

MINNESOTA WOMEN'S HEALTH REPORT CARD

2020

A Snapshot of Minnesotan Women's Health (2018-2019)



Find supporting data, citations and other information at z.umn.edu/mnwhrc20.

Contents

About the Data Sources:	1
Demographics	2
Barriers to Health	3
Preventive Health	4
Cancer	5
Perinatal Health and Reproductive Health	6
Chronic Disease	8
Mental Health and Substance Use	9
Community and Environmental Health	11
COVID-19	11

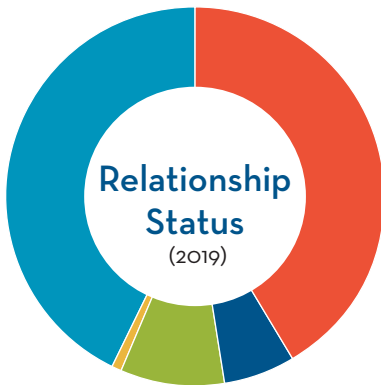
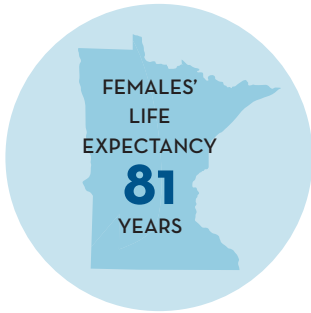
ABOUT THE DATA SOURCES:

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.



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



(% of female population)

- **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

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.

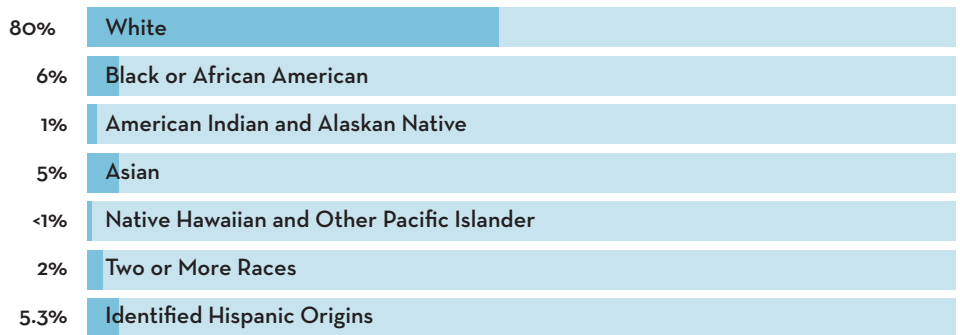
2016-2019

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 the male's population past 2020.

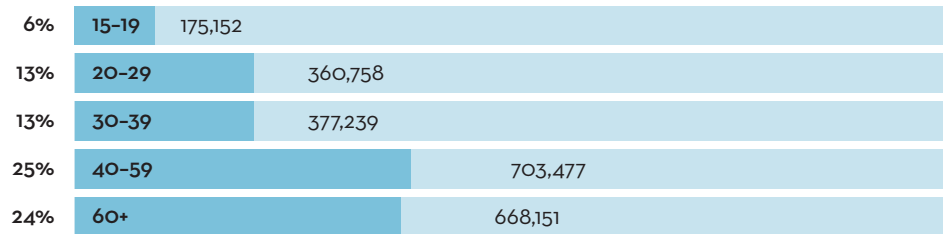
In 2018, the total female population represented 50% (2,186,378) of the state's population. The number of females ages 15-44 was 1,074,005, about 38% of all MN women, representing a less than 1% or <1% change from 2017 to 2018.

