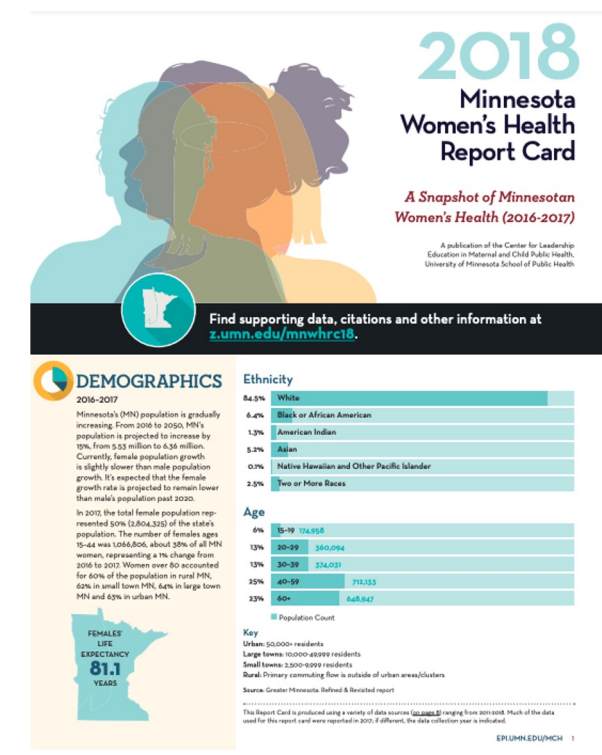


A Review of the Indicators of and Barriers to Minnesota Women's Health: 2018-Present

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BACKGROUND



The Minnesota (MN) Women's Health Report Card (MN-WHRC) is a product of the Center for Leadership Education in Maternal and Child Public Health at the School of Public Health (SPH) and is a collaboration with the MN Department of Health (MDH). MN-WHRC contents reflect the **health status of women in the state** and **can be used to inform MN's practice and policies**, thus **offering the opportunity of improving the near- and long-term health outcomes for women**. The report compiles various data sources from national/governmental data sources to provide a comprehensive look into the health of Minnesotan women. No other publication does the same for our state.

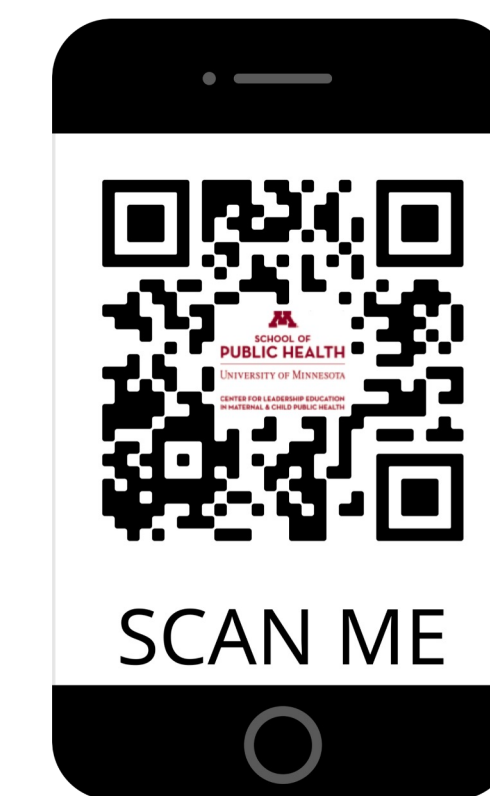


The third edition of the **MN-WHRC will be published in May 2023**, and builds off of 2018 and 2020 MN-WHRCs. The MN-WHRC is **published in four languages: English, Spanish, Somali and Hmong**, which will be available in the Summer of 2023. It is distributed as a PDF with a website link that offers more detailed information and sources.

This analysis uncovers the changes in MN women's health from 2018 to the present. This is the first time Report Card content has been compared to analyze changes in the health of MN women over time.

METHODS

Every year, MCH students in the SPH's Foundations of MCH Leadership course (PubH 6630) comb through existing data sources to update previous Report Card data. Students are broken up into groups and assigned sections to work on together. Teams search the original data sources (such as state data from MDH and national data from the CDC) to see if any updates have been made in the last year, and update the data accordingly. They link all data sources with the corresponding data points and store the data in an Excel sheet, where they also keep track of their sources, keywords, and suggested updates to both the data and the content. All data across all data points between 2018 and to present have been combined into a new datasheet, where they have been compared and contrasted. Synthesized data and relevant findings are reported here.



