DEPARTMENT OF HEALTH

Health Status Among Minnesota Adults, 2024

BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS)

December 2025

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Behavioral Risk Factor Surveillance System (BRFSS)

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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 in cooperation with the Centers for Disease Control and Prevention (CDC) since 1984. More than 15,000 Minnesotan adults participated in the BRFSS in 2024. This survey collects data on a variety of health-related topics. This report of 2024 BRFSS data provides a comprehensive snapshot of these health indicators, offering valuable insights into the health of Minnesota's adult population.

In 2024, 49 states (not including Tennessee) 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, Minnesotans report better-than-average flu vaccinations (45.5% vs. 41.3%) and annual dental office visits (69.7% vs. 67.5%). Chronic conditions like obesity (32.3% vs. 34.2%), asthma (9.3% vs. 10.9%), diabetes (10.1% vs. 12.0%) and arthritis (25.2% vs. 27.3%) are less prevalent, reflecting overall healthier outcomes for Minnesotan adults. However, Minnesota lags the national median in other areas. Routine health check-ups are slightly less common (74.5% vs. 79.2%), and HIV testing is lower (34.2% vs. 38.3%). Binge drinking is higher in Minnesota (18.1% vs. 15.6%). These findings demonstrate specific areas that may benefit from focused public health efforts.

Some BRFSS questions are included annually, while other rotate or appear sporadically based on priorities and capacity. Repeated measurement in BRFSS data allows us to examine health trends over time. Adult cigarette use has fallen to just 10.2%--the lowest level since BRFSS data collection began. This report also highlights modest improvements in obesity and poor mental health days, which had been rising in recent decades. On the other hand, reported marijuana use has more than doubled since 2016, coinciding with legalized recreational use.

This report highlights inequalities in health behaviors and outcomes across age, sex, income, education, race, disability status, sexual orientation/gender identify, and geographic region. 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, e-cigarette use, and marijuana use. They are also more likely to report frequent poor mental health, loneliness, dissatisfaction with life, and depression. Older adults are more likely to engage in preventive health behaviors, such as routine check-ups and vaccinations. They are also more likely to report higher rates of chronic conditions, including 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 heart disease. Women are more likely to report poor mental health outcomes, including poor mental health days and depression. 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 Income

Individuals with lower household incomes are more likely to report poor physical and mental health outcomes. Adults earning less than $25,000 annually report higher levels of life dissatisfaction, loneliness, heart disease, stroke, COPD, diabetes, arthritis, asthma, and cognitive decline. Smoking, marijuana use, and soda consumption are also more common in this group. Higher-income groups are more likely to practice positive health behaviors, such as visiting the dentist and getting vaccinated. However, they are also more likely to engage in risky alcohol use.

Health Status by Education

Individuals with lower education levels are more likely to report fair or poor self-rated health, frequent poor physical and mental health days, loneliness, and life dissatisfaction. They are also more likely to report chronic conditions such as heart disease, stroke, COPD, diabetes, and cognitive decline. Additionally, they are more 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 undergoing routine checkups, avoiding soda, and receiving vaccinations.

Health Status by Race and Ethnicity

Non-Hispanic American Indian adults reported high levels of preventive health behaviors, such as annual checkups, vaccines, and HIV testing. They also reported high levels of social and emotional support. However, American Indians reported the poorest outcomes for many indicators, with 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 were most likely to visit the dentist, but they reported high levels of non-melanoma skin cancer. Non-Hispanic Asian and Hispanic adults of any race reported many positive health outcomes, including low levels of smoking, heart disease, and cognitive decline. Non-Hispanic Black adults reported low levels of risky alcohol use and depression.

Health Status by Disability

Individuals with a disability are more likely to report fair or poor health, frequent poor mental and physical health days, loneliness, and life dissatisfaction. They are also more likely to smoke, use e-cigarettes, and consume marijuana. Additionally, they are more likely to experience chronic conditions such as obesity, heart disease, stroke, asthma, arthritis, diabetes, cognitive decline, and depression. Since the BRFSS survey is cross sectional, it is unclear whether these health factors are a cause or consequence or disability.

Health Status by Sexual Orientation and Gender Identity

LGBT+ adults are more likely to report fair or poor health, frequent poor mental and physical health days, loneliness, and life dissatisfaction. They are also more likely to undergo HIV testing, use e-cigarettes, and use marijuana. Additionally, they are more likely to experience chronic conditions such as asthma and cognitive decline. Half of LGBT+ adults have been diagnosed with depression, compared to one-fifth of non-LGBT+ adults. For some chronic conditions, such as heart disease, stroke, and cancer, non-LGBT+ adults report higher prevalence. However, this is because LGBT+ adults are younger on average and therefore have lower age-related risk for these conditions. Age adjustment reveals similarity in these conditions by LGBT+ identity.

Introduction

Methodology

The 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 details of the BRFSS methodology are available on the CDC website: Complex Sampling Weights and Preparing 2024 BRFSS Module Data for Analysis (https://www.cdc.gov/brfss/annual_data/2024/pdf/Complex-Sampling-Weights-and-Preparing-Module-Data-for-Analysis-2024-508.pdf).

Some of the questions in the BRFSS survey are "core" questions that every participating state must include. For these questions, data from Minnesota can be benchmarked against the median of all other states. For example, 15.2% of Minnesotan adults reported fair or poor health compared with a national median of 18.6% (Figure 1). Other questions were specific to the Minnesota BRFSS survey or were only included in select states—for example, marijuana use. National data for these measures is not available.

All demographic data was self-reported by the respondent using questions that conformed to current federal standards for survey research. LGBT+ identity is defined as any respondent who reported being gay, bisexual, or "something else" in a question about sexual orientation and those who reported being transgender in a separate question about gender identity. Disability status was defined as any "yes" response to six questions asking about serious difficulty with hearing, vision, making decisions, walking, dressing, and completing errands alone.

Regional differences in health status can be evaluated for 8 regions consisting of contiguous counties. These regions match the definitions used by the 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, Mahnomen, 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

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

Sample Demographic Characteristics

The 20243 Minnesota BRFSS sample included 15,199 adults. This sample size allowed for disaggregation across various demographic groups. The demographic breakdown of the 2024 sample is provided in the table below. The sample size across categories within a group do not always add to 15,199 because of missing data, including people who responded “not sure” or refused.

Demographic characteristics of the Minnesota BRFSS sample, 2024

Demographic Characteristic	Category	Sample size	Weighted percent
Sex	Male	7,736	50%
Sex	Female	7,463	50%
Age	18-24	954	12%
Age	25-44	3,866	33%
Age	45-64	4,793	30%
Age	65 and older	5,277	24%
Education level	Less than high school	587	7%
Education level	High school	3,209	25%
Education level	Some college	4,203	33%
Education level	College graduate	7,117	35%
Household income	Less than $25,000	1,299	10%
Household income	$25,000 - <$75,000	4,806	39%
Household income	$75,000 - <$150,000	4,030	33%
Household income	$150,000 or more	2,290	18%
Race and ethnicity	Non-Hispanic white alone	12,359	77%
Race and ethnicity	Non-Hispanic Black alone	643	7%
Race and ethnicity	Non-Hispanic American Indian alone	143	1%
Race and ethnicity	Non-Hispanic Asian alone	391	5%
Race and ethnicity	Non-Hispanic other race alone	148	1%
Race and ethnicity	Non-Hispanic two or more races	288	2%
Race and ethnicity	Hispanic, any race	958	6%
Disability status	No disability	10,494	75%
Disability status	Any disability	3,793	25%

Demographic Characteristic	Category	Sample size	Weighted percent
Sexual orientation/gender identity	Non-LGBT+	12,966	90%
Sexual orientation/gender identity	LGBT+	1,223	10%
SCHSAC region	Central Region	1,898	14%
SCHSAC region	Metro Region	8,490	55%
SCHSAC region	Northeast Region	902	6%
SCHSAC region	Northwest Region	631	3%
SCHSAC region	South Central Region	690	5%
SCHSAC region	Southeast Region	1,210	9%
SCHSAC region	Southwest Region	638	4%
SCHSAC region	West Central Region	740	4%

List of 2024 Survey Topics

This report presents highlights from 30 key indicators measured in the 2024 Minnesota BRFSS survey. The 2024 survey included additional topics. The full list of topics from the 2024 survey is below. Asterisks (*) mark topics that are included in this report.

