

Health Status Among Minnesota Adults, 2023

BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS)

February 2025

HEALTH STATUS AMONG MINNESOTA ADULTS, 2023:
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Executive summary

The Minnesota Behavioral Risk Factor Surveillance System (BRFSS) is an annual telephone survey of adults conducted by the Minnesota Department of Health (MDH) in cooperation with the Centers for Disease Control and Prevention (CDC) since 1984. More than 16,000 Minnesotan adults participated in the BRFSS in 2023. This survey collects data on a variety of health-related topics. This report of 2023 BRFSS data on Minnesotans provides a comprehensive snapshot of these health indicators, offering valuable insights into the health of Minnesota's adult population.

In 2023, 48 states (not including Kentucky and Pennsylvania) and the District of Columbia participated in the BRFSS, allowing for comparison between Minnesotan adults and adults in other states. Compared to the national median, fewer adults in Minnesota report fair or poor health (15.5% in Minnesota vs. 18.2% in the U.S.), frequent poor physical health days (10.5% in Minnesota vs. 12.6% in the U.S.), and poor mental health days (14.2% in Minnesota vs. 15.4% in the U.S.). Minnesotans also report better-than-average preventive health behaviors, such as flu vaccinations (46.2% in Minnesota vs. 42.9% in the U.S.) and seat belt use (90.2% in Minnesota vs. 86.4% in the U.S.). Chronic conditions like obesity (33.3% in Minnesota vs. 34.3% in the U.S.), hypertension (31.1% in Minnesota vs. 34.0% in the U.S.), high cholesterol (33.8% in Minnesota vs. 36.9% in the U.S.), and arthritis (22.1% in Minnesota vs. 26.3% in the U.S.) are less prevalent, reflecting overall healthier outcomes for Minnesotan adults.

However, Minnesota lags the national median in other areas. Routine health checkups are slightly less common (75.9% in Minnesota vs. 78.2% in the U.S.), and HIV testing is lower (33.8% in Minnesota vs. 37.5% in the U.S.). Binge drinking is higher in Minnesota (17.0% in Minnesota vs. 15.2% in the U.S.). These findings demonstrate specific areas that may benefit from focused public health efforts.

This report highlights inequalities in health behaviors and outcomes across age, sex, income, education, race, disability status, and sexual orientation/gender identify. While the data presented in this report help to describe health inequalities, further analysis and additional data would be required to understand what factors explain these inequalities.

Health status by age

Young adults are more likely to engage in negative health behaviors such as binge drinking, heavy alcohol consumption, e-cigarette use, and marijuana use. They are also more likely to report frequent stress, poor mental health, loneliness, depression, and anxiety. Older adults are more likely to engage in preventive health behaviors, such as routine checkups, vaccinations, and seat belt use. They are also more likely to report higher rates of chronic conditions, including hypertension, high cholesterol, heart diseases, stroke, cancers, arthritis, and diabetes.

Health status by sex

Men are more likely than women to report binge drinking and marijuana use. They also have a higher prevalence of certain chronic conditions, including hypertension, heart disease, and diabetes. Women are more likely to report poor mental health outcomes, including stress, depression, and anxiety, as well as long COVID and fall-related injuries. Some chronic conditions, such as asthma and arthritis, are more prevalent among women. Additionally, women are more likely to receive flu and COVID-19 vaccinations and attend routine checkups.

Health status by household income

Individuals with higher household incomes are less likely to report poor physical and mental health outcomes. Adults earning more than \$25,000 annually report lower levels of stress, loneliness, heart disease, stroke, chronic obstructive pulmonary disease (COPD), diabetes, arthritis, asthma, and cognitive decline. Smoking, e-cigarette use, marijuana use, and fall-related injuries are also less common in this group. Higher-income groups are more likely to engage in positive health behaviors, such as meeting exercise guidelines, receiving vaccinations, and using seat belts. However, they are also more likely to engage in risky alcohol use.

Health status by education

Individuals with higher education levels are less likely to report fair or poor self-rated health, frequent poor physical and mental health days, loneliness, and stress. They are also less likely to report chronic conditions such as obesity, heart disease, stroke, COPD, diabetes, and cognitive decline. Additionally, they are less likely to engage in unhealthy behaviors, such as smoking. Individuals with higher education levels are more likely to engage in positive health behaviors, such as meeting exercise guidelines, undergoing routine checkups, using seat belts, and receiving vaccinations.

Health status by race and ethnicity

Non-Hispanic American Indian adults were more likely than some other groups to meet guidelines for aerobic exercise and more likely to report quitting cigarettes, but also had a higher prevalence of chronic conditions such as obesity, heart disease, and diabetes, along with more frequent poor mental and physical health days. Non-Hispanic white adults are more likely to meet recommendations for vaccination and exercise, but also a higher prevalence of hypertension, high cholesterol, and skin cancer. Non-Hispanic Asian adults exhibited the highest rates of healthy behavior overall, reporting a low prevalence of smoking, binge drinking, and stress. Non-Hispanic Black adults were more likely to engage in preventive care, with higher reported rates of HIV testing and routine checkups. Hispanic adults were less likely to use e-cigarettes or be diagnosed with asthma or COPD, but were also least likely to meet exercise guidelines.

Health status by disability

Individuals without a disability are less likely to report fair or poor health, frequent poor mental and physical health days, loneliness, and stress than those with a disability. They are less more likely to smoke, use e-cigarettes, and consume marijuana. Additionally, they are less likely to experience chronic conditions such as obesity, hypertension, heart disease, stroke, asthma, arthritis, diabetes, depression, anxiety, and long COVID. Adults without disabilities report better overall health; however, they are also more likely to engage in binge drinking.

Health status by sexual orientation and gender identity

Adults who are not LGBT+ are less likely to report fair or poor health, frequent poor mental and physical health days, loneliness, and stress. They are also less likely to undergo HIV testing, use e-cigarettes, engage in heavy drinking, and use marijuana. LGBT+ adults are more likely to experience chronic conditions such as asthma, cognitive decline, depression, anxiety, and long COVID. Non-LGBT+ adults are more likely to meet exercise guidelines and have a higher prevalence of certain chronic conditions, such as hypertension, high cholesterol, and skin cancer.

Introduction

Methodology

BRFSS randomly dials phone numbers to select a sample of adults to participate in the study. To be eligible, a participant must be 18 years old or older, currently reside in Minnesota, and live in a private residence. The survey is voluntary and no identifying information (e.g., full name, address, Social Security number) is collected. All responses are self-reported. The phone interview lasts approximately 25-30 minutes. Data collection typically occurs during all 12 months of the calendar year to reduce the influence of seasonality on measured health outcomes.

The CDC calculates statistical weights using a raking method to make the sample representative of the state population according to several factors, including age, sex, race/ethnicity, geography, education, and marital status. These weights correct for potential bias due to oversampling and non-response. More BRFSS methodology details are available on the CDC website: [Complex Sampling Weights and Preparing 2023 BRFSS Module Data for Analysis](https://www.cdc.gov/brfss/annual_data/2023/pdf/Complex-Sampling-Weights-and-Preparing-Module-Data-for-Analysis-2023-508.pdf) (https://www.cdc.gov/brfss/annual_data/2023/pdf/Complex-Sampling-Weights-and-Preparing-Module-Data-for-Analysis-2023-508.pdf).

Some of the questions in the BRFSS survey are “core” questions that every participating state must include. For these questions, readers can benchmark data from Minnesota against the median of all other states. For example, 15.5% of Minnesotan adults reported fair or poor health compared with a national median of 18.2% (Figure 1). Other questions were specific to the Minnesota BRFSS survey or were only included in select states—for example, COVID-19 vaccination. National data for these measures is not available.

Respondents self-reported all demographic data using questions that conformed to current federal standards for survey research. The exact text of the questions appears in Core Section 8 of [2023 BRFSS Questionnaire](https://www.cdc.gov/brfss/questionnaires/pdf-ques/2023-BRFSS-Questionnaire-508.pdf) (<https://www.cdc.gov/brfss/questionnaires/pdf-ques/2023-BRFSS-Questionnaire-508.pdf>).

BRFSS defines disability status as any “yes” response to six questions asking about serious difficulty with hearing, vision, making decisions, walking, dressing, and completing errands alone. The exact text of questions appears in Core Section 9 of the 2023 questionnaire linked above.

Readers can evaluate regional differences in health status for eight Minnesota regions consisting of contiguous counties. These regions match the definitions used by the Minnesota State Community Health Services Advisory Committee (SCHSAC):

- Central: Benton, Cass, Chisago, Crow Wing, Isanti, Kanabec, Mille Lacs, Morrison, Pine, Sherburne, Stearns, Todd, Wadena, Wright
- Metro: Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, Washington
- Northeast: Aitkin, Carlton, Cook, Itasca, Koochiching, Lake, St. Louis
- Northwest: Beltrami, Clearwater, Hubbard, Kittson, Lake of the Woods, Mahnommen, Marshall, Norman, Polk, Red Lake, Roseau
- South Central: Blue Earth, Brown, Faribault, Le Sueur, Martin, McLeod, Meeker, Nicollet, Sibley, Waseca, Watonwan
- Southeast: Dodge, Fillmore, Freeborn, Goodhue, Houston, Mower, Olmsted, Rice, Steele, Wabasha, Winona
- Southwest: Big Stone, Chippewa, Cottonwood, Jackson, Kandiyohi, Lac qui Parle, Lincoln, Lyon, Murray, Nobles, Pipestone, Redwood, Renville, Rock, Swift, Yellow Medicine
- West Central: Becker, Clay, Douglas, Grant, Otter Tail, Pope, Stevens, Traverse, Wilkin

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Staff used chi-squared tests to assess whether differences in health outcomes across demographic groups were statistically significant. Staff defined statistical significance as a P-value less than 0.05.

Additional information about Minnesota BRFSS, including instructions for requesting public data, is available at the MDH website: [Behavioral Risk Factor Surveillance System \(BRFSS\)](https://www.health.state.mn.us/data/mchs/surveys/brfss/index.html) (<https://www.health.state.mn.us/data/mchs/surveys/brfss/index.html>).

Sample demographic characteristics

The 2023 Minnesota BRFSS sample included 16,170 adults. This sample size allowed for disaggregation across various demographic groups. The demographic breakdown of the 2023 sample is provided in the table below. The sample size across categories within a group do not always add to 16,170 because of missing data, including people who responded “not sure” or refused.

Demographic characteristics of the Minnesota BRFSS sample, 2023

Demographic characteristic	Category	Sample size	Weighted percent
Sex	Male	8,058	49.3%
Sex	Female	8,112	50.7%
Age	18-24	1,031	12.4%
Age	25-44	3,729	33.2%
Age	45-64	5,279	30.4%
Age	65 and older	5,854	23.9%
Education level	Less than high school	652	7.4%
Education level	High school	3,502	24.9%
Education level	Some college	4,528	33.0%
Education level	College graduate	7,403	34.7%
Household income	Less than \$25,000	1,482	11.0%
Household income	\$25,000 to less than \$75,000	5,418	41.0%
Household income	\$75,000 to less than \$150,000	3,984	31.2%
Household income	\$150,000 and over	1,974	16.8%
Race and ethnicity	Non-Hispanic white alone	13,642	78.1%
Race and ethnicity	Non-Hispanic Black alone	566	6.5%
Race and ethnicity	Non-Hispanic American Indian alone	184	1.7%
Race and ethnicity	Non-Hispanic Asian alone	306	4.4%
Race and ethnicity	Non-Hispanic other alone or two or more races	341	3.6%
Race and ethnicity	Hispanic, any race	826	5.6%
Disability status	No disability	10,828	73.5%
Disability status	Any disability	4,374	26.5%

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Demographic characteristic	Category	Sample size	Weighted percent
Sexual orientation, gender identity	Non-LGBT+	12,019	90.5%
Sexual orientation, gender identity	LGBT+	1,024	9.5%
SCHSAC region	Central	2,346	13.8%
SCHSAC region	Metro	7,496	55.3%
SCHSAC region	Northeast	1,136	5.9%
SCHSAC region	Northwest	980	2.9%
SCHSAC region	South Central	897	5.2%
SCHSAC region	Southeast	1,486	9.1%
SCHSAC region	Southwest	799	3.7%
SCHSAC region	West Central	1,030	4.1%

List of 2023 survey topics

This report presents highlights from 34 key indicators measured in the 2023 Minnesota BRFSS survey. The 2023 survey included additional topics. The full list of topics from the 2023 survey is below. Asterisks (*) mark topics that are included in this report.

- Health status*
- Healthy days*
- Health care access*
- Exercise*
- Hypertension awareness*
- Cholesterol awareness*
- Chronic health conditions*
- Demographics*
- Disability*
- Falls*
- Tobacco use*
- Menthol tobacco use
- Alcohol consumption*
- Immunization*
- HIV/AIDS*
- Seat belt use*
- Drinking and driving
- Long-term COVID effects*
- Diabetes care management
- Arthritis care management
- Prostate cancer screening
- Cancer survivorship:
Type of cancer
- Cognitive decline*
- Industry and occupation
- Sexual orientation and
gender identity*
- COVID vaccination*
- Social determinants and
health equity
- Experiences of racism
- Childhood asthma
prevalence
- Marijuana use*
- Tobacco cessation*
- Sugar-sweetened
beverages
- Anxiety and mental health*
- Caregiving
- Perception of happiness

General health and wellbeing indicators

In this section:

- Self-rated health
- Poor physical days
- Poor mental health days
- Loneliness
- Stress

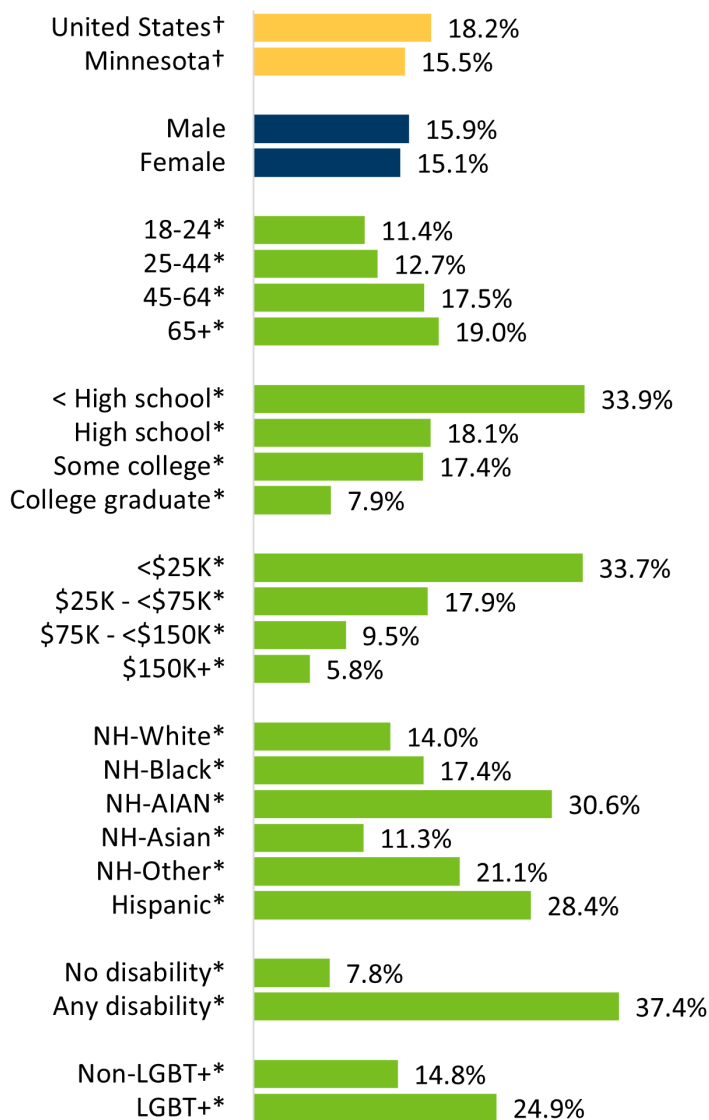
Self-rated health

Respondents self-reported general health status as excellent, very good, good, fair, or poor. Respondents reporting fair or poor health were grouped together.

Key findings

- Nearly one in six adults report fair or poor health, which is lower than the national average.
- There is no significant difference in self-reported health status between men and women.
- The percentage of adults reporting fair or poor health increases significantly with age.
- Adults with less than a high school education are over four times more likely to report fair or poor health than college graduates.
- Adults in the lowest income group are more than five times as likely to report fair or poor health as those in the highest income group.
- Non-Hispanic American Indian adults report the highest percentage of fair or poor health, followed closely by Hispanic adults.
- Adults with disabilities are over four times more likely to report fair or poor health than those without disabilities.
- LGBT+ adults are significantly more likely to report fair or poor health than non-LGBT+ adults.

Figure 1. Minnesota adults with fair or poor self-rated health, 2023



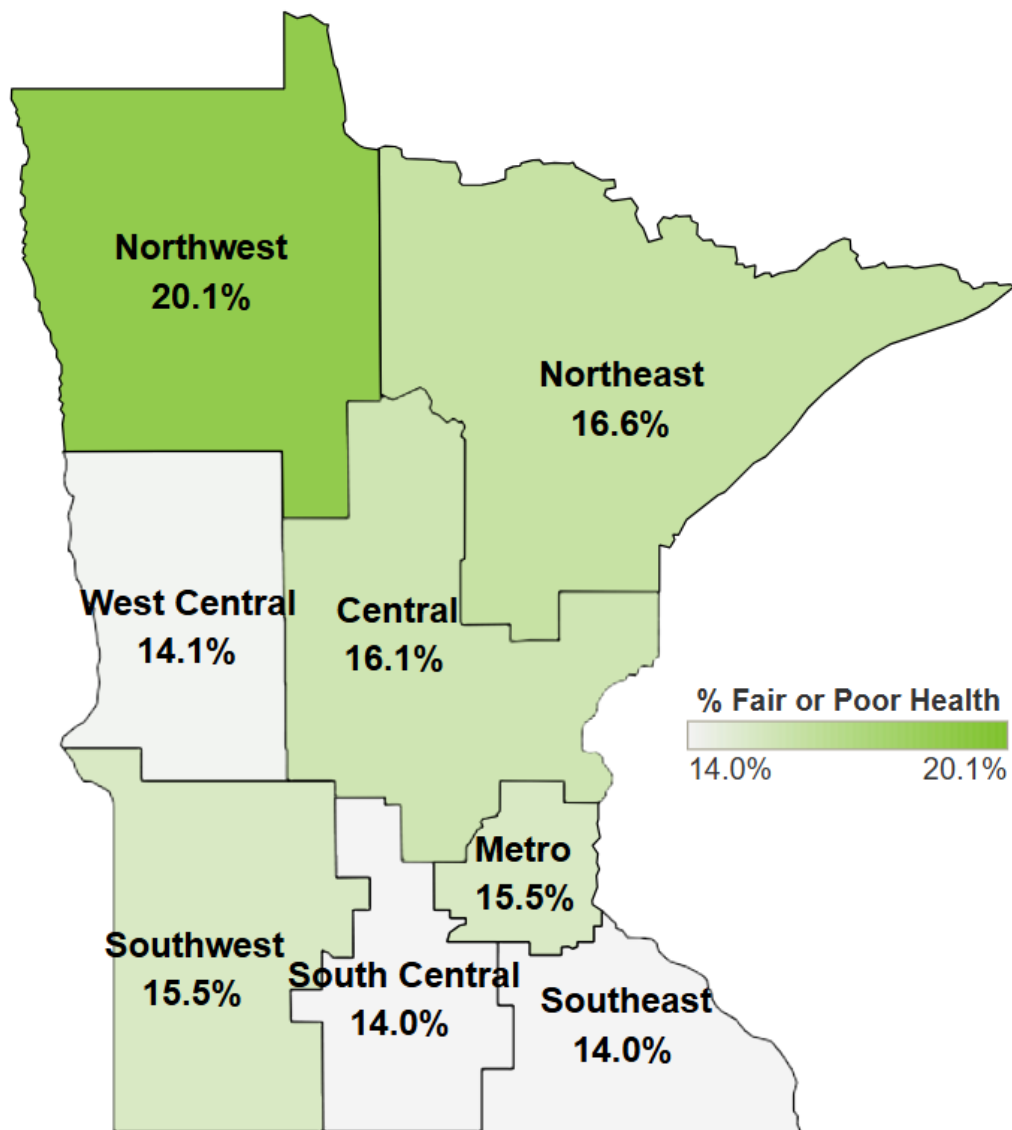
† Statistical significance not tested

* Differences are statistically significant

■ Differences are not statistically significant

NH = non-Hispanic
AIAN = American Indian / Alaska Native

Figure 2. Minnesota adults with fair or poor self-rated health by region, 2023



The regional differences in self-rated health among adults are not statistically significant.

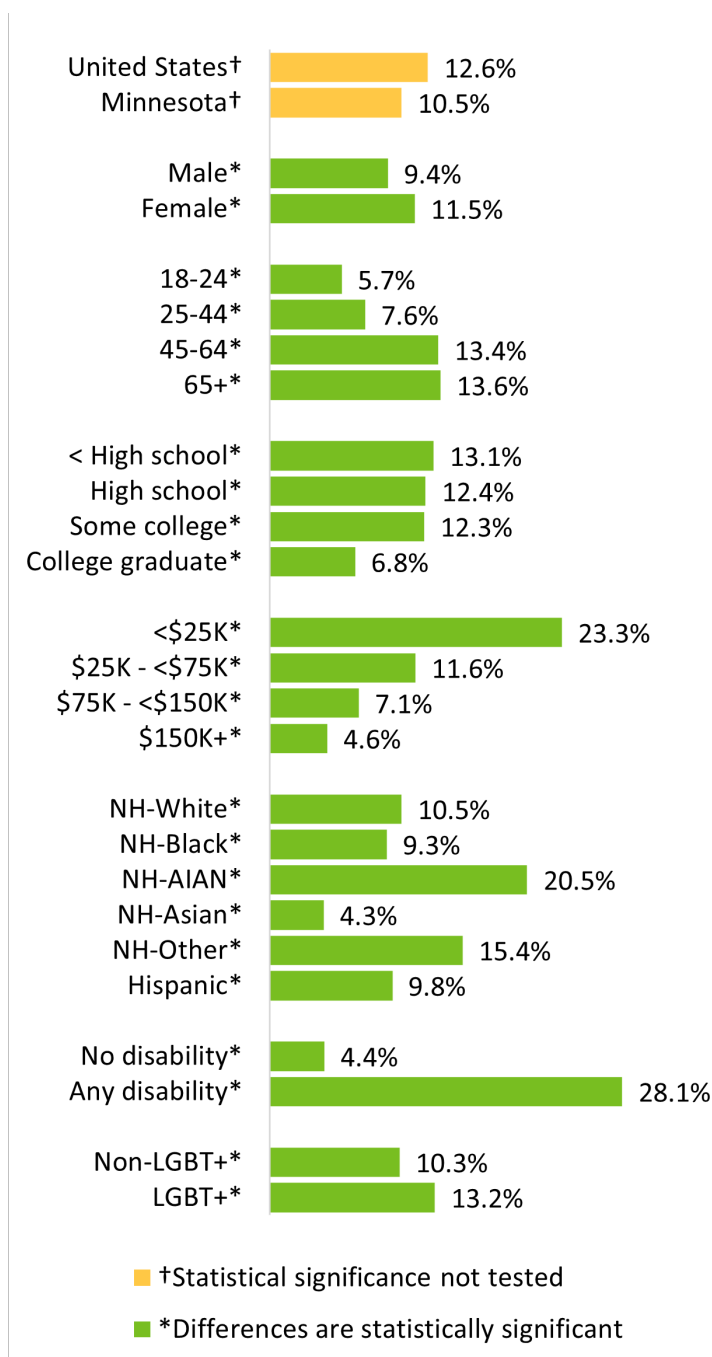
Poor physical health days

Respondents reported the number of days during the last 30 days that their physical health was not good. Frequent poor physical health is defined as 14 or more days of poor physical health.

Key findings

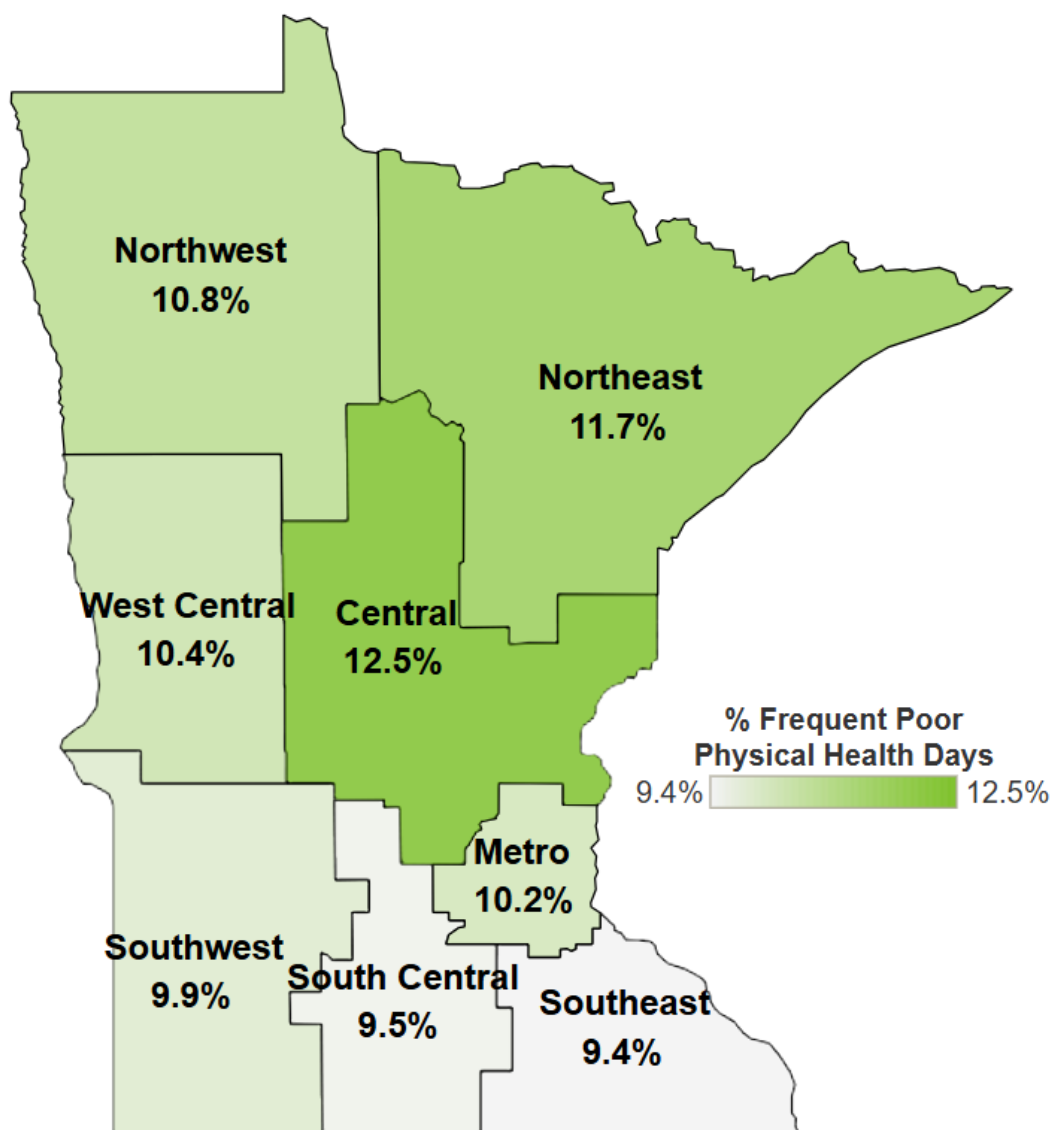
- Nearly one in ten adults in Minnesota report frequent poor physical health, which is lower than the US average.
- Women are more likely to report frequent poor physical health than men.
- Adults aged 45 years and older are nearly twice as likely to report frequent poor physical health compared to younger adults.
- College graduates are the least likely to report frequent poor physical health across all education levels.
- Adults with lower household income are significantly more likely to report frequent poor physical health compared to those in higher income groups.
- Non-Hispanic Asian adults are significantly less likely to report frequent poor physical health than other racial groups.
- Adults with any disability are over six times more likely to report frequent poor physical health compared to those without a disability.
- LGBT+ adults are more likely to report frequent poor physical health compared to non-LGBT+ adults.

Figure 3. Minnesota adults with frequent poor physical health, 2023



NH = non-Hispanic
AIAN = American Indian / Alaska Native

Figure 4. Minnesota adults with frequent poor physical health by region, 2023



The regional differences in frequent poor physical health days among adults are not statistically significant.

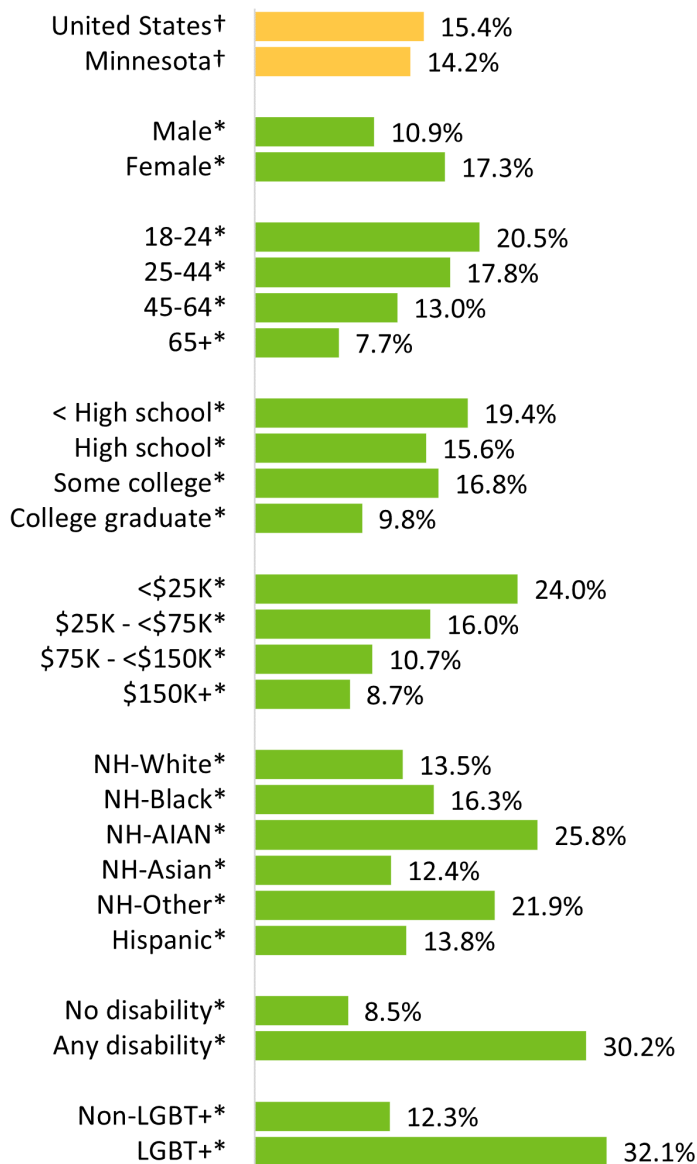
Poor mental health days

Respondents reported the number of days during the past 30 days that their mental health was not good. Frequent poor mental health is defined as 14 or more days of poor mental health.

Key findings

- Nearly one in seven adults in Minnesota report frequent poor mental health which is similar to the national average.
- Women are significantly more likely to report frequent poor mental health than men.
- The percentage of adults reporting frequent poor mental health decreases significantly as age increases.
- Adults with less education and lower household income are more likely to report frequent poor mental health.
- Non-Hispanic American Indian adults are significantly more likely to report frequent poor mental health compared to other racial groups.
- Adults with any disability are over three times more likely to report frequent poor mental health compared to those without a disability.
- LGBT+ adults are more than twice as likely to report frequent poor mental health as non-LGBT+ adults.

Figure 5. Minnesota adults with frequent poor mental health, 2023

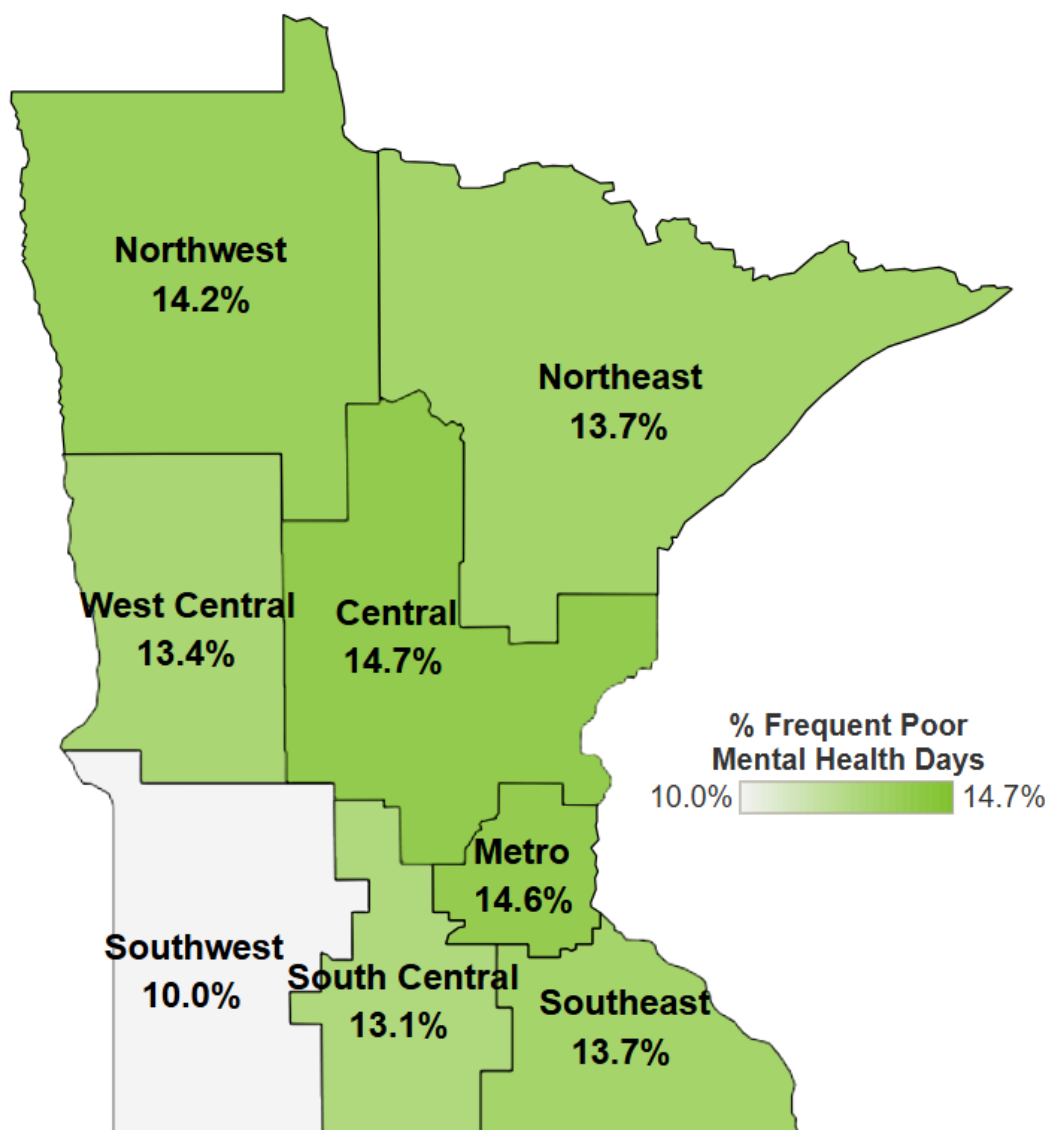


†Statistical significance not tested

*Differences are statistically significant

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AIAN = American Indian / Alaska Native

Figure 6. Minnesota adults with frequent poor mental health by region, 2023



The regional differences in frequent poor mental health days among adults are not statistically significant.