IMPLICATIONS & FINDINGS

GREATER RACIAL & GEOGRAPHIC DIVERSITY

LOCAL & GLOBAL EVENTS IMPACTING HEALTH

Individual and population health has been impacted by **world and local events**, like the **COVID-19 Pandemic** and **growing social unrest**, that added **stress and barriers** to living healthily and which may explain some of the negative movement of some metrics since the 2018 MN-WHRC.

Programs bringing positive change to MN Women must continue to be supported

- There has been a **decrease** in the use of **alcohol** during pregnancy
- The **suicide rate** has been gradually **declining**
- **Prescription drug misuse** is on the **decline**
- The **smoking rate** has remained **steady**
- The **workforce rate** is **higher**, resulting in fewer uninsured and living in poverty
- **Anti-LGBTQ+ related crimes** have **decreased** (-11.1%)

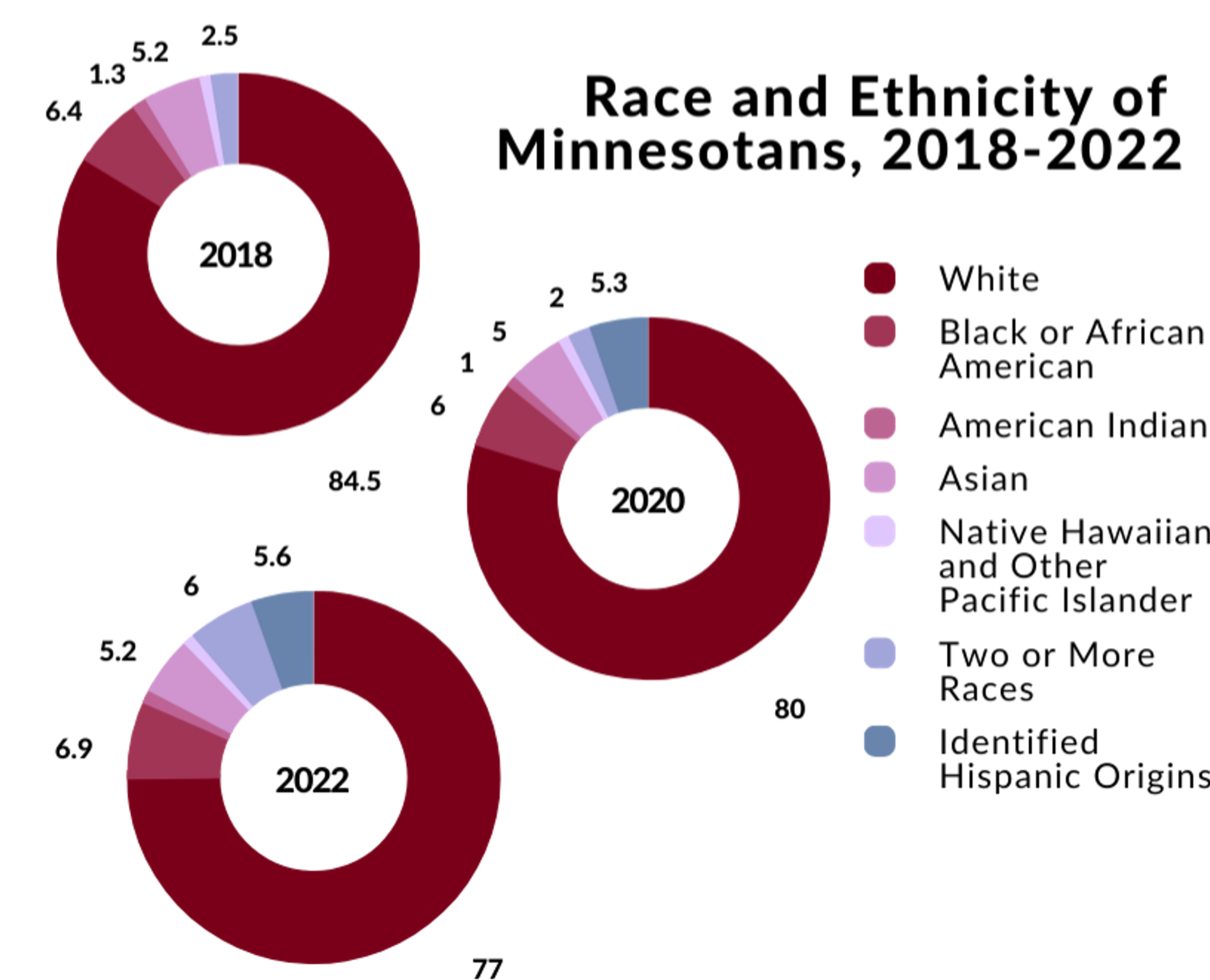
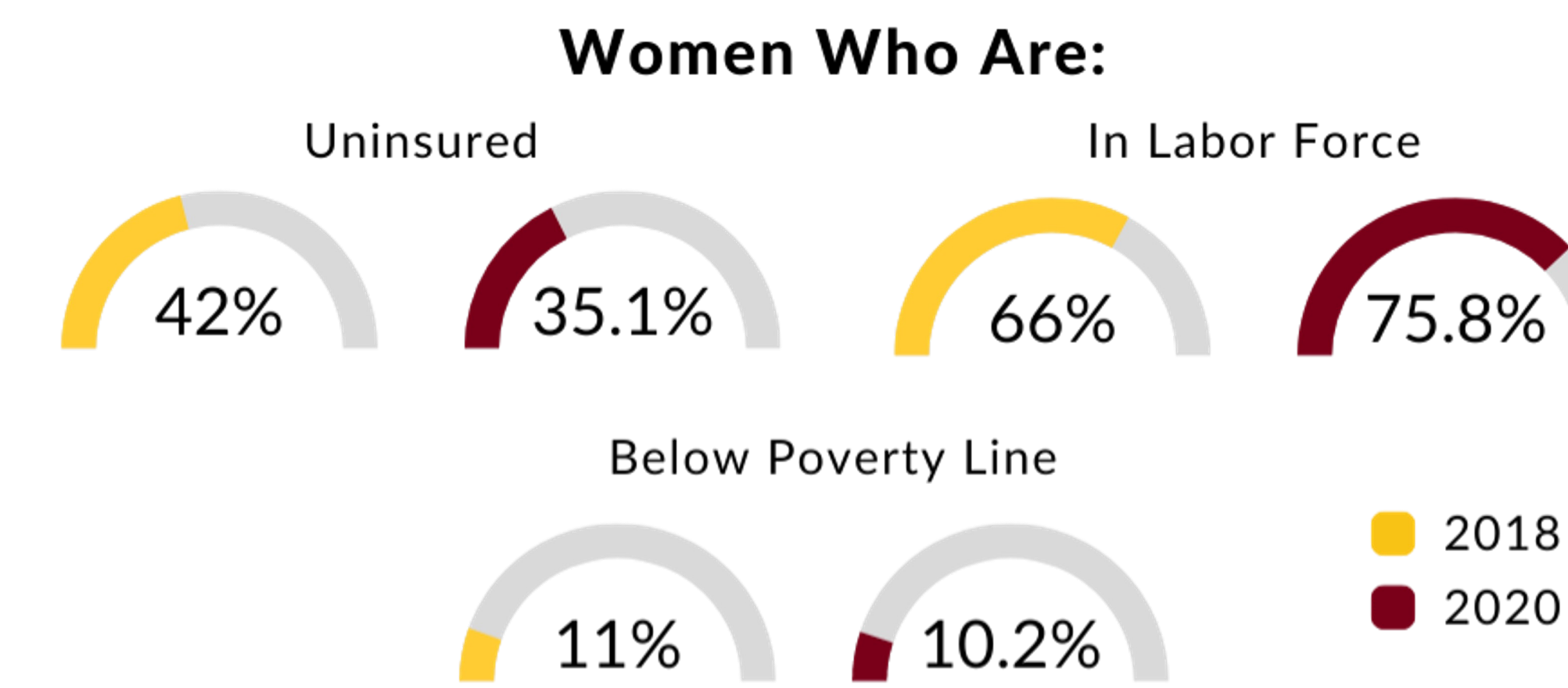
Public health and relevant partners should **advocate** for widespread telehealth implementation programs, access to devices and widespread broadband internet to **remove barriers to receiving essential health care**—including for rural residents.

