color experiencing much greater losses.

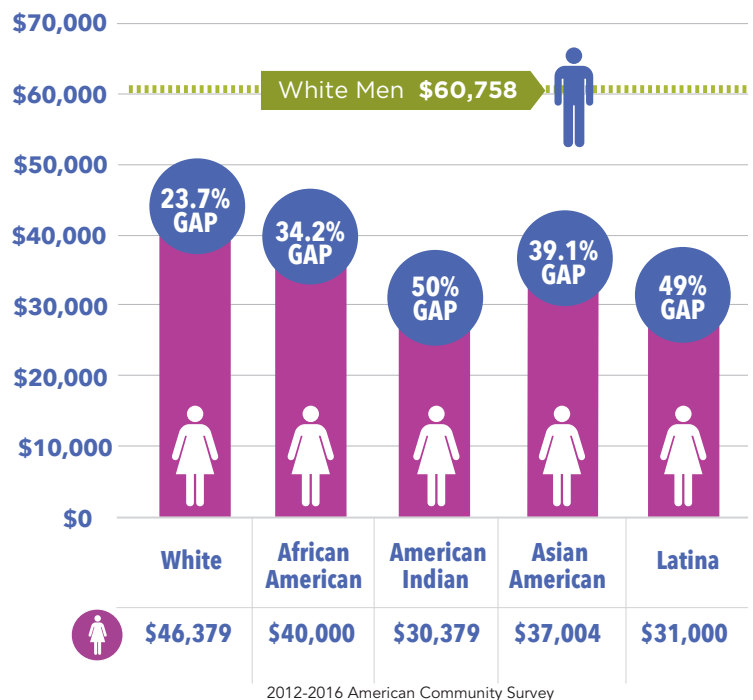
– National Women's Law Center ⁴⁵

While workforce participation rates of older women climb and are predicted to equal those of similar men in the coming decades, older women face the double disadvantage of age and gender discrimination as they seek to stay employed. These disadvantages are compounded by race and ethnicity for the state's women of color and American Indian women. ⁴⁶

Older women can be an important part of solving the state's labor force shortage. Older women are staying in the paid labor force longer due to financial necessity, good health, and longer life expectancies. ⁴⁷

In Minnesota, women ages 55-64 have a significant gap in year round median earnings on average compared to white men

Full-time year round wage gap for women ages 55-64 compared to white men



Presence of a spouse or partner before and during retirement is a significant predictor of economic stability for the state's older women

Proportion of Minnesota women married with spouse present by age and race/ethnicity, 2012-16

2012-2016 American Community Survey

	White	African American	American Indian	Asian American	Latina
Ages 55-64	67.4%	25.8%	28.0%	63.0%	46.0%
Ages 65-74	60.9%	17.1%	36.5%	46.1%	38.4%
Ages 75-84	43.3%	7.1%	24.6%	27.9%	52.9%
Ages 85+	14.0%	16.7%	12.2%	10.9%	11.3%

The wage gap for women as they approach retirement varies across the state

Full-time annual earnings and wage gap for 55- to 65-year-olds

	MEN	WOMEN	Gap within Geography
Greater MN Counties	\$52,657	\$40,000	76.0%
Anoka	\$60,758	\$49,417	81.3%
Dakota	\$73,175	\$54,745	74.8%
Hennepin	\$68,006	\$55,000	80.9%
Olmsted	\$70,966	\$46,300	65.2%
Ramsey	\$62,722	\$55,000	87.7%
Stearns	\$50,632	\$38,400	75.8%
Washington	\$72,994	\$51,520	70.6%
Wright	\$61,000	\$41,113	67.4%
TOTAL	\$60,000	\$45,749	76.2%

2012-2016 American Community Survey



There are nearly twice as many Minnesota women above the age of 64 living in poverty than men (37,347 compared to 20,377). ⁴⁸ However, the poverty rate understates the number of older Minnesota women struggling to make ends meet. White men across the state are the only ones with total personal income that exceeds the cost of living for an individual over 50.

Median income for Minnesota women over 65 falls more than \$13,000 short of the statewide cost-of-living for a single person over 50; for the state's Latina, African American, and Asian American women that deficit grows to \$17,900, \$18,849, and \$21,428, respectively. ⁴⁹

Not only are women less likely to have other retirement income, their Social Security checks are increasingly based on their own earnings, making them significantly smaller than those received by white men. Between 1960 and 2014, the percentage of women who received earned worker benefits increased from 43% to 77%.

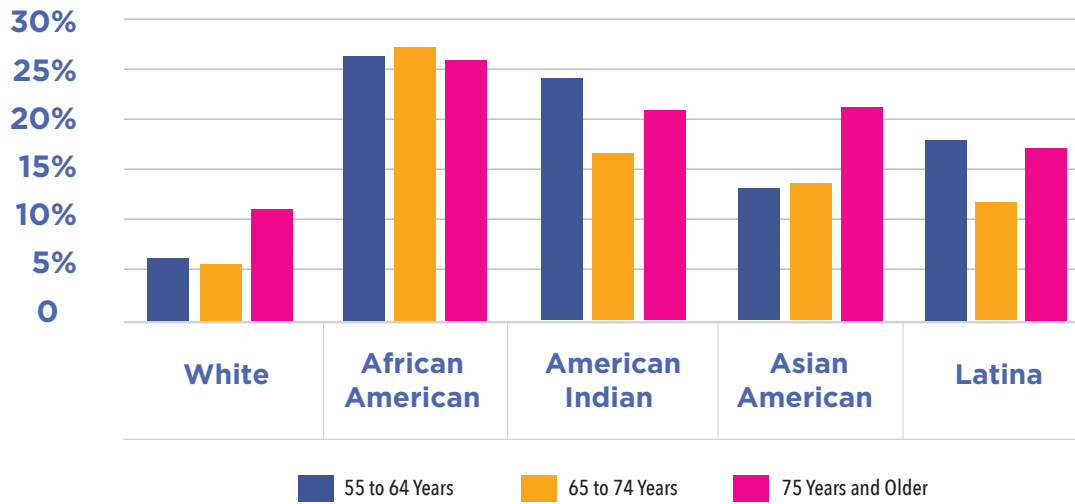
While 17% of Minnesota white men over 65 rely exclusively on Social Security for income, 33% of white women, 36% of African American women and 37% of Latinas do so. ⁵⁰