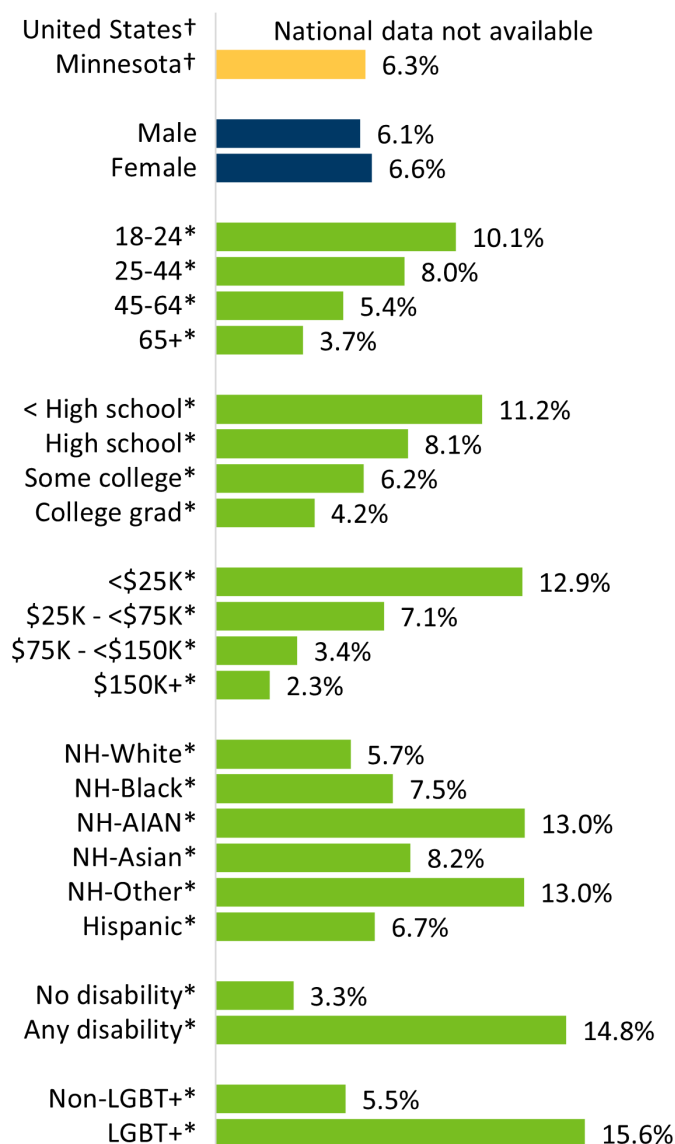
Loneliness

Respondents reported how often they experienced loneliness. Adults who reported feeling lonely “always or usually” were categorized as lonely adults.

Key findings

- Approximately 6% of Minnesotan adults are usually or always lonely.
- There is no statistically significant difference in the percentage of men and women reporting feeling lonely.
- The percentage of adults reporting loneliness decreases significantly with higher levels of education.
- Adults with lower household incomes are significantly more likely to report feeling lonely compared to those in higher income groups.
- The percentage of adults experiencing loneliness varies significantly across racial and ethnic groups.
- Adults with any disability are nearly four times more likely to report feeling lonely than adults without any disability.
- LGBT+ adults are nearly three times as likely to report feeling lonely as non-LGBT adults.

Figure 7. Minnesota adults who report usually or always feeling lonely, 2023



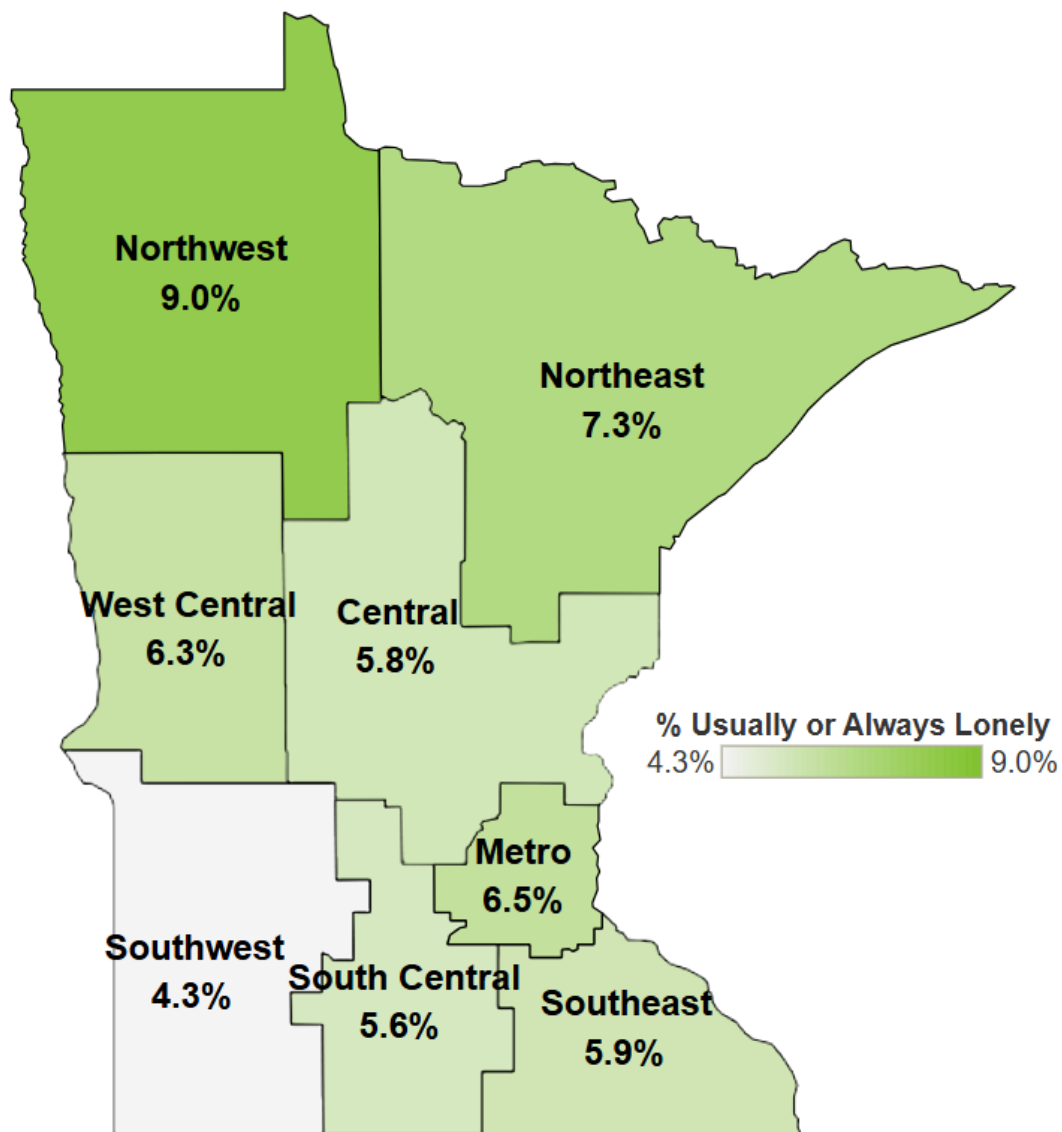
†Statistical significance not tested

*Differences are statistically significant

■ Differences are not statistically significant

NH = non-Hispanic
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Figure 8. Minnesota adults who report usually or always feeling lonely by region, 2023



The regional differences in loneliness among adults are not statistically significant.

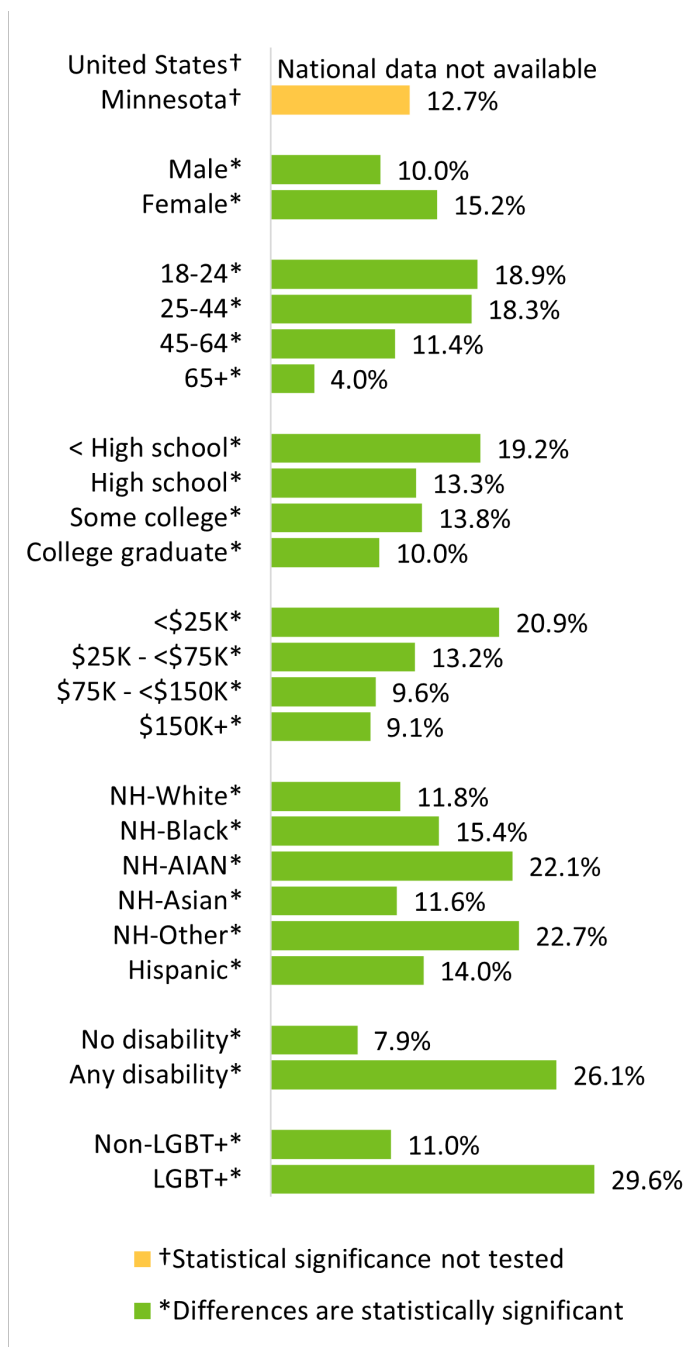
Stress

BRFSS defined stress as feeling tense, restless, nervous, or anxious, or unable to sleep at night because your mind is troubled all the time. Respondents who reported feeling this way "always" or "usually" in the past 30 days were categorized as experiencing stress.

Key findings

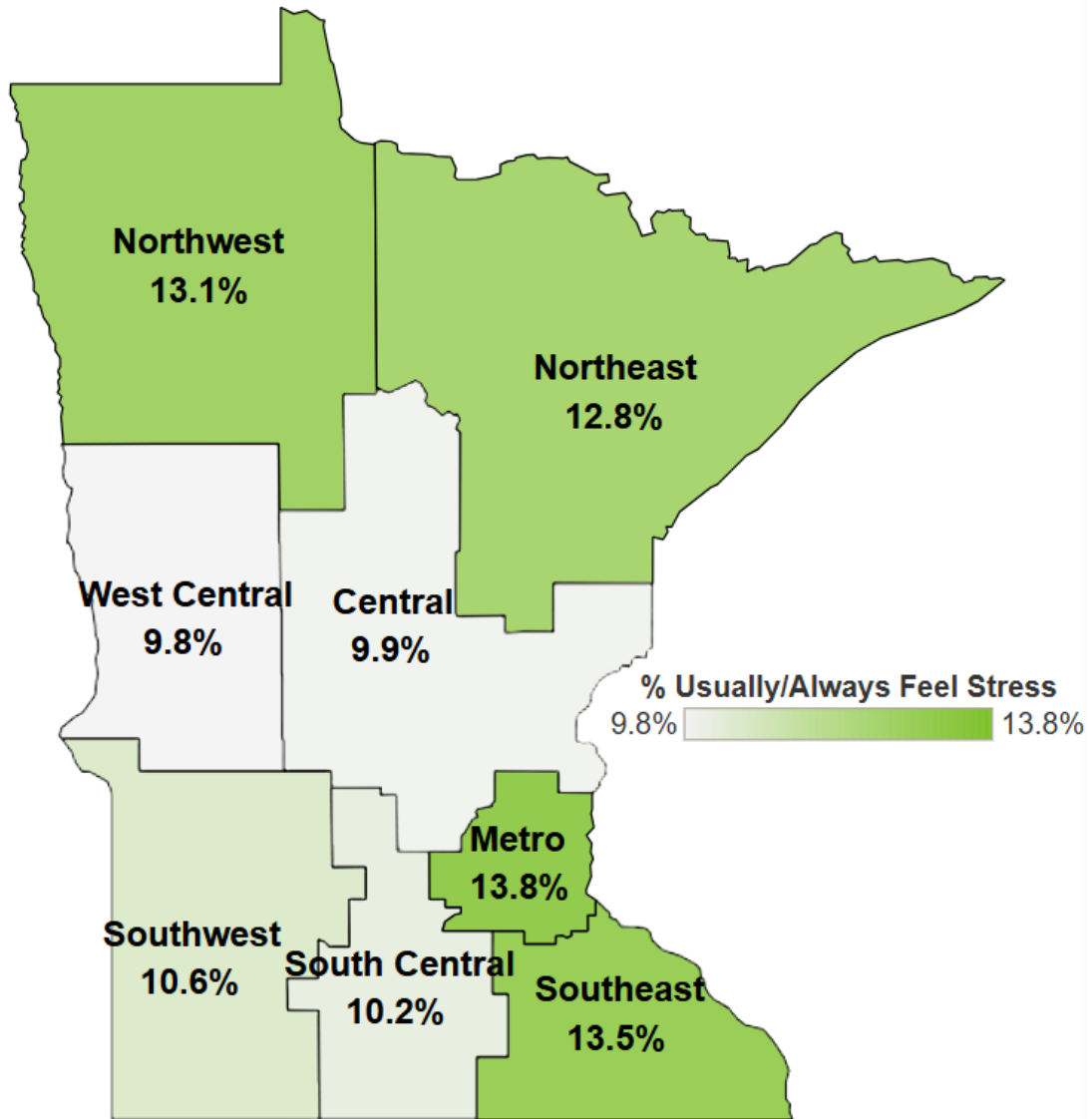
- Approximately one in eight Minnesotan adults report usually or always feeling stressed.
- Women are significantly more likely to report feeling stressed than men.
- Adults aged 65 and older are significantly less likely to report feeling stressed compared to younger age groups.
- Adults with less than a high school education are significantly more likely to feel stressed than those with higher levels of education.
- The percentage of adults feeling stressed decreases significantly with higher levels of household income.
- The prevalence of stress varies significantly across racial and ethnic groups.
- Adults with disabilities are over three times more likely to report feeling stressed compared to adults without disabilities.
- LGBT+ adults are over twice as likely to experience stress compared to non-LGBT+ adults.

Figure 9. Minnesota adults who report usually or always feeling stressed, 2023



NH = non-Hispanic
AIAN = American Indian / Alaska Native

Figure 10. Minnesota adults who report usually or always feeling stressed by region, 2023



The regional differences in stress among adults are statistically significant.

Preventive health indicators

In this section:

- Routine checkup
- Flu vaccine
- COVID-19 vaccine
- HIV testing

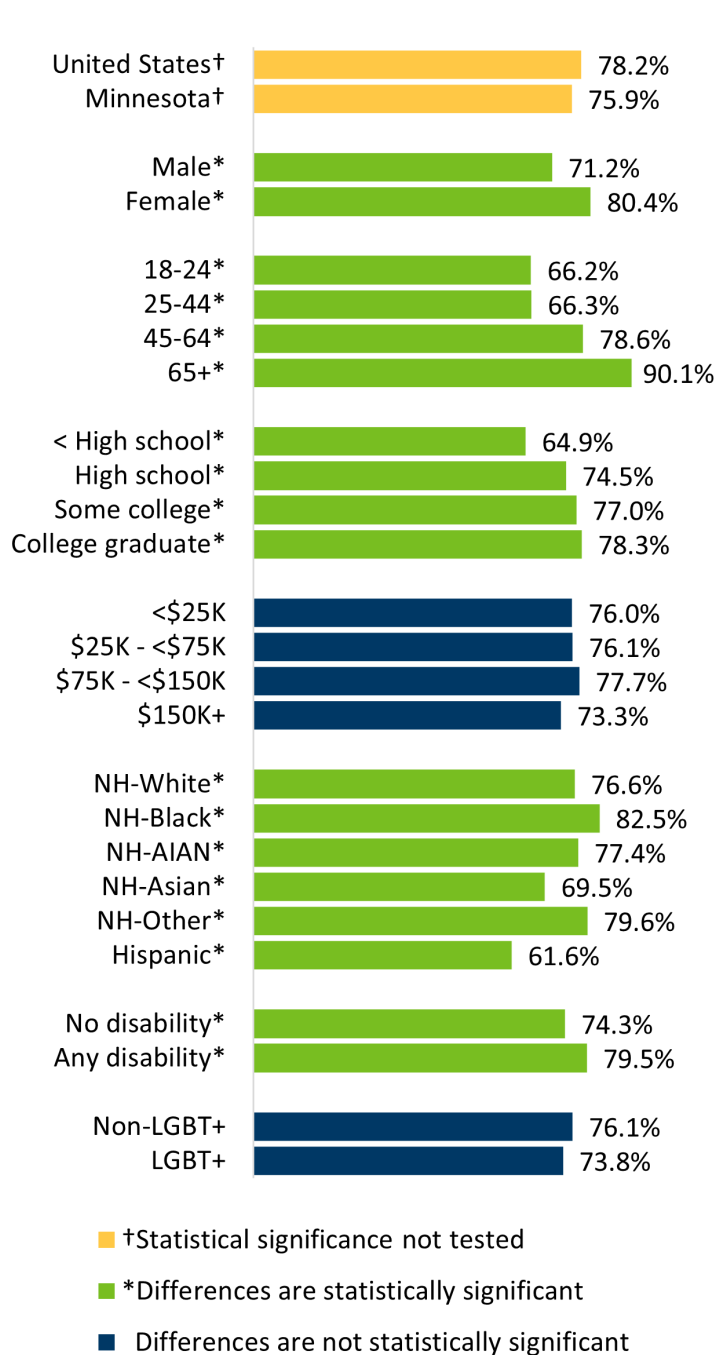
Routine checkup

Respondents reported when they last visited a doctor for a routine checkup. Routine checkups are recommended annually for most adults.

Key findings

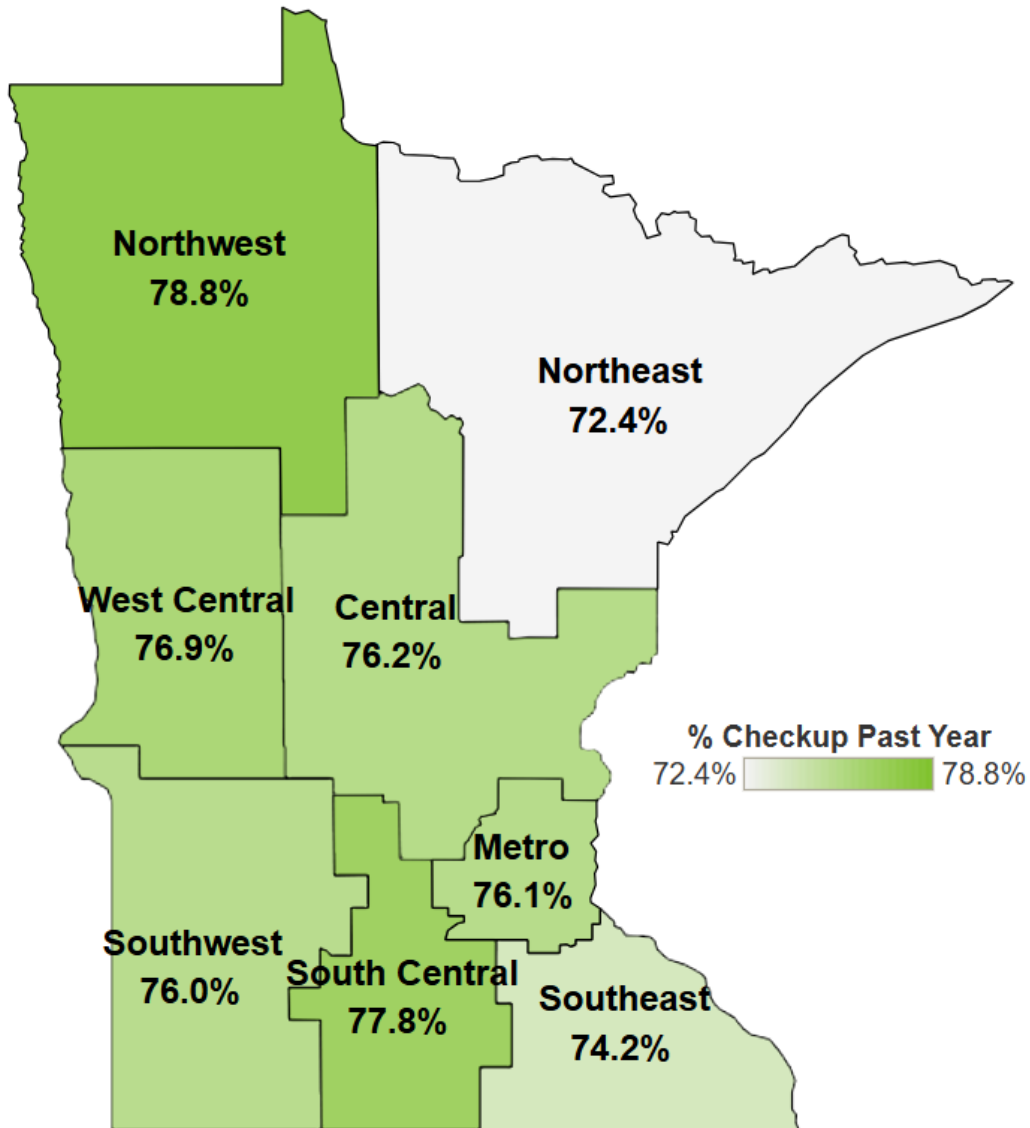
- The percentage of adults in Minnesota reporting a routine checkup is slightly lower than the U.S. average.
- Women are significantly more likely than men to report having a routine checkup.
- Older adults are significantly more likely to report having a routine checkup compared to younger age groups.
- College graduates are significantly more likely to report having a routine checkup than adults with lower levels of education.
- There is no statistically significant difference in routine checkups across household income groups.
- Hispanic adults are significantly less likely to report having a routine checkup compared to adults from other racial and ethnic groups.
- Adults with disabilities are significantly more likely to have a routine checkup than those without disabilities.
- There is no statistically significant difference in routine checkups based on sexual orientation or gender identity.

Figure 11. Minnesota adults who had a routine checkup in past year, 2023



NH = non-Hispanic
AIAN = American Indian / Alaska Native

Figure 12. Minnesota adults who had a routine checkup in past year by region, 2023



The regional differences in past year routine checkups among adults are not statistically significant.

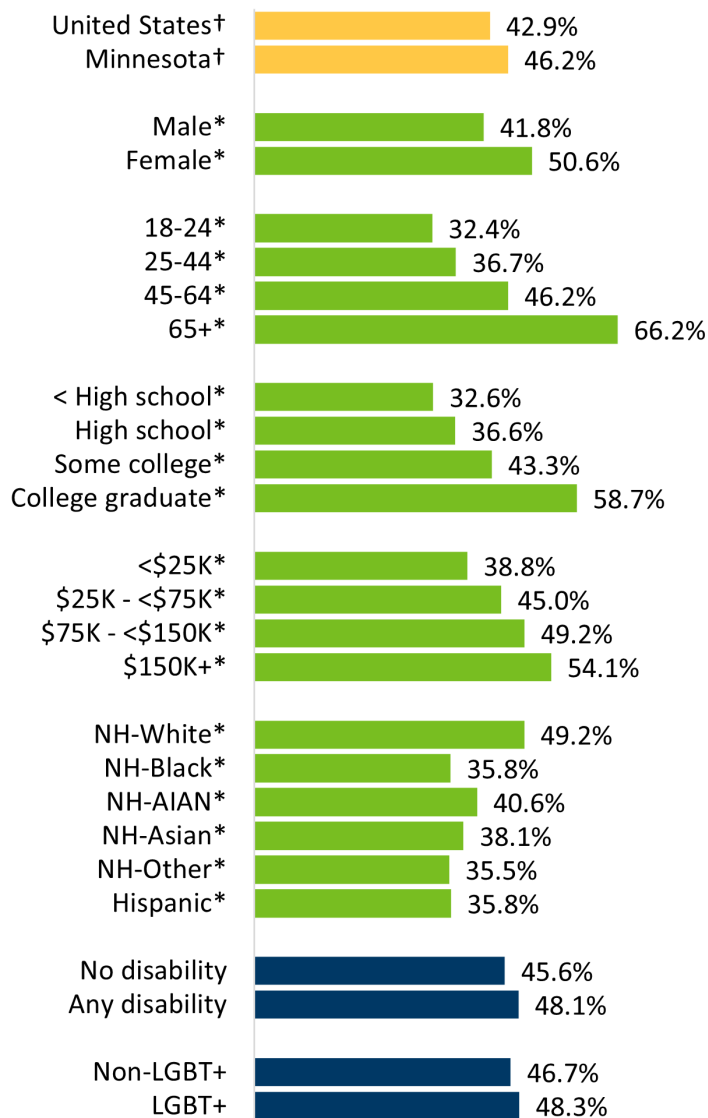
Flu vaccine

Respondents reported whether they received a flu vaccine during the past 12 months, either administered as a nasal spray or as an injection into the arm.

Key findings

- Approximately 46% of Minnesotan adults reported receiving a flu vaccine in the past year, slightly higher than the U.S. median.
- Women are more likely than men to receive a flu vaccine.
- The percentage of adults reporting receiving a flu vaccine increases significantly with age, with older adults aged 65 and above reporting the highest percentage of flu vaccine uptake.
- Adults with higher education levels and higher household incomes are significantly more likely to report receiving a flu vaccine.
- Non-Hispanic White adults are significantly more likely to report receiving a flu vaccine compared to other racial and ethnic groups.
- There is no statistically significant difference in the percentage of adults reporting receiving a flu vaccine by disability status or by sexual orientation and gender identity.

Figure 13. Minnesota adults who had a flu vaccine in past year, 2023



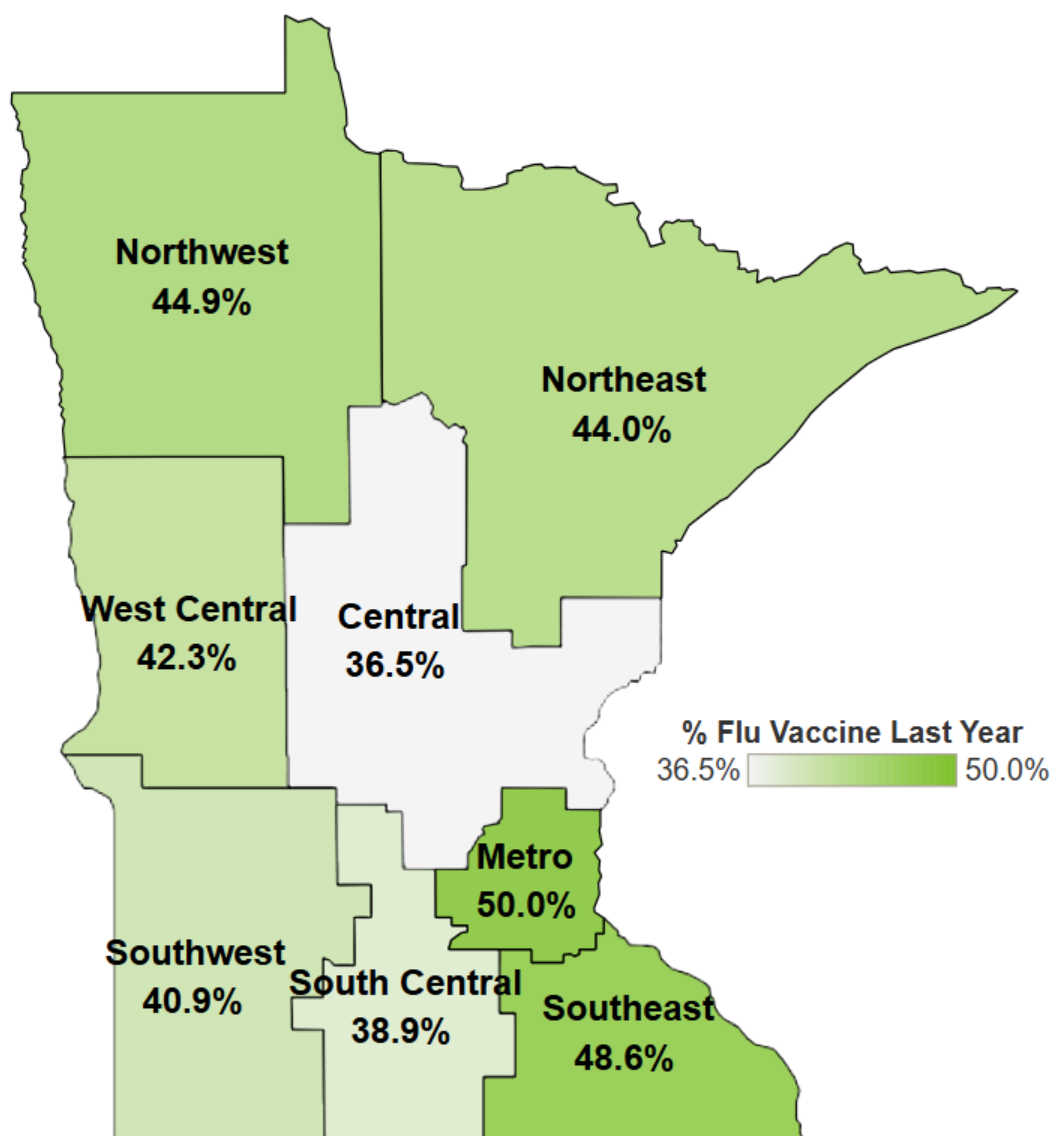
†Statistical significance not tested

*Differences are statistically significant

■ Differences are not statistically significant

NH = non-Hispanic
AIAN = American Indian / Alaska Native

Figure 14. Minnesota adults who had a flu vaccine in past year by region, 2023



The regional differences in flu vaccine uptake among adults are statistically significant.

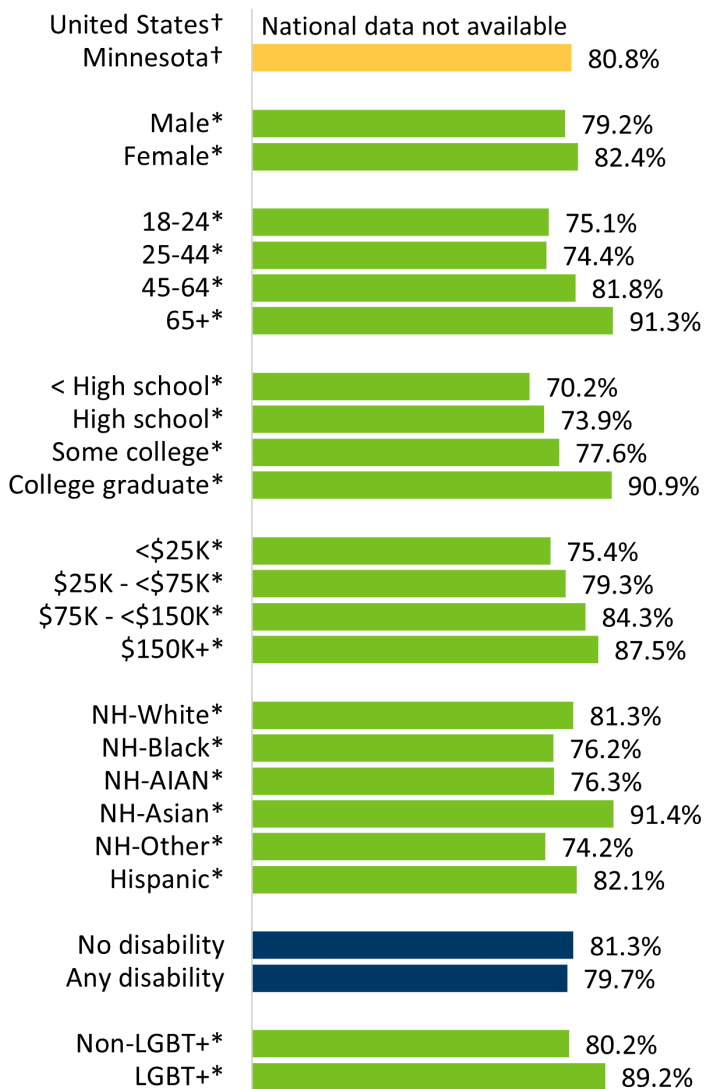
COVID-19 vaccine

Respondents reported whether they had ever received at least one dose of the COVID-19 vaccine.