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

Race and Ethnicity



Age



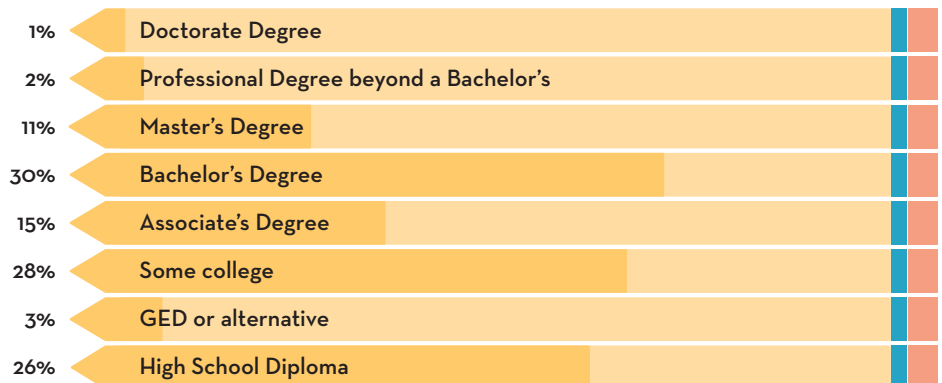
■ Population Count

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

Education





BARRIERS TO HEALTH



Minority or non-White women are 3x 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%



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.

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

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

21%
OF HOMELESS WOMEN ARE 25-54 YEARS OLD

2019 LABOR FORCE PARTICIPATION BY RACE FOR WOMEN (PROPORTION)

RACE	PROPORTION
White non-Hispanic	65%
Asian	66%
Black	74%
American Indian	60%
Hispanic/Latina	73%
All Women	80%

11%
OF WOMEN ARE BELOW THE POVERTY LINE

Employment



64%

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

32%

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

78%

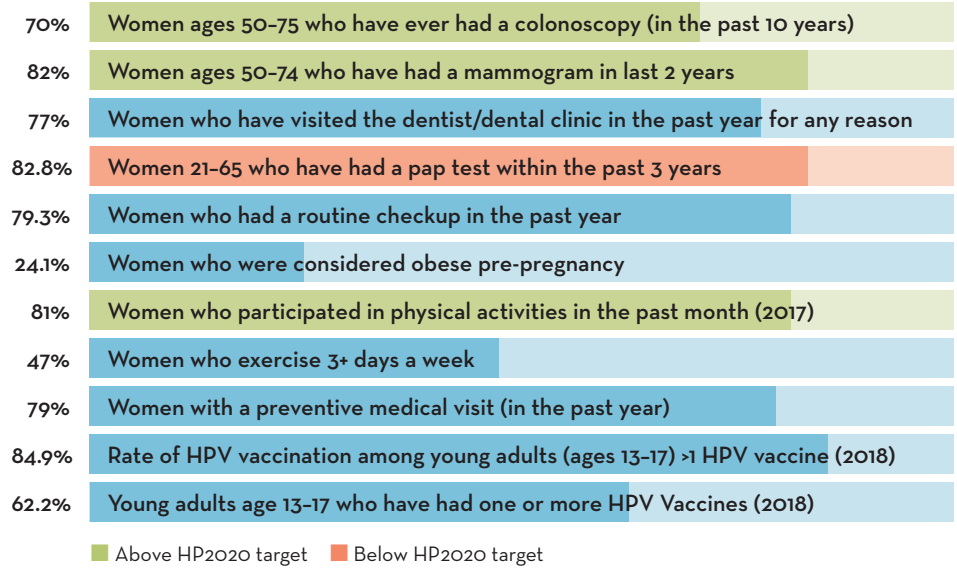
WORKING WOMEN AGED 16-64
In 2019 there were 1,763,195 women aged 16-64 in MN, of these 78% were working.



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 mammo-gram 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.

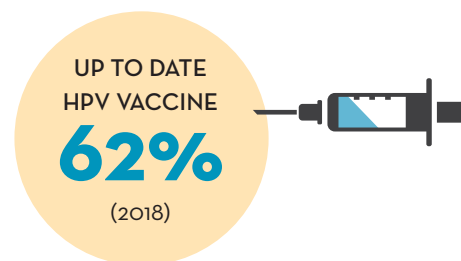
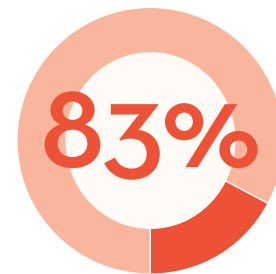
Healthy People Targets

	MN WOMEN	HP 2020 TARGET	HP 2030 TARGET
Colonoscopy: 50-75 yrs (2018)	70%	71%	74%
Mammogram: 50-74 yrs (2018)	82%	81%	77%
Exercise 3+ days/wk	58%	48%	59%
Adolescent HPV Vaccination (2018)	85%	80%	80%



Overall, MN women are exceeding the Healthy People 2020 (HP2020) targets for several preventive health targets.