With changing demographics, it is important to understand and be responsive to trends, which will prepare the state for shifts in community and individual needs, and avoid overwhelming current systems. **To provide the best care and outcomes for all Minnesotans, it is vital to center these systems on health equity principles that are culturally responsive.**

- Pandemic fostered **lower primary care utilization rates**, likely impacting the ability to get mammograms and colon cancer screenings, and receiving routine check-ups and dental visits
- **Increases in chronic conditions**, perhaps due to the inability to be seen by a provider for treatment and management
- **Increases in diabetes, gestational diabetes, obesity and high blood pressure**, perhaps due to changes in eating and exercise habits
- **Large increases (+87.4%) in the amount of bias-related crimes and female homicide rates (+57.6%)**

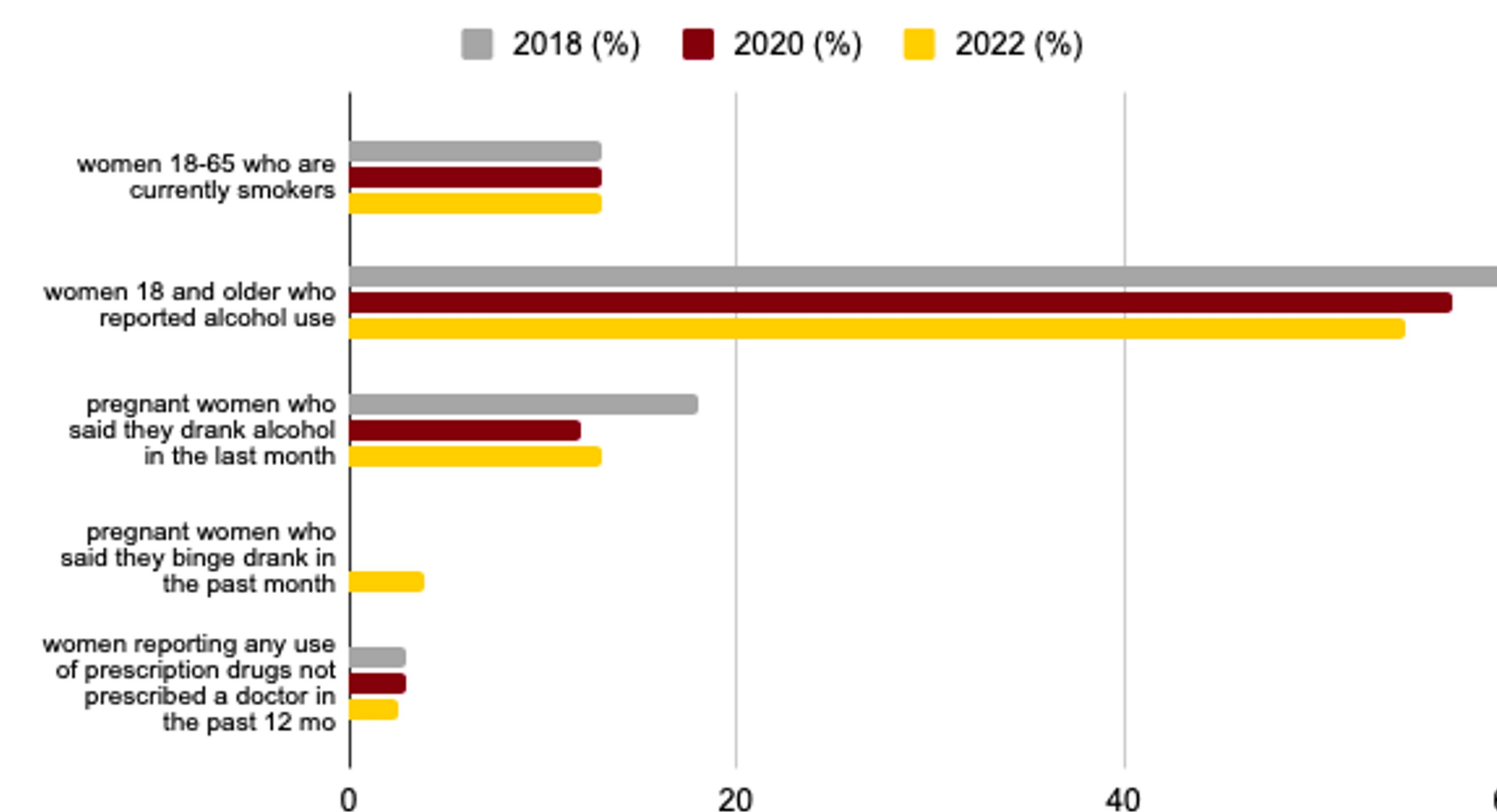
KEY FINDINGS

Demographics & Barriers to Health



Mental Health & Substance Use Disorders

Substance Use in MN Women, 2018-2022



ACKNOWLEDGEMENTS & FUNDING

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Perinatal & Reproductive Health



