ABOUT THE DATA SOURCES:

The Report Card is produced using a variety of data sources from 2011-2020. Much of the data used for this report card were reported in 2017-2019; however, if different, the data collection year is indicated next to each heading or topic area. Data collection methods may also vary by year, and sample sizes can differ for each data reporting system. Percentages have been rounded for simplicity, with full percentages available in the online version of the MN-WHRC.

Unless otherwise indicated, all data are for women ages 18+. One of the limitations of the data sources is that some data reported were not broken down by gender and race/ethnicity. We share data by race and ethnicity for better targeting of resources and interventions towards populations in need. The terms “female” and “woman/women” are used interchangeably throughout the MN-WHRC based on the data collection methods and reporting of the data sources. We recognize that these terms are not inclusive of all gender identities, and it is important to address the current limitations of language within research and in the MN-WHRC. We recommend that future research and data reporting address the language used in alignment with the populations they are working with.
**DEMOGRAPHICS**

**FEMALES’ LIFE EXPECTANCY**

81 YEARS

**Race and Ethnicity**

- **80%** White
- **6%** Black or African American
- **1%** American Indian and Alaskan Native
- **5%** Asian
- **<1%** Native Hawaiian and Other Pacific Islander
- **2%** Two or More Races
- **5.3%** Identified Hispanic Origins

**Age**

- **6%** 15–19
- **13%** 20–29
- **13%** 30–39
- **25%** 40–59
- **24%** 60+

**Population Count**

- **175,152**
- **360,758**
- **377,239**
- **703,477**
- **668,151**

**LGBTQ**

(Lesbian, Gay, Bisexual, Transgender, Queer)

LGBTQ population in Minnesota is **4.1%** of the total population.

59% of LGBTQ population in MN is female.

81% of LGBTQ population is White, 11% reported as all other populations, and 8% reported as Latino/a or Hispanic.

19% have an annual income of less than $24k.

**Relationship Status (2019)**

- **41%** Married: 1,165,355
- **6%** Widowed: 171,417
- **9%** Divorced: 268,908
- **<1%** Separated: 20,407
- **43%** Never married or under 15 yrs: 1,213,099

**Education**

- **1%** Doctorate Degree
- **2%** Professional Degree beyond a Bachelor’s
- **11%** Master’s Degree
- **30%** Bachelor’s Degree
- **15%** Associate’s Degree
- **28%** Some college
- **3%** GED or alternative
- **26%** High School Diploma

**FEMALES’ LIFE EXPECTANCY**

81 YEARS

**Source:** Greater Minnesota: Refined & Revisited report

**2016–2019**

Minnesota’s (MN) population is gradually increasing. From 2016 to 2050, MN’s population is projected to increase by 15%, from 5,532,000 to 6,399,000. Currently, female population growth is slightly slower than male population growth. It’s expected that the female growth rate is projected to remain lower than the male’s population past 2020.

In 2018, the total female population represented 50% (2,186,378) of the state’s population. The number of females ages 15–44 was 1,074,005, about 38% of all MN women, representing a less than 1% or <1% change from 2017 to 2018.

In 2019, the total female population represented 50% (2,839,186) of the state’s population.

**Race and Ethnicity**

80% White
6% Black or African American
1% American Indian and Alaskan Native
5% Asian
<1% Native Hawaiian and Other Pacific Islander
2% Two or More Races
5.3% Identified Hispanic Origins

**Age**

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**Population Count**

175,152
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**Key**

Urban: 50,000+ residents |
Large towns: 10,000–49,999 residents |
Small towns: 2,500–9,999 residents

Rural: Primary commuting flow is outside of urban areas/clusters

Source: Greater Minnesota: Refined & Revisited report

**Education**

1% Doctorate Degree
2% Professional Degree beyond a Bachelor’s
11% Master’s Degree
30% Bachelor’s Degree
15% Associate’s Degree
28% Some college
3% GED or alternative
26% High School Diploma
BARRIERS TO HEALTH

2017
In 2017 there were an estimated 2,199,595 females ages 16+ in MN, 66% of whom were in the labor force. Females account for 42% of the total uninsured population in MN. Minority or non-White women are three times more likely to be uninsured than White women.

Between 2015 and 2018, the amount of homelessness among adults ages 25–54 rose. In 2017, 2,875 females ages 18–54 were experiencing homelessness.