BLACK WOMEN HAVE THE HIGHEST CANCER SCREENING RATE (91%), FOLLOWED BY SCREENING FOR WHITE WOMEN (83%)





Breast cancer
accounted for 39%
of the top ten cancers
that occurred among
MN women in 2017.

CANCER

2017

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

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

Per 100,000 women

Mortality Rate/Type of Cancer

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

Per 100,000 women

+Not otherwise specified

*Cancer types associated with obesity



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

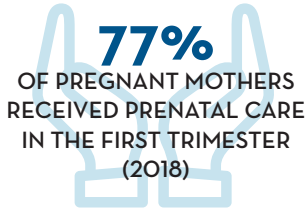
93%



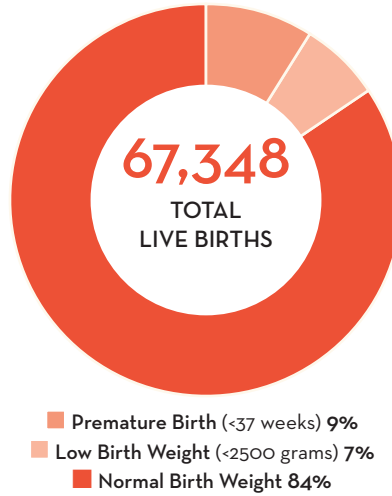
PERINATAL HEALTH AND REPRODUCTIVE HEALTH

2018

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).



Singleton and Multigestational Births



Fertility Rate

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

BIRTH RATE:
12.0 per 1,000
total population

(2018)

Top Four Countries of Origin for Women Giving Birth in MN



19.3% OF BIRTHS WERE TO FOREIGN-BORN MOTHERS



11%
OF MN WOMEN SMOKE
BEFORE OR
DURING PREGNANCY

23.6%
WOMEN WERE OBESE
PRE-PREGNANCY IN 2018



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		
46,844	8,775	1,149	5,463	270	4,847	68,603

4%
OF MINNESOTANS IDENTIFY
AS LESBIAN, GAY, BISEXUAL,
OR TRANSGENDER (LGBT)

59%
IDENTIFY AS FEMALE

28%
CURRENTLY RAISING
CHILDREN



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

11%

OF MOTHERS SELF-REPORTED POSTPARTUM DEPRESSION SYMPTOMS

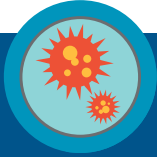


Gestational Diabetes and Gestational Hypertension

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.



STI 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.

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.

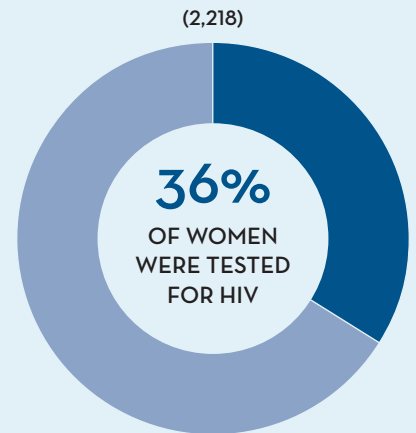
Chlamydia

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).

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

the Minnesota Department of Health (MDH) (3,368 cases per 100,000 person)

Tested for HIV HIV/AIDS



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.

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

AMERICAN INDIAN

56%

HISPANIC

11%

BLACK NON-HISPANIC

27%

New HIV Cases in 2018

PEOPLE WITH MALE SEX ASSIGNED AT BIRTH

76%
(217)

PEOPLE WITH FEMALE SEX ASSIGNED AT BIRTH

24%
(69)



