Research shows that women in Minnesota face distinct challenges compared to men as they age. Women over the age of 55 are essential contributors to our communities, families, and workforce, yet they are more likely to live in poverty, shoulder additional care responsibilities, and experience barriers to accessing quality healthcare. How are women across identity groups navigating these challenges as they age? In what ways have they found community and support? In this session, we listened to women across identities and geographic locations in Minnesota to hear more about the challenges, opportunities, and solutions for equitable living across the lifespan.
LISTENING TO

Minnesota’s Women & Girls

At the Women’s Foundation of Minnesota (WFMN), we know that to improve the lives of all Minnesotans, we need strong grantmaking and policy agendas that are grounded in both qualitative and quantitative data. WFMN conducts research to listen, learn, and drive action with communities to create a state of gender and racial equity. We believe that women and girls in communities across Minnesota are the experts our state needs to shape real, lasting solutions.

Through nine Listening Sessions in WFMN’s Road to Transformation Listening Series in March 2021, we deepened our understanding of the real, lived experiences of Minnesota women and girls so that we can continue to strategically eliminate the challenges and barriers they and their families face because of injustice in our systems.

As a statewide community foundation, we convene and listen to center the vision and solutions of communities pushed to the margins and then activate our collective power to drive lasting change. The themes and solutions that surfaced across the Listening Series will inform the Women’s Foundation’s statewide agenda for gender and racial equity, using our levers for grantmaking, policy, strategic partnerships, narrative change, and research for years to come.
What the data show

**Women are disproportionately impacted by disability risk later in life:** Female-dominated professions carry specific health risks, with a high concentration of women in physical labor industries, including healthcare and hospitality. Almost 25% of long-term care expenses are financed out-of-pocket, making women especially at risk for this type of uninsured health expense later in life.¹

**Cost is an obstacle to health care:** The cost of doctor visits more often prevents Minnesota women of color, American Indian women, women with disabilities, and LGBTQ+ women from obtaining health care. Minnesota’s rural women have less access to health care, with fewer physicians per population than urban areas.²

**Older women are more likely than men to live in poverty:** Although older adults (55 and older) make up the smallest segment of those experiencing homelessness, this group saw the largest increase in homelessness, up 25% between 2015 and 2018.³

**Rental housing affordability declines as women age**

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

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3  CWGPP analysis of ACS 2013-17 (five-year estimates), American Community Survey.
Women face a variety of challenges to their health, safety, and financial well-being as they age, and our systems are not designed to ensure women age with the dignity they deserve.

This session brought together older Minnesota women and elders across many identities to share their wisdom and knowledge on necessary changes to our attitudes, policies, and systems. With critical concerns in inaccessible and unaffordable healthcare and mental health due to isolation, women elders shared that the answers exist in community. From community living to re-establishing intergenerational connections, older women have the wisdom, knowledge, and resources to guide our state towards needed transformation.

**Facilitator:** Gloria Perez | President & CEO, Women’s Foundation of Minnesota

**Research Fellow:** Amy Dorman, MPP
Financial challenges exist across the lifespan.

The financial challenges the storyteller described were echoed by the other participants. The participants felt a strong financial link to family; due to the demands of caring for family members, many families never have the chance to accumulate generational wealth and build future security.

“[My mom] didn’t have a lot of resources, even in terms of the social safety nets, so I took money from my savings to support her. I made my house my mom’s house, and my mom made it my brother’s and my sister’s house, and her grandkids’, nephews’, and nieces’ house, so I ended up taking care of a lot of people … Generational wealth doesn’t get passed down in my family: we keep paying for folks.”

Student loans also play a significant role in women not being able to escape poverty as they age. Undergraduate and advanced degrees were considered investments to move women forward, but as they aged, it was challenging to pay back the substantial sums. These loans still significantly strain women’s finances as other streams of income wind down.

“Student loans are another thing we are strapped down with. I got a student loan and I guess it will just be there until I die, and it makes no sense! When do you just finally let it go? Student loans for us elders is one of those things I wish we could get out of the way.”

Finally, the participants stressed the devastating impacts of unplanned circumstances. Health costs were of particular concern. No matter how much planning women and their families do around finances, one health disaster can push families into poverty.

“All the planning in the world that you may do – investments, savings, your parents’ investments, and savings – if you [or your partner] gets a disease like Parkinson’s, you’re done. You’re going through all of [your savings]; there will be nothing left. There is no planning for that. Whether you’re older or younger doesn’t matter. Our system is broken as far as healthcare is concerned.”
Health discrimination exists across identities as women age.

The lack of affordable, accessible, and culturally specific resources – including health care – across the lifespan was of great concern to participants. The intersecting identities of gender, race and ethnicity, immigration status, and age are just some of the factors that can exacerbate systemic barriers to essential resources across the lifespan. One participant described the challenges of accessing health care for transgender and gender-expansive people:

“One of the challenges that transgender and gender nonconforming people face, particularly in the midst of a health crisis like the one we’re currently experiencing, is access to health care. It is not a foregone conclusion that even if you have health insurance that your caregiver, your doctor, your selected place to go are going to treat you with respect or that they are even going to treat you at all.”

Another participant emphasized the limited healthcare access for immigrant women in Minnesota, impacting both their own health and their traditional roles as caregivers:

“The immigrant Somali population in the Twin Cities has all the problems and additional barriers when it comes to economic and health disparities. When they come here, they’re healthy, but after a time, you’ll see they depend on certain clinics and doctors due to language. Somali older women have a lot of problems – family issues – and COVID impacted them a lot. It killed a lot of elderly men from our community. Women are taking care of everybody, but a lot of elder men died.”

