

2018

Minnesota Women's Health Report Card

A Snapshot of Minnesotan Women's Health (2016-2017)

A publication of the Center for Leadership Education in Maternal and Child Public Health, University of Minnesota School of Public Health



Find supporting data, citations and other information at z.umn.edu/mnwhrc18.

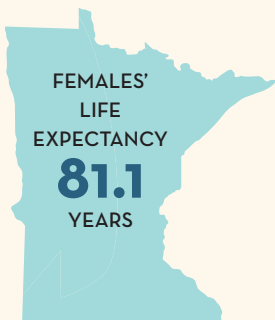


DEMOGRAPHICS

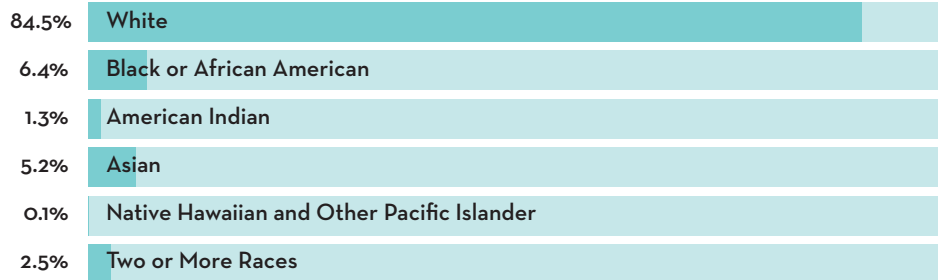
2016-2017

Minnesota's (MN) population is gradually increasing. From 2016 to 2050, MN's population is projected to increase by 15%, from 5.53 million to 6.36 million. 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 male's population past 2020.

In 2017, the total female population represented 50% (2,804,325) of the state's population. The number of females ages 15-44 was 1,066,806, about 38% of all MN women, representing a 1% change from 2016 to 2017. Women over 80 accounted for 60% of the population in rural MN, 62% in small town MN, 64% in large town MN and 63% in urban MN.



Ethnicity



Age



■ Population Count

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

This Report Card is produced using a variety of data sources (on page 8) ranging from 2011-2018. Much of the data used for this report card were reported in 2017; if different, the data collection year is indicated.



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 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.

Minority or non-white women are three times more likely to be uninsured than white women.

7%
FEMALES
AGES 18-64 IN MN
ARE UNINSURED

UNINSURED RATE BY RACE:

WHITE
4%
NON-WHITE
12%

20%
OF HOMELESS
WOMEN ARE
25-54 YEARS OLD

11%
OF WOMEN ARE BELOW
THE POVERTY LINE

HOMELESSNESS AMONG MN WOMEN PER AGE GROUP IN 2018

AGE GROUP	ADULTS FEMALE
18-21	429
22-24	299
25-54	2,147
55+	264

LABOR FORCE PARTICIPATION BY RACE (PROPORTION)

RACE	PROPORTION
White Non-Hispanic	81%
Asian	70%
Black	71%
American Indian	65%
Latino	73%
All Women	79%