- Health status*
- Healthy days*
- Health care access*
- Exercise
- Oral health*
- Chronic health conditions*
- Demographics*
- Sexual orientation and gender identity*
- Industry and occupation
- Disability*
- Breast and cervical cancer screening
- Colorectal cancer screening
- Tobacco use*
- Menthol tobacco use
- Tobacco cessation
- Lung cancer screening
- Alcohol consumption*
- Immunization*
- HIV/AIDS*
- Arthritis care management
- Prediabetes
- Social determinants of health*
- Marijuana use*
- Sugar sweetened beverage consumption*
- Safe firearm storage*
- Childhood asthma
- Family planning
- Experiences of racism
- COVID-19 vaccination*
- COVID-19 prevention behaviors
- Secondhand smoke exposure
- Cognitive decline*
- Caregiving
- Sexual violence*

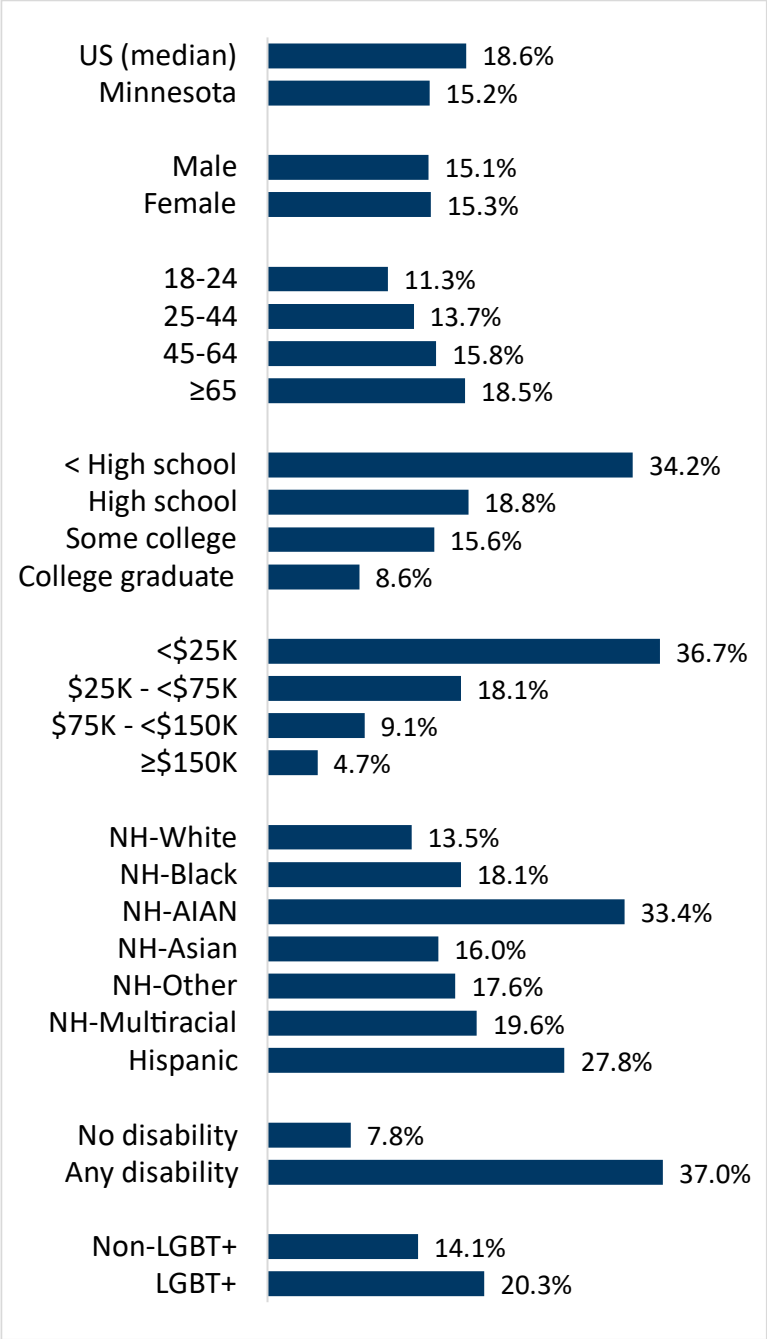
Self-Rated Health

Definition: Respondents who reported their general health status as “fair” or “poor” instead of “good,” “very good,” or “excellent.

Key findings

- Nearly one in six Minnesotan adults report fair or poor health, slightly less than the national median.
- The percentage of adults reporting fair or poor health increases with age.
- Adults with more education and higher incomes are less likely to report fair or poor health.
- There are significant racial disparities in self-rated health.
- Adults with a disability and those identifying as LGBT are significantly more likely to report fair or poor health.
- Adults in northwestern Minnesota are most likely to report fair or poor health, while adults in south central Minnesota are least likely.
- The percentage of adults reporting fair or poor health decreased slightly in 2024 compared to 2023, but it is still higher than it was 5 years ago.

Figure 1. Minnesota adults with fair or poor self-rated health, 2024



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

Figure 2. Minnesota adults with fair or poor self-rated health by region, 2024

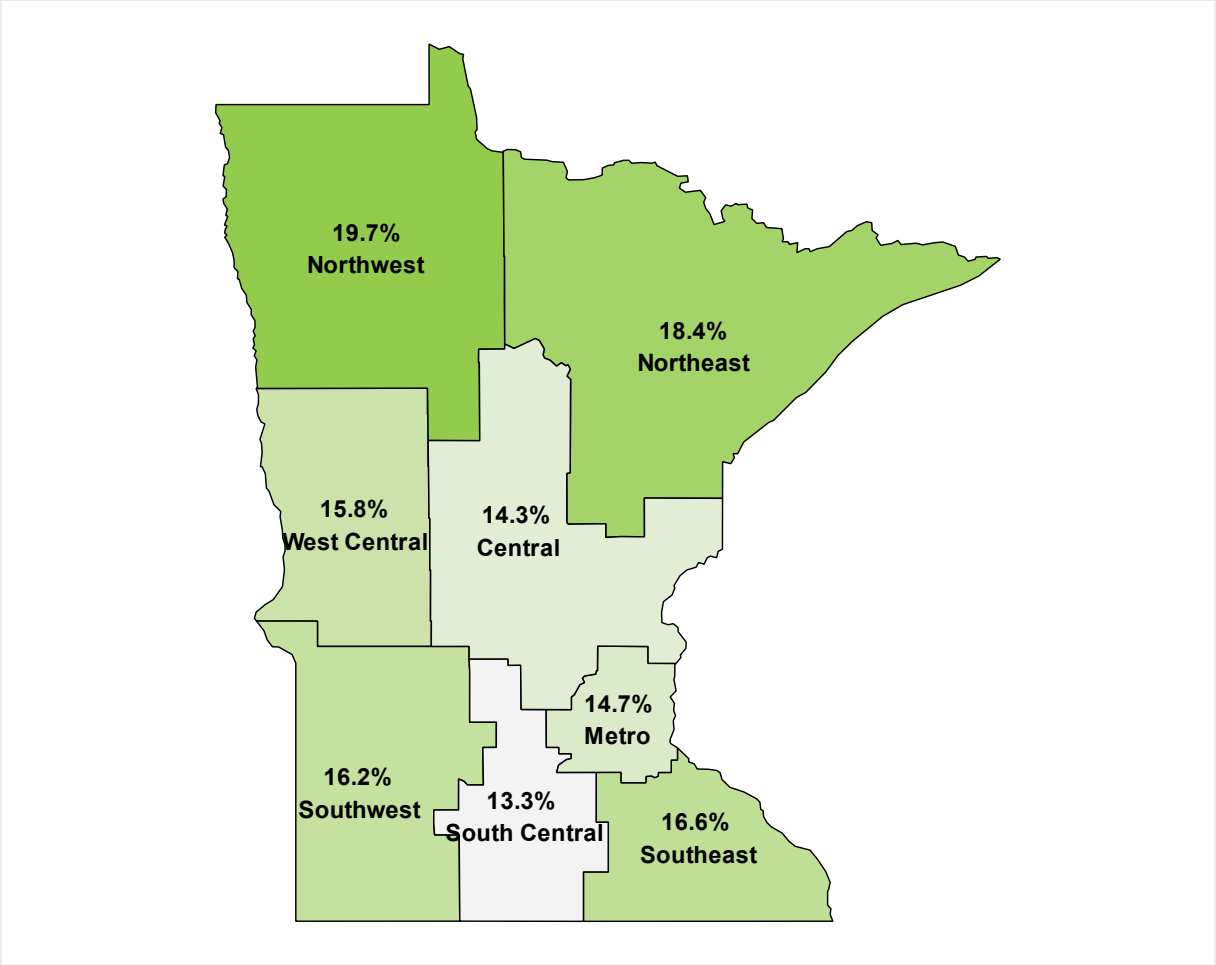
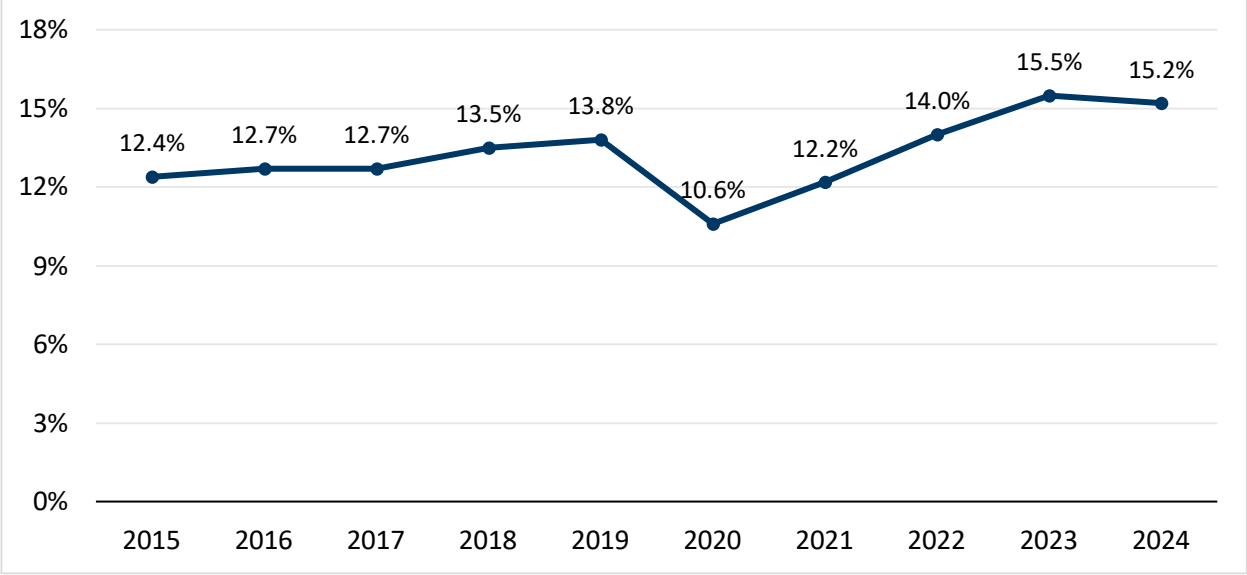


Figure 3. Minnesota adults with fair or poor self-rated health by year, 2015-2024



Poor Physical Health Days

Definition: Respondents who reported that they had poor physical health—including physical illness and injury—on 14 or more days during the past 30 days.