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%

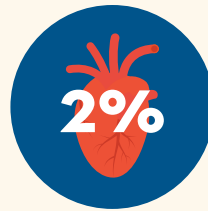
MORE OFTEN THAN WHITE WOMEN

AFRICAN AMERICAN & ASIAN AMERICAN WOMEN DIED FROM STROKE

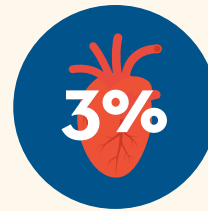
40%

MORE THAN WHITE WOMEN

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



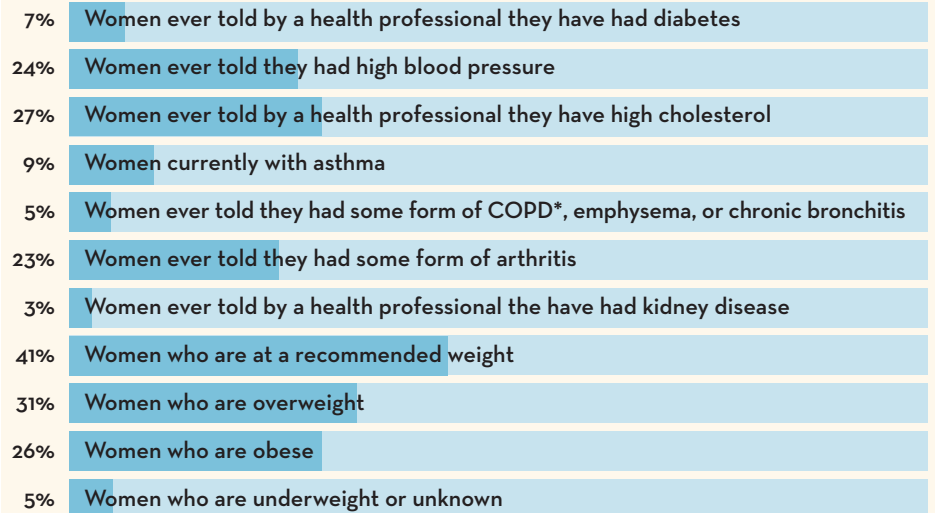
HEART ATTACK
(also called myocardial infarction)



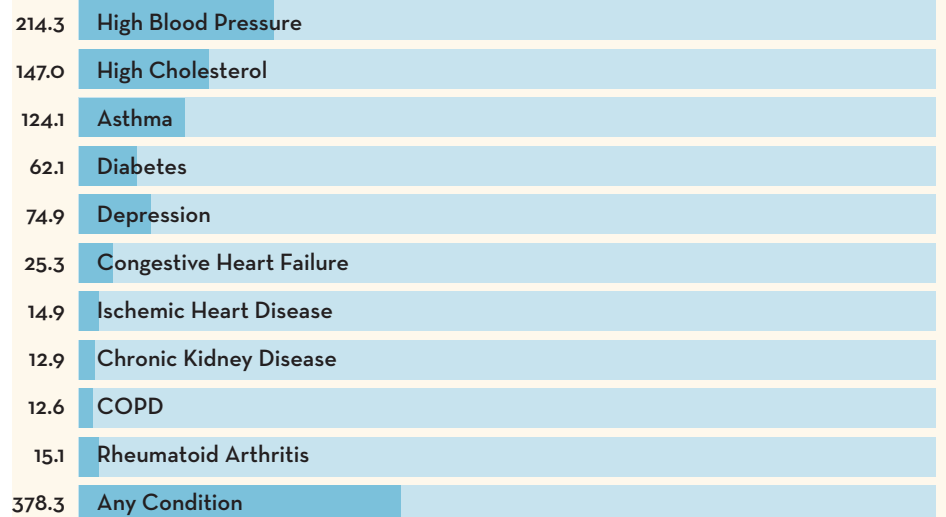
ANGINA OR CORONARY HEART DISEASE



STROKE
(also called a cerebrovascular accident)



RATE OF WOMEN WITH THE FOLLOWING CHRONIC CONDITIONS:

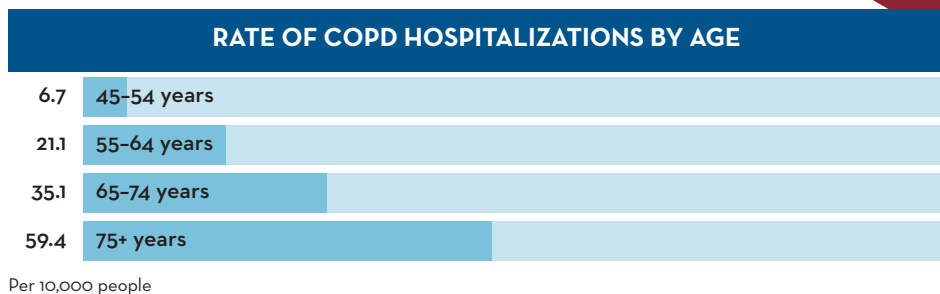


Rate per 1,000 Minnesotans

*Chronic Obstructive Pulmonary Disease (COPD)



MN women have a slightly higher rate of chronic diseases (38%) compared to men (33%).

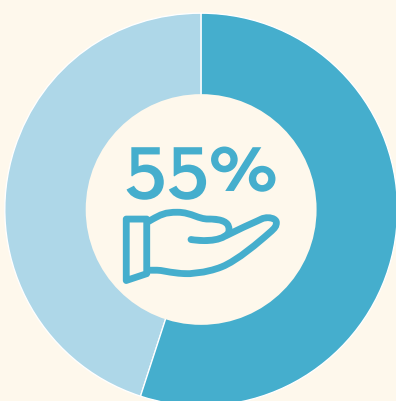


MENTAL HEALTH AND SUBSTANCE USE

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.



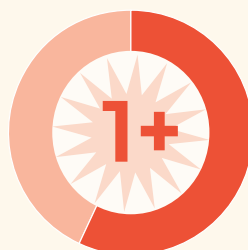
TOTAL CLIENTS SERVED BY THE STATE'S MENTAL HEALTH AGENCIES, IN COMMUNITY SETTINGS AND AT STATE HOSPITALS

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.

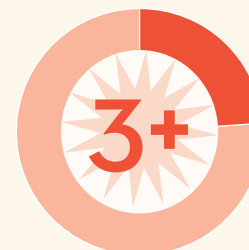


Adverse Childhood Experience (ACE)

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



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.



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

Suicide

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

per 100,000 females

age 25-34yrs



6.5

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

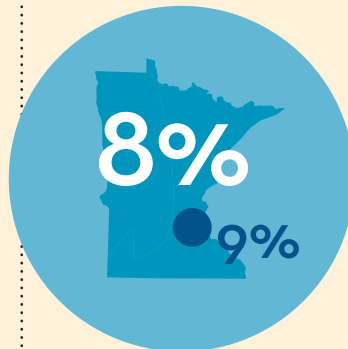
14.4

The rate of overdose deaths among females is 14.4 per 100,000.



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.



COMMUNITY AND ENVIRONMENTAL HEALTH

2015-2020



2%

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.

23

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

5

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

6%

INCARCERATION RATES

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

76

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

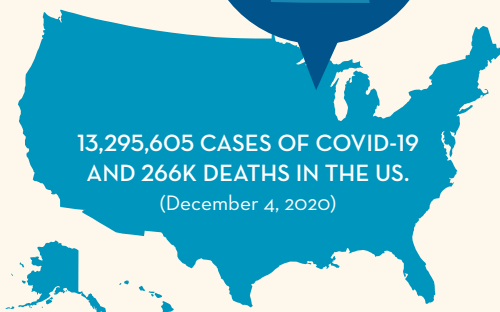


LATINO MINNESOTANS ARE TESTING POSITIVE FOR COVID-19 AT ALMOST 3 TIMES THE RATE OF WHITE MINNESOTANS

Out of 3,241 people who died of COVID in MN, **80%** were White (November 22, 2020)

Out of all Indigenous people who test positive for COVID, **15%** are hospitalized, the highest rate of any of race. (November 22, 2020)

318K CASES IN MN



13,295,605 CASES OF COVID-19 AND 266K DEATHS IN THE US. (December 4, 2020)

Women in MN

(MDH)
(November 12, 2020)

51% of cases

49% of hospitalizations

39% of ICU admissions

49% of deaths



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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.

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UNIVERSITY OF MINNESOTA

CENTER FOR LEADERSHIP EDUCATION
IN MATERNAL & CHILD PUBLIC HEALTH