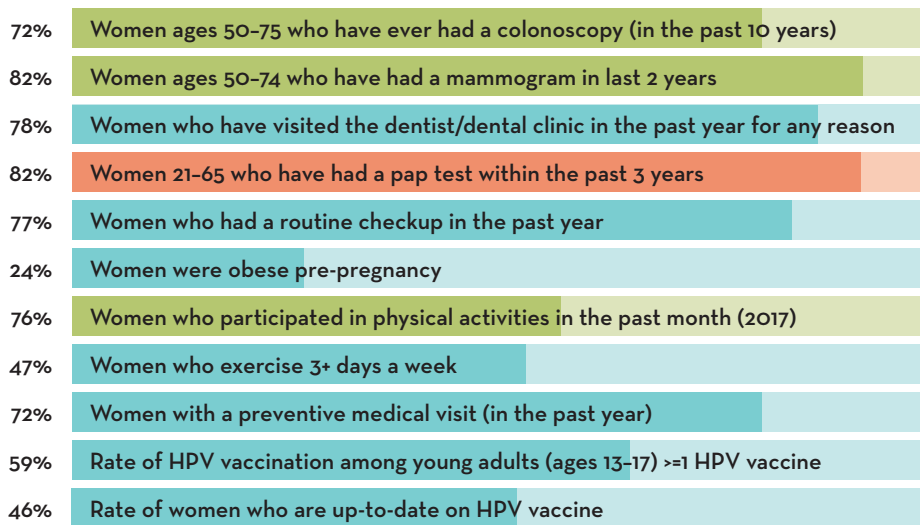


PREVENTIVE HEALTH

2016

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.

UP TO DATE
HPV VACCINE
46%



■ Above HP2020 target ■ Below HP2020 target

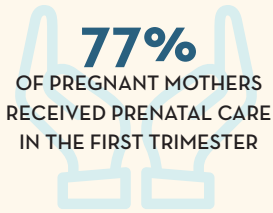
The health indicators featured in this section mirror CDC BRFSS indicators. Not all indicators are compared to the HP2020 targets because the HP2020 targets and BRFSS indicators do not always exactly match. Visit cdc.gov/brfss and healthypeople.gov for more information.



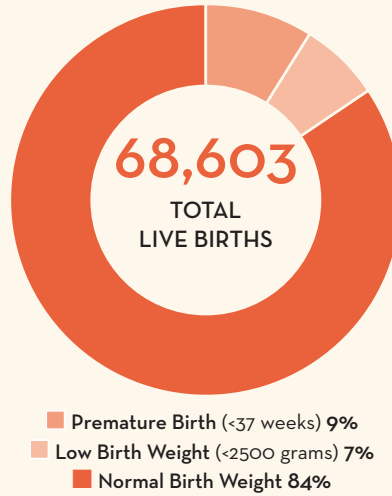
PERINATAL HEALTH AND REPRODUCTIVE HEALTH

2017

In 2017, there were a total of 78,227 pregnancies in MN. The pregnancy rate was 73.3 per 1,000 women ages 15-44. The state counted a total of 68,603 live births (all singleton and multigestation included), of which 9% were premature (less than 37 weeks of gestation) and 7% were low birth weight (less than 2,500 grams/5 pounds, 8 ounces).



Singleton and Multigestational Births

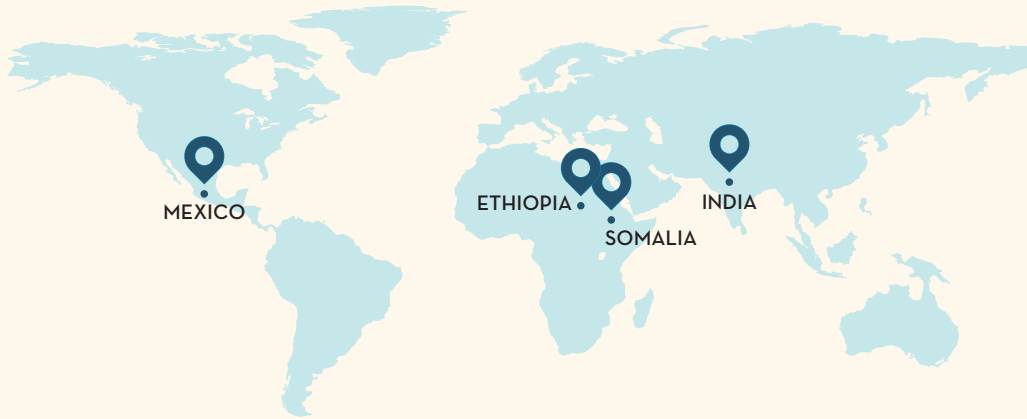


Fertility Rate

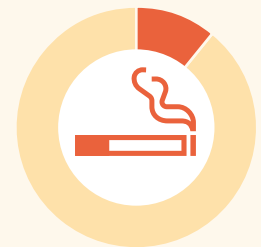
WOMEN AGED 15-44 YEARS:
64.3 births per 1,000