Key findings

- Eleven percent of Minnesotan adults reported frequent poor physical health, slightly less than the national median.
- Three times as many adults aged ≥65 years report frequent poor physical health as those aged 18-24.
- Adults with more education and higher incomes are less likely to report frequent poor physical health.
- There are significant racial disparities in frequent poor physical health.
- Adults with a disability are more likely to have frequent poor physical health.
- LGBT+ adults are more likely to report frequent poor physical health after adjusting for age.
- Adults in northwestern Minnesota are most likely to report frequent poor physical health.
- The percentage of adults reporting frequent poor physical health has held steady since 2022.

Figure 4. Minnesota adults with frequent poor physical health, 2024

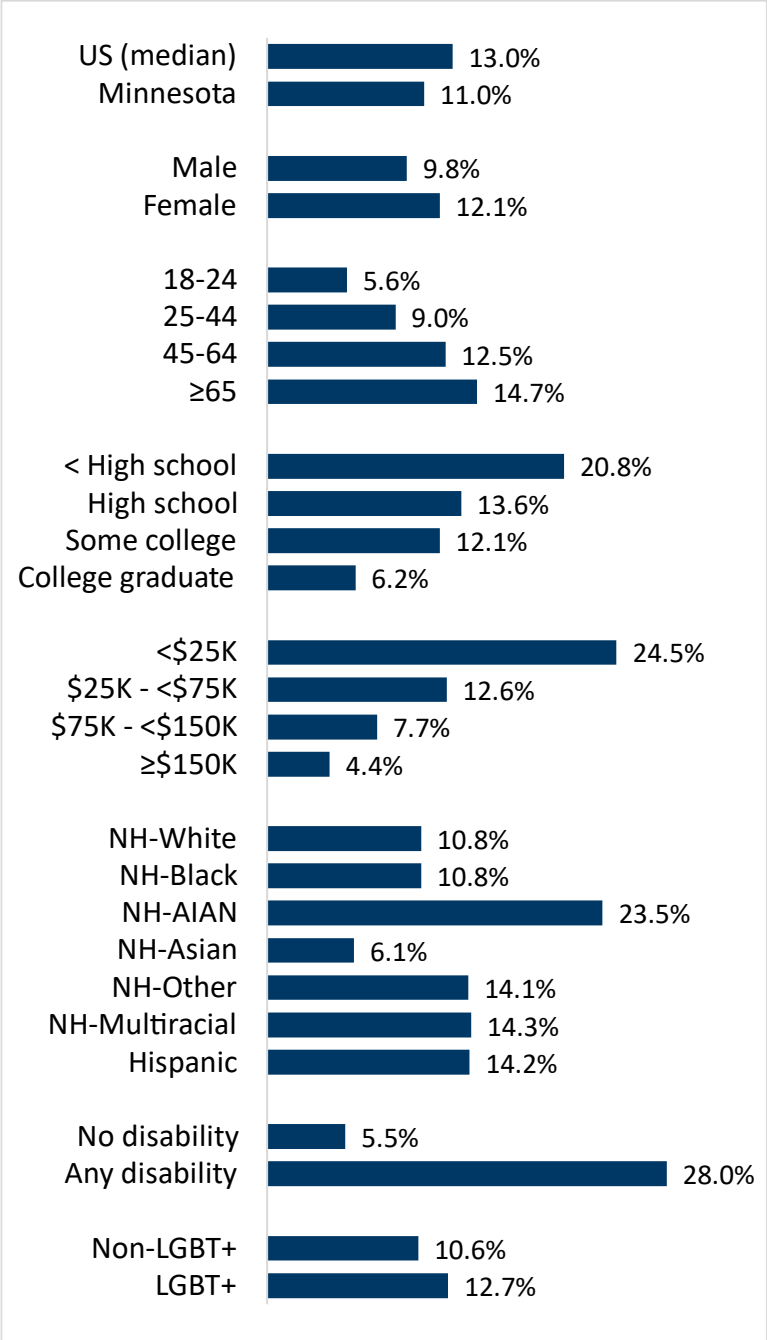


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Figure 5. Minnesota adults with frequent poor physical health by region, 2024

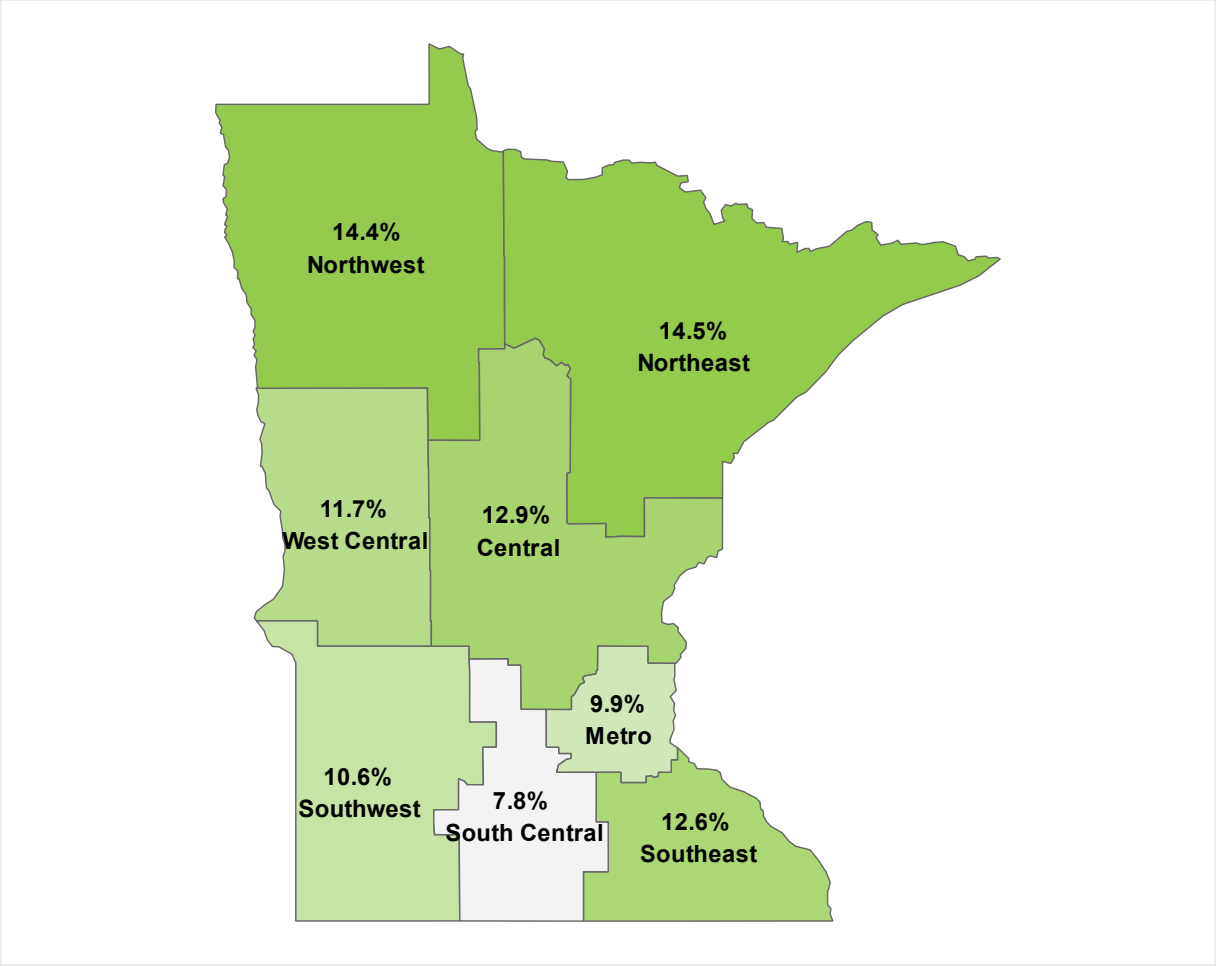
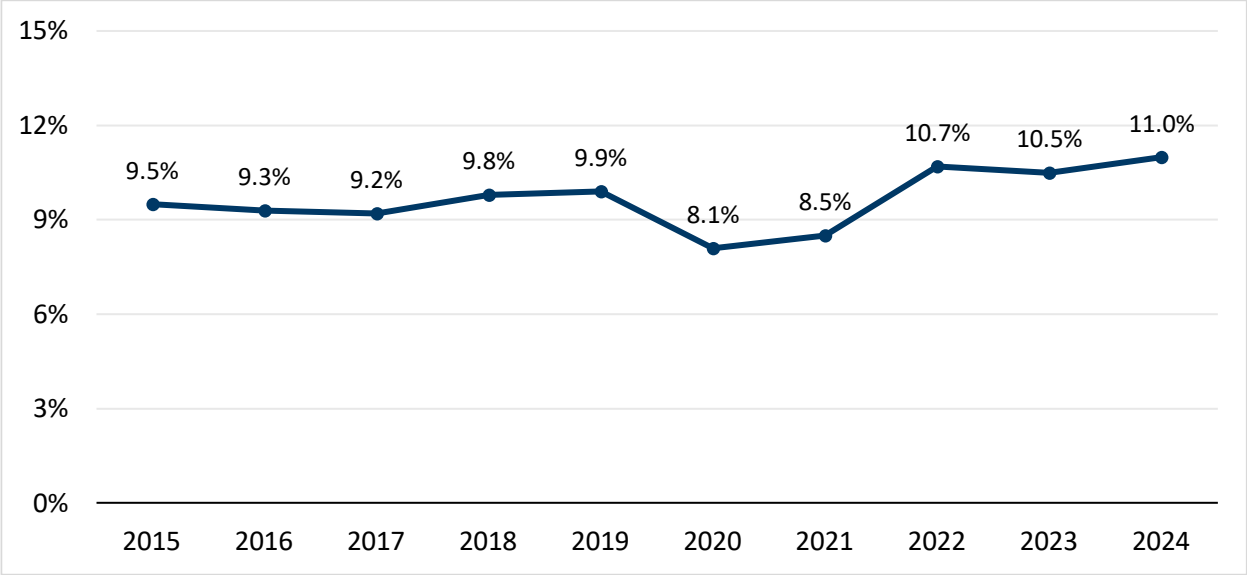