Early claiming is another reason that the state's women receive lower Social Security benefits than their male peers. Currently, just 38% of men claim Social Security at the earliest possible age (62), while 44% of women do so. Women claim Social Security early for a variety of reasons, including health problems, economic necessity, and caregiving. ⁵¹

Retirement income lags for women. According to the U.S. Department of Labor, women are more likely to work in part-time jobs that don't qualify for retirement plans. And working women are more likely than men to interrupt their careers to take care of family members. Therefore, women work fewer years and contribute less toward their retirement, resulting in lower lifetime savings. According to the 2016 Annual Transamerica Retirement Survey, women's retirement savings have remained flat over the previous four years, while retirement savings for men grew significantly over the same time period. ⁵²

Poverty rates are higher for Minnesota's older women of color and American Indian women, a growing demographic in the state

Percentage of women living in a household below the poverty line by age



2012-2016 American Community Survey

The poverty rate understates the number of older women struggling to make ends meet

Median income by source for Minnesotans 65 and older compared to the state cost of living, by race, ethnicity, and geography

	Social Security		Total Personal Income		Cost of Living (Single 51+)	Difference between income and cost of living	
	MEN	WOMEN	MEN	WOMEN		WOMEN	MEN
Other	\$15,797	\$11,128	\$30,315	\$15,889	\$27,500	-\$11,611	\$2,815
Anoka	\$18,227	\$12,544	\$34,288	\$19,289	\$35,133	-\$15,844	-\$845
Dakota	\$18,329	\$13,200	\$38,683	\$20,299	\$33,981	-\$13,682	\$4,702
Hennepin	\$17,742	\$13,179	\$37,500	\$21,430	\$33,965	-\$12,535	\$3,535
Olmsted	\$16,202	\$12,544	\$34,300	\$20,505	\$29,555	-\$9,050	\$4,745
Ramsey	\$17,640	\$12,800	\$37,200	\$21,500	\$34,107	-\$12,607	\$3,093
Stearns	\$16,074	\$11,443	\$28,950	\$15,200	\$27,921	-\$12,721	\$1,029
Washington	\$18,857	\$13,266	\$41,971	\$24,331	\$34,486	-\$10,155	\$7,485
Wright	\$17,311	\$10,558	\$35,442	\$15,410	\$35,607	-\$20,197	-\$165
TOTAL	\$16,728	\$12,050	\$33,452	\$18,227	\$32,028	-\$13,801	\$1,424

WHITE	\$16,898	\$12,100	\$34,003	\$18,379	\$32,028	-\$13,649	\$1,975
AFRICAN AMERICAN	\$12,152	\$10,645	\$18,547	\$13,179	\$32,028	-\$18,849	-\$13,481
AMERICAN INDIAN	\$14,941	\$12,368	\$22,000	\$20,682	\$32,028	-\$11,346	-\$10,028
ASIAN AMERICAN	\$11,128	\$9,700	\$13,600	\$10,600	\$32,028	-\$21,428	-\$18,428
LATINO	\$14,844	\$11,200	\$28,600	\$14,219	\$32,028	-\$17,809	-\$3,428



What Can You Do?

POLICY AND ADVOCACY

Advocate for policies and support organizations that increase economic security for women across the life span, including expanded access to high-quality, affordable care from childcare to eldercare; paid family and sick leave for working families; accessible, affordable high-quality healthcare, and secure, reliable retirement plans for all. Here are just some of many options:

Racial Equity Resource Directory:

- Peruse this list of organizations working to advance equity in Minnesota, then choose some to support through money, time, or in other ways: mncompass.org/disparities/resource-directory

AARP Minnesota:

- Learn more about Minnesota efforts to protect older Minnesotans' from abuse and neglect: action.aarp.org/EndAbuseMN
- Support a private/public state-facilitated retirement savings program that allows all workers to save with ease. Contact Erin Parrish at eparrish@aarp.org or 651-726-5644.

Minnesotans for Paid Family Leave:

- Join the effort to advance paid family and medical leave in Minnesota: paidleavemn.org

United States of Care:

- Learn more about options for improving healthcare quality and affordability in Minnesota: unitedstatesofcare.org/press-releases/minnesota-health-care-policy-resource-guide

Metropolitan Area Agency on Aging:

- Check out resources and a policy agenda: metroaging.org/community-work/policy/

Faith in Minnesota:

- Join Minnesotans across faiths to advance a "caring economy:" faithinmn.org and isaiahmn.org/claiming-our-voices

CIVIC ENGAGEMENT

Move beyond voting to deeper levels of political engagement:

- Show up at town hall meetings and ask about positions on issues important for women across the life span.
- Support a woman running for office in your area that pledges to advance equity policies in the state: womenwinning.org

HIRING PRACTICES

Hire older women and help your employer identify and address possible age, race, gender, and other forms of bias in workplace procedures:

- The EEOC can help: eeoc.gov/eeoc
- Bias Interrupters provides tools: biasinterrupters.org

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