**HOMELESSNESS AMONG MN WOMEN PER AGE GROUP IN 2018**

<table>
<thead>
<tr>
<th>AGE GROUP</th>
<th>ADULTS FEMALE</th>
</tr>
</thead>
<tbody>
<tr>
<td>18–21</td>
<td>429</td>
</tr>
<tr>
<td>22–24</td>
<td>299</td>
</tr>
<tr>
<td>25–54</td>
<td>2,147</td>
</tr>
<tr>
<td>55+</td>
<td>264</td>
</tr>
</tbody>
</table>

**2019 LABOR FORCE PARTICIPATION BY RACE FOR WOMEN (PROPORTION)**

<table>
<thead>
<tr>
<th>RACE</th>
<th>PROPORTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>White non-Hispanic</td>
<td>65%</td>
</tr>
<tr>
<td>Asian</td>
<td>66%</td>
</tr>
<tr>
<td>Black</td>
<td>74%</td>
</tr>
<tr>
<td>American Indian</td>
<td>60%</td>
</tr>
<tr>
<td>Hispanic/Latina</td>
<td>73%</td>
</tr>
<tr>
<td>All Women</td>
<td>80%</td>
</tr>
</tbody>
</table>

Employment

- 53% of women say they are employed
- 6.5% self-employed
- 1.8% unemployed less than a year
- 1.1% unemployed greater than a year
- 7.1% homemaker
- 5.3% student
- 21% retired

**64%** **32%** **78%**

**FEMALES 16+**
In 2019, 64% of females 16+ were employed.

**WOMEN-OWNED BUSINESSES**
Of the 489,494 business firms in MN, only 32% were owned by women (2012).

**WORKING WOMEN AGED 16–64**
In 2019 there were 1,763,195 women aged 16–64 in MN, of these 78% were working.

**TRANSPORTATION**

According to a 2017 PRAMS survey, 8% of women reported having no transportation as a barrier to early prenatal care.

Roughly 60% of transit users are women.

**UNINSURED RATE BY RACE:**
- **WHITE 4%**
- **NON-WHITE 12%**

**21% OF HOMELESS WOMEN ARE 25–54 YEARS OLD**

**11% OF WOMEN ARE BELOW THE POVERTY LINE**
Overall, MN women are exceeding the Healthy People 2020 (HP2020) targets for several preventive health targets. Women ages 50–74 have a slightly higher mammogram rate (82%) compared to the HP2020 target (81%). Black women have the highest cancer screening rate (91%), followed by screening for White women (83%). However, the sample size used for Black women and non-White Hispanics in the Behavioral Risk Factor Surveillance System (BRFSS) is too small to reveal the right coverage of breast cancer screening among this groups giving the relatively high risk of this type of cancer among Black women.

The health indicators featured in this section mirror CDC BRFSS indicators. Not all indicators are compared to the HP2020 targets because the HP2020 targets and BRFSS indicators do not always exactly match. Visit cdc.gov/brfss and healthypeople.gov for more information.
Cancer is the leading cause of death in MN among men and women. When all cancers are combined into one group, cancer is the 7th most frequent chronic disease. Breast cancer accounts for 39% of the top ten cancers that occurred among MN women in 2017. In general, lung and bronchus cancer constitute the leading cause of cancer deaths, with the second highest rate of incidence but the number one death rate.

### Rate of Top Ten Cancers among Women

<table>
<thead>
<tr>
<th>CANCER TYPE</th>
<th>AGE ADJUSTED RATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female Breast</td>
<td>138</td>
</tr>
<tr>
<td>Lung and Bronchus</td>
<td>50.5</td>
</tr>
<tr>
<td>Colon and Rectum*</td>
<td>32.2</td>
</tr>
<tr>
<td>Corpus and Uterus NOS</td>
<td>30.4</td>
</tr>
<tr>
<td>Melanomas of the Skin</td>
<td>31.3</td>
</tr>
<tr>
<td>Thyroid*</td>
<td>17.3</td>
</tr>
<tr>
<td>Non-Hodgkin Lymphoma</td>
<td>17.3</td>
</tr>
<tr>
<td>Leukemias</td>
<td>12.1</td>
</tr>
<tr>
<td>Pancreas*</td>
<td>11.8</td>
</tr>
<tr>
<td>Kidney* and Renal Pelvis</td>
<td>10.3</td>
</tr>
</tbody>
</table>