Figure 6. Minnesota adults with frequent poor physical health by year, 2015-2024



Poor Mental Health Days

Definition: Respondents who reported that they had poor mental health—including stress, depression, and problems with emotions—on 14 or more days during the past 30 days.

Key findings

- Fourteen percent of Minnesotan adults report frequent poor mental health, slightly less than the national median.
- Women are more likely to have frequent poor mental health days than men.
- Young adults are most likely to report frequent poor mental health.
- Adults with more education and higher incomes are less likely to report frequent poor mental health.
- There are significant racial disparities in frequent poor mental health.
- Adults with a disability and those identifying as LGBT+ are significantly more likely to report frequent poor mental health.
- Adults in northwestern Minnesota are most likely to report frequent poor mental health.
- Frequent poor mental health peaked in 2022 and has declined slightly since then.

Figure 7. Minnesota adults with frequent poor mental health, 2024

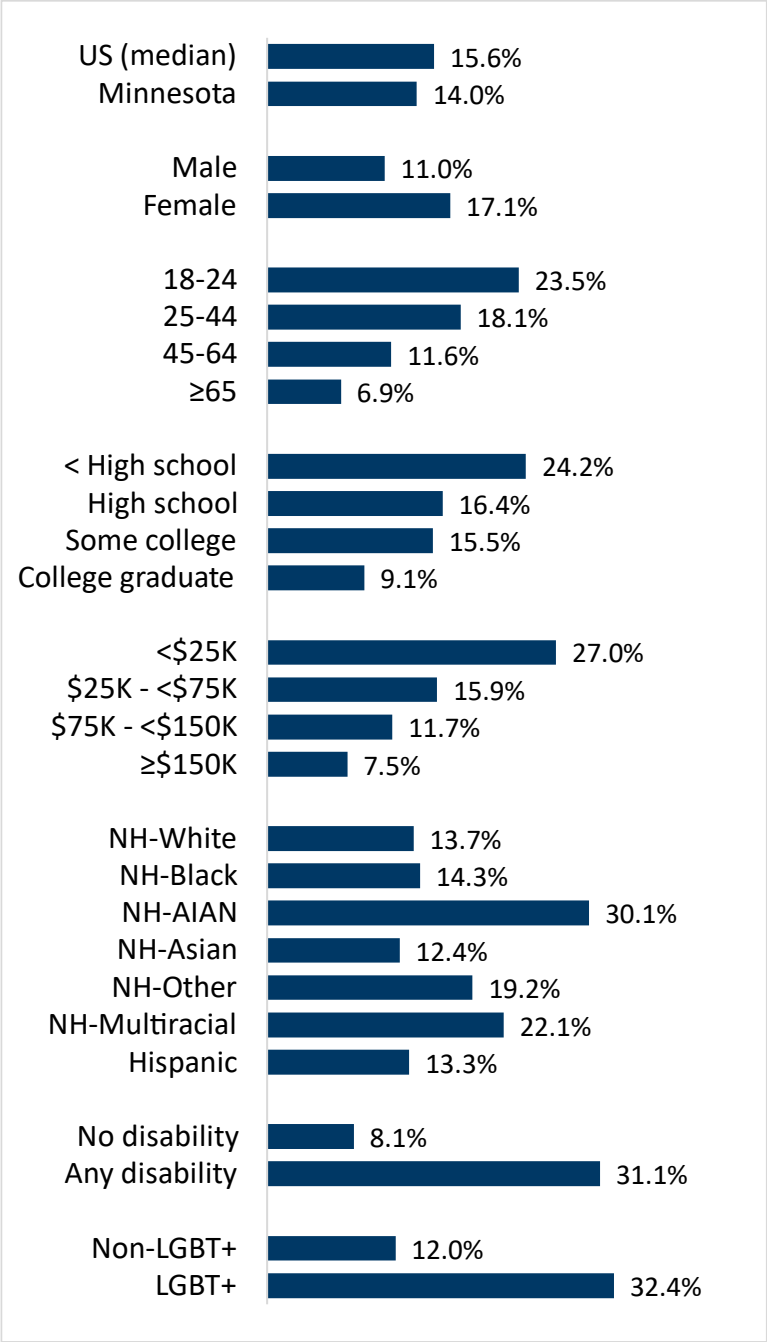


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Figure 8. Minnesota adults with frequent poor mental health by region, 2024

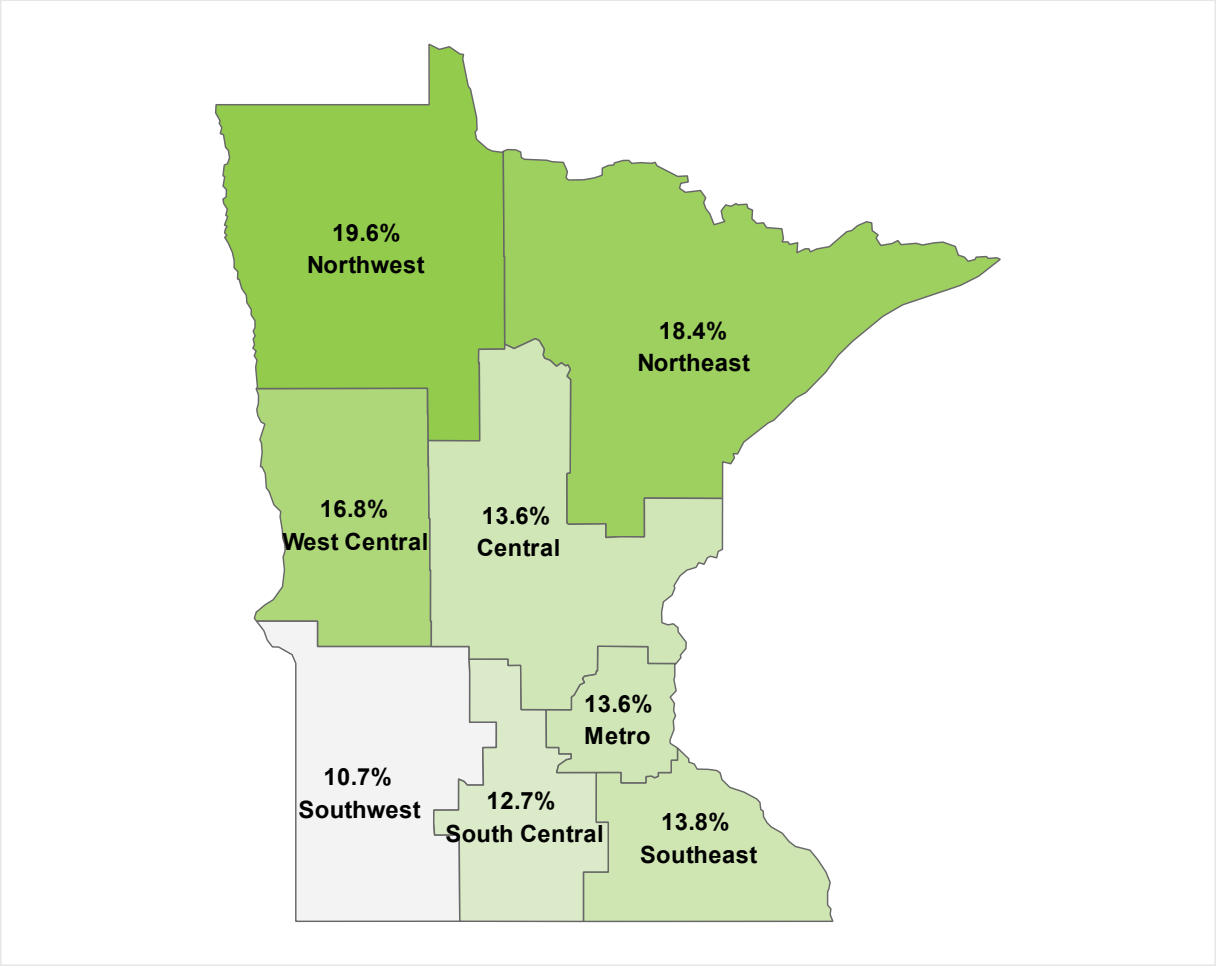
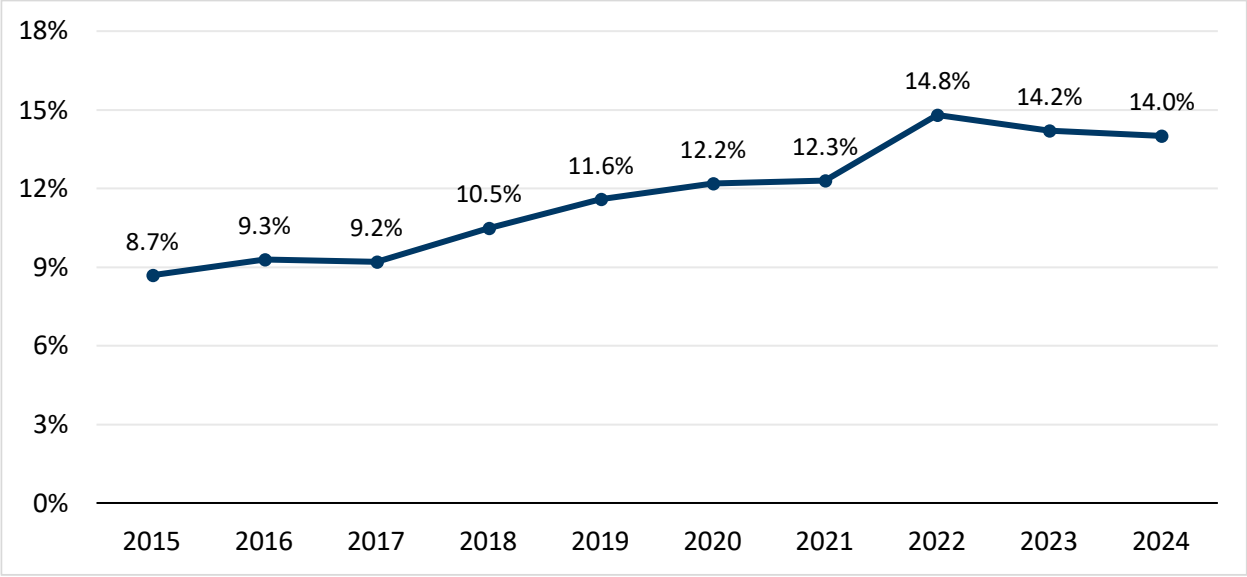