Key findings

- Over 80% of adults in Minnesota report receiving at least one dose of the COVID-19 vaccine.
- A slightly higher percentage of women than men received at least one dose of the COVID-19 vaccine.
- Adults aged 65 and older are significantly more likely to report being vaccinated for COVID-19 compared to younger age groups.
- Adults with higher education and higher household income are more likely to report being vaccinated for COVID-19 than those with lower education and household income.
- Non-Hispanic Asian adults report the highest percentage of COVID-19 vaccination compared to other racial and ethnic groups.
- There is no statistically significant difference in COVID-19 vaccination uptake by disability status.
- LGBT+ adults are significantly more likely to be vaccinated for COVID-19 than non-LGBT+ adults.

Figure 15. Minnesota adults who ever received at least one dose of a COVID-19 vaccine, 2023



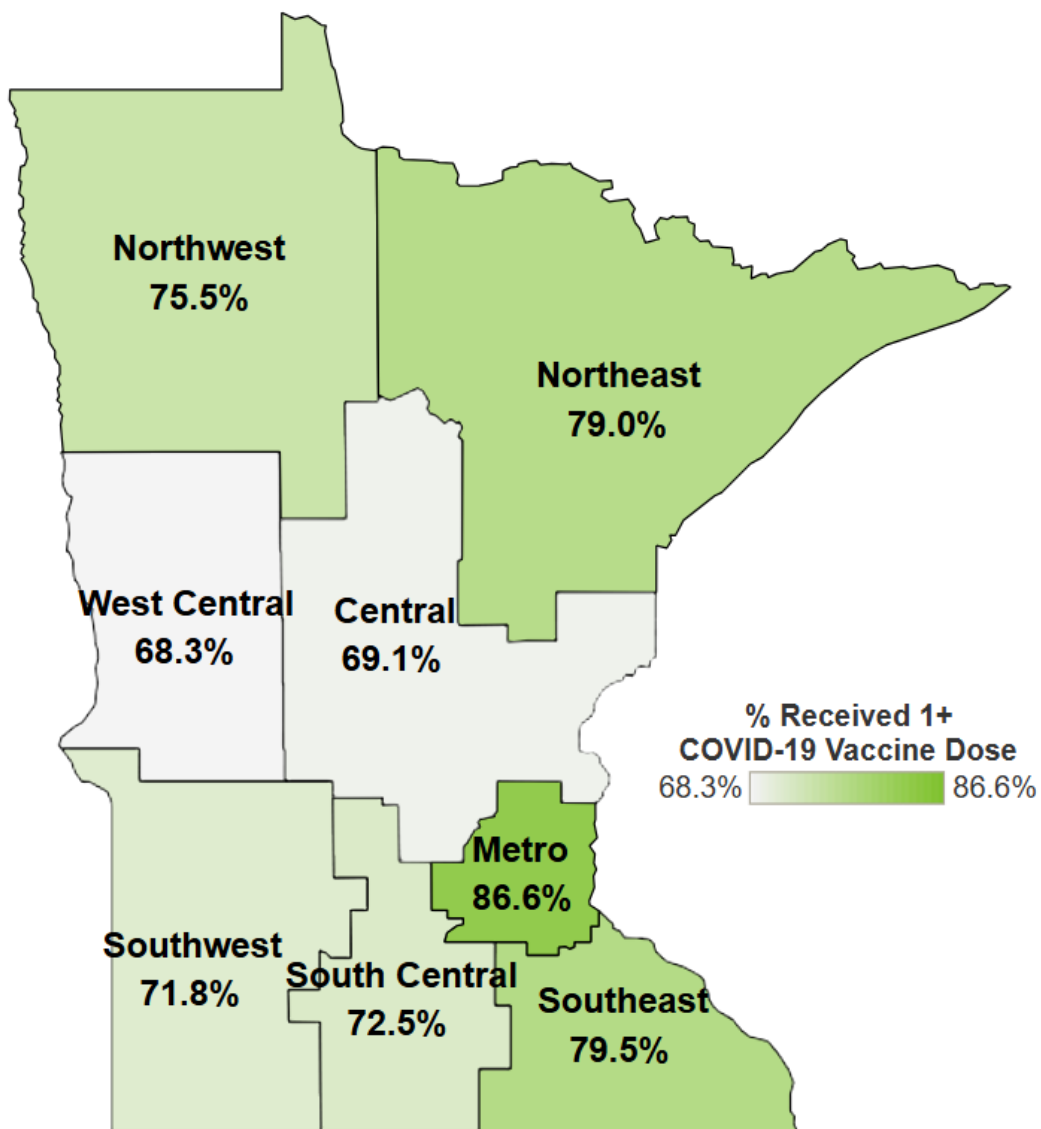
†Statistical significance not tested

*Differences are statistically significant

■ Differences are not statistically significant

NH = non-Hispanic
AIAN = American Indian / Alaska Native

Figure 16. Minnesota adults who ever received at least one dose of a COVID-19 vaccine by region, 2023



The regional differences in COVID-19 vaccination among adults are statistically significant.

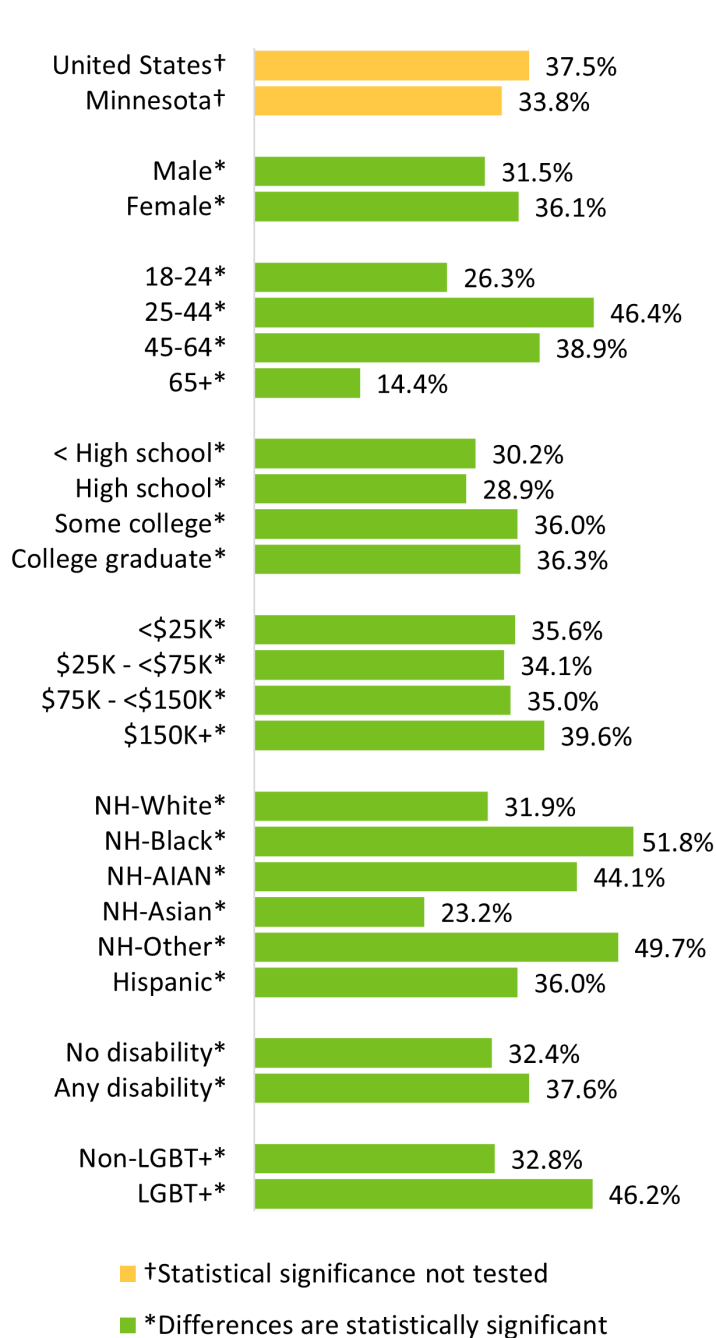
HIV testing

Respondents reported if they had ever been tested for HIV, including oral fluid tests but excluding blood donation tests.

Key findings

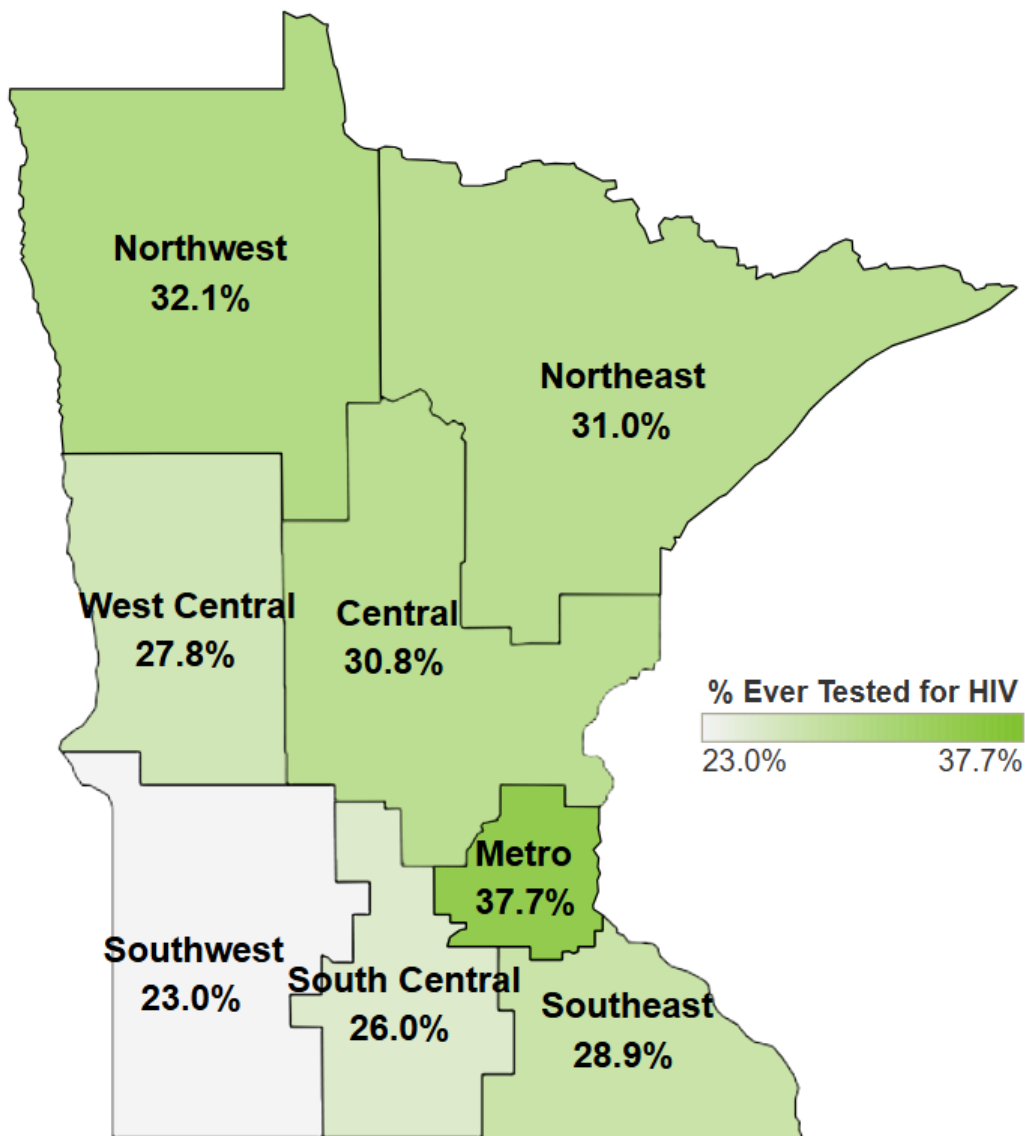
- One-third of adults in Minnesota report ever being tested for HIV, which is lower than the national average.
- Women are significantly more likely than men to report HIV testing.
- HIV testing varies significantly across age groups, with adults aged 65 and older reporting the lowest HIV testing.
- Adults with some college or higher education are more likely to report HIV testing than those with lower education levels.
- Adults in the highest household income groups are more likely to report HIV testing than those in lower income groups.
- HIV testing varies significantly across racial and ethnic groups, with Non-Hispanic Asian adults reporting the lowest rates of testing.
- Adults with disabilities are significantly more likely to report HIV testing compared to those without disabilities.
- LGBT+ adults are significantly more likely to report HIV testing than non-LGBT+ adults.

Figure 17. Minnesota adults who have ever tested for HIV, 2023



NH = non-Hispanic
AIAN = American Indian / Alaska Native

Figure 18. Minnesota adults who have ever tested for HIV by region, 2023



The regional differences in HIV testing among adults are statistically significant.

Behavioral health indicators

In this section:

- Aerobic exercise
- Strengthening exercise
- Cigarette smoking
- Cigarette quit attempt
- E-cigarette use
- Binge drinking
- Heavy alcohol consumption
- Cannabis/marijuana use
- Seat belt use
- Falls-related injury

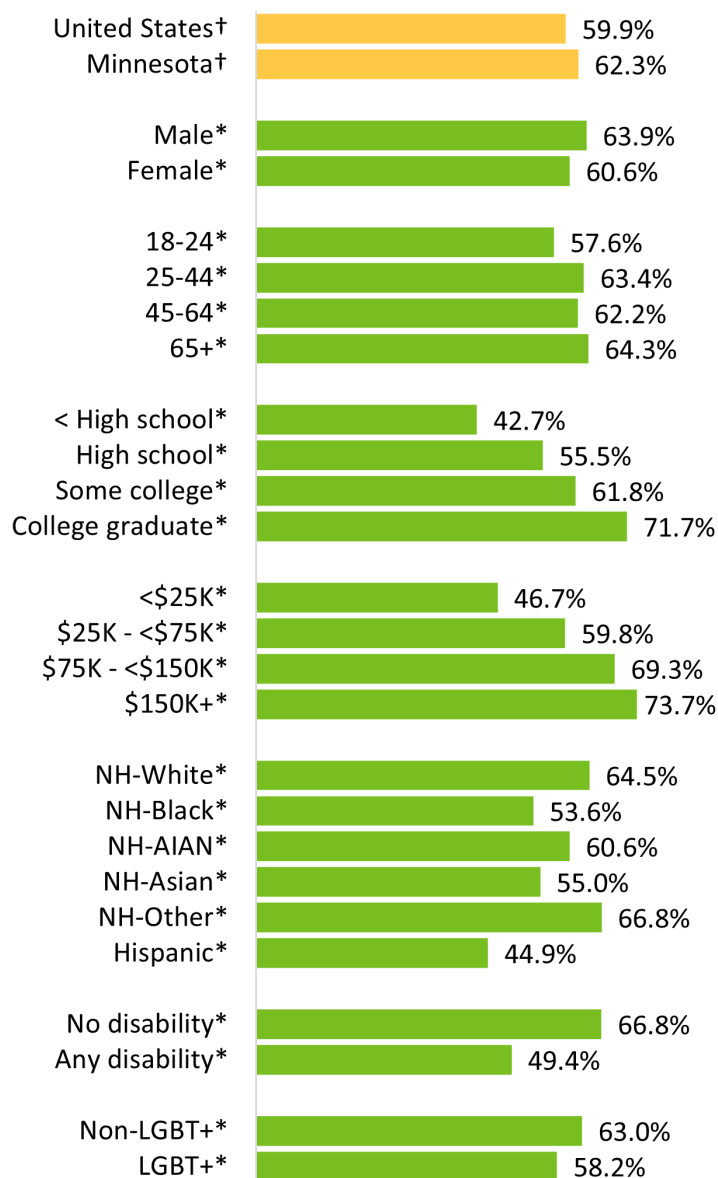
Aerobic exercise

Respondents reporting at least 150 minutes of moderate or 75 minutes of vigorous physical activity per week were categorized as meeting the aerobic exercise guidelines for adults.

Key findings

- The percentage of adults meeting the guidelines for aerobic exercise in Minnesota is higher than in the United States overall.
- Men are significantly more likely than women to meet the guidelines for aerobic exercise.
- Adults aged 65 years and above are significantly more likely to meet the aerobic exercise guidelines than younger adults.
- Adults with higher education levels and higher household incomes are significantly more likely to meet the guidelines for aerobic exercise.
- Hispanic adults are significantly less likely to meet the guidelines compared to other racial and ethnic groups.
- Adults without disabilities are significantly more likely to meet the guidelines than those with disabilities.
- LGBT+ adults are significantly less likely to meet aerobic exercise guidelines than non-LGBT+ adults.

Figure 19. Minnesota adults who met guidelines for aerobic exercise, 2023

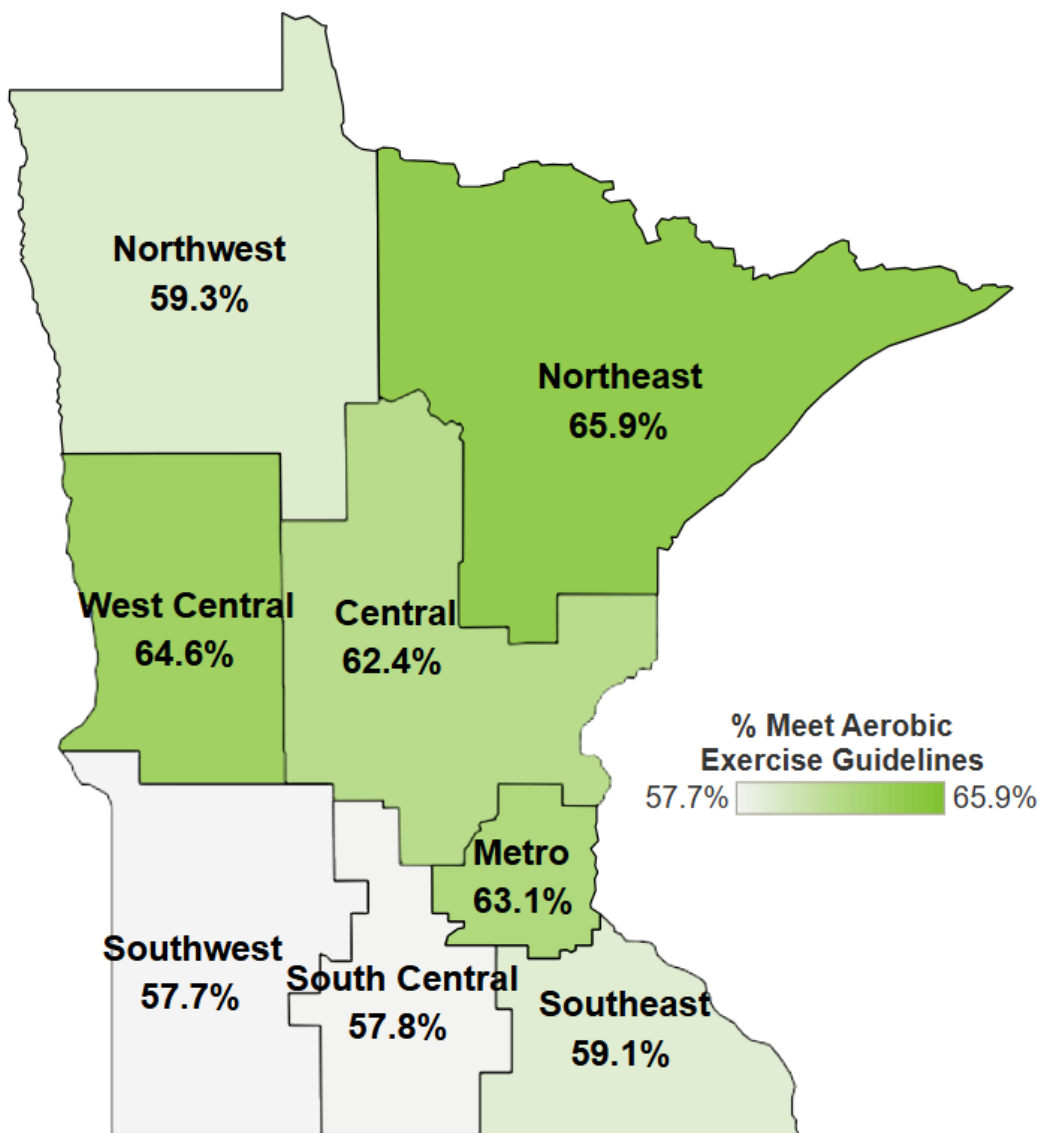


†Statistical significance not tested

*Differences are statistically significant

NH = non-Hispanic
AIAN = American Indian / Alaska Native

**Figure 20. Minnesota adults who met guidelines
for aerobic exercise by region, 2023**



The regional differences in aerobic exercise among adults are not statistically significant.

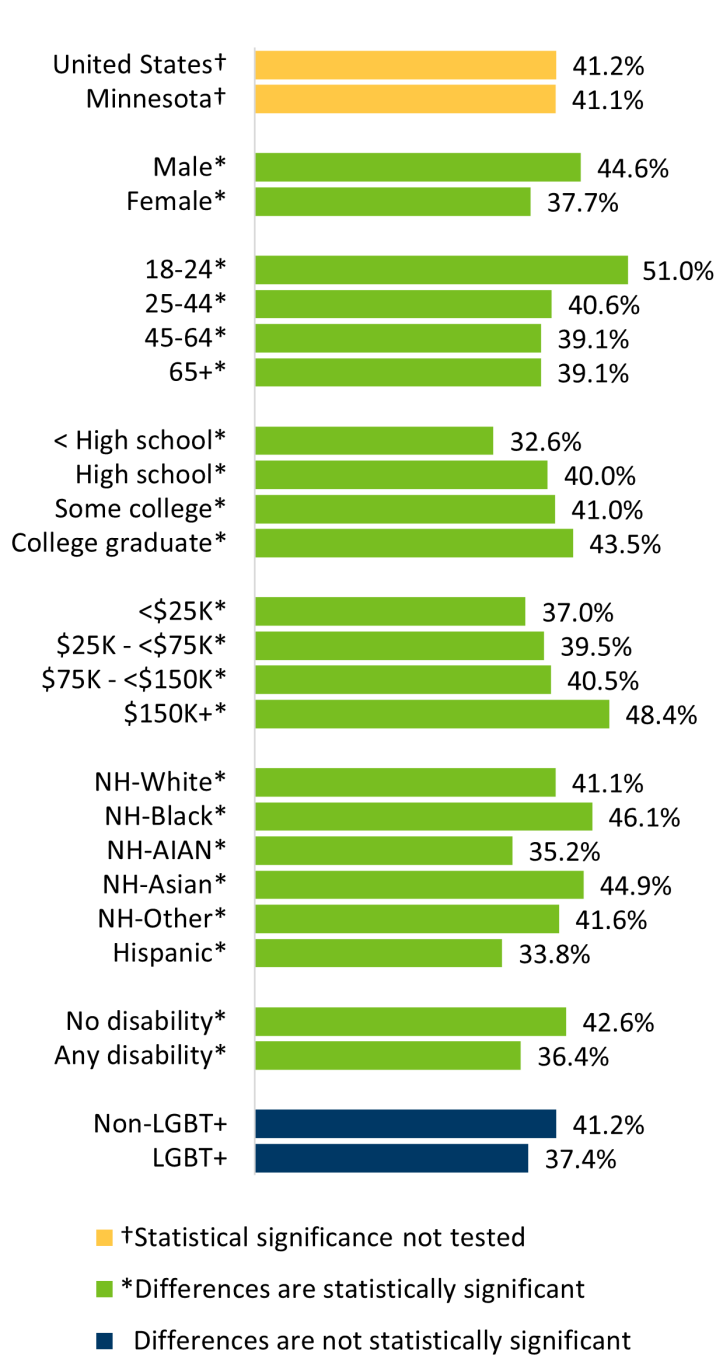
Strengthening exercise

Respondents who reported engaging in strength training at least twice per week were categorized as meeting the recommended strength training guidelines for adults.

Key findings

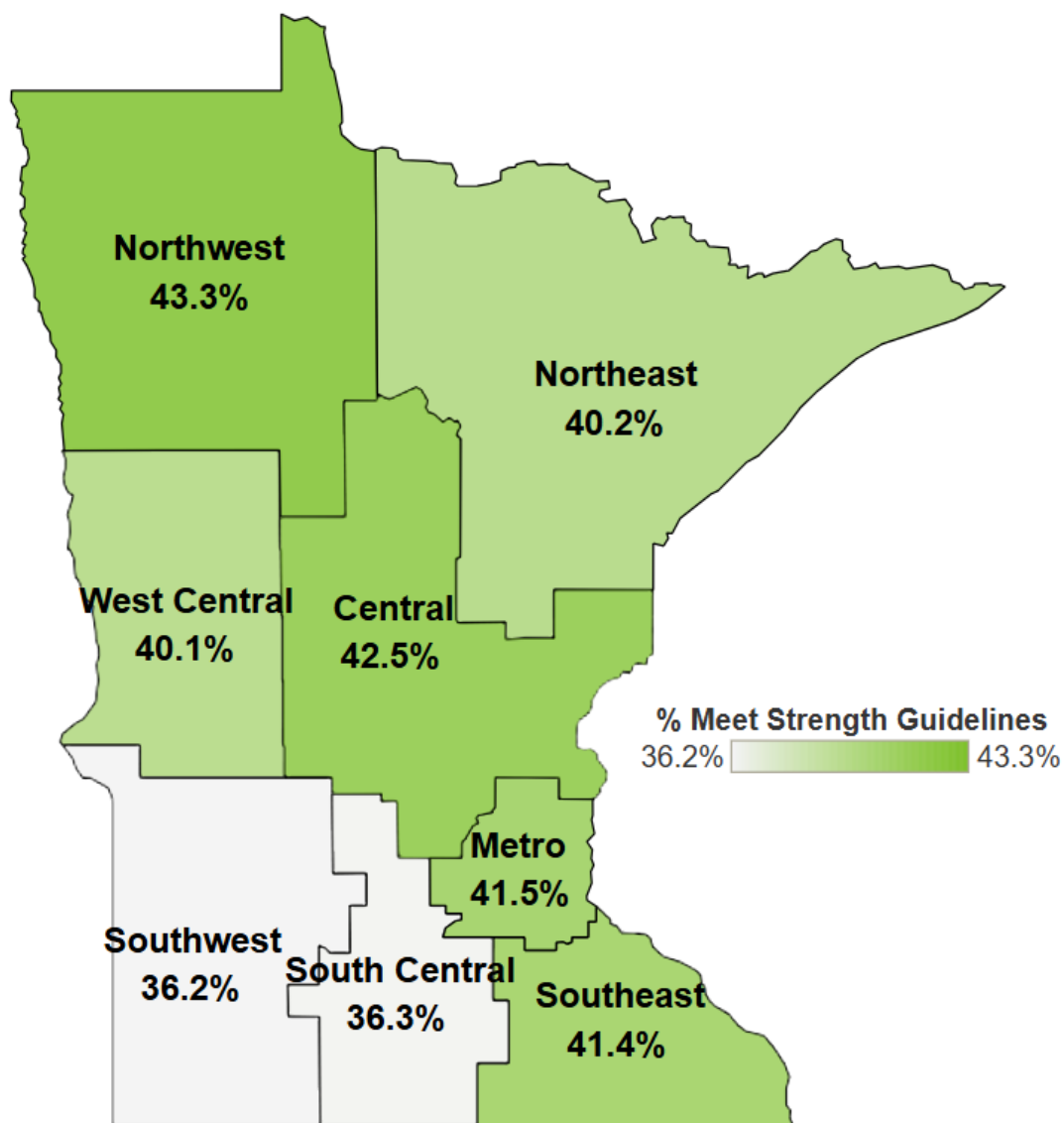
- The percentage of adults meeting guidelines for muscle-strengthening activities in Minnesota is similar to the U.S. average.
- Men are significantly more likely than women to meet muscle-strengthening guidelines.
- Adults aged 18–24 years are significantly more likely to meet guidelines for muscle-strengthening activities.
- Adults with higher education levels and higher household incomes are significantly more likely to meet muscle-strengthening guidelines.
- There are significant differences in the percentage of adults meeting guidelines for strengthening exercise across racial and ethnic groups.
- Adults without disabilities are significantly more likely to meet muscle-strengthening guidelines than those with disabilities.
- There is no significant difference in the percentage of adults meeting muscle-strengthening guidelines by sexual orientation or gender identity.

Figure 21. Minnesota adults who met strengthening guidelines, 2023



NH = non-Hispanic
AIAN = American Indian / Alaska Native

Figure 22. Minnesota adults who met strengthening guidelines by region, 2023



The regional differences in muscle strengthening exercise among adults are not statistically significant.

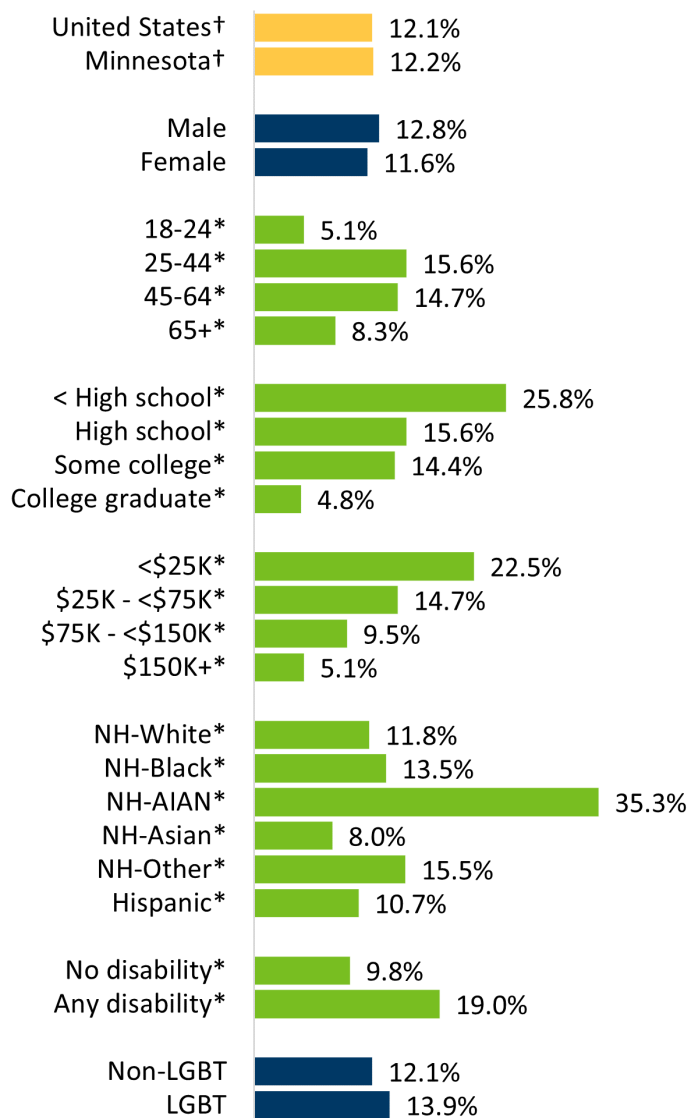
Cigarette smoking

Respondents who reported having smoked at least 100 cigarettes in their lifetime and currently smoke either daily or some days were classified as smokers.

Key findings

- Prevalence of current smoking among Minnesota adults is similar to the national average.
- There is no statistically significant difference in the smoking status between males and females.
- Smoking prevalence is lowest among adults aged 18-24 and highest in adults aged 25-44.
- Adults with more education and higher income are significantly less likely to smoke cigarettes.
- Smoking prevalence is highest among non-Hispanic American Indian adults and lowest among non-Hispanic Asian American adults.
- Adults with a disability are about twice as likely to smoke than adults without a disability.
- There is no statistically significant difference in current cigarette use by sexual orientation and gender identity.