Per 100,000 women

### Mortality Rate/Type of Cancer

<table>
<thead>
<tr>
<th>CANCER TYPE</th>
<th>AGE ADJUSTED RATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lung and Bronchus</td>
<td>30.6</td>
</tr>
<tr>
<td>Female Breast*</td>
<td>16.7</td>
</tr>
<tr>
<td>Colon and Rectum</td>
<td>9.5</td>
</tr>
<tr>
<td>Pancreas</td>
<td>10.3</td>
</tr>
<tr>
<td>Ovary*</td>
<td>5.8</td>
</tr>
<tr>
<td>Leukemias</td>
<td>5.0</td>
</tr>
<tr>
<td>Non-Hodgkin Lymphoma</td>
<td>4.9</td>
</tr>
<tr>
<td>Corpus and Uterus NOS*</td>
<td>5.0</td>
</tr>
<tr>
<td>Brain and Other Nervous System</td>
<td>3.6</td>
</tr>
<tr>
<td>Liver* and Intrahepatic Bile Duct*</td>
<td>3.7</td>
</tr>
</tbody>
</table>

Per 100,000 women

Recommendation: SCREENINGS ARE CRUCIAL.

- Breast cancer mammography among women over 40 was 76%
- Cervical cancer Pap/HPV test among women 21 to 65 was 86%
- Healthy People 2020 goal of 93%

Visit z.umn.edu/mnwhrc20 to access the complete report.
In 2018, there were a total of 76,636 pregnancies in MN. The pregnancy rate was 71.4 per 1,000 women ages 15-44. The state counted a total of 68,603 live births (all singleton and multigestation included).

77% of pregnant mothers received prenatal care in the first trimester (2018).

Singleton and Multigestational Births

67,348 total live births

- Premature Birth (<37 weeks): 9%
- Low Birth Weight (<2500 grams): 7%
- Normal Birth Weight: 84%

Top Four Countries of Origin for Women Giving Birth in MN

- Mexico
- Ethiopia
- Somalia
- Thailand

19.3% of births were to foreign-born mothers.

Live Births by Race and Ethnicity of Mother n=69,746

<table>
<thead>
<tr>
<th>NON-HISPANIC</th>
<th>HISPANIC</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>Black American</td>
<td>American Indian</td>
</tr>
<tr>
<td>46,844</td>
<td>8,775</td>
<td>1,149</td>
</tr>
<tr>
<td></td>
<td>4,847</td>
<td>68,603</td>
</tr>
</tbody>
</table>

5% of young women of reproductive age adopt continuous-use long-acting reversible contraceptives (LARCS) in MN health care programs (Medicaid).

Fertility Rate

Women aged 15-44 years: 62.7 births per 1,000

Birth rate: 12.0 per 1,000 total population (2018)

11% of MN women smoke before or during pregnancy.

23.6% of Minnesotans identify as lesbian, gay, bisexual, or transgender (LGBT).

59% identify as female currently raising children.

4% of Minnesotans identify as female currently raising children.
Gonorrhea
In the 20–24 age group, males have a slightly higher rate of gonorrhea cases per 100,000 people compared to female cases of gonorrhea, with 500 and 478 cases per 100,000 people respectively.

Chlamydia
In general, the rate of chlamydia in MN reached an all time high at 463 per 100,000 people. This is an increase of 4% from 2016. The rate of gonorrhea in MN increased 28% to 123 per 100,000 compared to 96 per 100,000 in 2016. Females age 20–24 have the highest rate of chlamydia in the state (~3,400 cases per 100,000 person).

Syphilis
The lowest case of early syphilis among women occurred in 2007, with two reported cases. This number has been steadily increasing since then and reached 91 cases in 2017. The rate of primary and secondary syphilis is at 7.3 per 100,000. This is a decrease of 5% from 2016.
**CHRONIC DISEASE**

**2012–2017**

MN women have a slightly higher rate of chronic diseases (38%) compared to men (33%). In addition, women had a higher rate of certain chronic conditions such as high blood pressure, asthma and rheumatoid arthritis.

---

### Mortality

**IN 2018:**

- 33 women died due to asthma
- 433 women died due to heart attack
- 4,932 women died due to heart disease
- 585 women died due to diabetes
- 273 women died due to chronic liver disease & cirrhosis
- 256 women died due to renal failure

**Native American women**

- Die from heart disease 50% more often than white women

**African American & Asian American women**

- Died from stroke 40% more than white women

---

### % of Women Ever Told by a Health Professional they have had a:

- **2%** Heart Attack (also called myocardial infarction)
- **3%** Angina or coronary heart disease
- **2%** Stroke (also called a cerebrovascular accident)