Figure 9. Minnesota adults with frequent poor mental health, 2015-2024



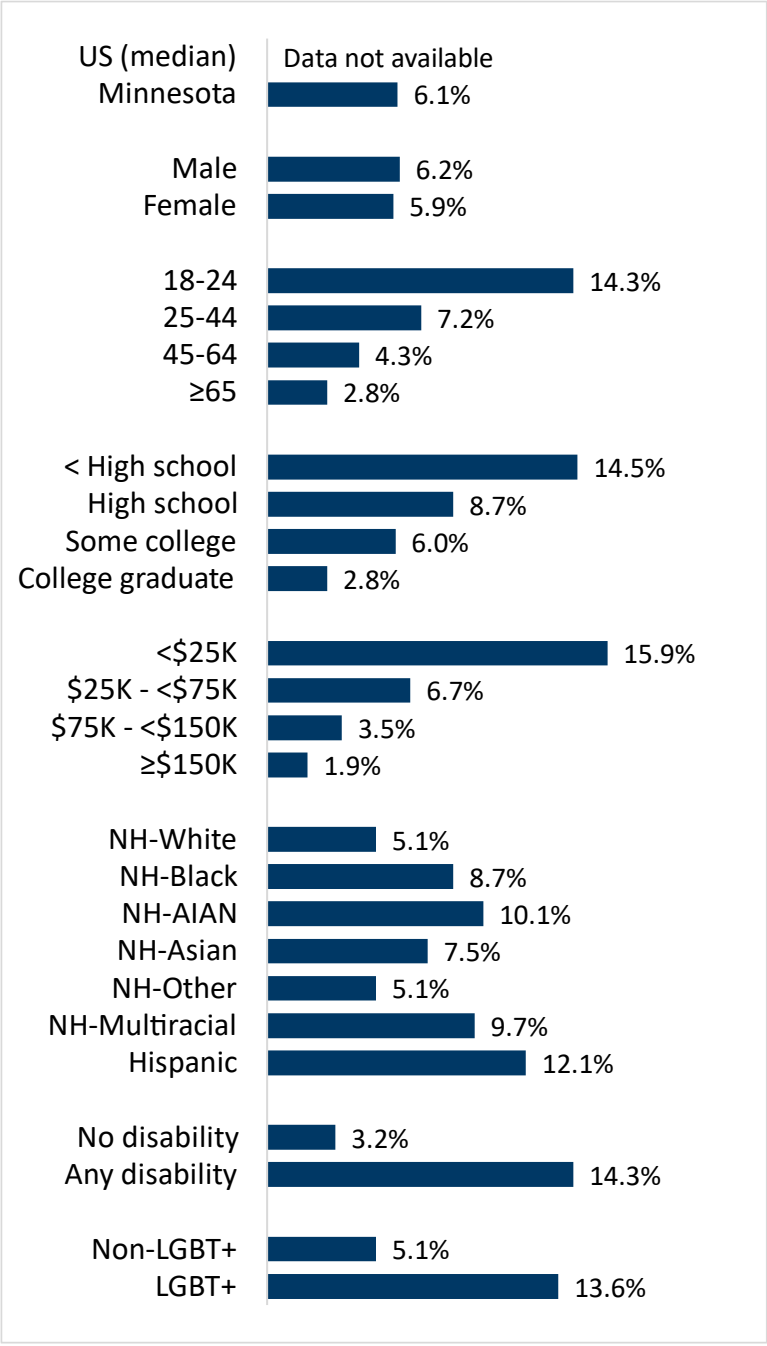
Loneliness

Definition: Respondents who reported that they usually or always feel lonely.

Key findings

- Six percent of Minnesota adults report usually or always feeling lonely. Not all states asked about loneliness in 2024.
- There are not significant gender differences in loneliness.
- Young adults are most likely to report feeling lonely.
- Adults with more education and higher incomes are less likely to feel lonely.
- There are significant racial disparities in loneliness.
- Adults with a disability and those identifying as LGBT+ are significantly more likely to report loneliness.
- Adults in northwestern Minnesota are most likely to report feeling lonely, while those in west central Minnesota are least likely.
- The percentage of adults who feel lonely did not significantly change between 2023 and 2024.