Dependence on community clinics due to limited finances and insurance coverage also translates into negative health impacts for women as they age. One participant noted:

“[Many elders] need to deal with community services where specialties are not available, so diabetes, chronic diseases, and memory loss are not diagnosed or addressed. Many of our elders are suffering because our healthcare system does not allow for supporting them.”

Another participant added:

“Older women [have] less resource[s] and they end up with fewer choices for services and care.”

For Native women living in urban areas in Minnesota, accessing resources is particularly difficult. Given that tribal resources are only available to enrolled members of that tribe, many Native women are left without options. Nonprofit organizations have had to fill this gap.

“We really have to start allocating more resources to nonprofits in the urban areas for the Indigenous peoples. The majority of people are in that gray area. Every tribal woman that comes in can’t get services from our tribes if she’s not enrolled here. We need to understand part of that historical protocol.”

Participants emphasized that the healthcare system is not meeting the needs of women across identities as they age, and often perpetuates systemic and implicit biases against marginalized groups.
Housing and isolation create mental health challenges.

Participants expressed deep concerns about the mental health of older women. As women age, transitioning from family living to care facilities often results in isolation and affects their mental health and well-being. As they age, women want to stay in their homes and be part of community. Participants also emphasized the exacerbating impact of COVID-19 on isolation and mental health for women elders. Across identities, this theme of isolation persisted:

“In my [Asian Indian] community – for women especially – there is this isolation and depression.”

“With COVID, it has been devastating to see how the isolation has increased the depression particularly on those with memory loss and Alzheimer’s. The lack of interaction and stimulation has increased [the damage of the disease] exponentially.”

“Our [Native] elders would rather stay in their homes; that’s where they want to be. They don’t want to be in assisted living, they don’t want to leave their community.”

“With the older populations that we serve, no matter their gender identity, the culture or their religious beliefs, staying at home – living in the place they know and love – is what people desire.”

Older women feel invisible, disrespected, and undervalued.

In addition to feeling isolated from their communities and loved ones, older women expressed feeling invisible, disrespected, and undervalued by society and younger generations as they age. Participants noted that invisibility in society, across identities and geography, has grave impacts on women’s health and access to resources as they age:

“As older women and people living in rural communities, we become invisible – and I think that is the reality for many, many trans and gender nonconforming people. Gender-expansive and nonconforming people and transgender folks historically are left out of these conversations.”

“The Republican legislature had drafted a bill that we shouldn’t identify LGBTQIA as a population in the data collection around COVID-19. If we become invisible in those processes, then we don’t get included in those resources and services.”

“Oftentimes, Asian Indian communities are talked about as a very successful immigrant community: highly educated, making tons of money, family connections ... but I wouldn’t say 50% or more are in the higher income bracket. Often, [Asian Indian women elders] are living alone, disabled.”

This invisibility also manifested when others did not value and respect women elders. Participants recalled being disrespected by younger generations, notably government workers who were supposed to be assisting the women in accessing services. One participant highlighted that this disrespect by younger people happens across communities:

“A lot of young people treat the elderly like they’re stupid. It’s so degrading. A lot of the brown and Black communities have more respect for the elders, but we also have that in our [Native] communities.”

Another woman elder added, “There is a major gap between our youth and elders.”

Participants noted that disrespect for elders has historical roots in the European patriarchal and white supremacist capitalist system that places a high value on the monetary contributions of an individual:

“There’s a lot to be said for our Native population and other cultures that are intergenerational by nature. We’ve lost a lot of that and part of what I think is missing in a lot of the European-style cultures is when you get old, you’re not valued anymore. It’s okay to warehouse you in a nursing home or assisted living place. Families don’t love their elders any less, but they’re not as involved.”

Despite living within a system that devalues elders, participants expressed resilience in knowing their worth and advocating for the voices of women elders to be elevated and respected. Participants recommend that the contributions and wisdom of women elders can no longer be ignored:

“These ladies have wisdom, knowledge, and resources to help out all the women that are getting older. How can we continue this conversation? How can we help the women who are not here today?”
Older women and elders know their worth and wish to uplift all women as they age. Their solutions foster financial freedom, increased access to resources, and connection across generations that will ultimately create benefits for many others. Solutions that benefit one generation can be beneficial to all:

1. **Strengthen social safety nets for older Americans:**
   Women face huge barriers to financial well-being as they age, including continued payment of student loans and high medical costs when they require specialty care not covered by Medicaid, common later in life. Forgiving student loans for older Americans is one way to relieve the financial burden on women who invest in their education later in life. Reforming the structure of health insurance and access to comprehensive care will increase stability and security for families who would be financially devastated by a high-cost medical emergency.

2. **Create community living spaces for older women:**
   Community living with on-site resources including healthcare could provide women with community, dignity, and independence as they age.

3. **Build opportunities for intergenerational connection:**
   Regardless of formal education, women elders have immense knowledge that should be valued in schools and workplaces. Investing in educational relationships between elders and youth benefits people of all ages. Creating paid spaces to honor the contributions and wisdom of women elders in workplaces is another lever to moving equity forward.

“I’d like to see people our age within the arenas of the employment world, even if it’s for 5-10 hours a week, as long as they’re visible. We need to honor the contribution and knowledge—even if they don’t have formal education—of wise elders in our community.”