### Rate of Women with the Following Chronic Conditions:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Rate per 1,000 Minnesotans</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Blood Pressure</td>
<td>214.3</td>
</tr>
<tr>
<td>High Cholesterol</td>
<td>147.0</td>
</tr>
<tr>
<td>Asthma</td>
<td>124.1</td>
</tr>
<tr>
<td>Diabetes</td>
<td>62.1</td>
</tr>
<tr>
<td>Depression</td>
<td>74.9</td>
</tr>
<tr>
<td>Congestive Heart Failure</td>
<td>25.3</td>
</tr>
<tr>
<td>Ischemic Heart Disease</td>
<td>14.9</td>
</tr>
<tr>
<td>Chronic Kidney Disease</td>
<td>12.9</td>
</tr>
<tr>
<td>COPD</td>
<td>12.6</td>
</tr>
<tr>
<td>Rheumatoid Arthritis</td>
<td>15.1</td>
</tr>
<tr>
<td>Any Condition</td>
<td>378.3</td>
</tr>
</tbody>
</table>

*Chronic Obstructive Pulmonary Disease (COPD)
MN women have a slightly higher rate of chronic diseases (38%) compared to men (33%).

**MENTAL HEALTH AND SUBSTANCE USE**

2011–2016

Women constitute 55% of the total clients served by the state’s mental health agencies, in community settings and at state hospitals.

The penetration rate (the rate of individuals who utilize mental health services) for females is 53.7 per 1,000. This rate is higher than males which is 44 per 1,000.

An Adverse Childhood Experience (ACE) is described as a traumatic experience in a person’s life which occurs before the age of 18 that the person recalls as an adult.

**Adverse Childhood Experience (ACE)**

We are reporting ACEs in this report because they are associated with poor physical and mental health, chronic disease, lower educational achievement, lower economic success and impaired social success in adulthood. ACEs are strongly associated with indicators of mental health issues later in life, and the higher the ACE score, the more likely adults are to report depression or anxiety in adulthood. The MN BRFSS conducted in 2011 present the most recent data for adults. It shows that, compared to men, women more often report experiencing sexual abuse and witnessing domestic violence, mental illness and problems related to drinking in the household.

---

**RATE OF COPD HOSPITALIZATIONS BY AGE**

<table>
<thead>
<tr>
<th>Age</th>
<th>Rate per 10,000 people</th>
</tr>
</thead>
<tbody>
<tr>
<td>45–54 years</td>
<td>6.7</td>
</tr>
<tr>
<td>55–64 years</td>
<td>21.1</td>
</tr>
<tr>
<td>65–74 years</td>
<td>35.1</td>
</tr>
<tr>
<td>75+ years</td>
<td>59.4</td>
</tr>
</tbody>
</table>

Per 10,000 people
MENTAL HEALTH AND SUBSTANCE USE

### Excessive alcohol use
Excessive alcohol use can result in a variety of harms such as poor birth outcomes, cancer, heart disease, motor vehicle injuries and more. For women, having 4+ drinks in one occasion is classified as binge drinking. Any drinking by pregnant women or people under the age of 21, or women having 8+ drinks in a week, is classified as heavy drinking.

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>13%</td>
<td>Women 18 to 65 are currently smokers</td>
</tr>
<tr>
<td>10%</td>
<td>Women smoked while pregnant between 2012-2015</td>
</tr>
<tr>
<td>57%</td>
<td>Women 18 and older reported alcohol use in 2018</td>
</tr>
<tr>
<td>23%</td>
<td>Women ages 18-44 were more likely to say they binge drink than those older than 44 years (10%)</td>
</tr>
<tr>
<td>12%</td>
<td>Pregnant women said they drank alcohol in the last month</td>
</tr>
<tr>
<td>7%</td>
<td>Pregnant women said they binge drank in the past month.</td>
</tr>
<tr>
<td>3%</td>
<td>Women reporting any use of prescription drugs not prescribed for them by their doctor within the past 12 months</td>
</tr>
<tr>
<td>17%</td>
<td>Women report use of illicit drugs or misuse of prescription drugs</td>
</tr>
<tr>
<td>4%</td>
<td>Women reported misuse of opioids</td>
</tr>
<tr>
<td>3%</td>
<td>Women reported misuse of prescription pain relievers such as oxycodone and hydrocodone</td>
</tr>
</tbody>
</table>

### Suicide
Suicide measured by ED visits for self-directed violence:
- 6 deaths per 100,000 women

### Self-harm
Self-harm measured by ED visits for self-directed violence:
- 850 visits per 100,000 females 10-24 yrs
- 400 visits per 100,000 females age 25-34 yrs

### Major Depression
Major Depression is ranked the most impactful condition among the commercially-insured women in MN, accounting for 19.1% of adverse health conditions. Alcohol Use Disorder makes up 3% of adverse health conditions and Substance Use Disorder makes up an additional 3% among this population. These numbers are likely incomplete due to not measuring the uninsured population of Minnesotans, estimated to be approximately 349,000 people as of 2017.