Figure 23. Minnesota adults who currently smoke cigarettes, 2023



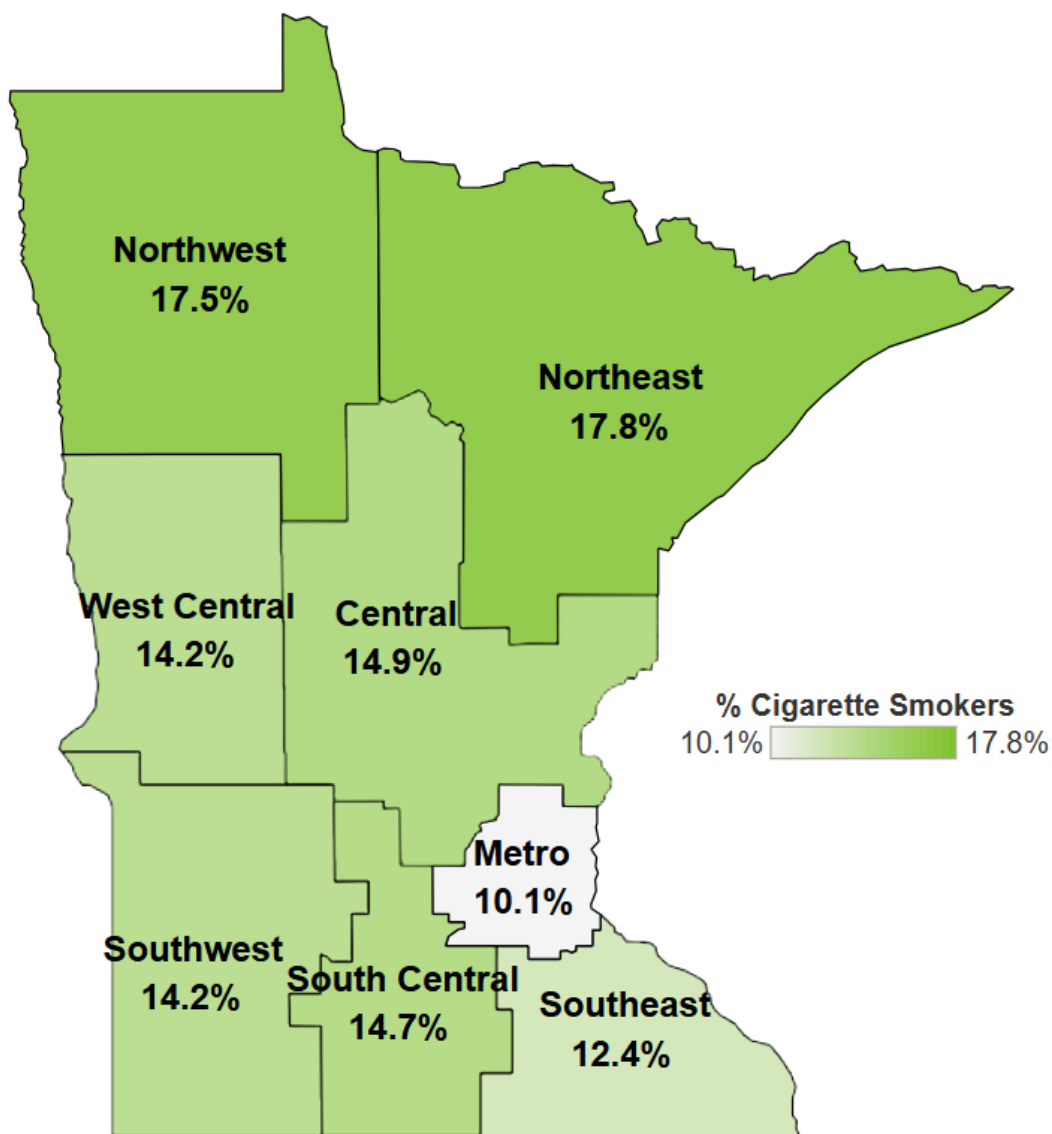
†Statistical significance not tested

*Differences are statistically significant

■ Differences are not statistically significant

NH = non-Hispanic
AIAN = American Indian / Alaska Native

Figure 24. Minnesota adults who currently smoke cigarettes by region, 2023



The regional differences in current cigarette smoking among adults are statistically significant.

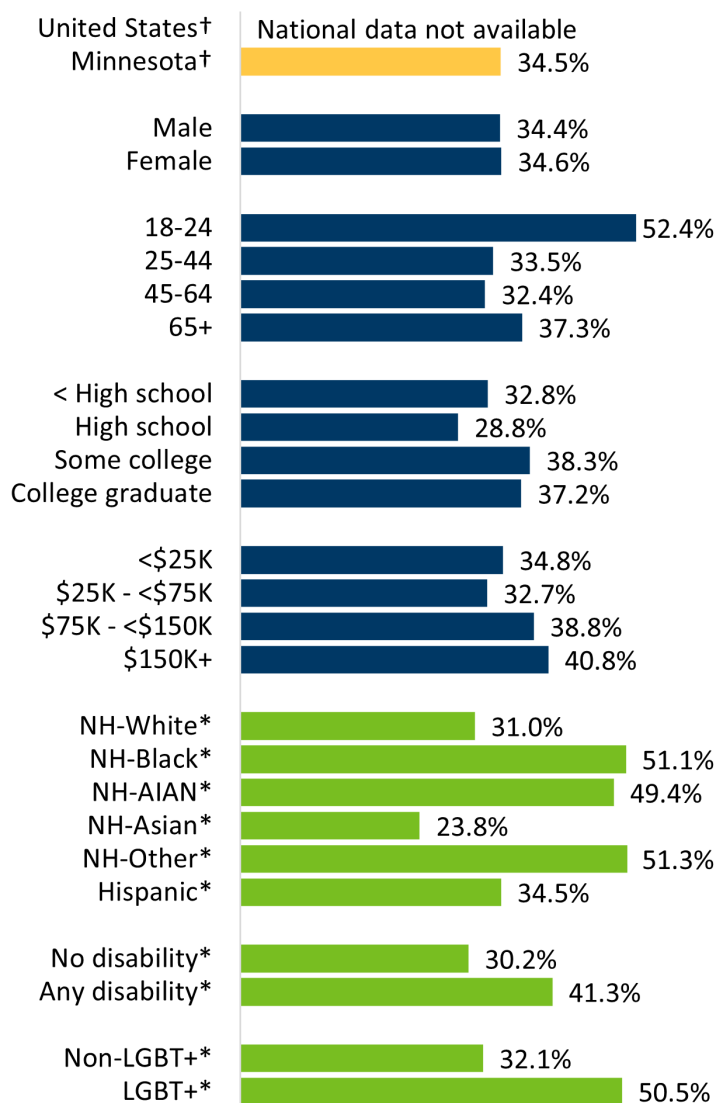
Cigarette quit attempt

Respondents who currently smoke cigarettes were asked whether they stopped smoking for at least one day during past 12 months.

Key findings

- In Minnesota, 34.5% of smokers reported attempting to quit using cigarettes in the past year.
- There are no statistically significant differences in quit attempts by gender.
- Adults in the youngest group reported a higher percentage of quit attempts, however the differences are not statistically significant.
- Attempts to quit cigarettes did not vary significantly by education level and household income.
- Non-Hispanic Asian adults were significantly less likely to attempt quitting cigarettes compared to other racial and ethnic groups.
- Adults with disabilities were significantly more likely to attempt quitting cigarettes than those without disabilities.
- LGBT+ adults were significantly more likely to attempt quitting cigarettes compared to non-LGBT adults.

Figure 25. Minnesota adult smokers who attempted to quit cigarettes in the past 12 months, 2023



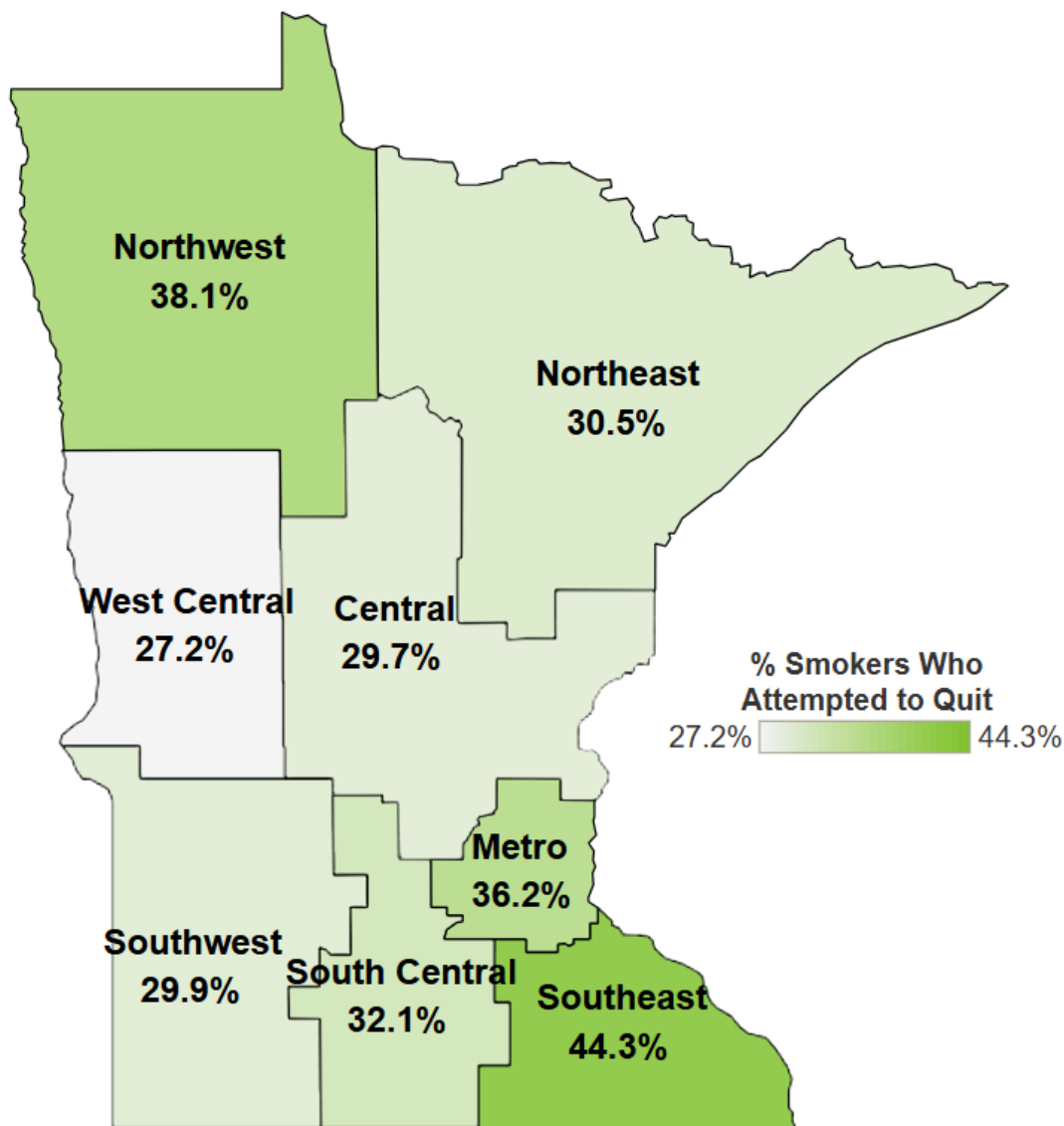
■ †Statistical significance not tested

■ *Differences are statistically significant

■ Differences are not statistically significant

NH = non-Hispanic
AIAN = American Indian / Alaska Native

Figure 26. Minnesota adult smokers who attempted to quit cigarettes in the past 12 months by region, 2023



The regional differences in quit attempts among adult cigarette smokers are not statistically significant.

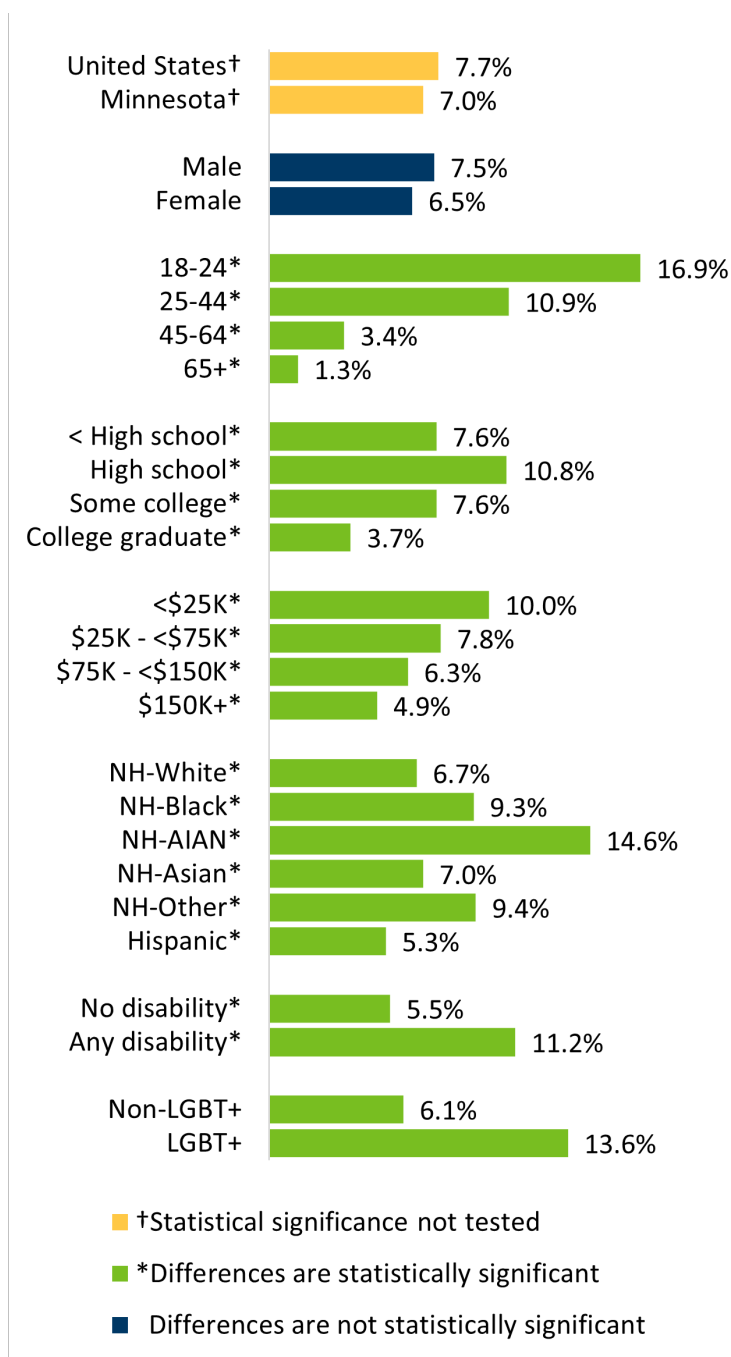
E-cigarette use

Respondents reported whether they currently use e-cigarettes. Those using e-cigarettes on some days or every day were classified as current users.

Key findings

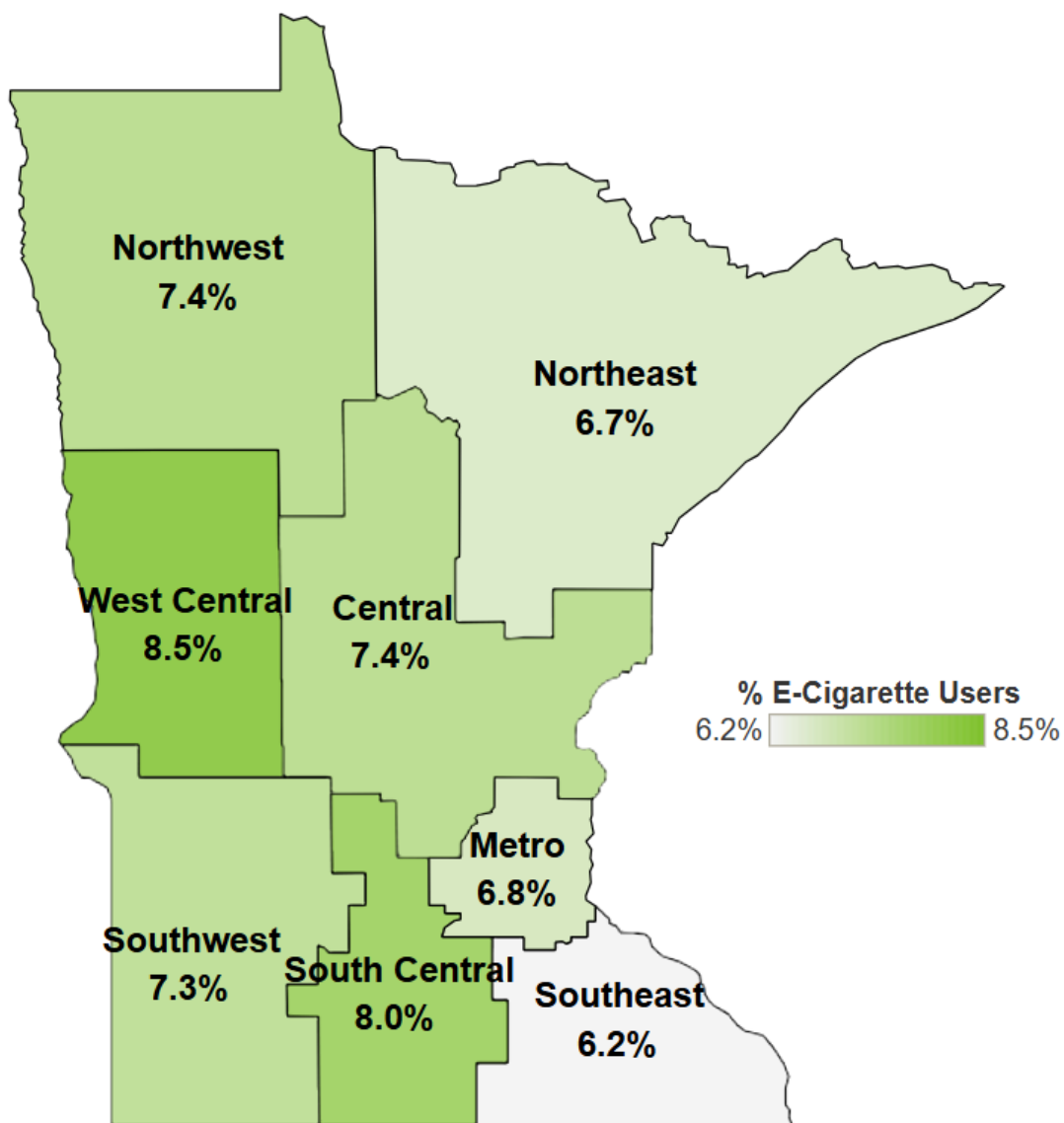
- In Minnesota, 7% of adults report currently using e-cigarettes, slightly lower than the national average.
- There are no statistically significant differences in e-cigarette use by gender.
- Older adults are significantly less likely to use e-cigarettes than younger adults.
- Adults with higher education levels and higher household incomes are significantly less likely to report current e-cigarette use.
- Non-Hispanic American Indian adults are significantly more likely to report current e-cigarette use compared to other racial and ethnic groups.
- Adults with disabilities are nearly twice as likely to report current e-cigarette use compared to those without disabilities.
- LGBT+ adults are over twice as likely to report current e-cigarette use compared to non-LGBT adults.

Figure 27. Minnesota adults who currently use e-cigarettes, 2023



NH = non-Hispanic
AIAN = American Indian / Alaska Native

Figure 28. Minnesota adults who currently use e-cigarettes by region, 2023



The regional differences in e-cigarette use among adults are not statistically significant.

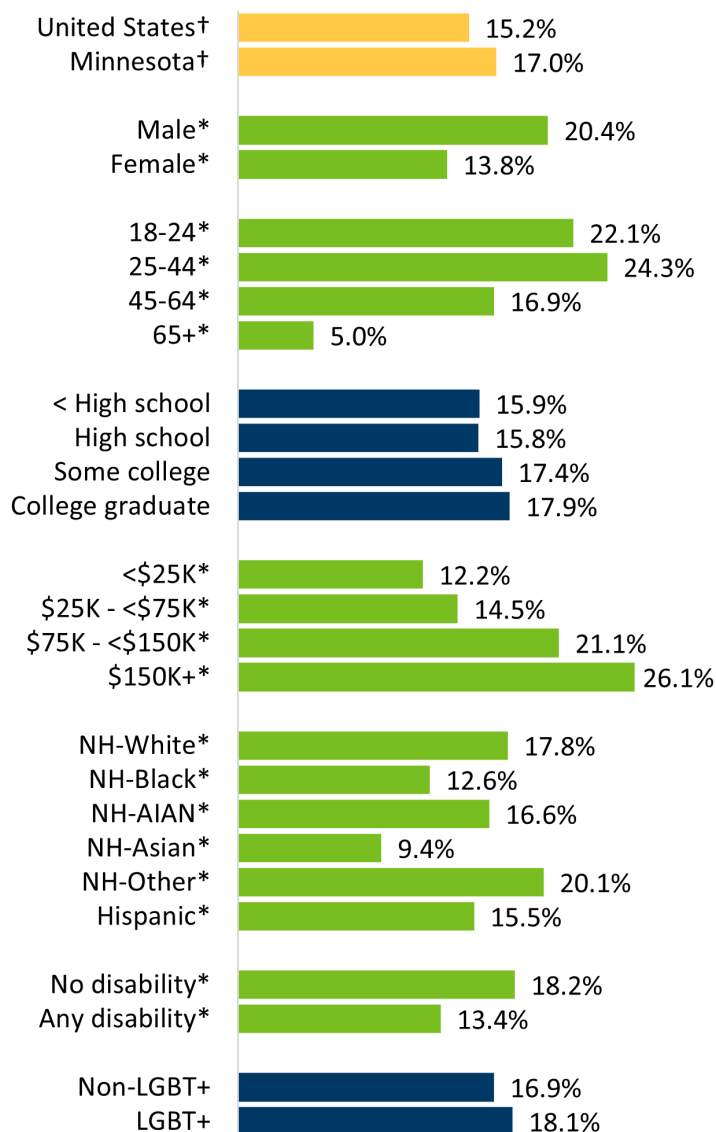
Binge drinking

BRFSS categorized as binge drinkers men who reported having more than five drinks on a single occasion and women who reported having more than four drinks on a single occasion in the last 30 days.

Key findings

- The proportion of adults who binge drink in Minnesota is slightly higher than the median among all states.
- Males are more likely to binge drink than females.
- The prevalence of binge drinking is highest among adults aged 25-44 and lowest among adults aged 65 and above.
- There are no statistically significant differences in the binge drinking by education level.
- Adults in the highest income group are more than twice as likely to binge drink as those in the lowest income group.
- Non-Hispanic Asian adults report the lowest percentage of binge drinking.
- Adults with a disability are significantly less likely to binge drink than adults without any disability.
- There is no statistically significant difference in binge drinking by sexual orientation or gender identity.

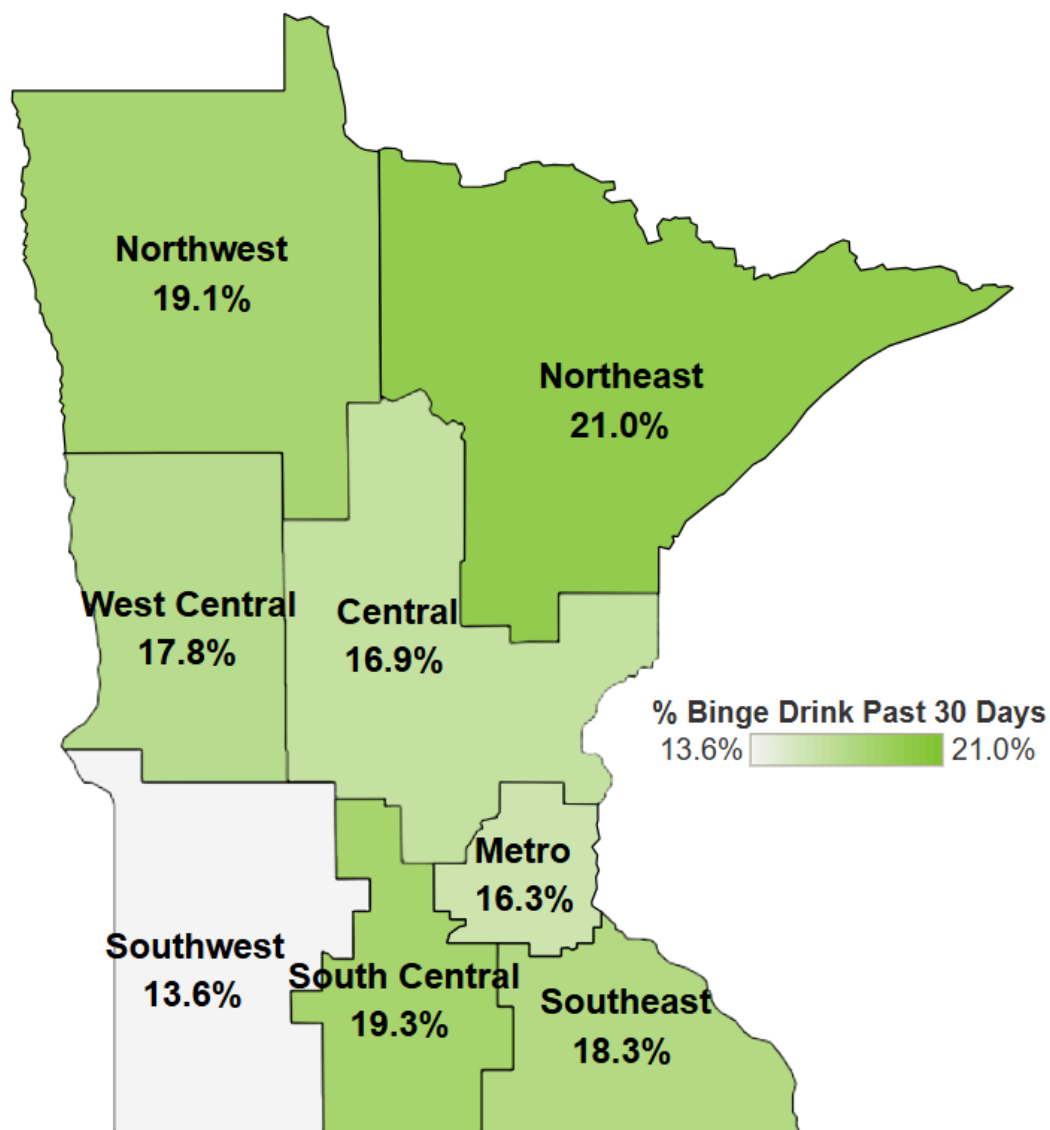
Figure 29. Minnesota adults who binge drink, 2023



- †Statistical significance not tested
- *Differences are statistically significant
- Differences are not statistically significant

NH = non-Hispanic
AIAN = American Indian / Alaska Native

Figure 30. Minnesota adults who binge drink by region, 2023



The regional differences in binge drinking among adults are not statistically significant.

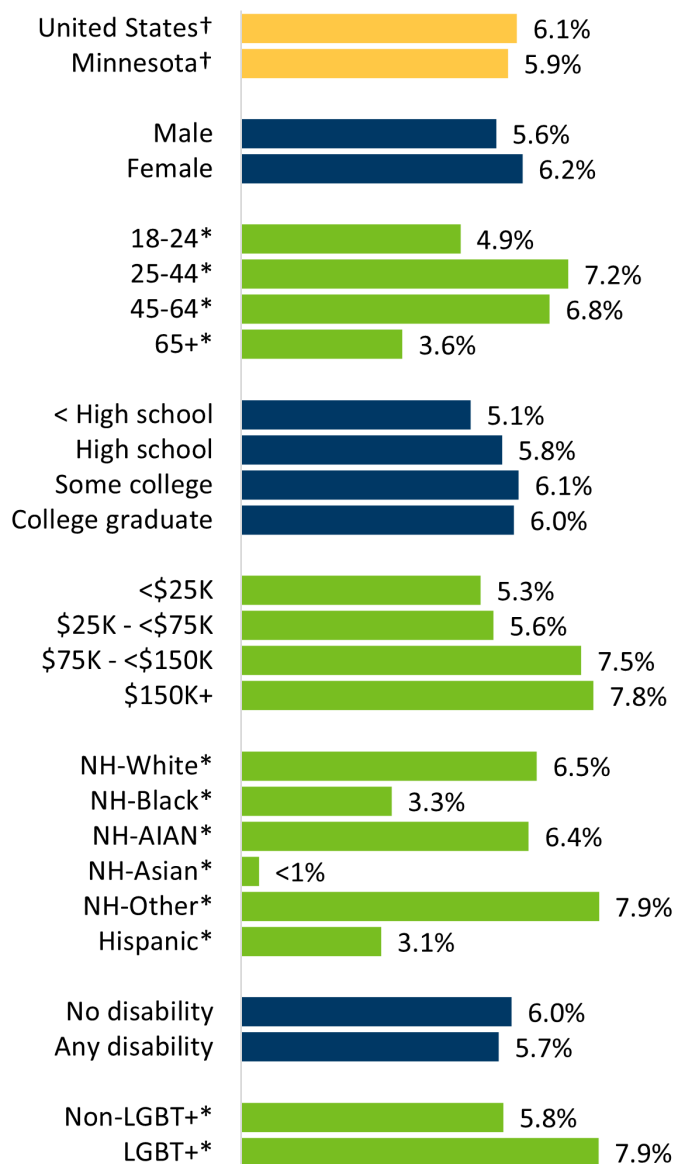
Heavy alcohol consumption

Respondents reported the number of alcoholic beverages they had per week. Men who had more than 14 drinks per week and women who had more than 7 drinks per week were categorized as heavy drinkers.

Key findings

- The percentage of adults reporting heavy drinking in Minnesota is similar to the national average.
- There is no statistically significant difference in heavy drinking by gender.
- Adults aged 65 years and older are least likely to report heavy drinking.
- There is no statistically significant difference in heavy drinking by education level.
- Adults with a household income of \$75,000 and above are more likely to report heavy drinking than those in lower-income groups.
- Non-Hispanic Asian adults are significantly less likely to report heavy drinking than adults in other racial and ethnic groups.
- There is no statistically significant difference in heavy drinking by disability status.
- LGBT adults are significantly more likely to report heavy drinking than non-LGBT adults.

Figure 31. Minnesota adults who heavily consume alcohol, 2023



†Statistical significance not tested

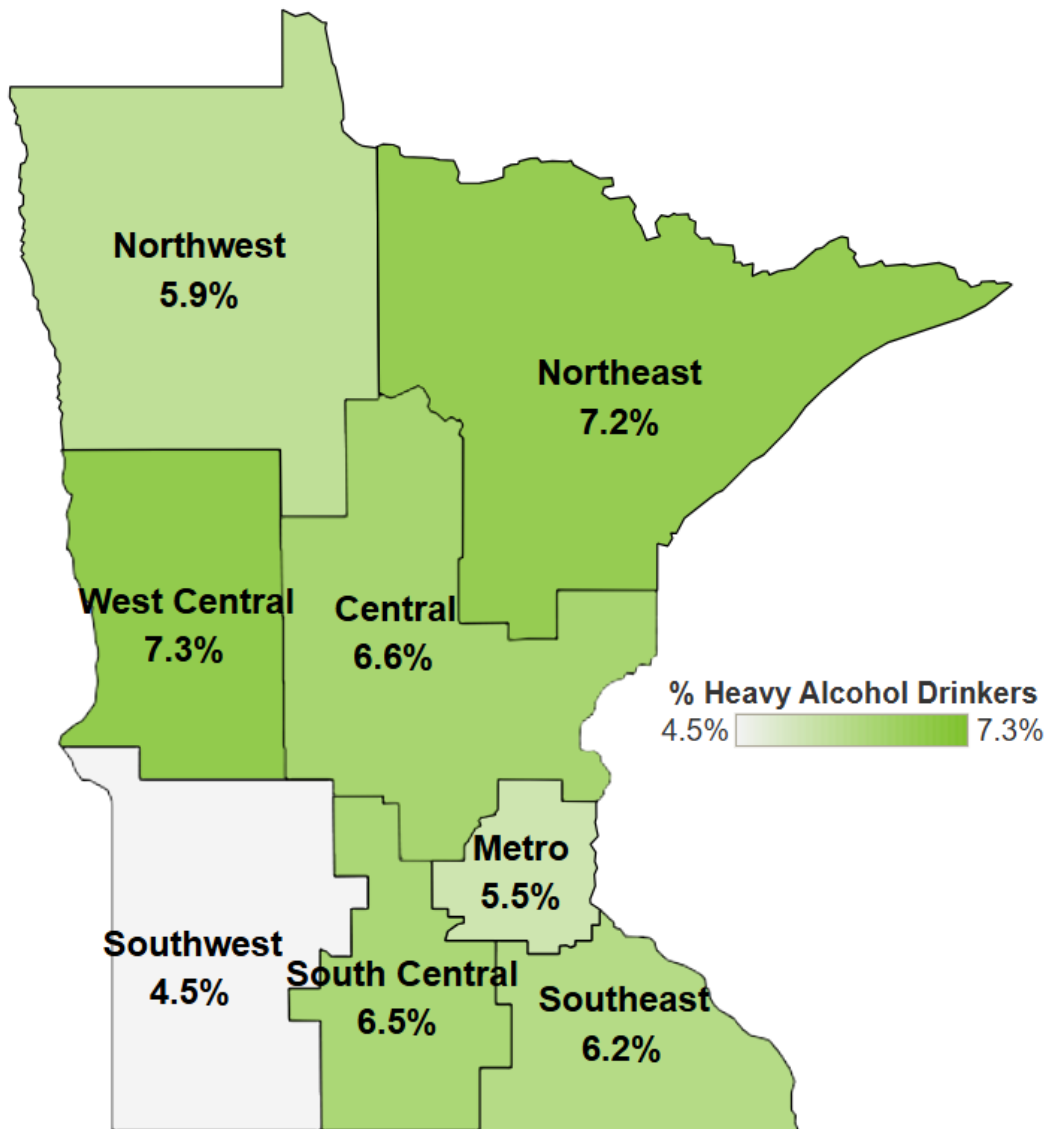
*Differences are statistically significant

■ Differences are not statistically significant

HEALTH STATUS AMONG MINNESOTA ADULTS, 2023:
BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS)

NH = non-Hispanic
AIAN = American Indian / Alaska Native

Figure 32. Minnesota adults who heavily consume alcohol by region, 2023



The regional differences in heavy alcohol consumption among adults are not statistically significant.