BIRTH RATE:
12.3 per 1,000
total population

Top Four Countries of Origin for Women Giving Birth in MN



19% OF BIRTHS WERE TO FOREIGN-BORN MOTHERS

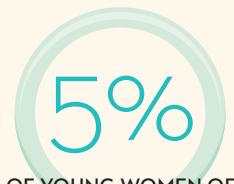


OF MN WOMEN SMOKE
BEFORE OR
DURING PREGNANCY



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

NON HISPANIC					HISPANIC	TOTAL
White	Black American	American Indian	Asian/Pacific Islander	Other/unknown		
47,890	8,664	1,197	5,492	466	4,894	68,603



OF YOUNG WOMEN OF
REPRODUCTIVE AGE
ADOPT CONTINUOUS-USE
LONG-ACTING REVERSIBLE
CONTRACEPTIVES (LARCS)
IN MN HEALTH CARE
PROGRAMS (MEDICAID)



Postpartum Depression

11%

OF MOTHERS WERE TOLD BY A PROVIDER THEY HAD DEPRESSION BEFORE PREGNANCY

13%

OF MOTHERS SELF-REPORTED POSTPARTUM DEPRESSION SYMPTOMS



Gestational Diabetes and Gestational Hypertension

IN 2015,

6%

OF MN BIRTHS INVOLVED MOTHERS WHO HAD GESTATIONAL DIABETES; this does not include women who had type 1 or type 2 diabetes before pregnancy.



STIs reported cases

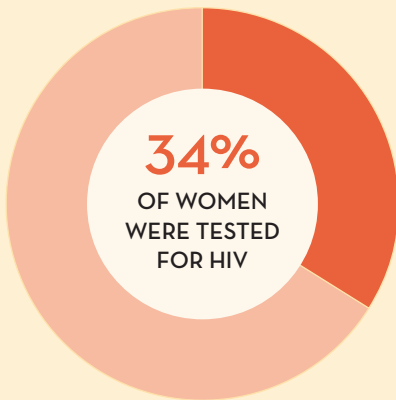
These numbers are reported by MDH and include the sexually transmitted infections (STIs) reported in different services throughout the state. It should be noted that the All Payers Claim Database would be a better resource to capture the number of individuals tested.

Females age 20-24 have the highest rate of chlamydia in the state.

(~3,400 cases per 100,000 person)

Tested for HIV HIV/AIDS

(N=2257)



74

FEMALES WERE DIAGNOSED WITH HIV IN 2017

Chlamydia

In general, the rate of chlamydia in MN reached an all time high at 444 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 5.5 per 100,000. This is a decrease of 5% from 2016.

THE FOLLOWING SHARE THE LARGEST PROPORTIONS OF THE NUMBER OF WOMEN INFECTED WITH SYPHILIS

AMERICAN INDIAN

35%

WHITE NON-HISPANIC

29%

BLACK NON-HISPANIC

23%

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.



CANCER

2015

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 37% of the top ten cancers that occurred among MN women in 2015. 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.

Breast cancer
accounts for 37%
of the top ten cancers that occurred
among MN women in 2015.