Figure 10. Minnesota adults who are usually or always lonely, 2024



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

Figure 11. Minnesota adults who are usually or always lonely by region, 2024

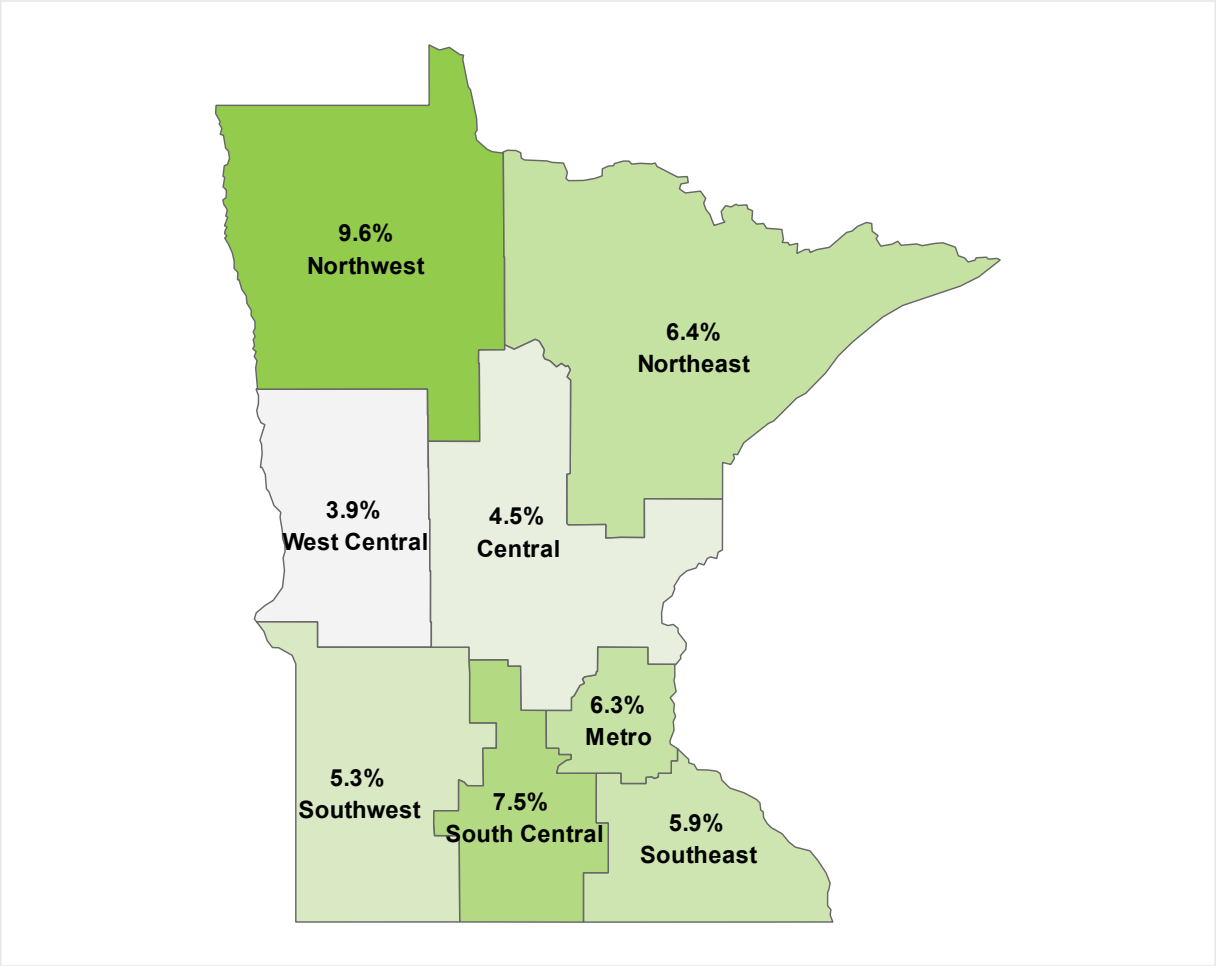
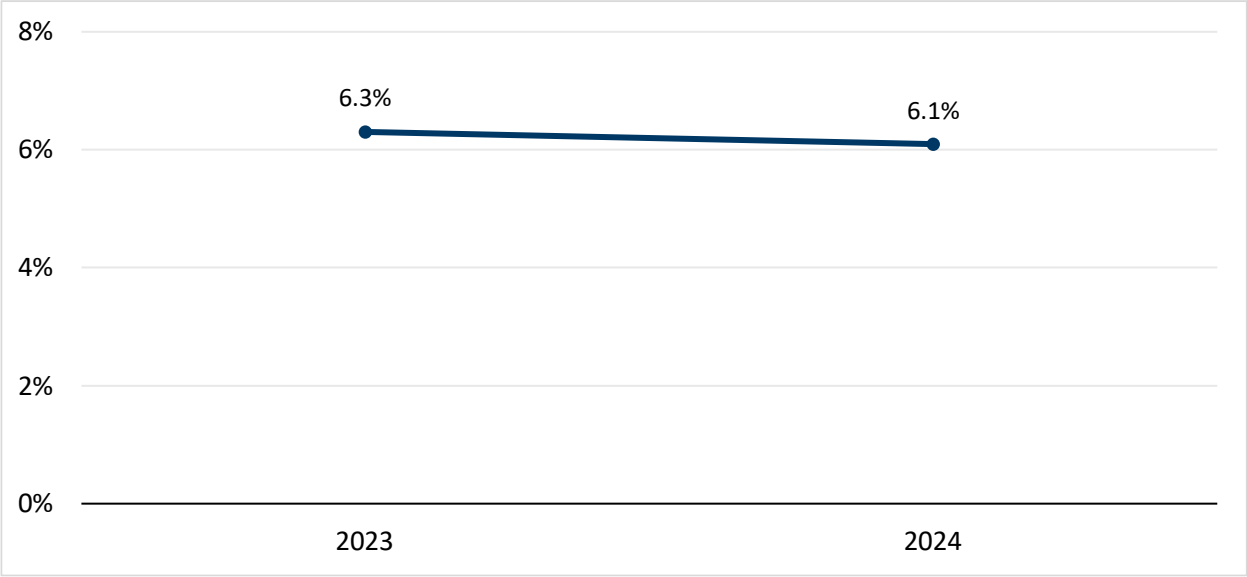


Figure 12. Minnesota adults who are usually or always lonely by year, 2023-2024



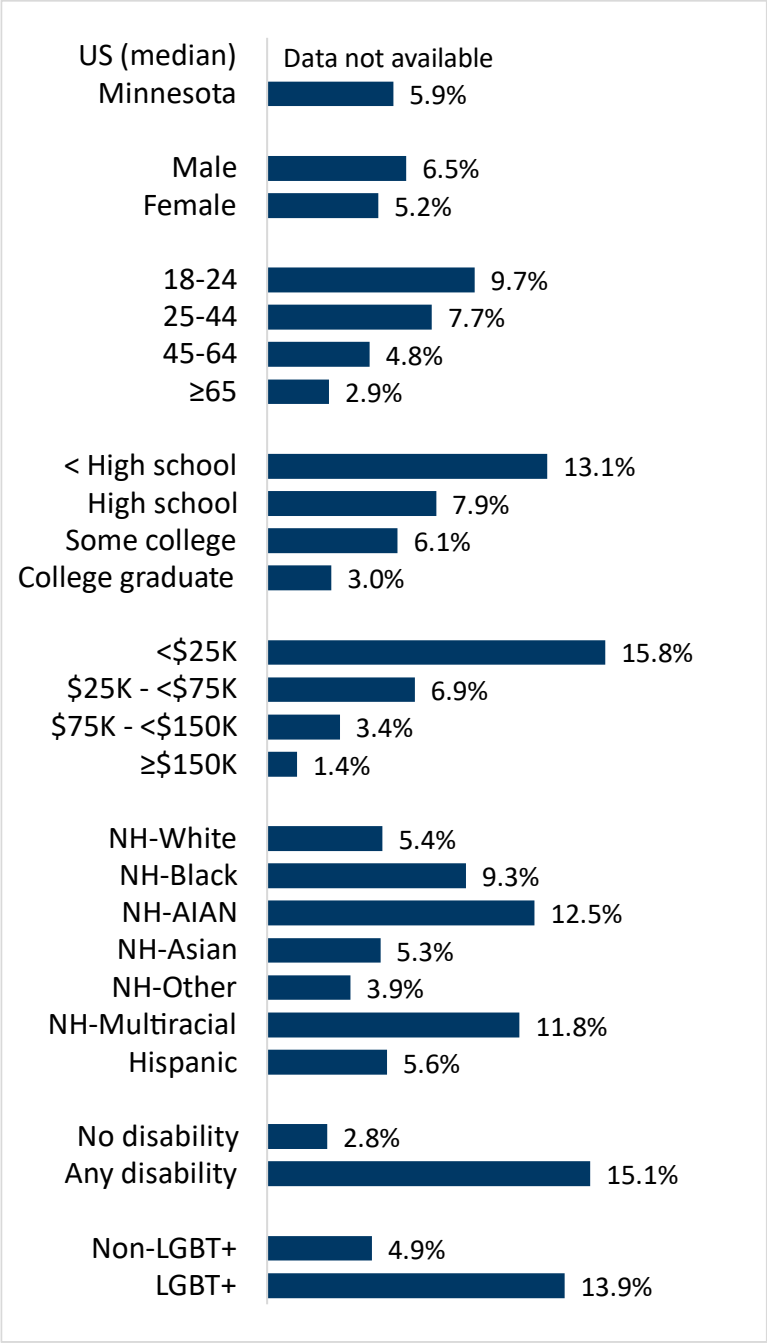
Life Satisfaction

Definition: Respondents who reported that they are dissatisfied or very dissatisfied with their life.

Key findings

- Six percent of Minnesota adults report being dissatisfied with their life. Not all states asked about life satisfaction in 2024.
- There are not significant gender differences in life satisfaction.
- Young adults are most likely to report dissatisfaction.
- Adults with more education and higher incomes are less likely to be dissatisfied.
- There are significant racial disparities in life satisfaction.
- Adults with a disability and those identifying as LGBT+ are significantly more likely to report dissatisfaction.
- Adults in northwestern Minnesota are most likely to report dissatisfaction, while those in southwest Minnesota are least likely.
- The percentage of adults who feel dissatisfied with life has not changed significantly in recent years.

Figure 13. Minnesota adults who are dissatisfied with their life, 2024



NH = non-Hispanic
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Figure 14. Minnesota adults who are dissatisfied with their life by region, 2024