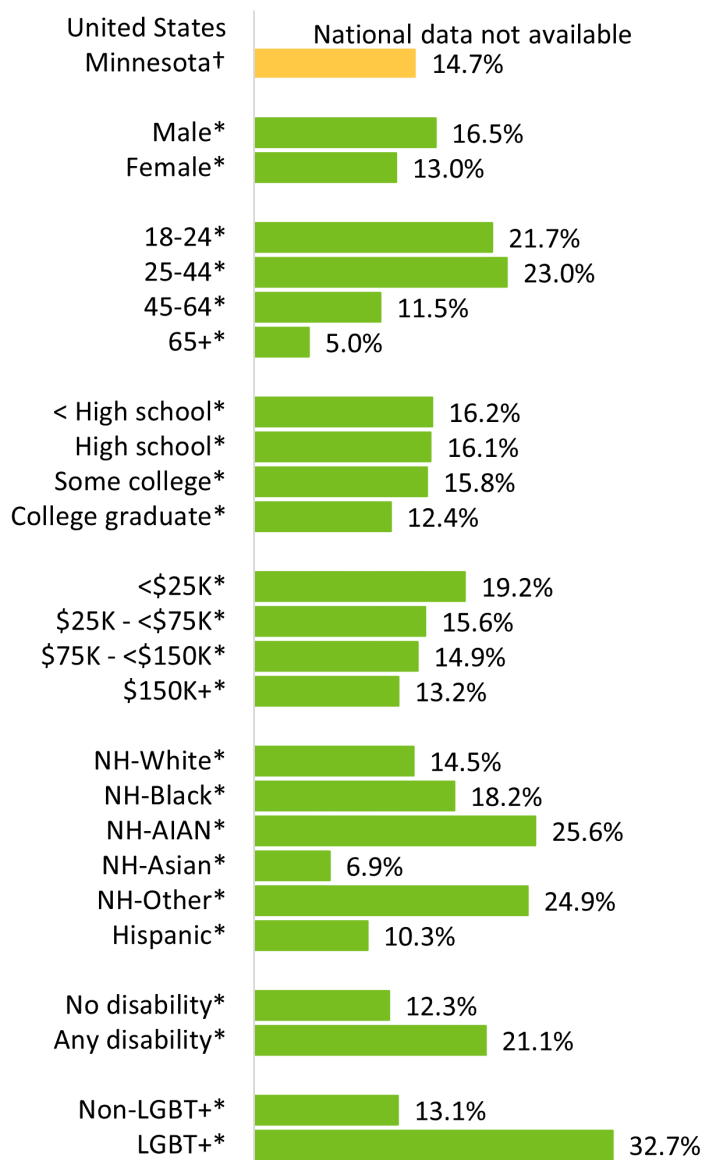
Cannabis/marijuana use

Respondents reported the number of days they had used marijuana or cannabis in past 30 days. Those who used marijuana on one or more days in the past 30 days were classified as marijuana users.

Key findings

- Nearly 15% of adults in Minnesota report using marijuana in the past 30 days.
- Men are significantly more likely than women to report marijuana use in the past 30 days.
- Adults aged 18–44 are over four times more likely to report using marijuana in the past 30 days compared to adults aged 65 years and older.
- Adults with college degrees and higher household incomes are significantly less likely to report marijuana use in the past 30 days.
- Non-Hispanic Asian adults are significantly less likely to report marijuana use in the past 30 days.
- Adults with any disability are significantly more likely to report marijuana use in the past 30 days compared to those without disabilities.
- LGBT adults are over twice as likely to report using marijuana in the past 30 days compared to non-LGBT adults.

Figure 33. Minnesota adults who used cannabis/marijuana in past 30 days, 2023

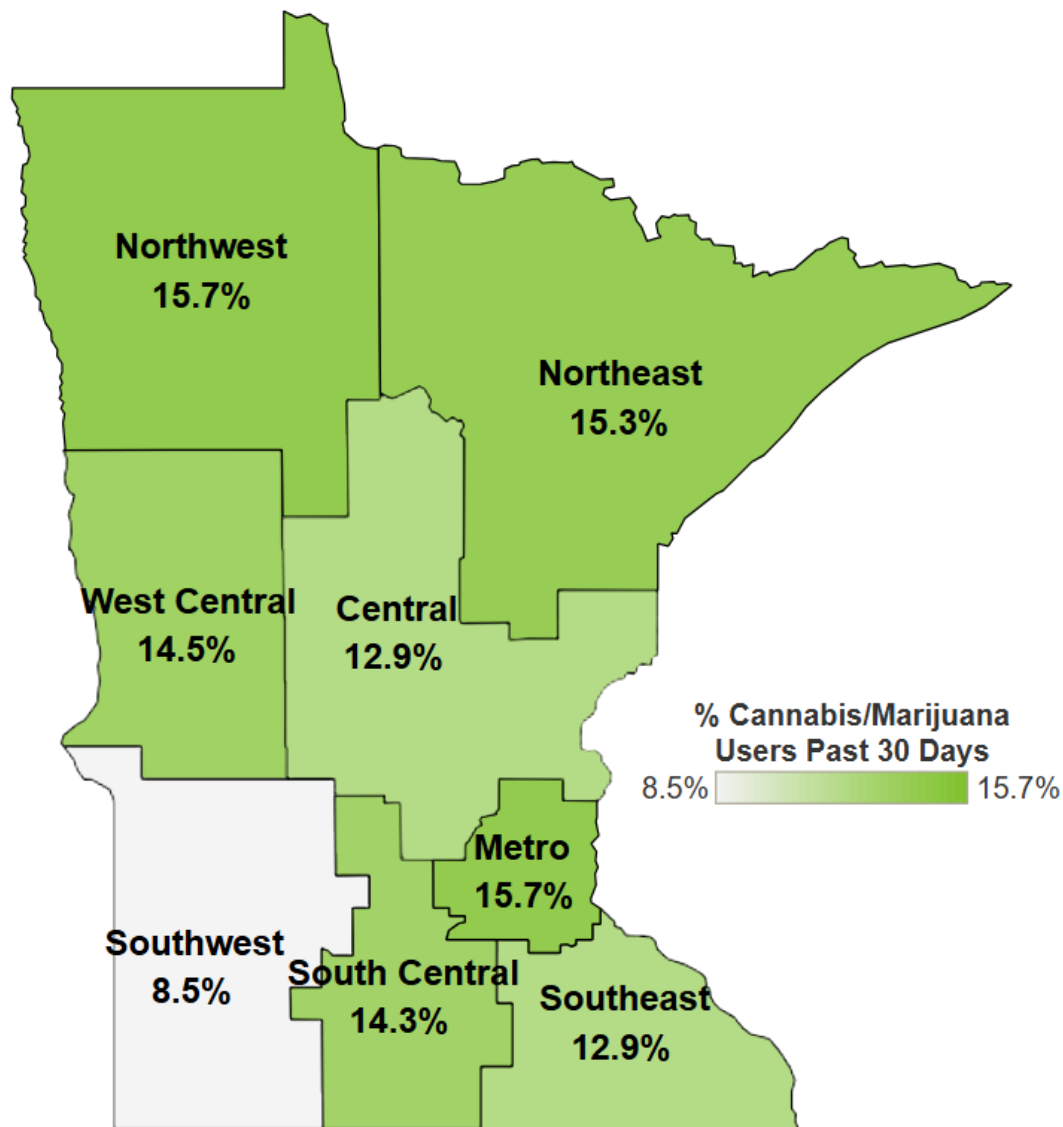


†Statistical significance not tested

*Differences are statistically significant

NH = non-Hispanic
AIAN = American Indian / Alaska Native

**Figure 34. Minnesota adults who used cannabis/marijuana
in past 30 days by region, 2023**



The regional differences in past 30-day marijuana use among adults are statistically significant.

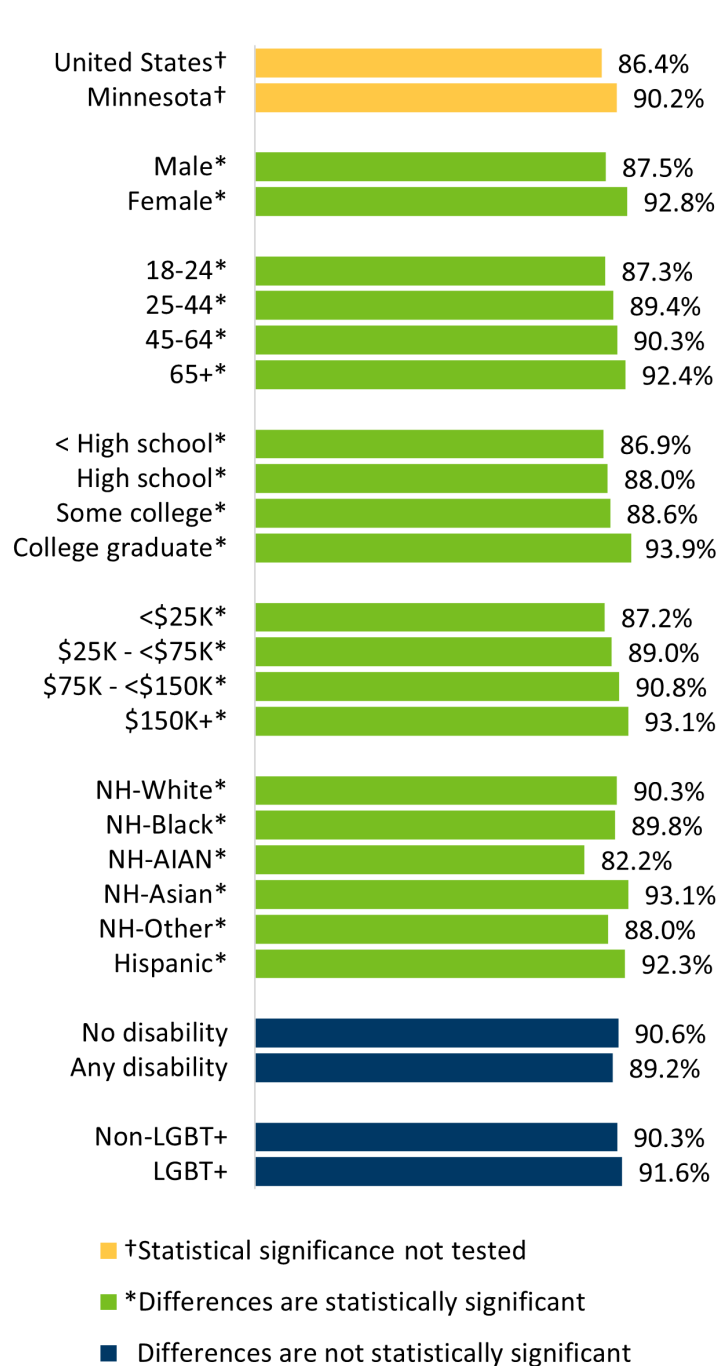
Seat belt use

Respondents reported how often they wear a seat belt while driving or riding in a car.

Key findings

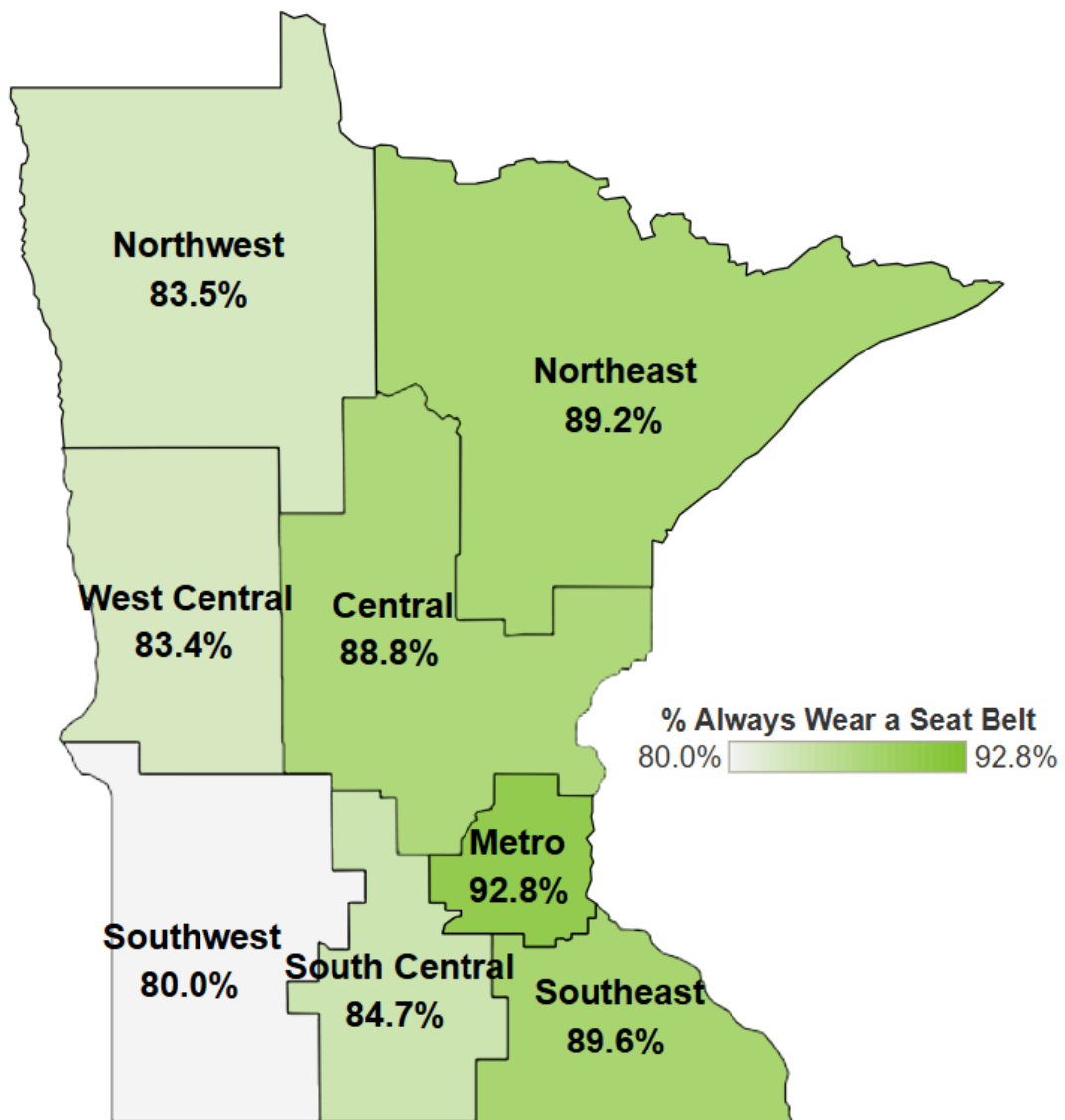
- Over 90% of Minnesotan adults report always wearing a seat belt, higher than the national average.
- Women are significantly more likely than men to report always wearing a seat belt.
- The percentage of adults reporting always wearing a seat belt increases with age.
- Adults with higher education levels and higher income are significantly more likely to report always wearing a seat belt.
- The percentage of adults reporting always wearing a seat belt varies significantly across racial and ethnic groups, with non-Hispanic American Indian adults significantly less likely to always wear a seat belt.
- There is no significant difference in the percentage of adults who report always wearing a seat belt by disability status.
- There is no significant difference in the percentage of adults reporting always wearing a seat belt by sexual orientation or gender identity.

Figure 35. Minnesota adults who always wear a seat belt in a car, 2023



NH = non-Hispanic
AIAN = American Indian / Alaska Native

Figure 36. Minnesota adults who always wear a seat belt in a car by region, 2023



The regional differences in seat belt use among adults are statistically significant.

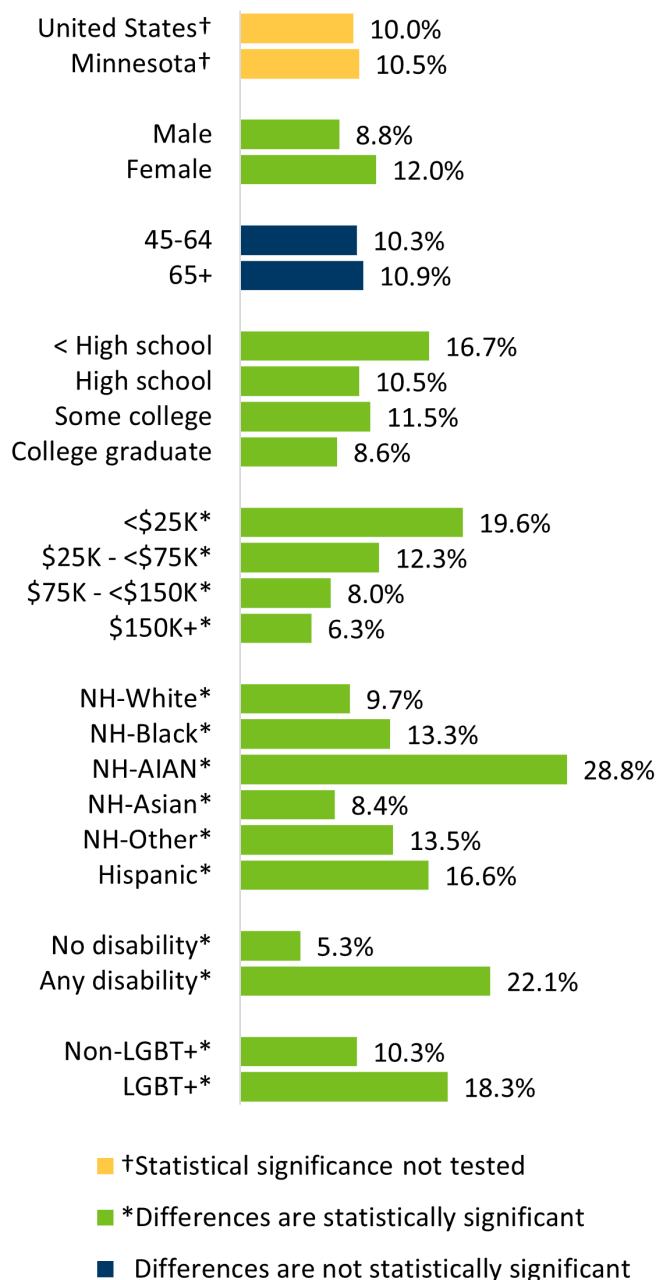
Falls-related injury

Respondents aged 45 years and older reported whether they experienced one or more falls in the past 12 months that resulted in injury.

Key findings

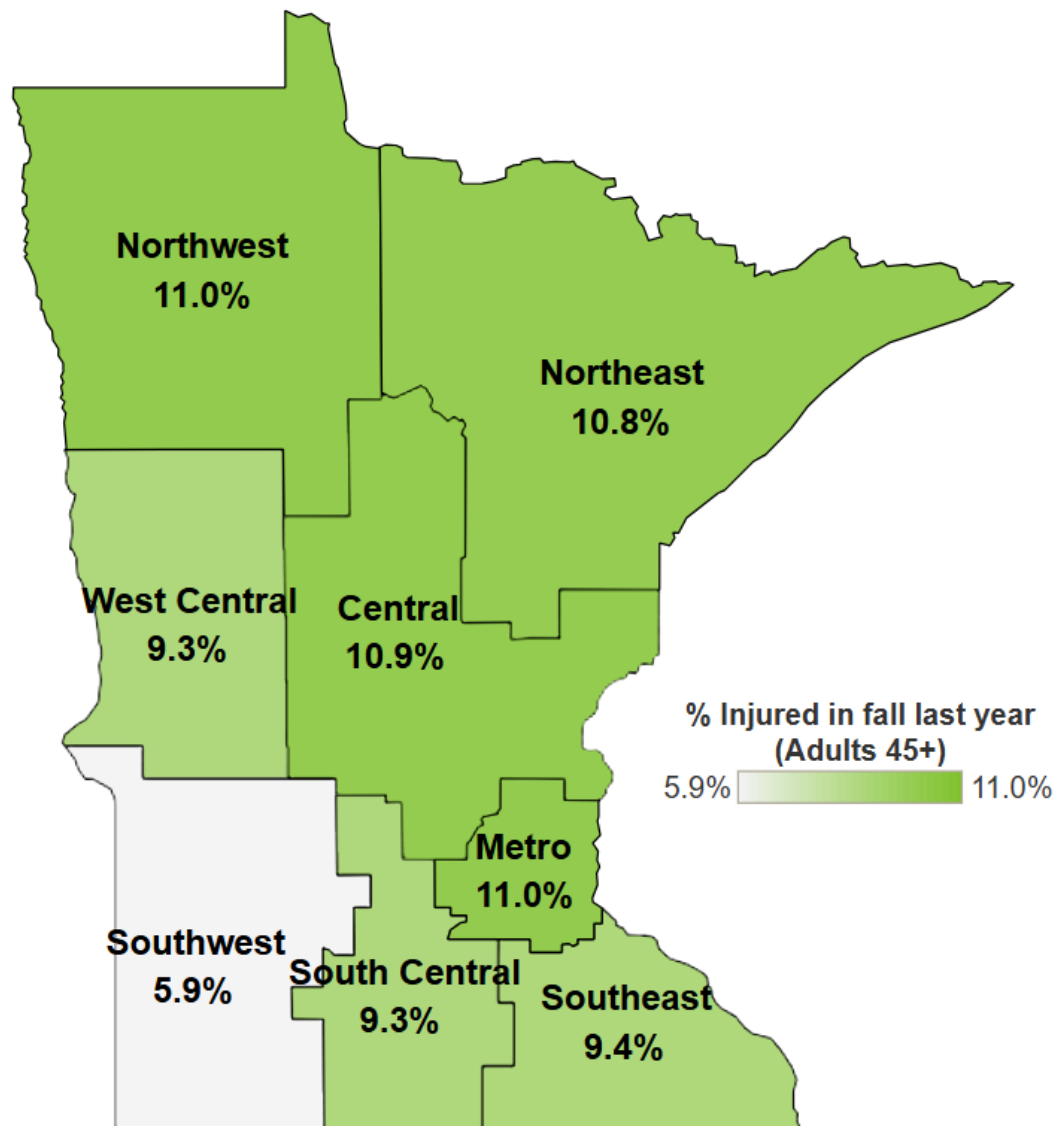
- 10.5% of Minnesota adults reported fall-related injuries, which is slightly higher than the national average.
- Women are significantly more likely to report fall-related injuries compared to men.
- There is no significant difference in the prevalence of fall-related injuries by age groups.
- Adults with higher education levels and higher household incomes are significantly less likely to report fall-related injuries.
- The prevalence of fall-related injuries is significantly higher among non-Hispanic American Indian Alaska Native adults.
- Adults with any disability are nearly four times more likely to report fall-related injuries than those without disabilities.
- The prevalence of fall-related injuries is significantly higher among LGBT+ adults compared to non-LGBT+ adults.

Figure 37. Minnesota adults 45 years and older who experienced a fall resulting in injury in the past 12 months, 2023



NH = non-Hispanic
AIAN = American Indian / Alaska Native

Figure 38. Minnesota adults ≥ 45 years old who experienced a fall resulting in injury in the past 12 months by region, 2023



The regional differences in fall-related injury among adults older than 45 years are not statistically significant.

Chronic health indicators

In this section:

- Obesity
- Hypertension
- High cholesterol
- Myocardial infarction or coronary heart disease
- Stroke
- Asthma
- Skin cancer
- Melanoma and other non-skin cancers
- Chronic obstructive pulmonary disease (COPD)
- Arthritis
- Diabetes
- Cognitive decline
- Depression
- Anxiety
- Long COVID

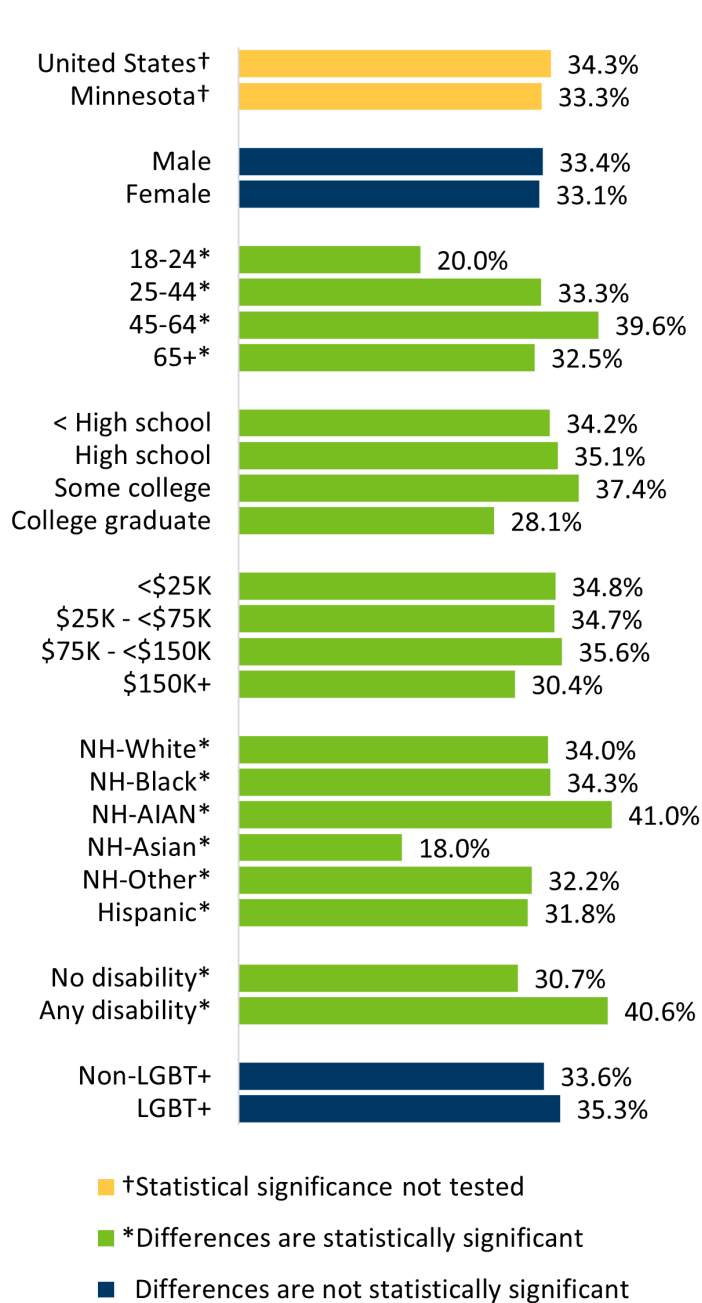
Obesity

Obesity status is assessed by measuring body mass index (BMI), a ratio of kilograms per meter squared. A BMI of 30 or higher indicates obesity. BMI is calculated using self-reported weight and height.

Key findings

- One-third of adults in Minnesota are obese, which is slightly below the national median.
- There is no statistically significant difference in obesity prevalence by gender.
- The prevalence of obesity increases from ages 18-24 to ages 45-64, followed by a slight decrease among older adults.
- The prevalence of obesity is significantly lower among college graduates.
- Obesity prevalence is lowest among adults with a household income greater than \$150,000 per year.
- Obesity prevalence is highest among AIAN adults and lowest among Asian adults.
- The prevalence of obesity is significantly higher among adults with any disability compared to those without disabilities.
- There is no statistically significant difference in obesity status by sexual orientation and gender identity.

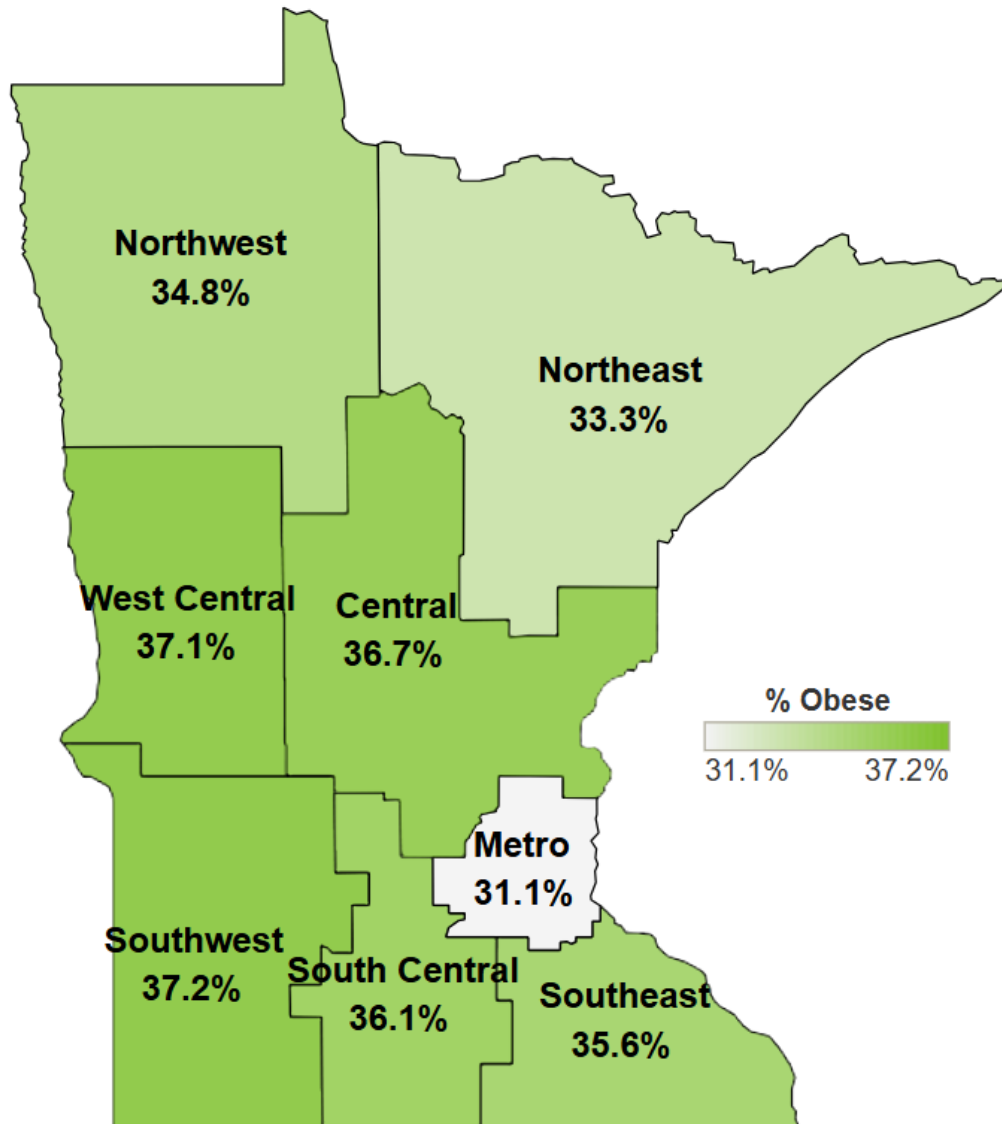
Figure 39. Minnesota adults who are obese, 2023



NH = non-Hispanic
AIAN = American Indian / Alaska Native

Figure 40. Minnesota adults who are obese by region, 2023

HEALTH STATUS AMONG MINNESOTA ADULTS, 2023:
BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS)



The regional differences in obesity among adults are not statistically significant.

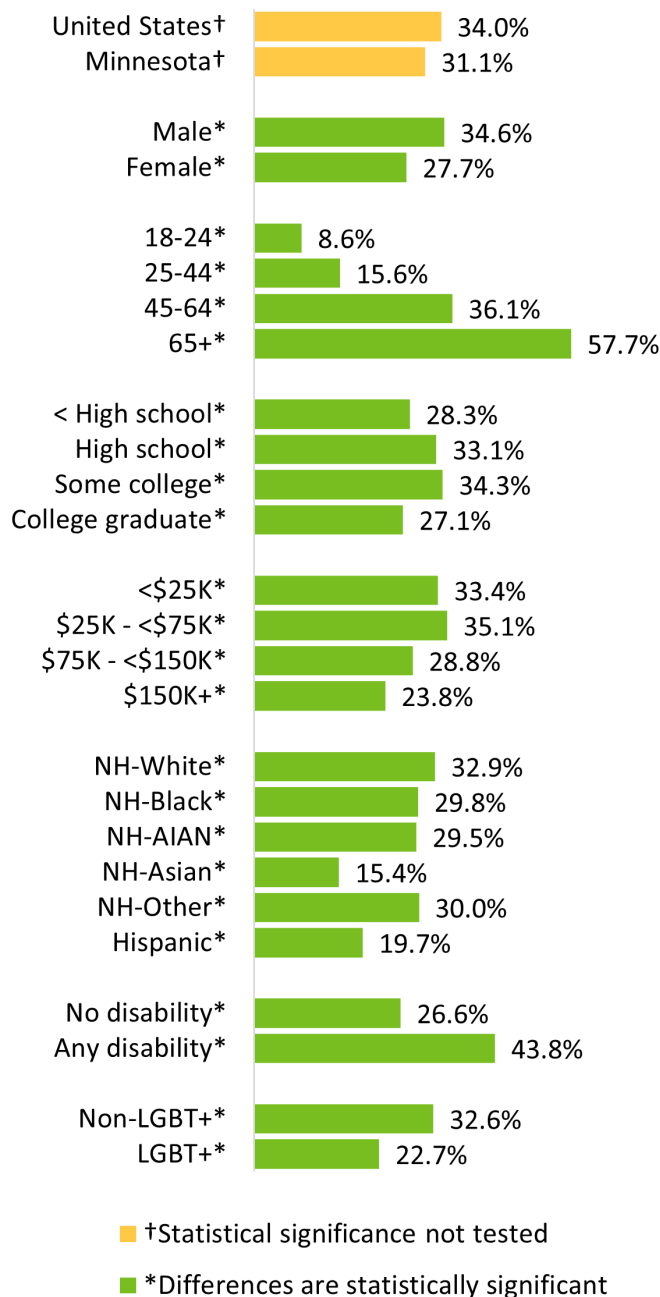
Hypertension

Respondents who reported being told by a health care professional that they had high blood pressure were categorized as having hypertension.