Rate of Top Ten Cancers among Women

CANCER TYPE	AGE ADJUSTED RATE
Female Breast	134.5
Lung and Bronchus	53.3
Colon and Rectum*	34.2
Corpus and Uterus NOS	31.7
Melanomas of the Skin	28.2
Thyroid*	18.7
Non-Hodgkin Lymphoma	17.4
Leukemias	12.3
Pancreas*	12.2
Kidney* and Renal Pelvis	12

Per 100,000 women

Mortality Rate/Type of Cancer

CANCER TYPE	AGE ADJUSTED RATE
Lung and Bronchus	33.3
Female Breast*	19.2
Colon and Rectum	11.1
Pancreas	10
Ovary*	6.4
Leukemias	4.6
Non-Hodgkin Lymphoma	4.4
Corpus and Uterus NOS*+	4.4
Brain and Other Nervous System	4.1
Liver* and Intrahepatic Bile Duct*	3.1

Per 100,000 women

+Not otherwise specified



COMMUNITY AND ENVIRONMENTAL HEALTH

2015-2018



2%

INTIMATE PARTNER VIOLENCE (IPV)

In 2015, 2% of pregnant women experienced IPV during the 12 months before pregnancy and 2% experienced IPV during pregnancy.

33

HOMICIDES

In 2017, there were 33 reported cases of female homicide victims.

1.5x

SUICIDE RATES

The rate is 6 per 100,000. Females are 1.5 times more likely to die by suicide than homicide in MN.

7%

INCARCERATION RATES

There are 649 female adults in prison (7% of the total prison population) in MN (As of January 1, 2019).



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.



41%

Women are at a recommended weight

31%

of women are overweight

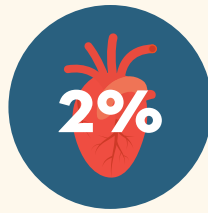
26%

of women are obese

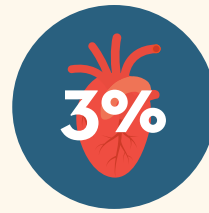
5%

of women are underweight or unknown

% of Women Ever Told By A Health Professional They have had a:



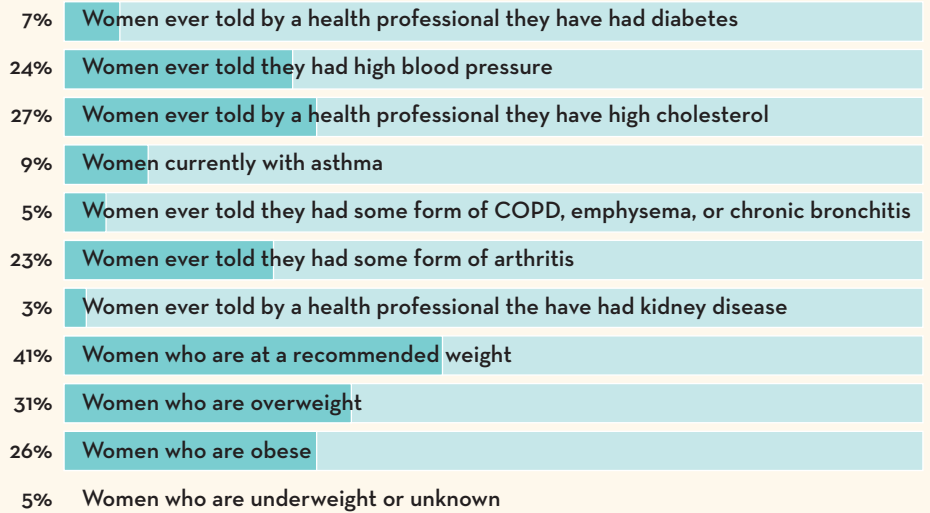
HEART ATTACK
(also called myocardial infarction)