The number of **live births** has been gradually **decreasing**



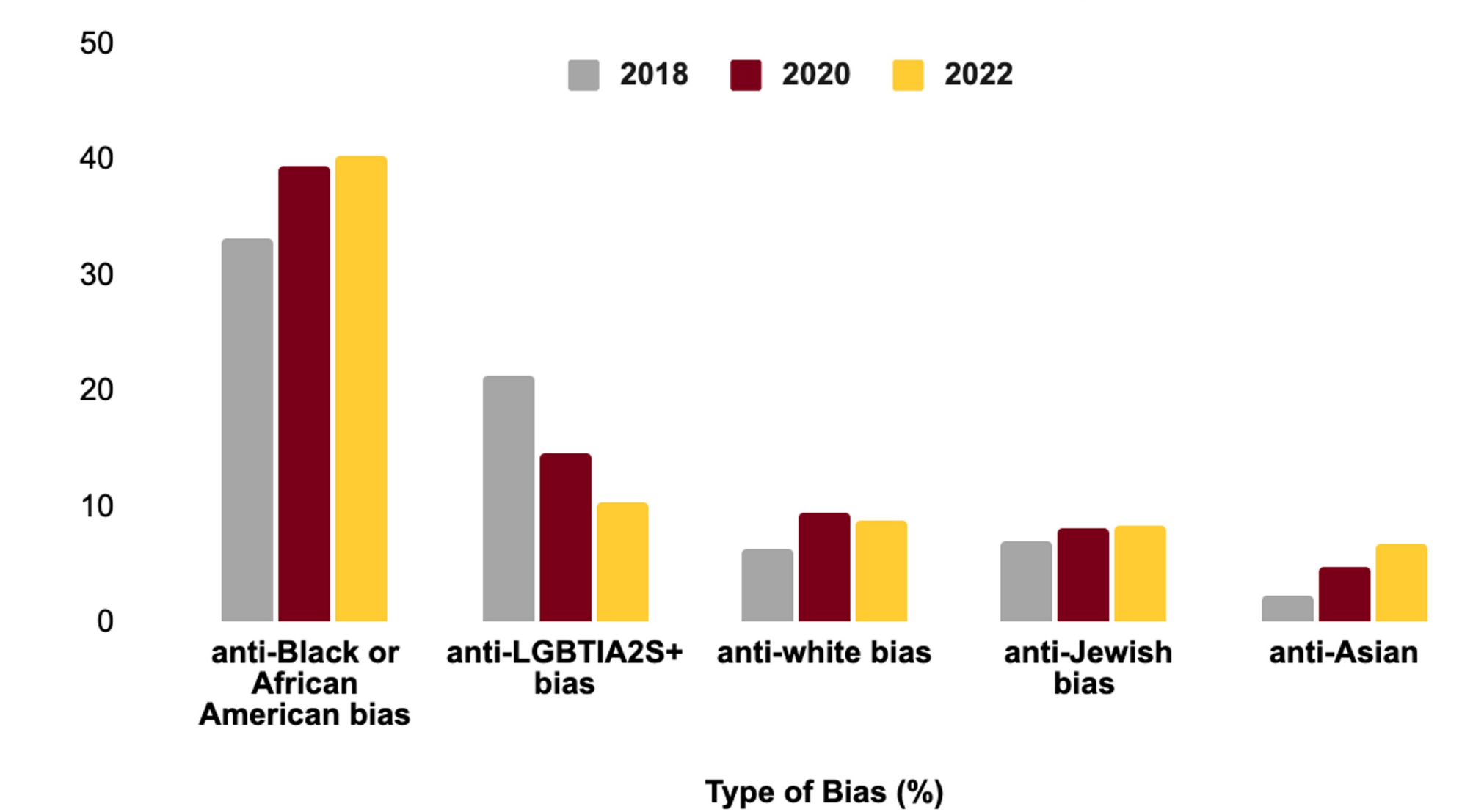
The rate of mothers with **gestational diabetes** has increased by **2.1%**



Births from foreign-born mothers are gradually **increasing**

Community & Environmental Health

Bias-motivated crimes in MN by bias-type, 2018-2022



- The number of **incarcerated women** is **declining** (**6.4%** in 2022 vs. **7%** of the total prison population)
- There were gradual **decreases** seen in rates of **intimate partner violence (IPV) experienced before pregnancy** (**2.1%** in 2015 vs. **1.4%** in 2020) and in the rate of **female suicide** (**6** per 100,000 women in 2018 vs. **5.7** per 100,000 in 2021)
- There are **increases in female homicides** (**33 vs. 52**), a slight increase (**+0.9%**) from 2015-2020 in **IPV experienced in the twelve months prior to pregnancy**

Chronic Disease

METRICS THAT ARE IMPROVING

Women told by a healthcare provider that they:



have angina or coronary heart disease (0.4% decrease)



have some form of COPD/emphysema/chronic bronchitis (0.6% decrease)



are overweight (2.3% decrease)

METRICS THAT ARE NOT IMPROVING

Women told by a healthcare provider that they:



have diabetes (1.1% increase)



have high cholesterol (2.5% increase)



are at a recommended weight (3% decrease)



have high blood pressure (3.1% increase)



have some form of arthritis (3.3% increase)



have obesity (5.1% increase)



have asthma (5.8% increase)

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