Key findings

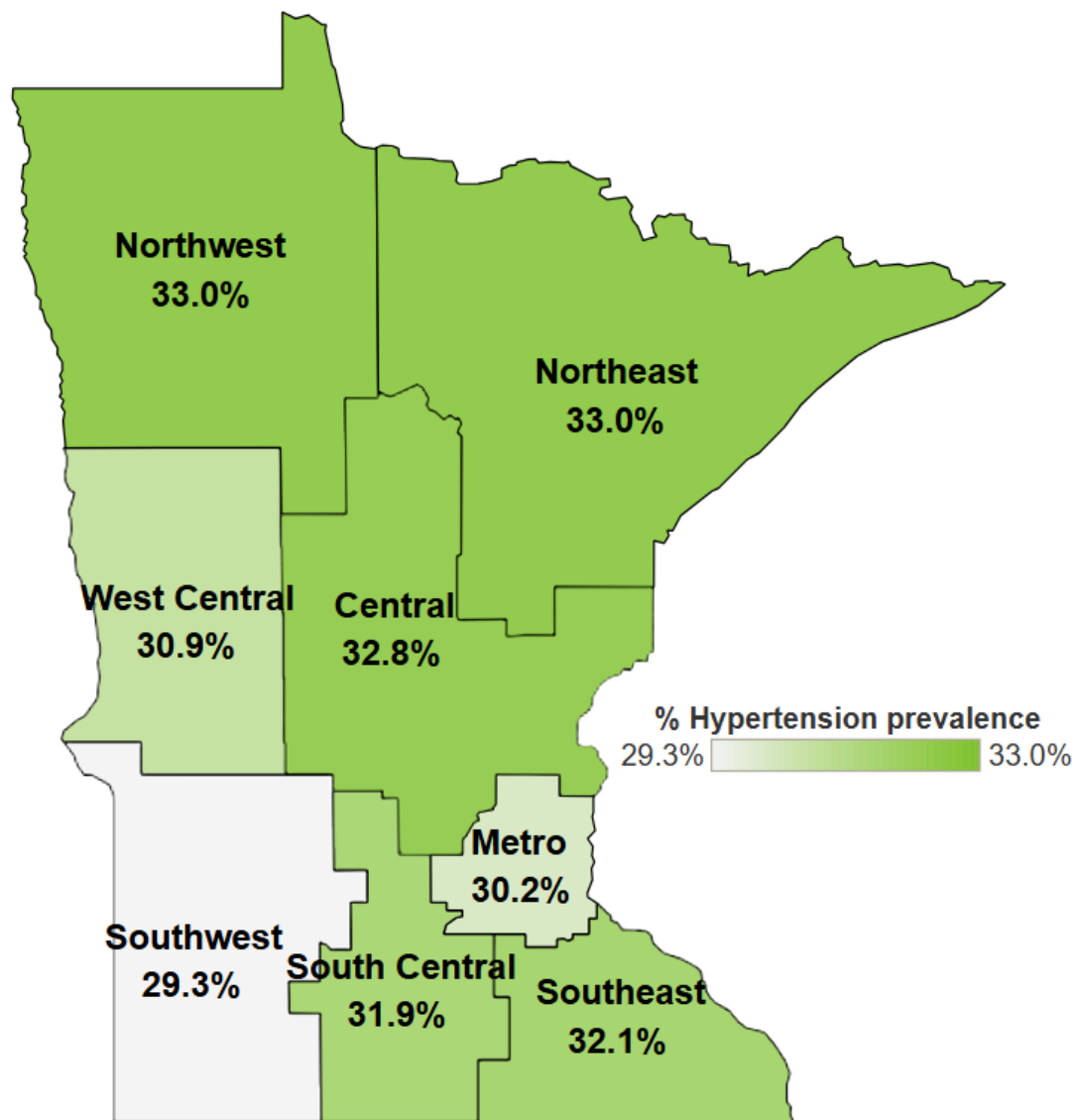
- Approximately 31% of Minnesota adults have hypertension, which is lower than the national average.
- The prevalence of hypertension is significantly higher among men than women.
- The prevalence of hypertension is highest among adults aged 65 years and older.
- Adults with less than a high school education and college graduates are significantly less likely to report hypertension than those with a high school diploma or some college education.
- The prevalence of hypertension decreases with increased household income.
- Non-Hispanic Asian adults are significantly less likely to report hypertension compared to other racial and ethnic groups.
- Adults with any disability are significantly more likely to report a hypertension than those without disabilities.
- Non-LGBT+ adults are significantly more likely to report a hypertension than LGBT+ adults.

Figure 41. Minnesota adults who have been diagnosed with hypertension, 2023



NH = non-Hispanic
AIAN = American Indian / Alaska Native

Figure 42. Minnesota adults who have been diagnosed with hypertension by region, 2023



The regional differences in hypertension prevalence among adults are not statistically significant.

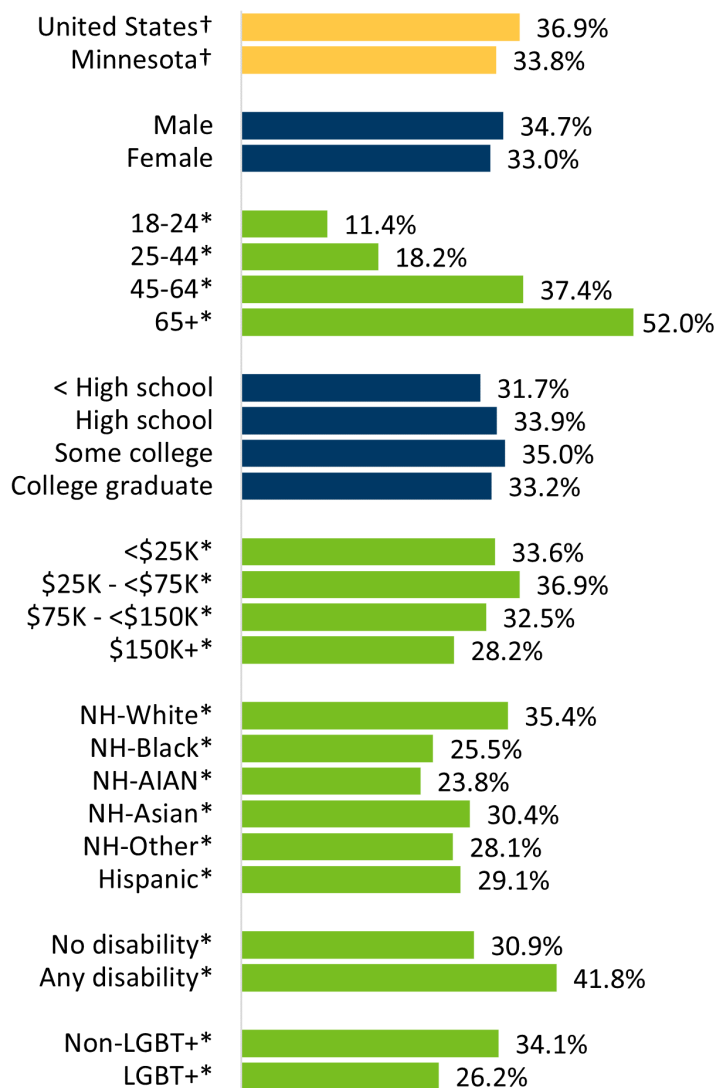
High cholesterol

Respondents reported whether they had been told by a health care professional that they had high cholesterol.

Key findings

- The prevalence of high cholesterol in Minnesota is nearly 34% which is lower than the national average.
- The prevalence of high cholesterol does not vary significantly by sex.
- The prevalence of high cholesterol increases significantly with age.
- There is no significant difference in the prevalence of high cholesterol by education level.
- Adults with higher household incomes are significantly less likely to report high cholesterol.
- Non-Hispanic Asian adults are significantly less likely to report high cholesterol.
- Adults with any disability are significantly more likely to report high cholesterol than those without a disability.
- The prevalence of high cholesterol is significantly lower among LGBT+ adults compared to non-LGBT+ adults.

Figure 43. Minnesota adults who have been diagnosed with high cholesterol, 2023



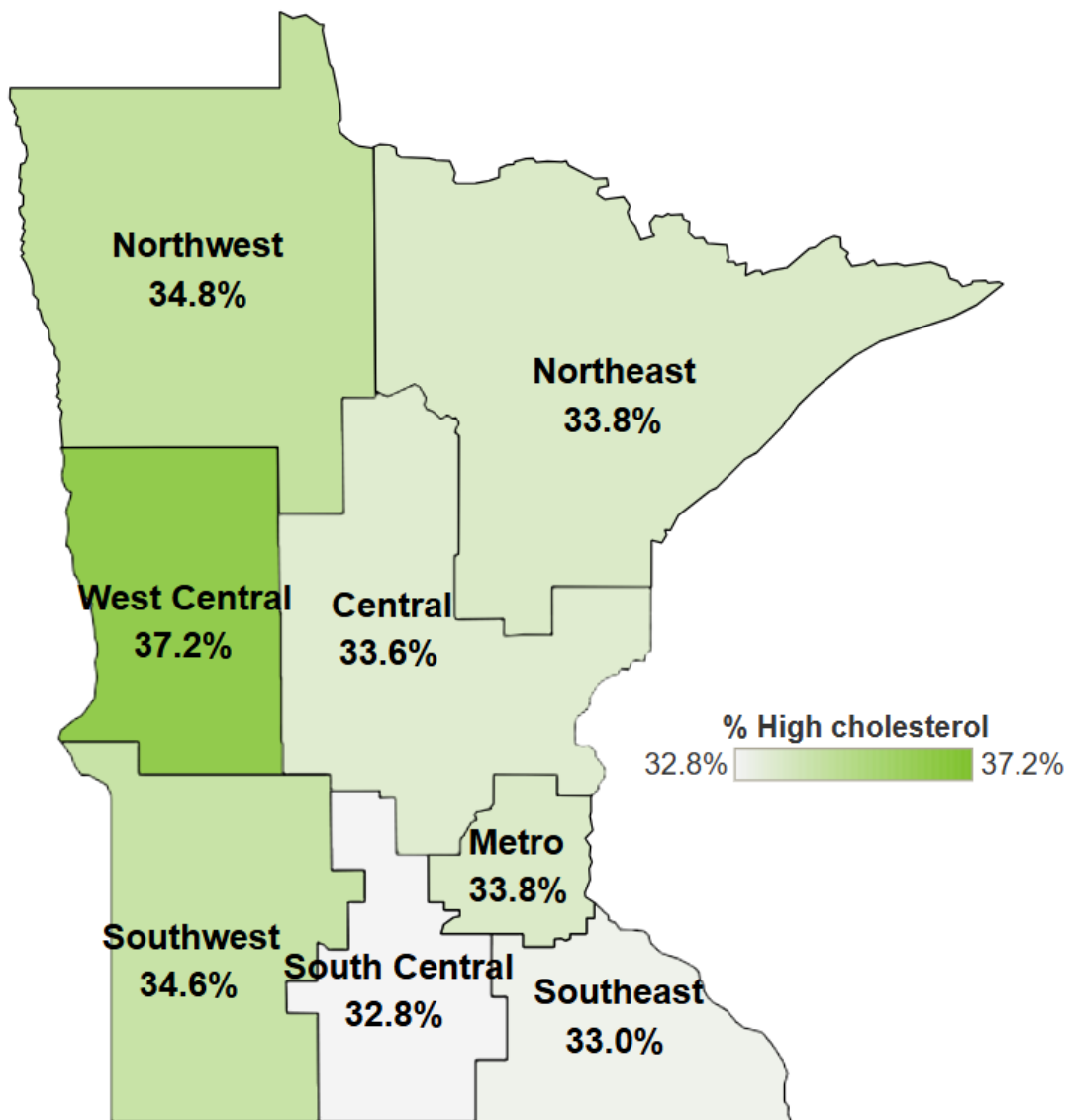
†Statistical significance not tested

*Differences are statistically significant

■ Differences are not statistically significant

NH = non-Hispanic
AIAN = American Indian / Alaska Native

Figure 44. Minnesota adults who have been diagnosed with high cholesterol by region, 2023



The regional differences in high cholesterol among adults are not statistically significant.

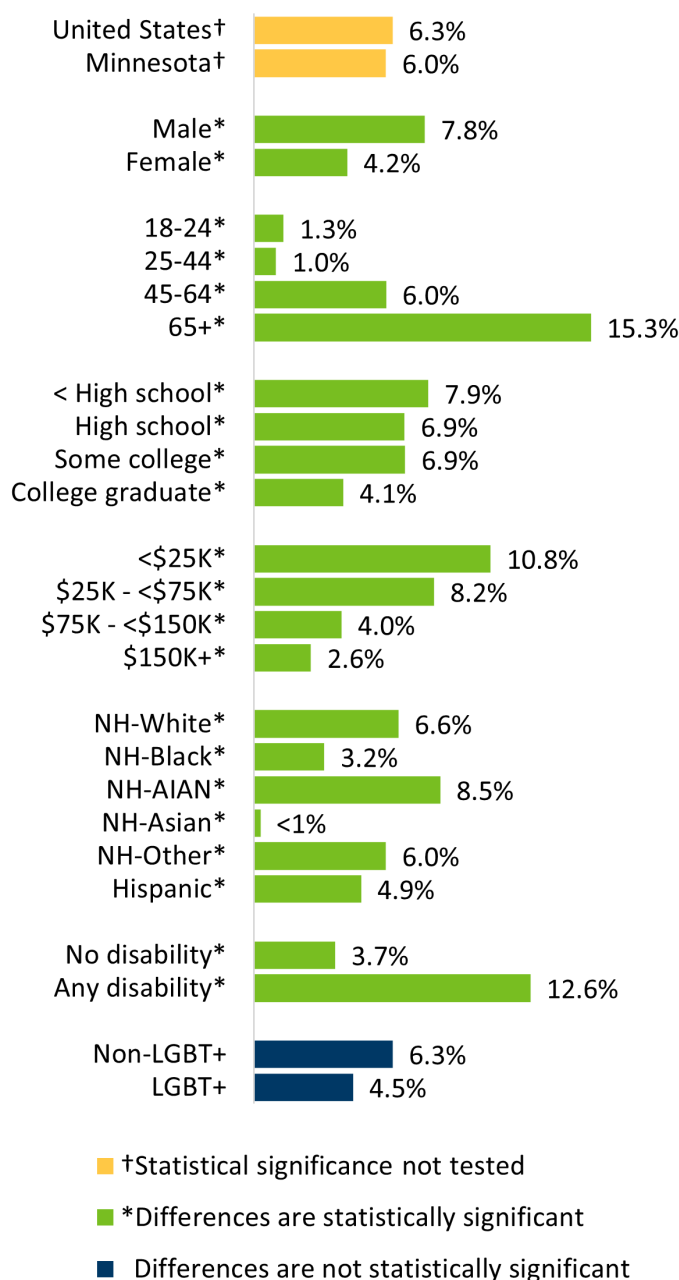
Myocardial infarction or coronary heart disease

Respondents reported whether they have ever been told by a health care professional that they have myocardial infarction (MI) or coronary heart disease (CHD).

Key findings

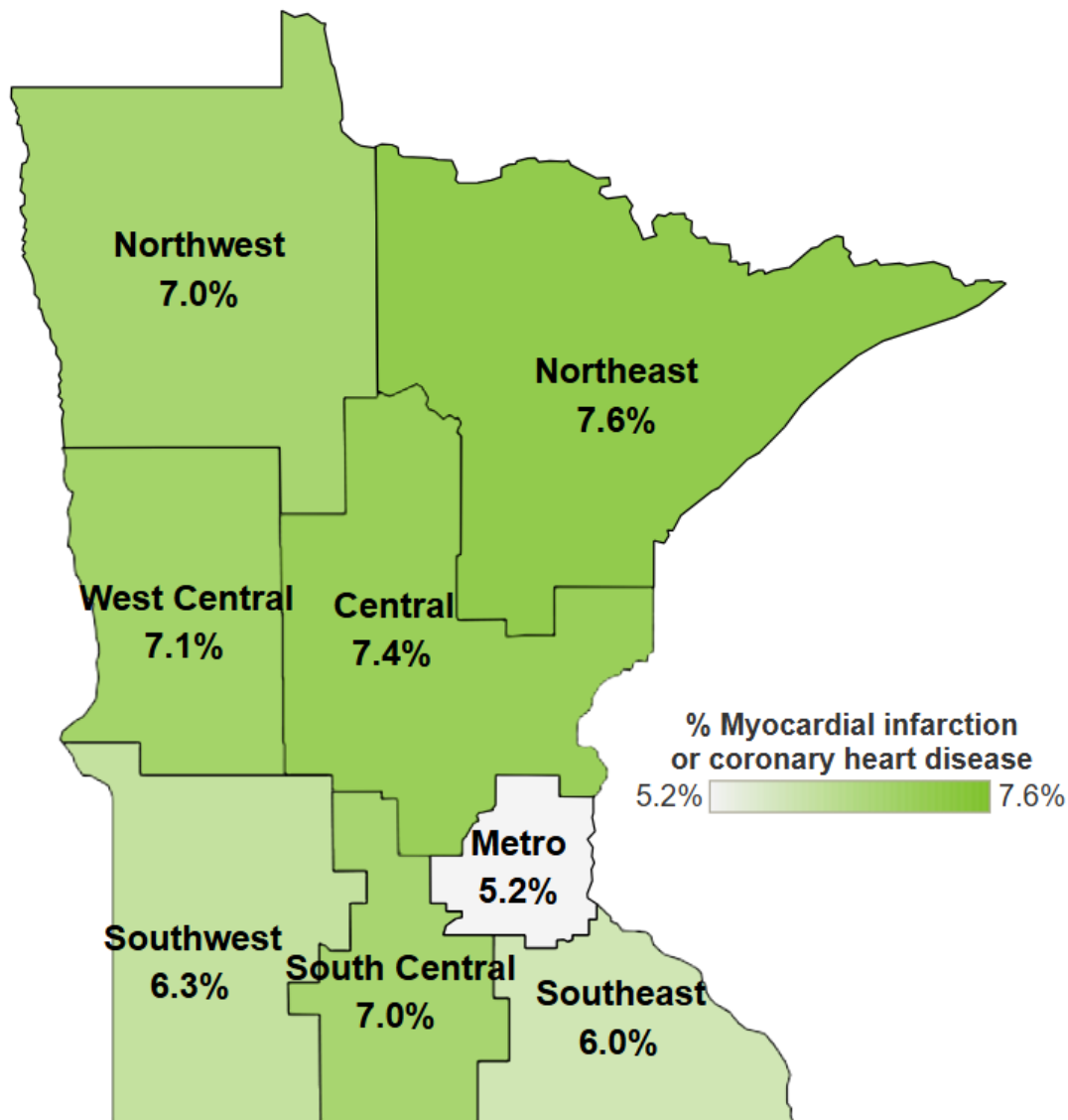
- The prevalence of CHD or MI in Minnesota is similar to the national average.
- Men are significantly more likely than women to report CHD or MI.
- CHD or MI is most prevalent among adults aged 65 years and older.
- College graduates are significantly less likely to report CHD or MI compared to those with less education.
- Adults with lower household incomes are over three times more likely to report CHD or MI than those with higher incomes.
- Non-Hispanic Asian adults are significantly less likely to report CHD or MI than other racial and ethnic groups.
- Adults with disabilities are over three times more likely to report CHD or MI than those without disabilities.
- CHD or MI prevalence does not vary significantly by sexual orientation and gender identity.

Figure 45. Minnesota adults who have been diagnosed with myocardial infarction or coronary heart disease, 2023



NH = non-Hispanic
AIAN = American Indian / Alaska Native

Figure 46. Minnesota adults who have been diagnosed with myocardial infarction or coronary heart disease by region, 2023



The regional differences in myocardial infarction or coronary heart disease among adults are statistically significant.

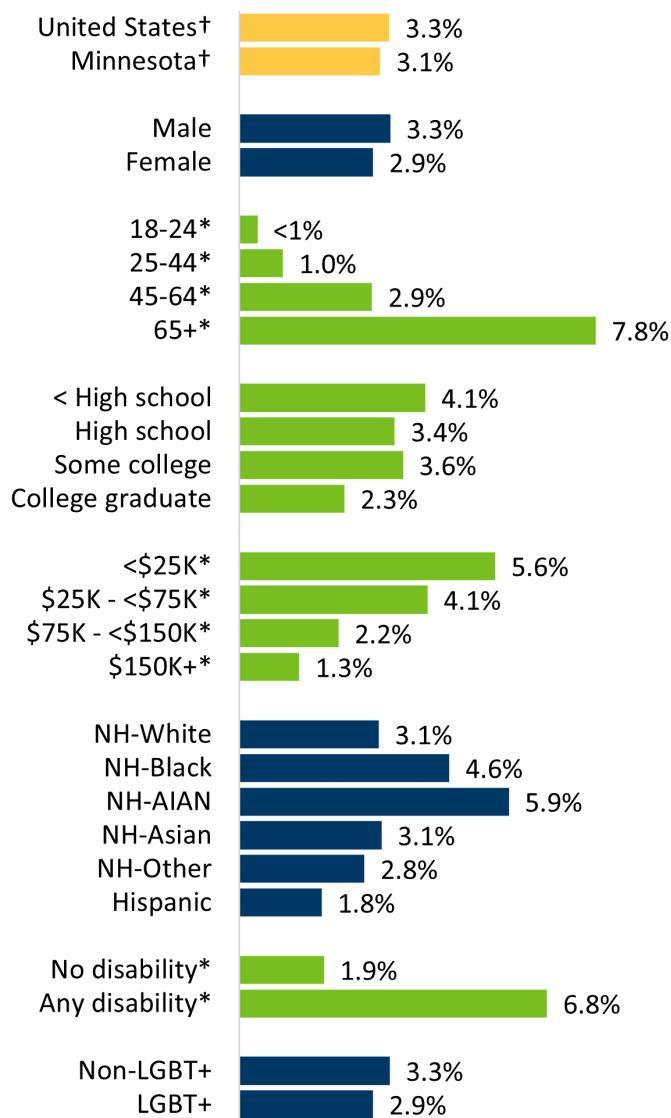
Stroke

Respondents reported whether a doctor or health care professional had ever told them they had experienced a stroke.

Key findings

- The percentage of adults in Minnesota reporting a stroke is similar to the national average.
- There are no significant differences in stroke prevalence by gender.
- Adults aged 65 years and above are significantly more likely to report having a stroke compared to younger age groups.
- Adults with higher levels of education and household income are significantly less likely to report experiencing a stroke.
- There is no significant difference in the prevalence of stroke by race and ethnicity.
- Adults with disabilities are more than three times as likely to report having a stroke compared to those without disabilities.
- There are no significant differences in stroke prevalence by sexual orientation and gender identity.

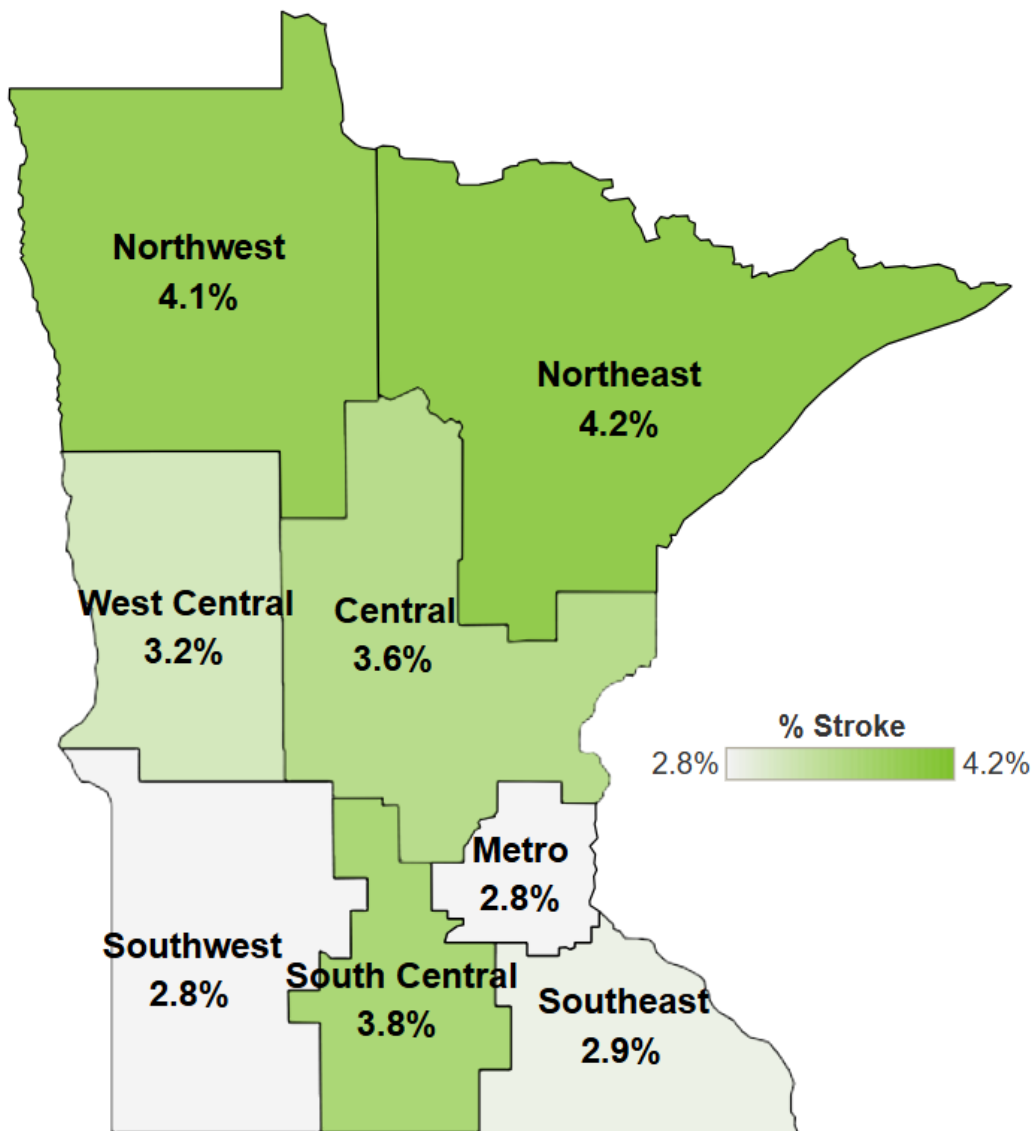
Figure 47. Minnesota adults who have been diagnosed with stroke, 2023



- †Statistical significance not tested
- *Differences are statistically significant
- Differences are not statistically significant

NH = non-Hispanic
AIAN = American Indian / Alaska Native

Figure 48. Minnesota adults who have been diagnosed with stroke by region, 2023



The regional differences in stroke prevalence among adults are not statistically significant.

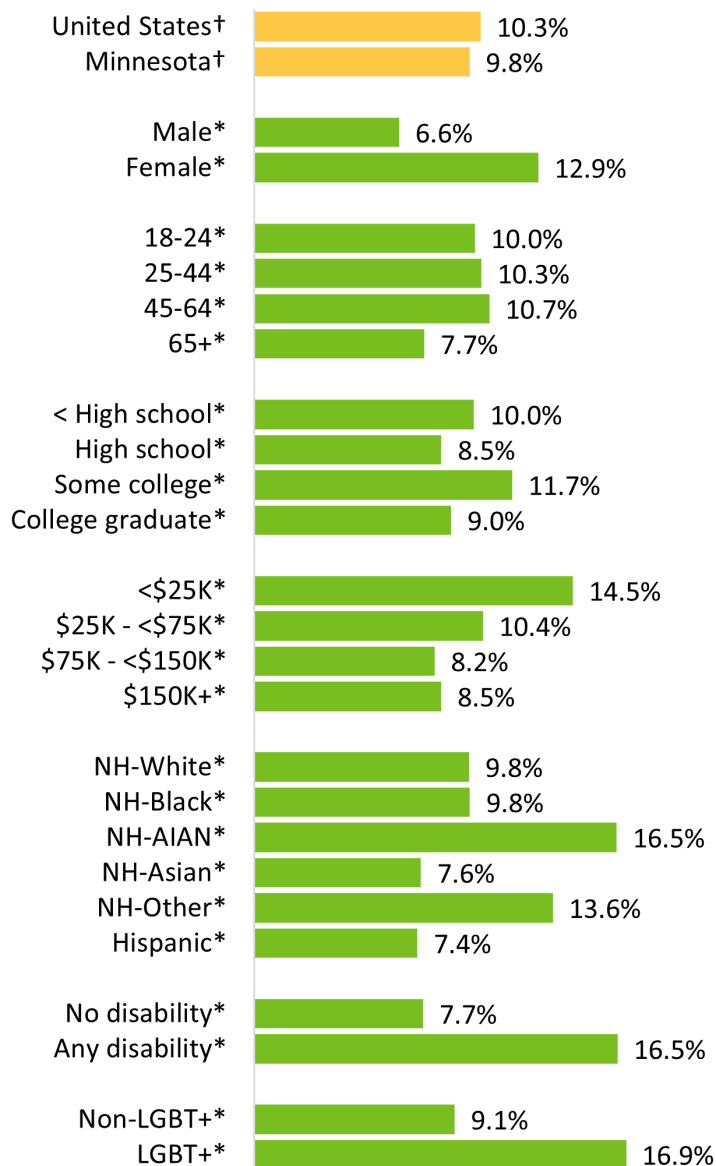
Asthma

Respondents were asked whether they have ever been diagnosed with asthma and, if yes, whether they still have asthma. Those who responded “yes” to both questions were classified as having asthma.

Key findings

- 9.8% of Minnesota adults report currently having asthma, which is slightly lower than the national average.
- Women are nearly twice as likely to report having asthma compared to men.
- The prevalence of asthma is significantly lower among adults aged 65 years and above compared to younger adults.
- There is no significant difference in the prevalence of asthma by educational attainment.
- The prevalence of asthma is highest among adults in the lowest household income group.
- Asthma prevalence is highest among non-Hispanic Asian adults.
- Adults with any disability are twice as likely to report having asthma compared to adults without disabilities.
- LGBT+ adults are significantly more likely to report having asthma compared to non-LGBT+ adults.

Figure 49. Minnesota adults who have been diagnosed with asthma, 2023

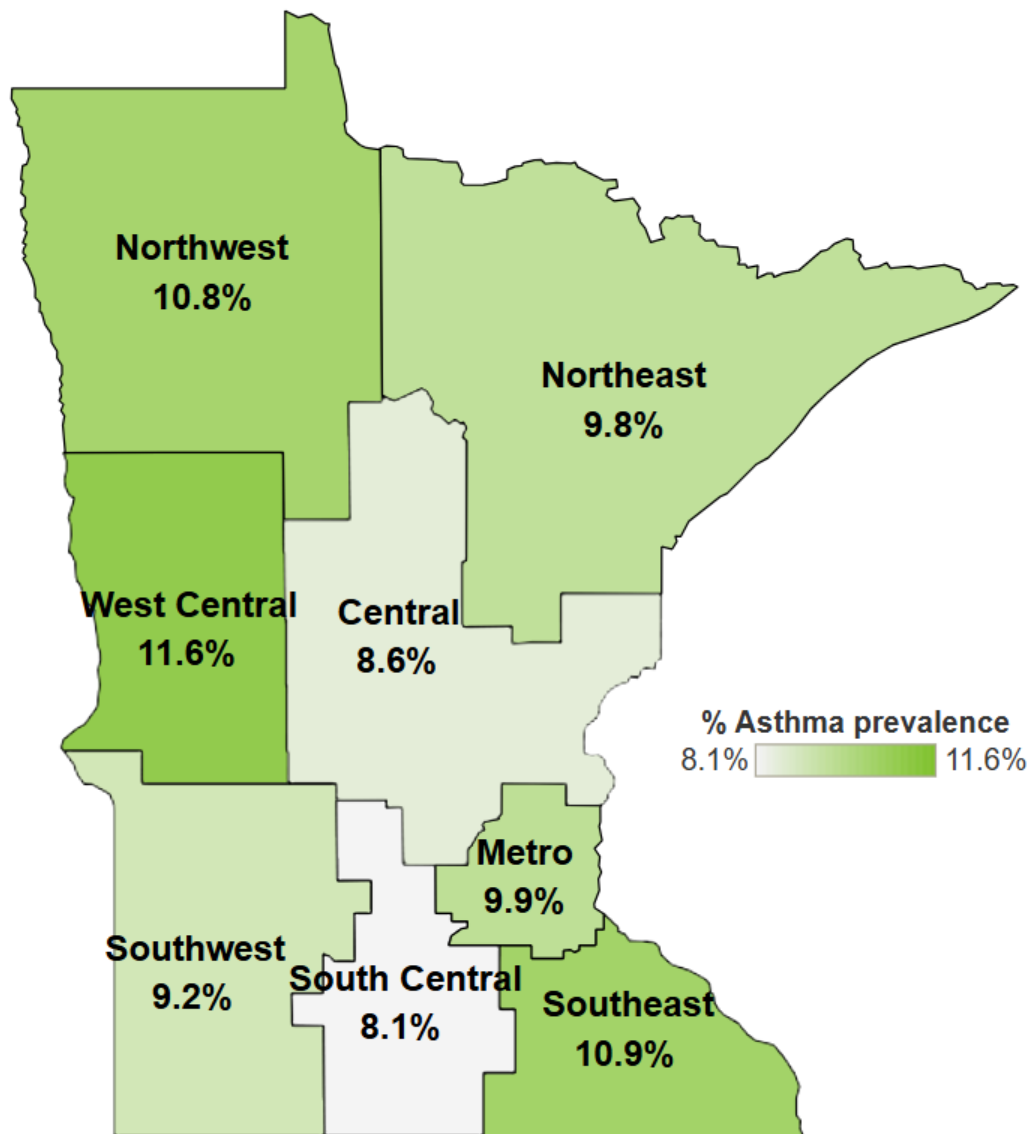


†Statistical significance not tested

*Differences are statistically significant

NH = non-Hispanic
AIAN = American Indian / Alaska Native

Figure 50. Minnesota adults who have been diagnosed with asthma by region, 2023



The regional differences in current asthma prevalence among adults are not statistically significant.