- Major Depression is diagnosed among commercially-insured Minnesotan women at a rate of 8.1%, tied only with Maine as the highest rate in the United States. This rate is even higher within the Twin-Cities Metro Area, at about 9% in 2016.

### Prevalence rate of pregnant women opioid use disorder at labor is 6.5 per 1,000 delivery hospitalizations.

### The rate of overdose deaths among females is 14.4 per 100,000.
COMMUNITY AND ENVIRONMENTAL HEALTH
2015–2020

INTIMATE PARTNER VIOLENCE (IPV)
In 2015, 2% of pregnant women experienced IPV during the 12 months before pregnancy. In 2020, this percentage has increased by 2% with 2% experiencing intimate partner violence before pregnancy.

HOMICIDES
In 2019, there were 23 reported cases of female homicide. This was 8% lower than the female proportion of homicide victims in the reports of 2017.

SUICIDE RATES
In 2017, females in MN had a lower rate of suicide at 5.4 per 100,000 compared to the national average of 6.1 per 100,000.

INCARCERATION RATES
As of July 01, 2020, 6.2% of the total adult prison population are female (n=516).

HUMAN TRAFFICKING
There were 120 cases reported in Minnesota for the year 2018; 76 were female and 21 were minors. The true number of cases are higher due to underreporting.

BIAS-MOTIVATED CRIMES
146 total bias-motivated crimes reported to law enforcement in the state of MN.

3 ANTI-LESBIAN CRIMES 2%

6 ANTI-TRANSGENDER CRIMES 4%

1 ANTI-GENDER NON-CONFORMING CRIME <1%

COVID-19

NOVEMBER 22, 2020:
270,157 positive cases
7,219 newly reported cases
3,779,834 tests completed

DECEMBER 4, 2020:
338,973 positive cases
5,371 newly reported cases
4,439,728 tests completed
3,845 total deaths from confirmed and probable cases

3x LATINO MINNESOTANS ARE TESTING POSITIVE FOR COVID-19 AT ALMOST 3 TIMES THE RATE OF WHITE MINNESOTANS

Out of 3,241 people who died of COVID in MN, 80% were White.

Out of all Indigenous people who test positive for COVID, 15% are hospitalized, the highest rate of any of race.

VISIT Z.UMN.EDU/MNWHRC20 TO ACCESS THE COMPLETE REPORT
A publication of the Center for Leadership Education in Maternal and Child Public Health, University of Minnesota School of Public Health

About:
Working closely with colleagues and the Minnesota Department of Health’s (MDH) Center for Health Statistics, Child and Family Health Division, and Health Promotion and Chronic Disease Division, we have carefully designed the Minnesota Women’s Health Report Card (MN-WHRC) to help visualize and reflect the health indicators specific to our state’s unique demographics. The MN-WHRC will be produced every other year as new data becomes available, and with the intent of providing a comprehensive review and comparison across the years. These data reflect the daily lived experiences of women’s lives, and can be used to inform Minnesota’s practice and policies, thus offering the opportunity of improving the near- and long-term health outcomes for women.

Acknowledgements
Acknowledgements, full data citations and additional details can be found at z.umn.edu/mnwhrc2020. This report card was modeled after North Carolina’s (NC) Center for Women’s Health Research (CWHR), which has been reporting on the health status of NC’s women for several years. Their report cards and corresponding website inspired us to create the same for our state. Thank you. We would also like to thank the MCH students in the 2019 and 2020 PubH 6630 course for their major contributions to the 2020 Report Card, and to Laura Villarreal and Dr. Zobeida Bonilla for their leadership in organizing the students and their data sources.

About the Center for Leadership Education in Maternal and Child Public Health
For six decades, the Center for Leadership Education in Maternal and Child Public Health has worked to improve the health status of MN’s women, children, adolescents and their families. The Center’s work is rooted in principles of social justice and focuses on skills development through continuing professional education, consultation and technical assistance to community-based organizations and public health and social service agencies. Students pursuing our Master’s degree in Public Health receive training that focuses on public health skills development and maternal and child health (MCH) content.

CONTACT:
epi.umn.edu/mch
mch@umn.edu

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