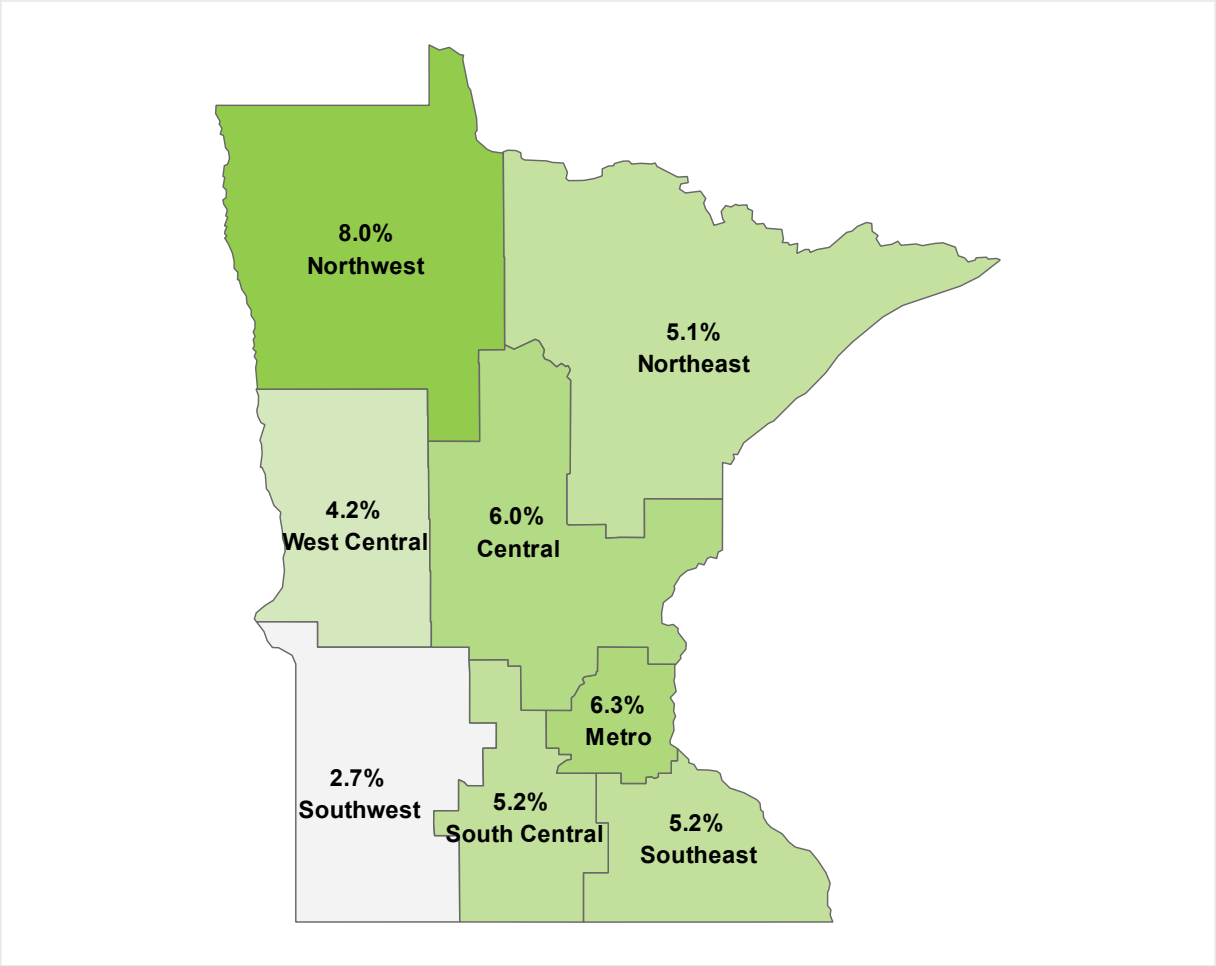
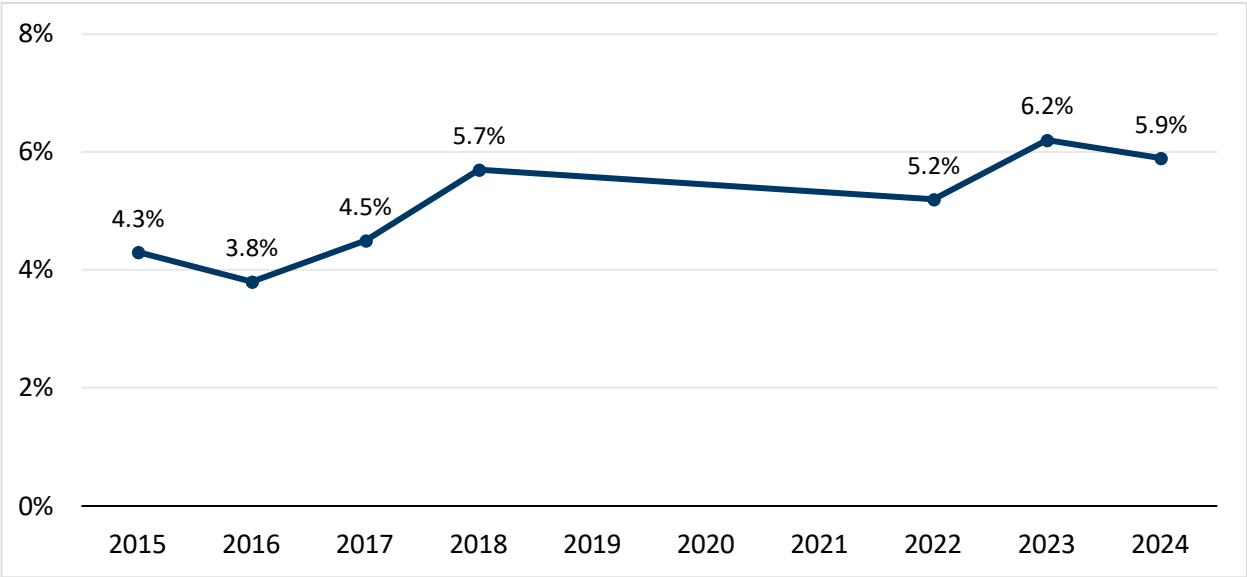


Figure 15. Minnesota adults who are dissatisfied with their life by year, 2015-2024



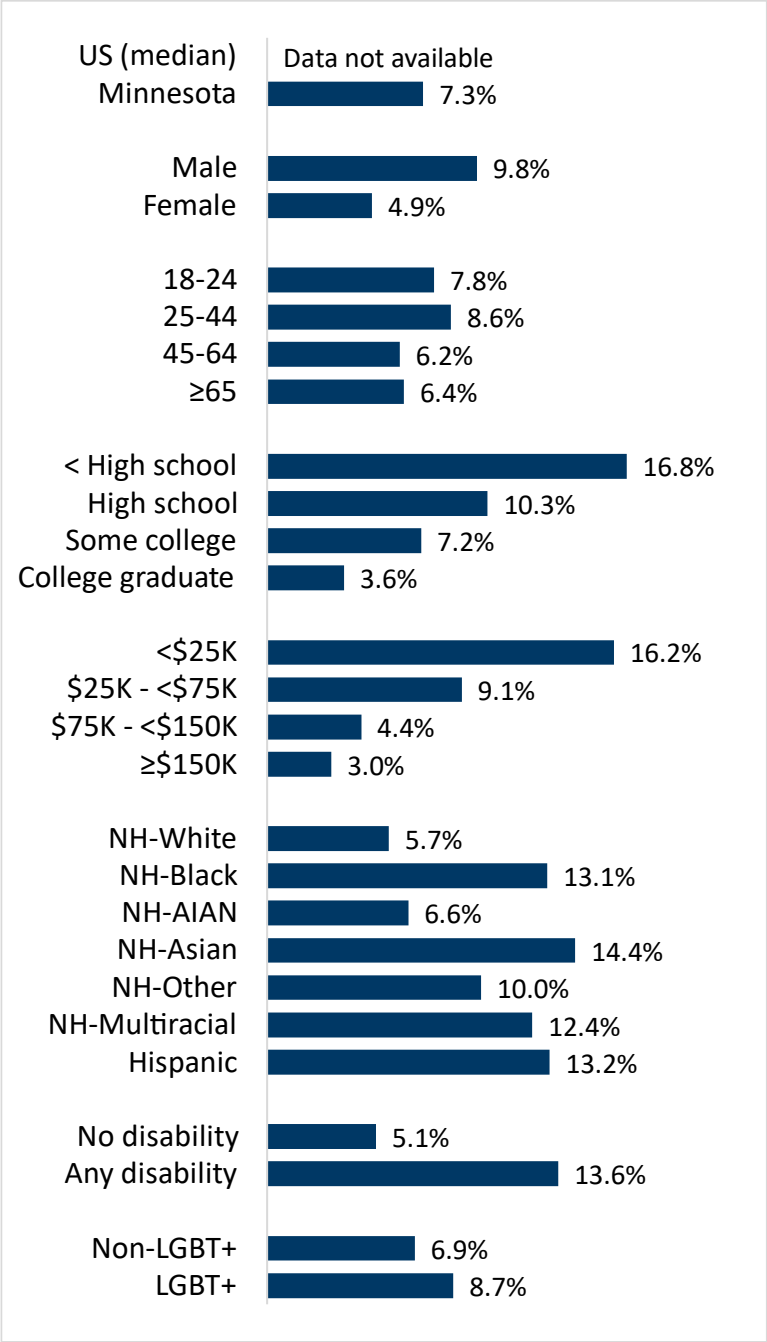
Social and Emotional Support

Definition: Respondents who reported that they rarely or never get the social and emotional support they need.

Key findings

- Over 7 percent of Minnesota adults report rarely or never getting the social/emotional support they need.
- Men are twice as likely to report unmet social support compared to women.
- Unmet need for social support varies little by age.
- Adults with more education and higher incomes are less likely to have unmet need for social support.
- There are significant racial disparities in social support.
- Adults with a disability are more likely to have unmet need for social support.
- Social and emotional support does not significantly differ by LGBT+ status.
- Adults in south central Minnesota are most likely to report unmet need for social support.
- The percentage of adults who have unmet need for social support did not significantly change between 2015 and 2024.