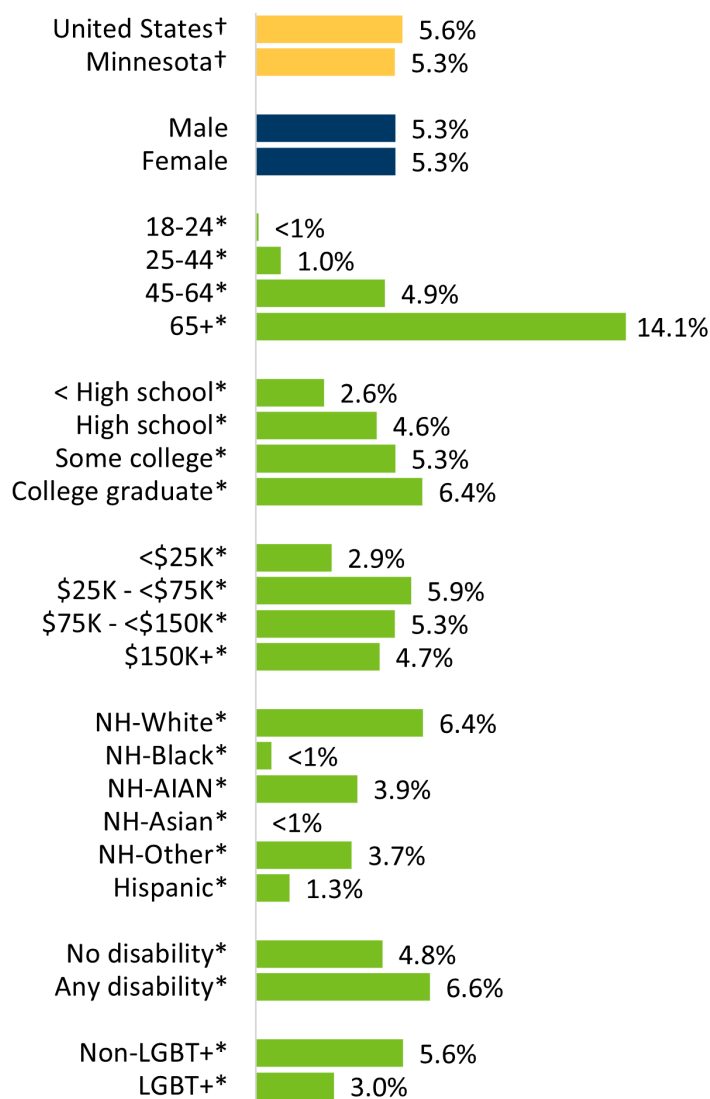
Skin cancer

Respondents reported whether they have ever been told by a doctor or health care profession that they had non-melanoma skin cancer.

Key findings

- The prevalence of skin cancer among adults in Minnesota is 5.3%, which is similar to the national average.
- There is no significant difference in the prevalence of skin cancer by gender.
- Adults aged 65 years and older are significantly more likely to report skin cancer than younger adults.
- The prevalence of skin cancer increases with higher education levels.
- The prevalence of skin cancer varies significantly across household income groups and is lowest among adults in the lowest income group.
- The prevalence of skin cancer is highest among non-Hispanic White adults, followed by non-Hispanic American Indian adults.
- Adults with any disability are significantly more likely to report skin cancer than those without disabilities.
- The prevalence of skin cancer is significantly higher among non-LGBT+ adults compared to LGBT+ adults.

Figure 51. Minnesota adults who have been diagnosed with non-melanoma skin cancer, 2023



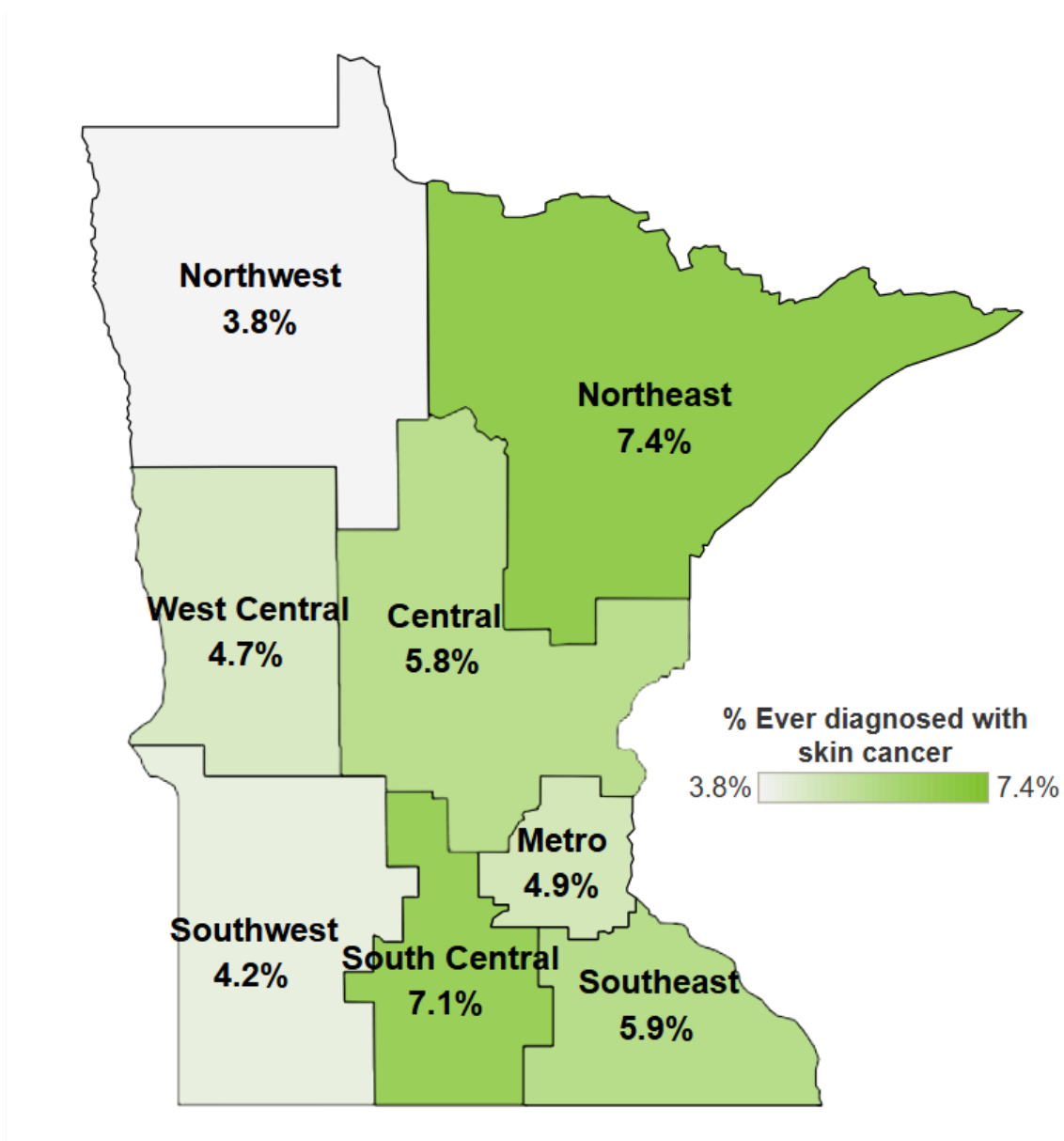
†Statistical significance not tested

*Differences are statistically significant

■ Differences are not statistically significant

NH = non-Hispanic
AIAN = American Indian / Alaska Native

Figure 52. Minnesota adults who have been diagnosed with non-melanoma skin cancer by region, 2023



The regional differences in non-melanoma skin cancer prevalence among adults are statistically significant.

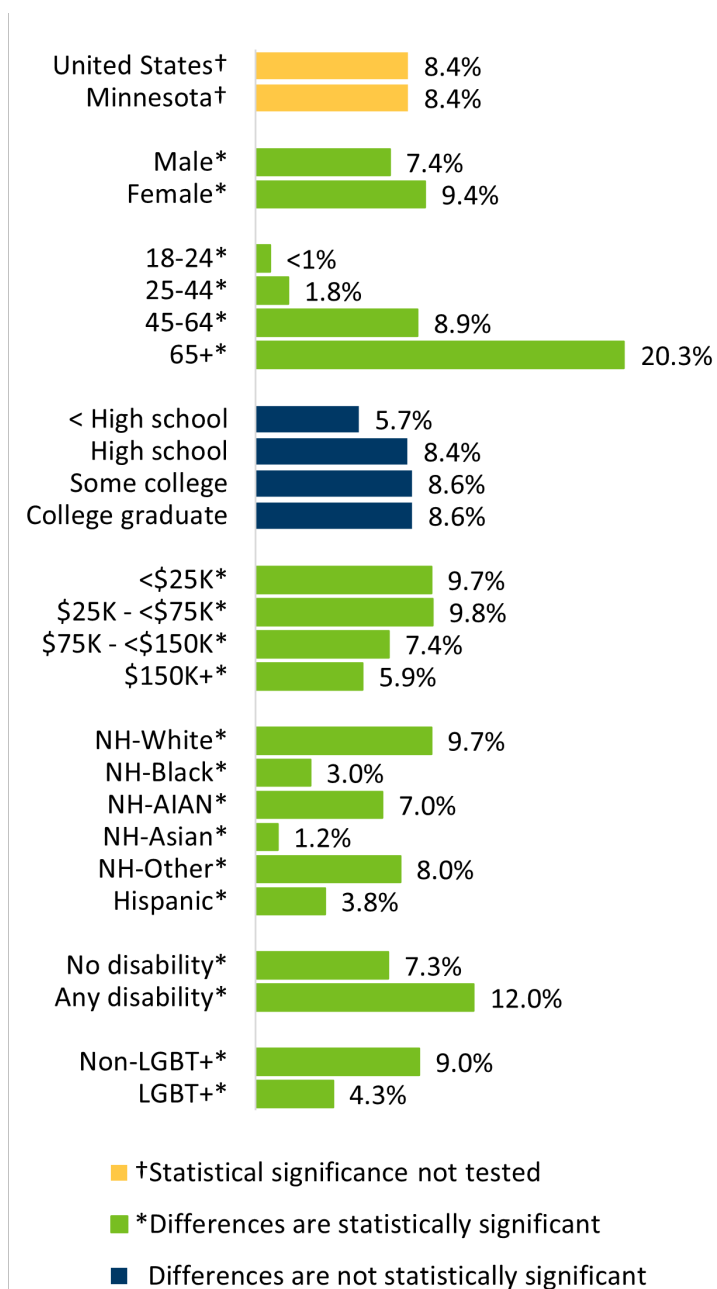
Melanoma and other non-skin cancers

Respondents reported whether they had ever been told they had melanoma (a type of skin cancer that begins in melanocytes, the cells responsible for producing melanin) or any other type of cancer, excluding non-melanoma skin cancer.

Key findings

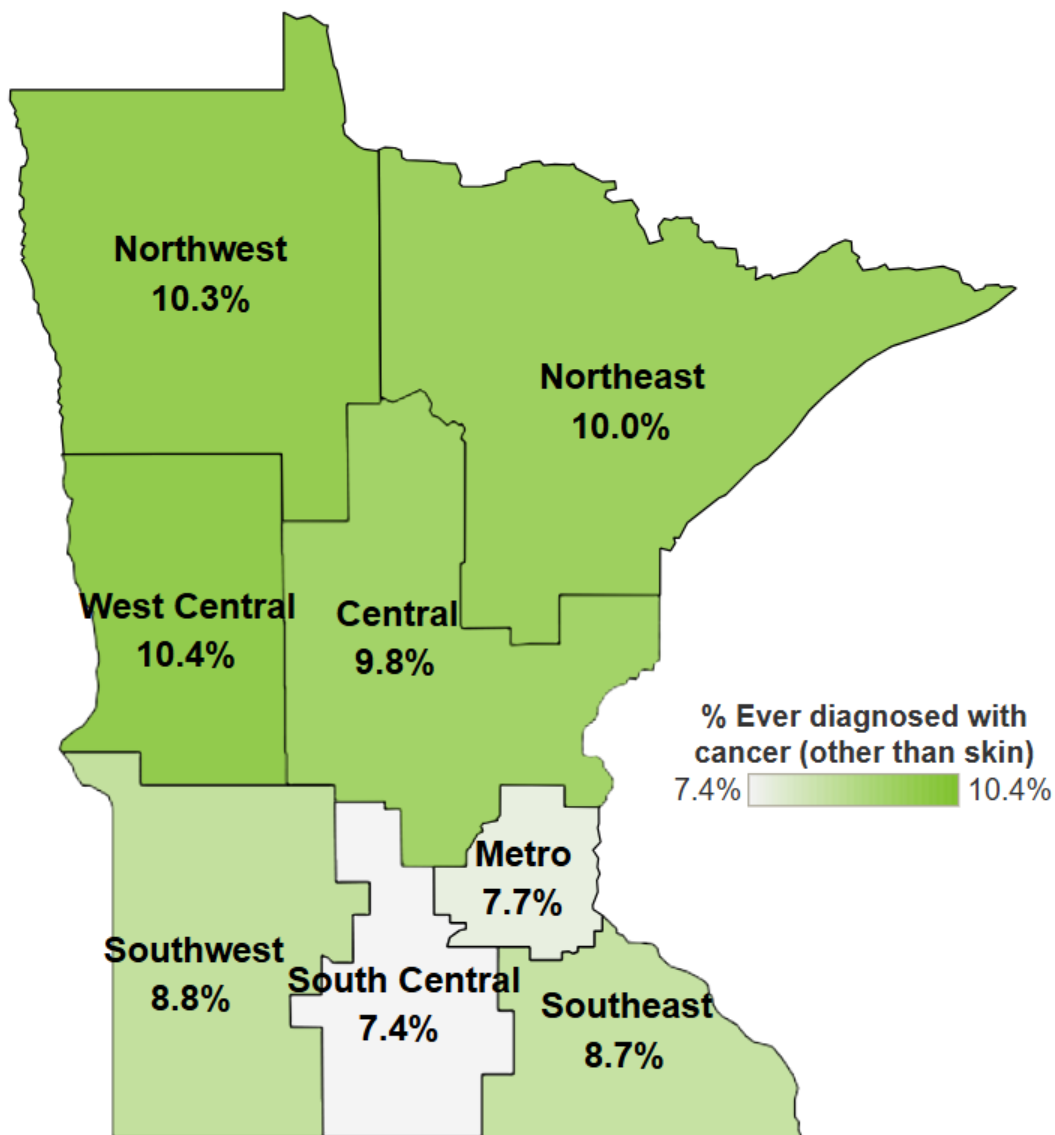
- 8.4% of adults in Minnesota and the U.S. report having melanoma or any other non-skin cancer.
- The prevalence of melanoma or any other non-skin cancer is significantly higher among women than men.
- Adults aged 65 years and above are significantly more likely to report melanoma or any other non-skin cancer compared to younger adults.
- There is no significant difference in the prevalence of melanoma or any other non-skin cancer by education level.
- Adults with higher household incomes are significantly less likely to report melanoma or any other non-skin cancer.
- The prevalence of melanoma or any other non-skin cancer is significantly higher among non-Hispanic White adults and lowest among non-Hispanic Asian adults.
- Adults with any disability are significantly more likely to report melanoma or any other non-skin cancer.
- The prevalence of melanoma or any other non-skin cancer is significantly higher among non-LGBT+ adults.

Figure 53. Minnesota adults who have been diagnosed with melanoma and any other non-skin cancer, 2023



NH = non-Hispanic
AIAN = American Indian / Alaska Native

Figure 54. Minnesota adults who have been diagnosed with melanoma and any other non-skin cancer by region, 2023



The regional differences in melanoma and any other non-skin cancer among adults are statistically significant.

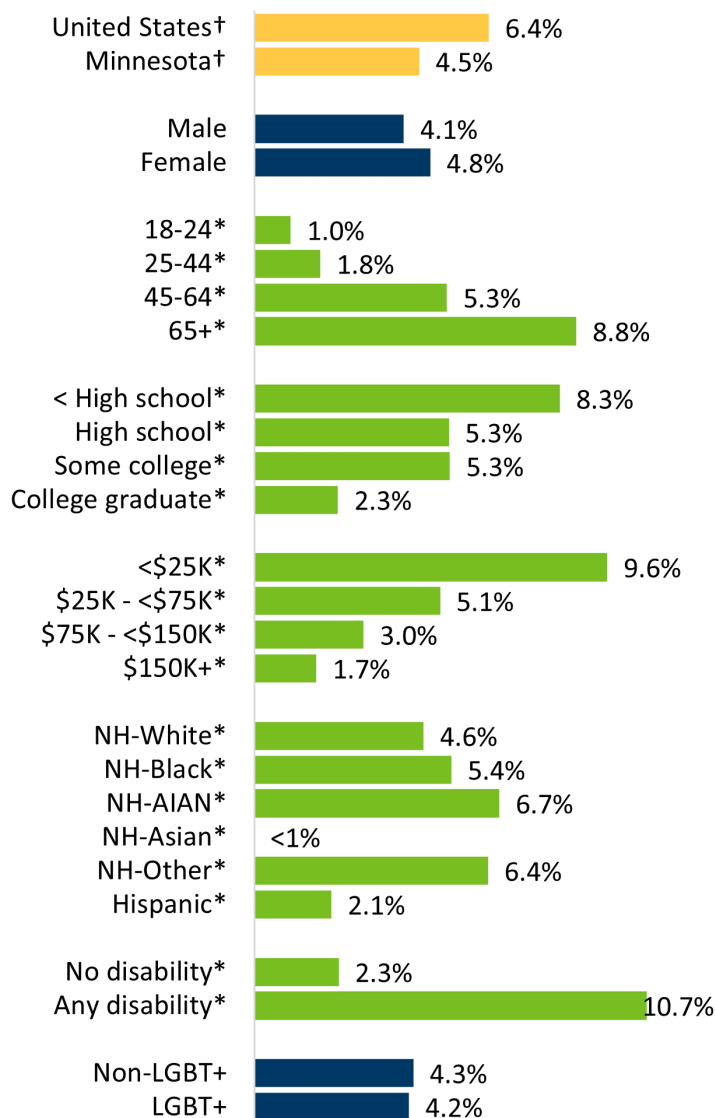
Chronic obstructive pulmonary disease (COPD)

Respondents reported whether a doctor or other health professional ever told them they had COPD (chronic obstructive pulmonary disease), which includes emphysema or chronic bronchitis.

Key findings

- Approximately 4.5% of Minnesota adults report having COPD, which is lower than the national average.
- There is no significant difference in COPD prevalence by gender.
- The prevalence of COPD is significantly higher among adults aged 45 years and older compared to younger adults.
- The percentage of adults reporting COPD decreases significantly with higher education levels and household income.
- Non-Hispanic Asian adults and Hispanic adults are significantly less likely to report COPD compared to other racial and ethnic groups.
- Adults with any disability are nearly five times more likely to report COPD compared to those without disabilities.
- There is no significant difference in COPD prevalence by sexual orientation and gender identity.

Figure 55. Minnesota adults who have been diagnosed with COPD, 2023



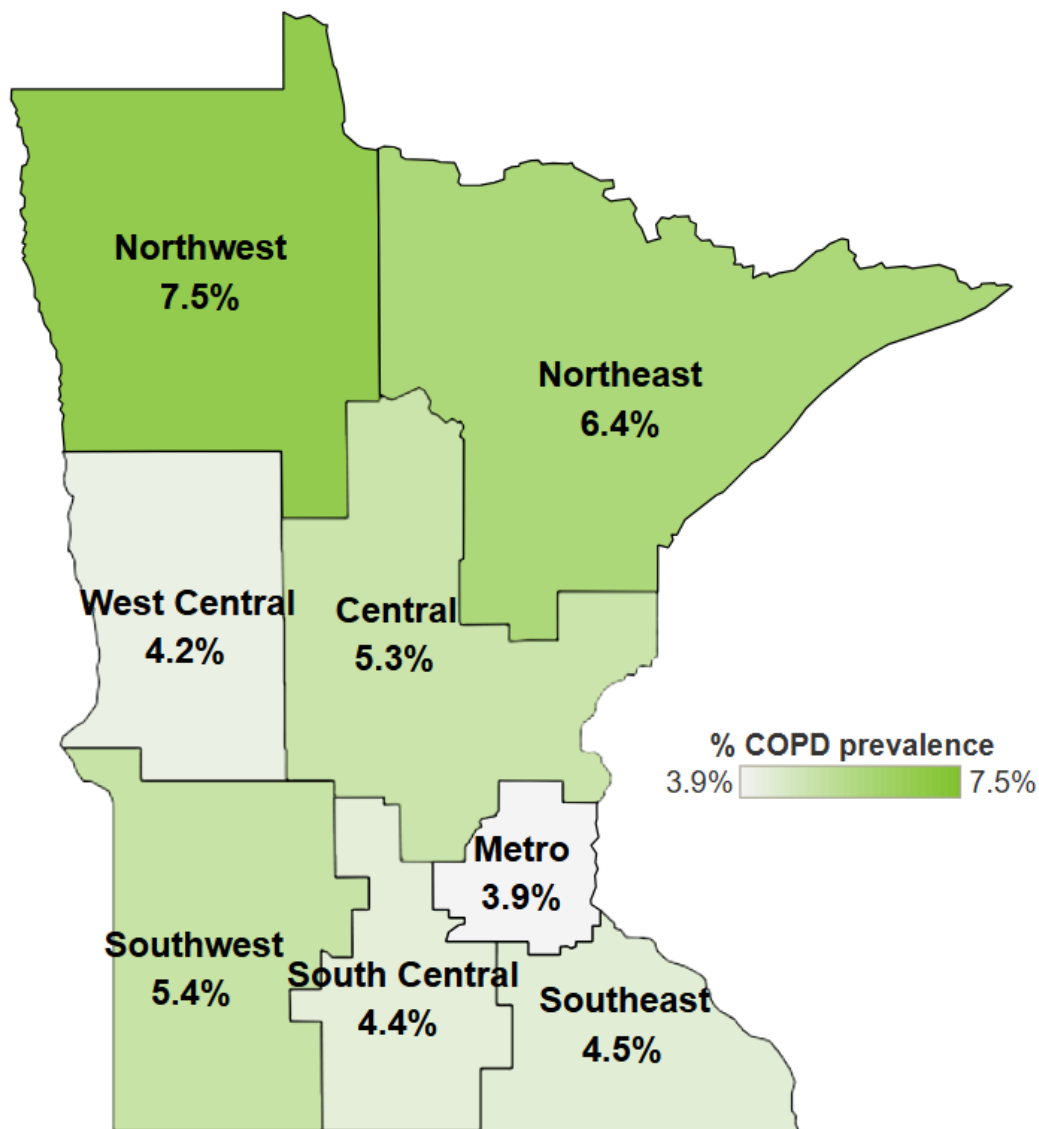
†Statistical significance not tested

*Differences are statistically significant

■ Differences are not statistically significant

NH = non-Hispanic
AIAN = American Indian / Alaska Native

Figure 56. Minnesota adults who have been diagnosed with COPD by region, 2023



The regional differences in COPD prevalence among adults are statistically significant.

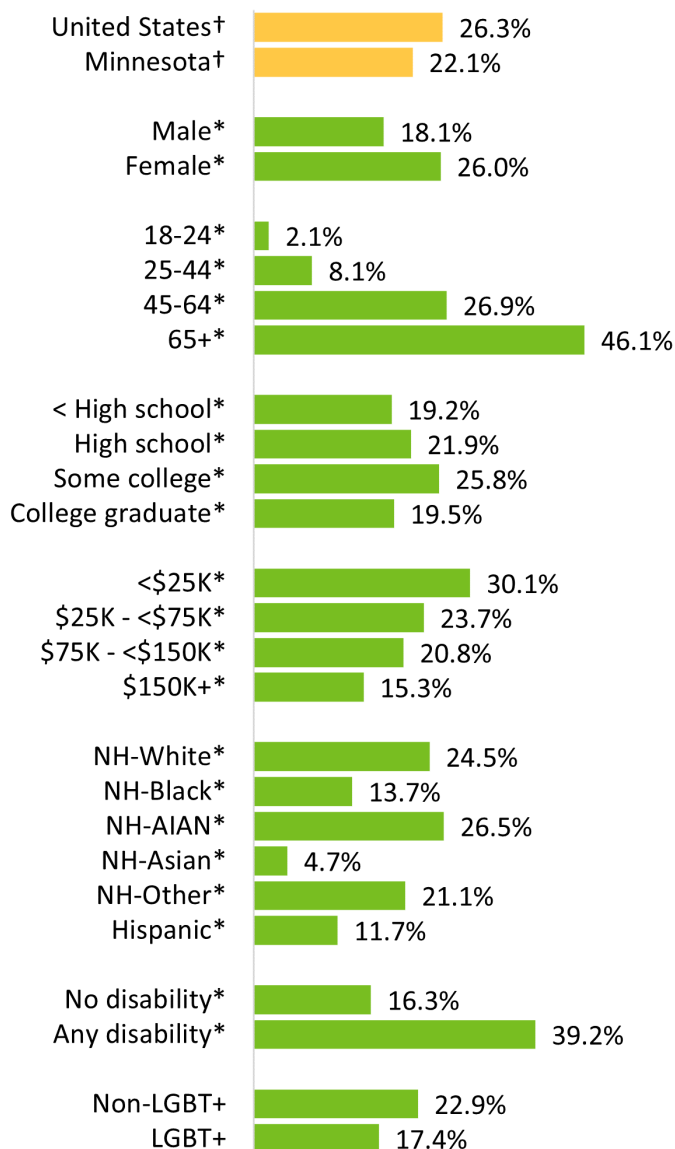
Arthritis

Respondents reported whether they have been told by a doctor or other health care professional that they have arthritis.

Key findings

- Nearly 22% of Minnesota adults report having an arthritis diagnosis which is lower than the national average.
- Women are significantly more likely to report an arthritis diagnosis than men.
- The prevalence of arthritis increases significantly with age.
- Adults with some college education are significantly more likely to report an arthritis diagnosis.
- The prevalence of arthritis decreases significantly with increasing household income.
- Non-Hispanic Asian adults are significantly less likely to report an arthritis diagnosis than individuals from other racial and ethnic groups.
- Adults with any disability are about twice as likely to report an arthritis diagnosis compared to those without any disabilities.
- LGBT+ adults are significantly less likely to report an arthritis diagnosis than non-LGBT+ adults.

Figure 57. Minnesota adults who have been diagnosed with arthritis, 2023

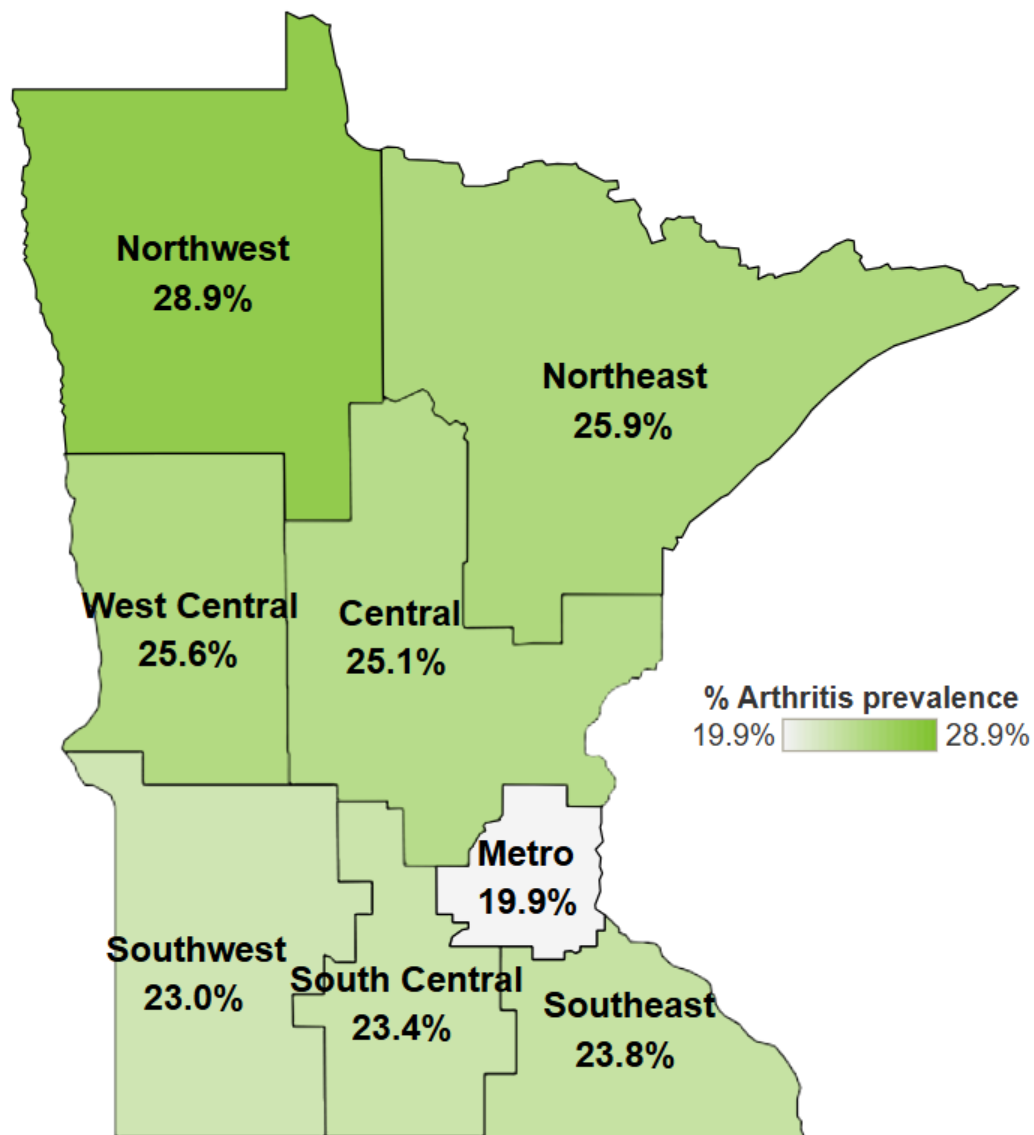


†Statistical significance not tested

*Differences are statistically significant

NH = non-Hispanic
AIAN = American Indian / Alaska Native

Figure 58. Minnesota adults who have been diagnosed with arthritis by region, 2023



The regional differences in arthritis prevalence among adults are statistically significant.

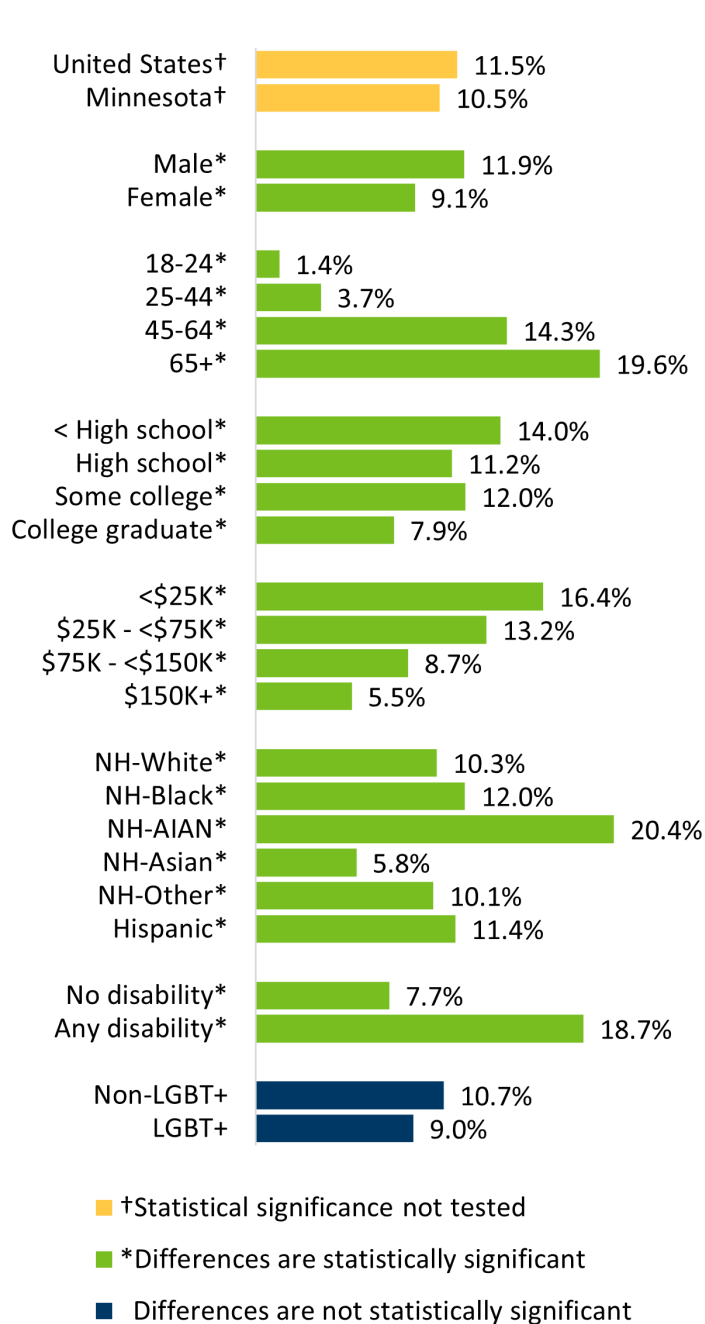
Diabetes

Respondents reported whether they have been told by a doctor or health care professional that they have diabetes. This includes both Type I and Type II. This does not include women who were only told they had diabetes while they were pregnant.