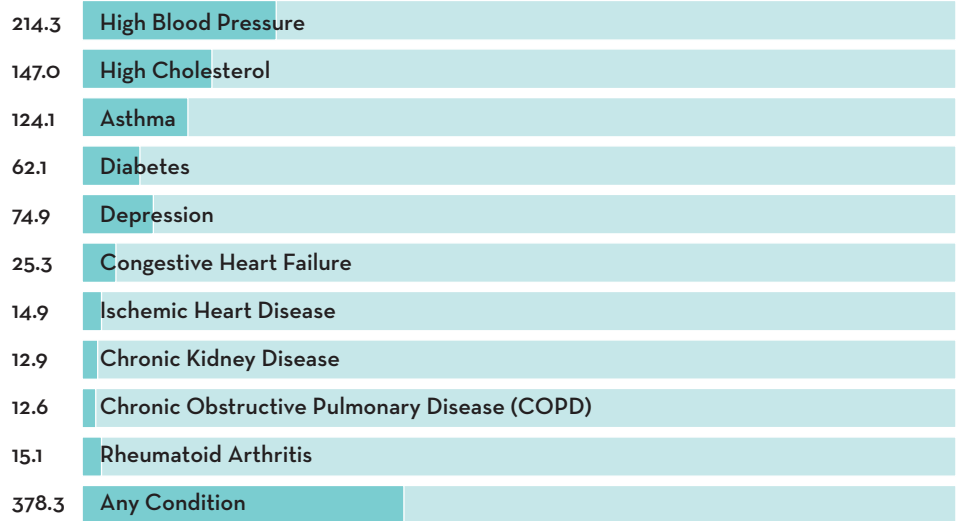
ANGINA OR CORONARY HEART DISEASE



STROKE
(also called a cerebrovascular accident)



RATE OF WOMEN WITH THE FOLLOWING CHRONIC CONDITIONS:



Rate per 1,000 Minnesotans

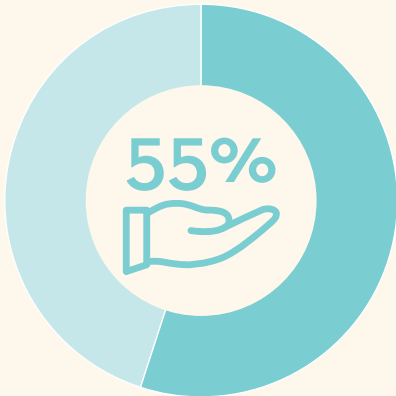


MENTAL HEALTH AND SUBSTANCE ABUSE

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.



TOTAL CLIENTS SERVED BY THE STATE'S MENTAL HEALTH AGENCIES, IN COMMUNITY SETTINGS AND AT STATE HOSPITALS



For women, having 4+ drinks in one occasion is classified as binge drinking.

Excessive alcohol use

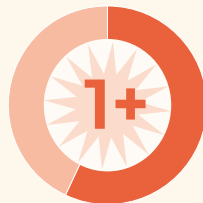
Excessive alcohol use can result in a variety of harms such as poor birth outcomes, cancer, heart disease, motor vehicle injuries, and more. For women, having 4+ drinks in one occasion is classified as binge drinking. Any drinking by pregnant women or people under the age of 21, or women having 8+ drinks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

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.



57% WOMEN REPORTED EXPERIENCING ONE OR MORE ACEs IN CHILDHOOD IN 2011



24% WOMEN REPORTED EXPERIENCING THREE OR MORE ACEs IN CHILDHOOD



2018 Minnesota Women's Health Report Card: A Snapshot of Minnesotan Women's Health (2016-2017)

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.

About the Data Sources:

The Report Card is produced using a variety of data sources ranging from 2011-2018. Much of the data used for this report card were reported in 2017; however, if different, the data collection year is indicated next to each heading or topical areas. 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 toward populations in need. The terms "female" and "woman/women" are used interchangeably. While they are not inclusive of all gender identities, they are used because they reflect data source language.

Acknowledgements


Acknowledgements, full data citations and additional details can be found at z.umn.edu/mnwhrc18. 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.


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

 Facebook (MCHUMN)

 Twitter (@umn_MCH)

 Instagram (umn_mch)

 YouTube (umn_mch)

The Center for Leadership Education in Maternal and Child Public Health is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number T76MC00005-59-00 for Leadership Education in Maternal and Child Public Health in the amount of \$1,750,000. This information or content and conclusions of our outreach products are those of the authors and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

Design and Printing: University of Minnesota Printing Services