Key findings

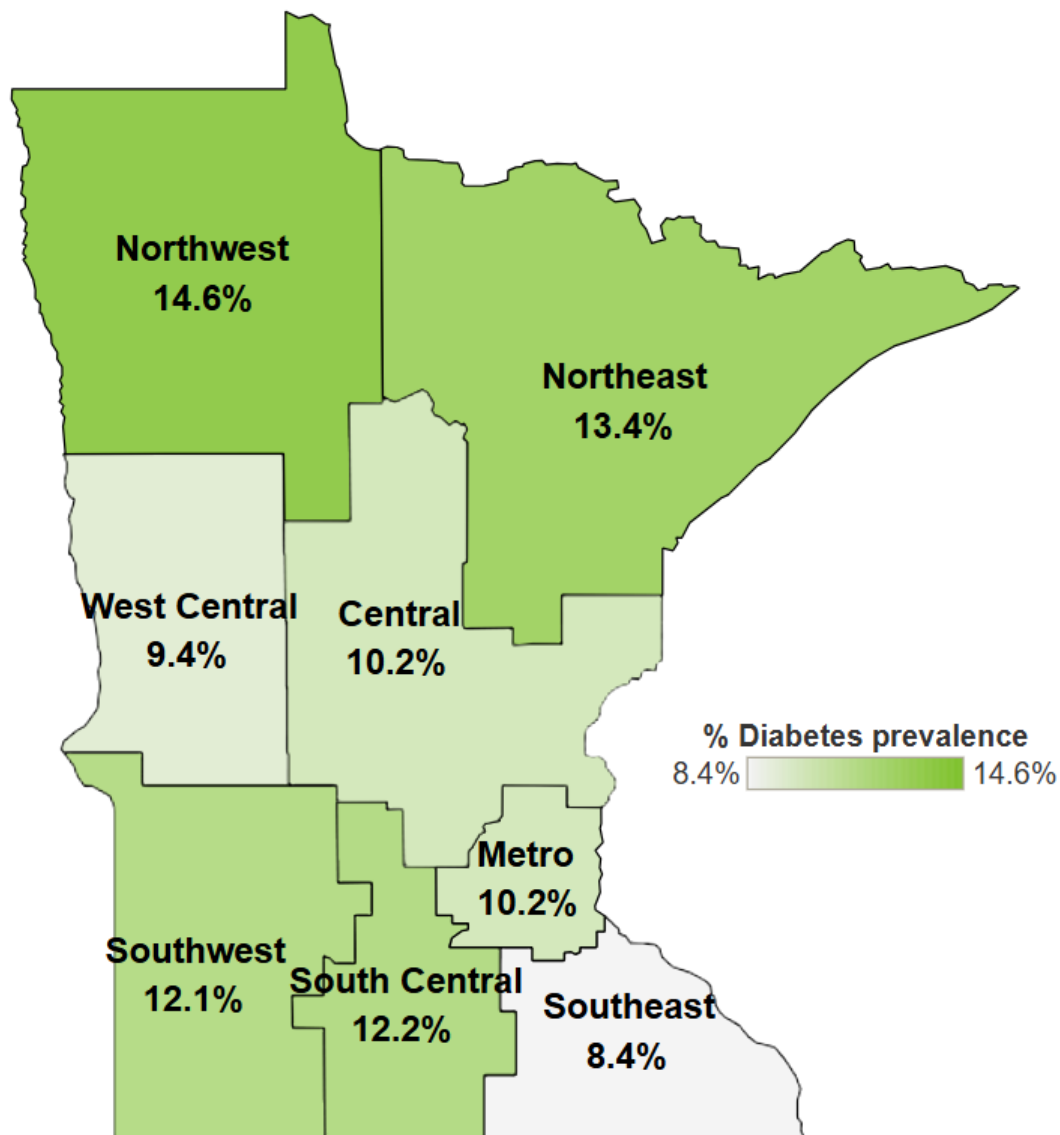
- About 10.5% of Minnesota adults reported having diabetes, which is slightly lower than the national average.
- Men are significantly more likely to report a diabetes diagnosis than women.
- The prevalence of diabetes increases significantly with age.
- Adults with higher education levels and higher household incomes are significantly less likely to report a diabetes diagnosis.
- Non-Hispanic Asian adults are significantly less likely to report a diabetes diagnosis than individuals from other ethnic groups.
- Adults with any disability are over twice as likely to report a diabetes diagnosis compared to those without disabilities.
- There is no significant difference in the prevalence of diabetes by gender identity or sexual orientation.

Figure 59. Minnesota adults who have been diagnosed with diabetes, 2023



NH = non-Hispanic
AIAN = American Indian / Alaska Native

Figure 60. Minnesota adults who have been diagnosed with diabetes by region, 2023



The regional differences in diabetes prevalence among adults are statistically significant.

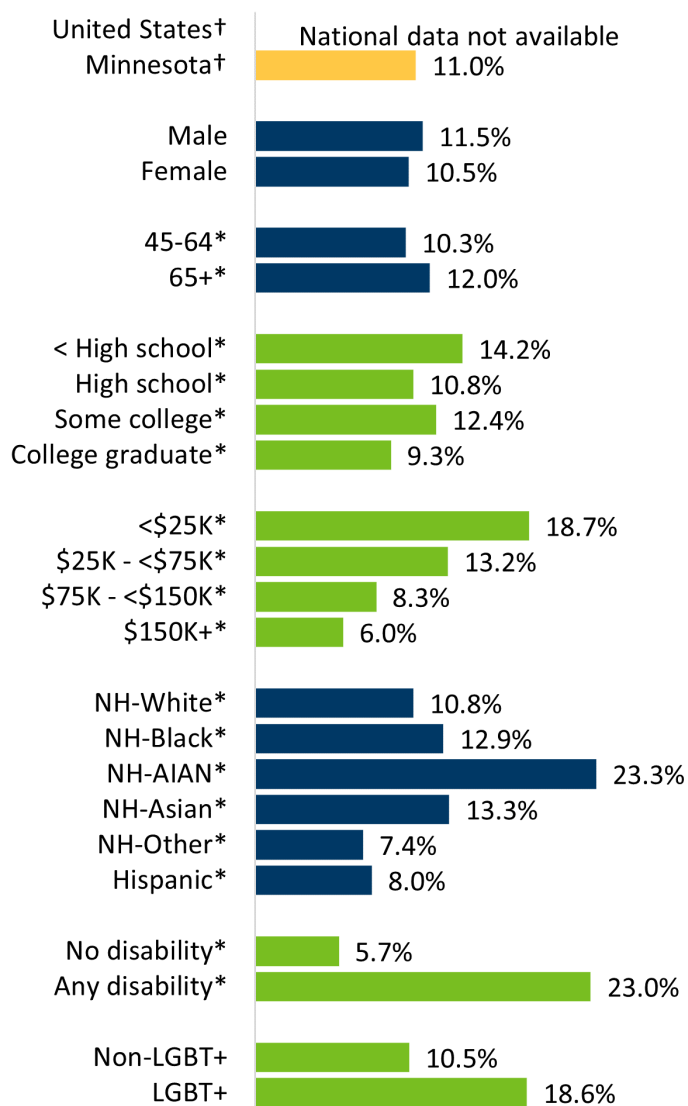
Cognitive decline

Respondents aged 45 years and above reported whether they had experienced difficulties with thinking or memory that occurred more frequently or worsened during the past 12 months. Those who reported “yes” were categorized as having cognitive decline.

Key findings

- About 11% of Minnesota adults reported experiencing cognitive decline.
- There is no significant difference in cognitive decline by gender.
- Adults 65 and older are not significantly more likely to report worsening memory than adults aged 45-64. Note that adults living in a nursing home or memory care are not included in the BRFSS.
- Adults with higher education levels and higher household incomes are significantly less likely to report cognitive decline.
- There is no significant difference in reports of cognitive decline by race or ethnicity.
- Adults with any disability are over four times more likely to report cognitive decline than those without any disabilities.
- LGBT+ adults are significantly more likely to report cognitive decline than non-LGBT+ adults.

Figure 61. Minnesota adults 45 years and older with cognitive decline, 2023



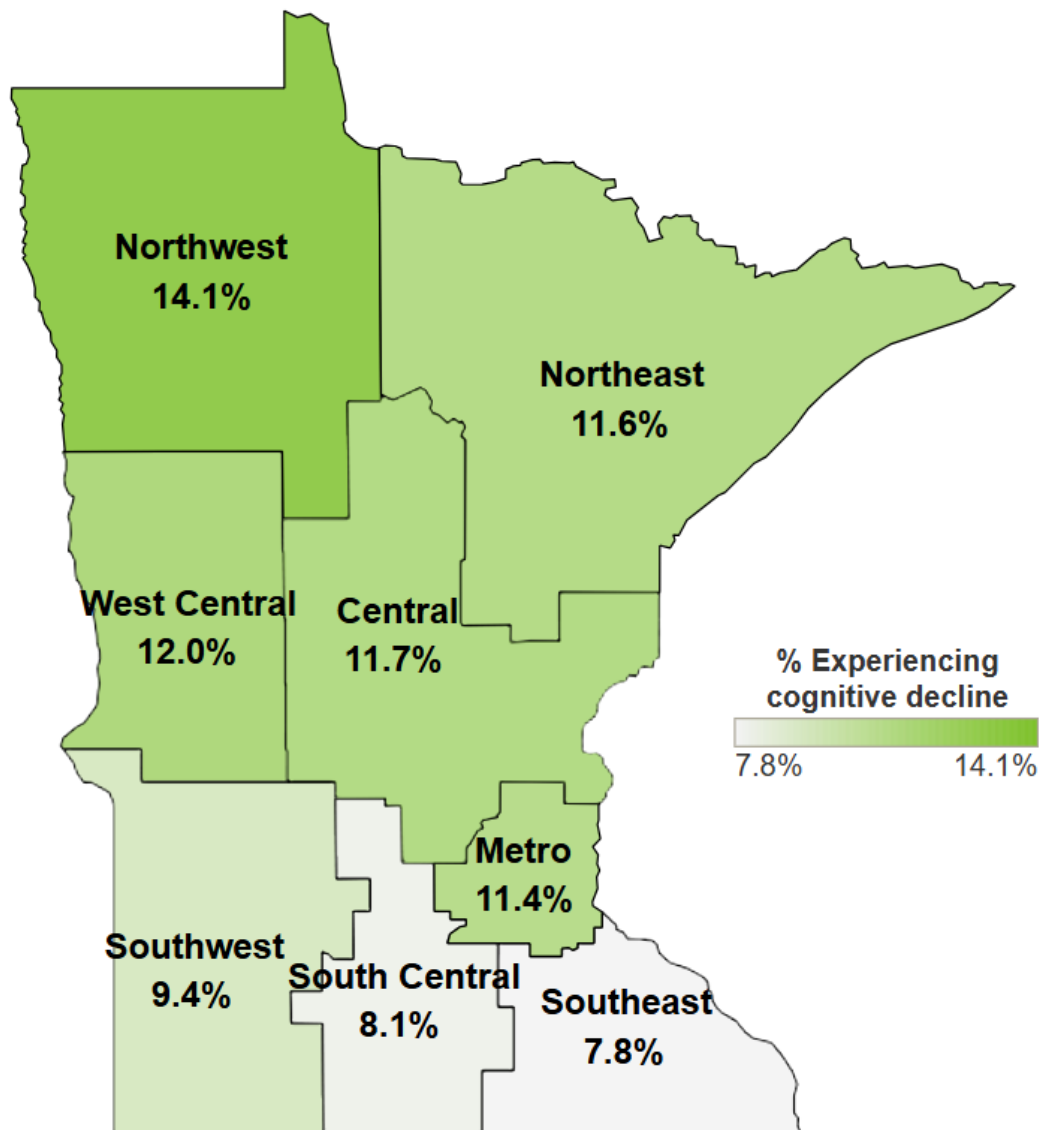
†Statistical significance not tested

*Differences are statistically significant

■ Differences are not statistically significant

NH = non-Hispanic
AIAN = American Indian / Alaska Native

**Figure 62. Minnesota adults 45 years and older
with cognitive decline by region, 2023**



The regional differences in cognitive decline among adults 45 years and older are not statistically significant.

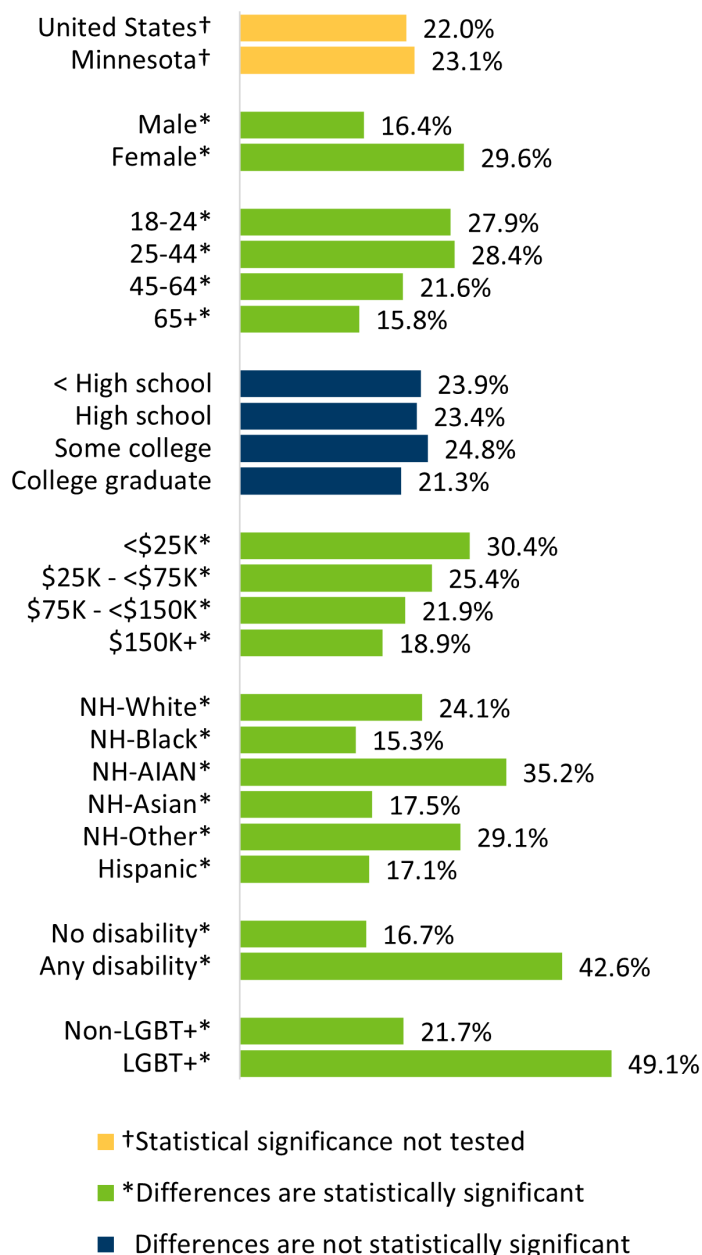
Depression

Respondents reported whether a doctor had ever told them they had a depressive disorder.

Key findings

- Nearly 23% of Minnesota adults report being diagnosed with depression, which is slightly higher than the national average.
- Women are significantly more likely than men to report a diagnosis of depression.
- Adults aged 65 years and above are significantly less likely to report a diagnosis of depression compared to other age groups.
- There is no significant difference in depression diagnoses by education level.
- Adults with higher household incomes are significantly less likely to report a depression diagnosis compared to those in lower income groups.
- Non-Hispanic Black adults are significantly less likely to report a depression diagnosis than adults from other racial and ethnic groups.
- Adults with disabilities are over twice as likely to report a depression diagnosis as those without any disabilities.
- Nearly half of LGBT+ adults report a depression diagnosis, compared with one in five non-LGBT+ adults.

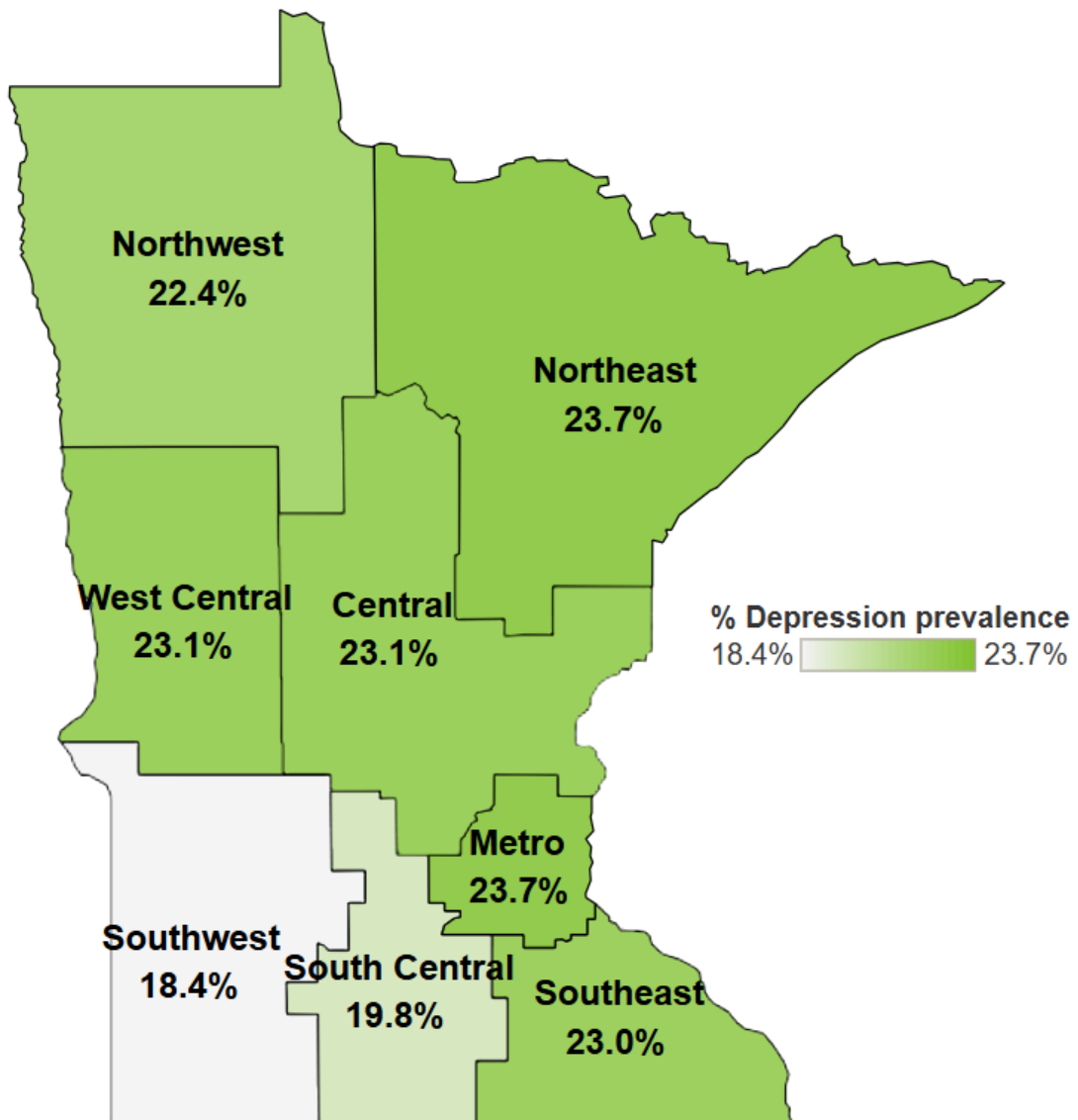
Figure 63. Minnesota adults who have been diagnosed with depression, 2023



NH = non-Hispanic
AIAN = American Indian / Alaska Native

Figure 64. Minnesota adults who have been diagnosed with depression by region, 2023

HEALTH STATUS AMONG MINNESOTA ADULTS, 2023:
BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS)



The regional differences in diagnosed depression among adults are not statistically significant.

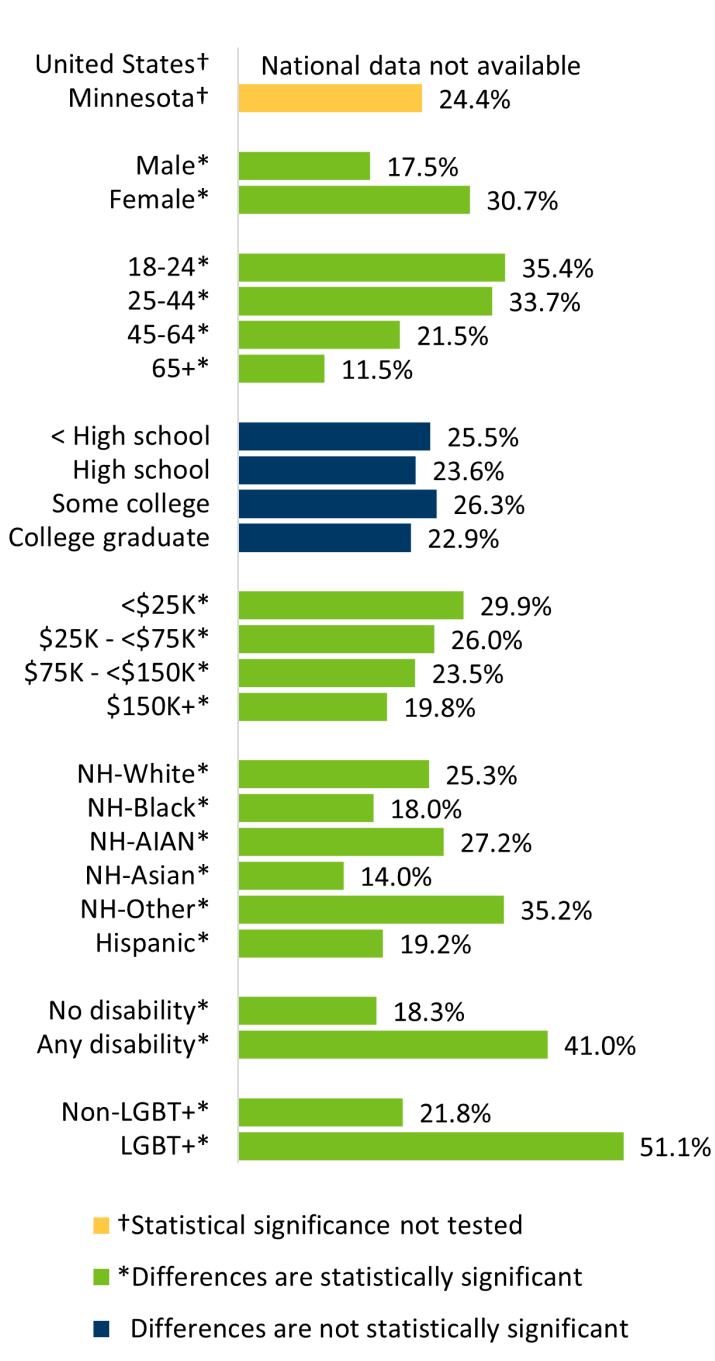
Anxiety

Respondents reported whether a doctor or any health care professional ever told them they had an anxiety disorder.

Key findings

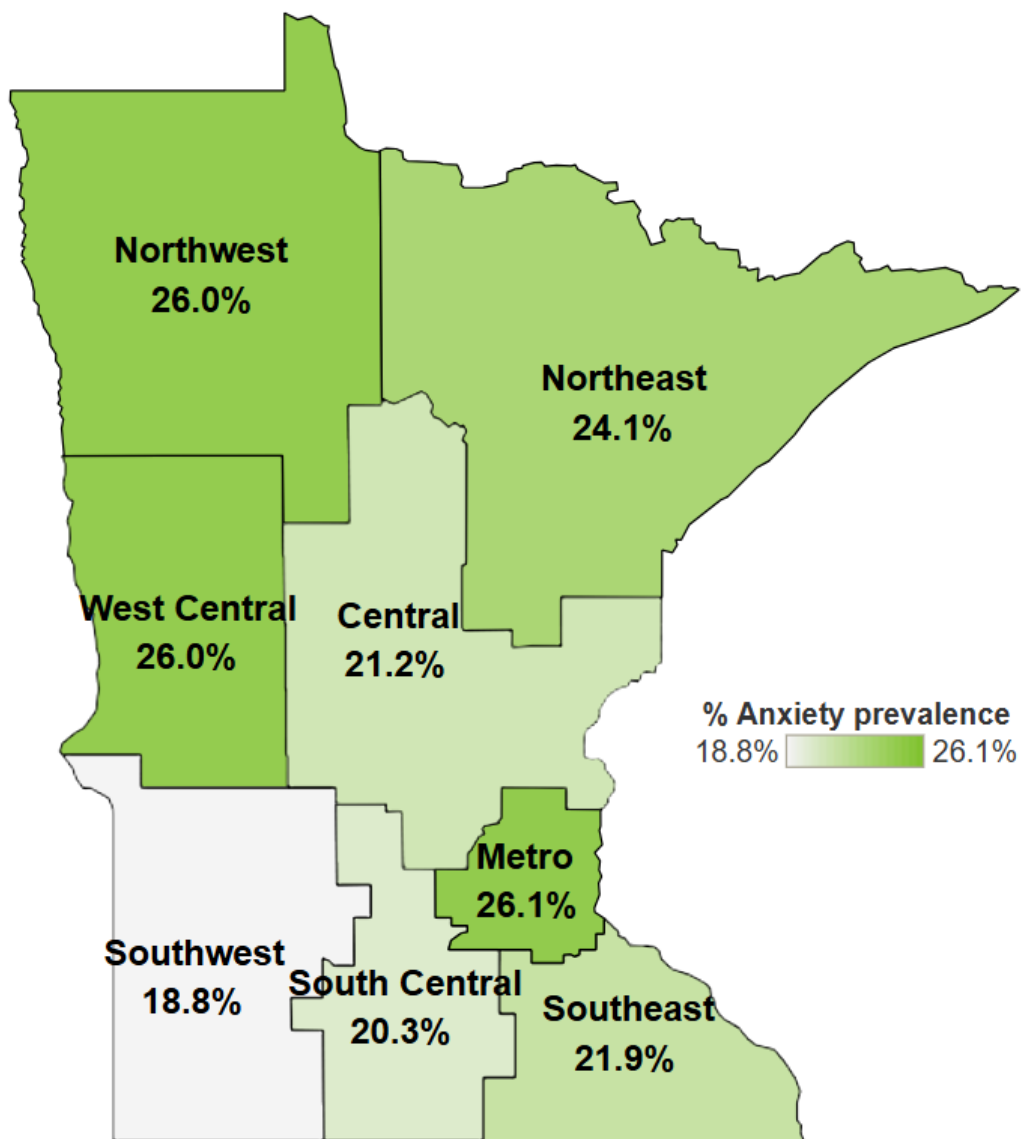
- Nearly one quarter of Minnesota adults report being diagnosed with anxiety by a health care professional.
- Women are significantly more likely to report an anxiety diagnosis than men.
- The prevalence of anxiety decreases significantly with increasing age.
- There is no significant difference in anxiety diagnoses by education level.
- Adults with higher household incomes are significantly less likely to report an anxiety diagnosis compared to those with lower household incomes.
- Non-Hispanic Asian adults are significantly less likely to report an anxiety diagnosis than individuals from other racial and ethnic groups.
- Adults with any disability are over twice as likely to report an anxiety diagnosis as those without any disabilities.
- LGBT+ adults are over twice as likely to report an anxiety diagnosis compared to non-LGBT+ adults.

Figure 65. Minnesota adults who have been diagnosed with anxiety, 2023



NH = non-Hispanic
AIAN = American Indian / Alaska Native

Figure 66. Minnesota adults who have been diagnosed with anxiety by region, 2023



The regional differences in anxiety prevalence among adults are statistically significant.

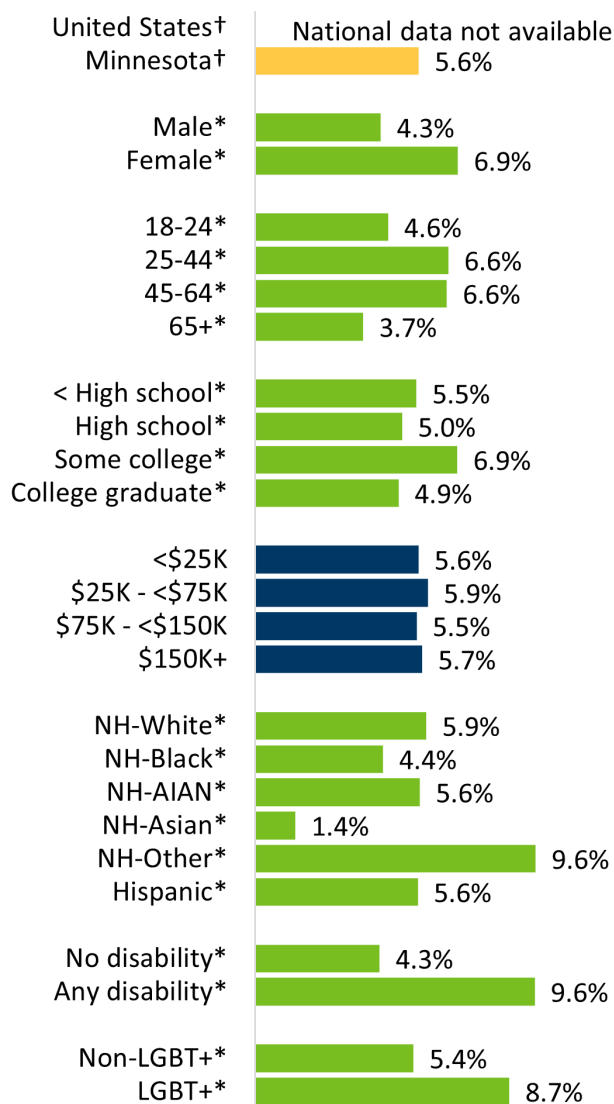
Long COVID

Respondents were asked if they had been diagnosed with COVID-19 and, if yes, whether they currently had symptoms lasting longer than three months that they did not have before their diagnosis. Those who answered "yes" to both questions were classified as having long COVID.

Key findings

- Approximately 5.6% of Minnesota adults report having long COVID.
- Women are significantly more likely than men to report long COVID.
- Adults aged 25-64 years are significantly more likely to report long COVID.
- Adults with some college education are significantly more likely to report long COVID.
- There is no significant difference in the reporting of long COVID across income groups.
- Non-Hispanic Asian adults are significantly less likely to report long COVID compared to adults from other racial and ethnic groups.
- Adults with any disability are nearly twice as likely to report long COVID compared to those without disabilities.
- LGBT+ adults are significantly more likely to report long COVID compared to non-LGBT+ adults.

Figure 67. Minnesota adults with long COVID, 2023



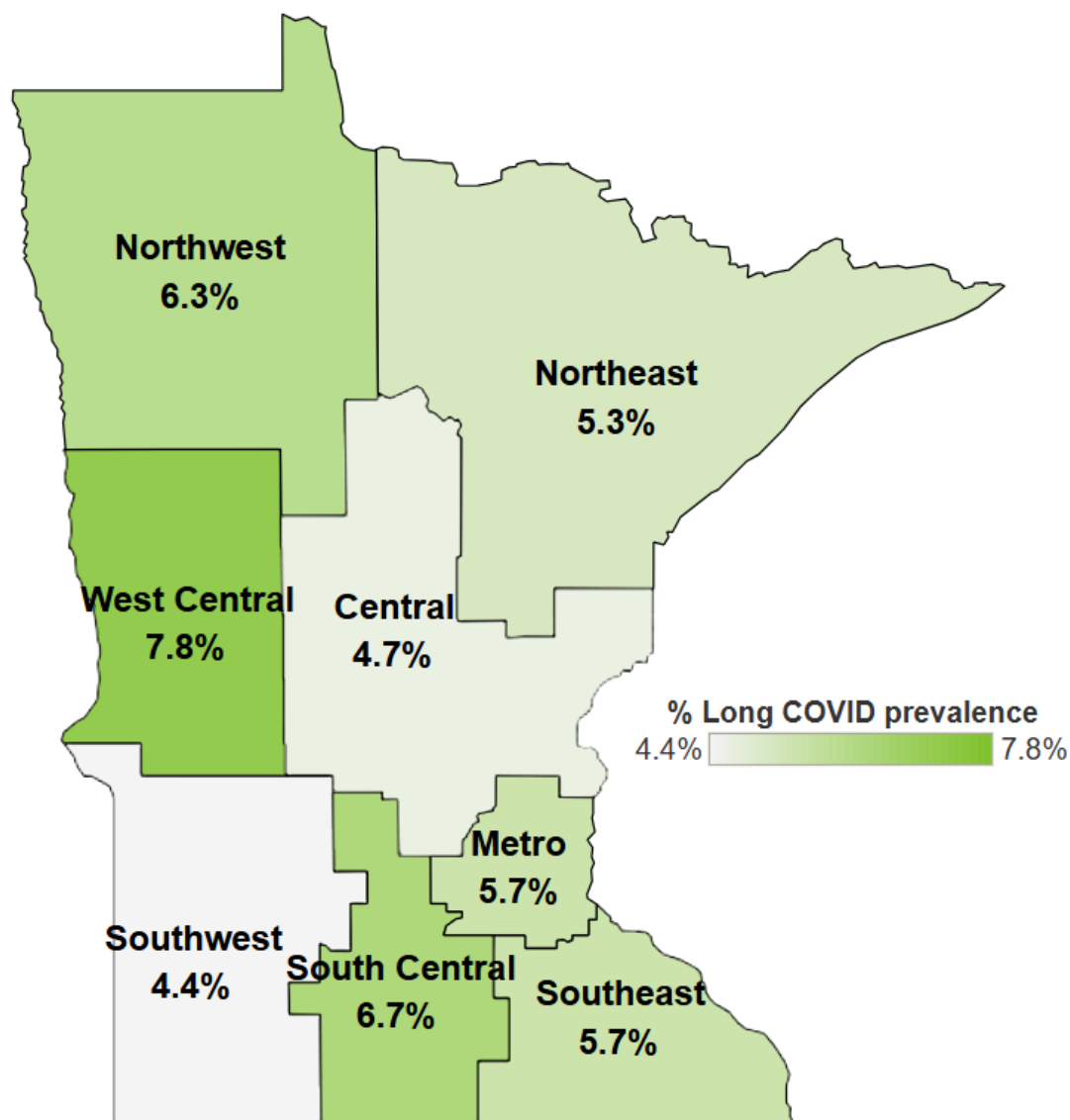
†Statistical significance not tested

*Differences are statistically significant

■ Differences are not statistically significant

NH = non-Hispanic
AIAN = American Indian / Alaska Native

Figure 68. Minnesota adults with long COVID by region, 2023



The regional differences in long COVID prevalence among adults are not statistically significant.