Figure 16. Minnesota adults who rarely or never get social and emotional support, 2024



NH = non-Hispanic
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Figure 17. Minnesota adults who rarely or never get social and emotional support by region, 2024

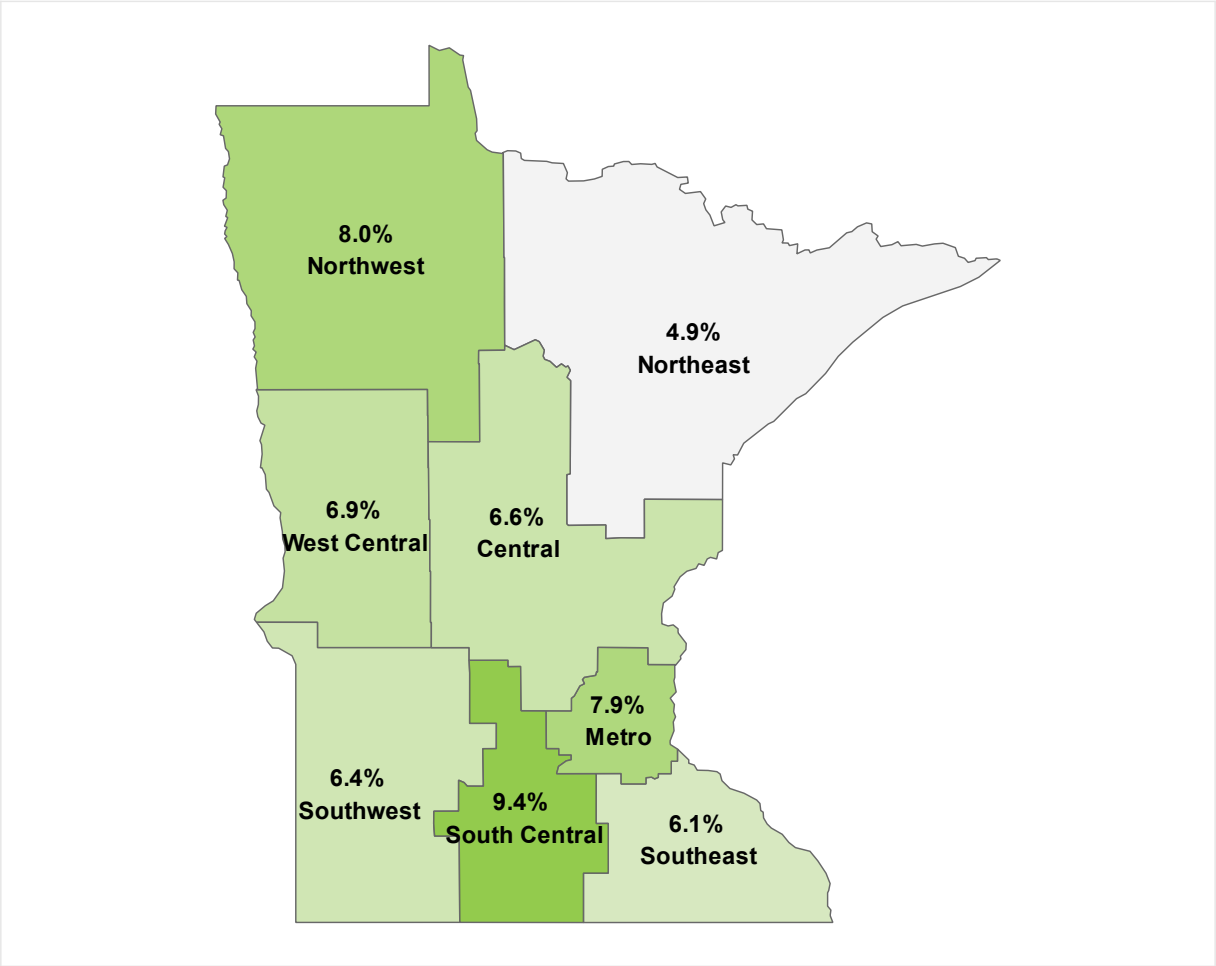
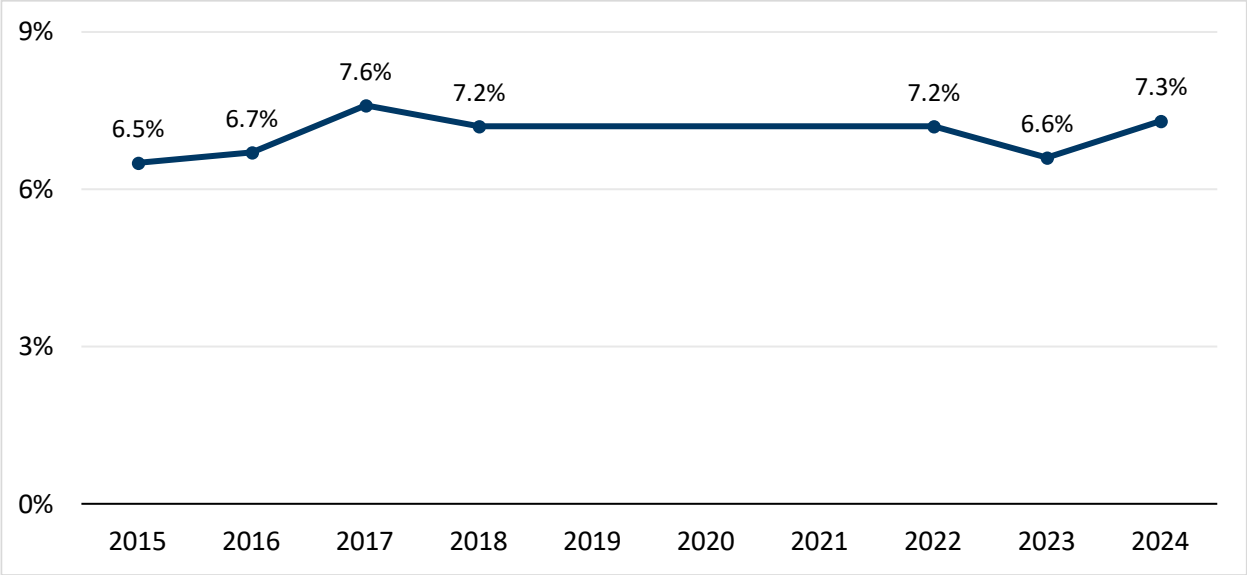


Figure 18. Minnesota adults who rarely or never get social and emotional support by year, 2015-2024



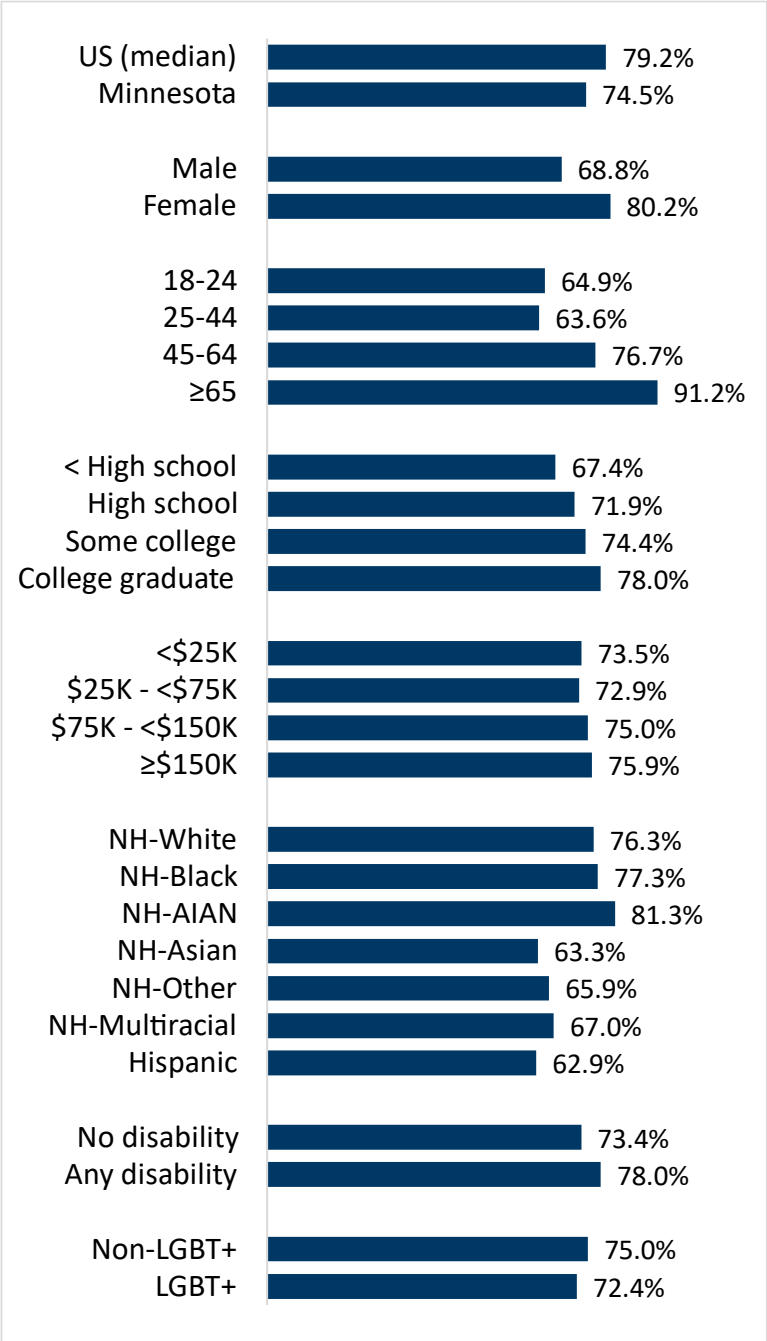
Routine Checkup in Past Year

Definition: Respondents who visited a doctor for a routine checkup within the past year.

Key Findings

- Three-quarters of Minnesota adults had a routine checkup in the past year, slightly below the national median.
- Women are more likely to have had a recent checkup than men.
- Less than 2/3 adults younger than 45 have had a recent checkup, compared with over 90% of adults over 65.
- Adults with more education and more likely to report a recent checkup, but there are not significant differences by income.
- American Indian adults are most likely to report a recent checkup.
- Having a recent checkup is not significantly associated with disability status or LGBT+ identity after accounting for age.
- There is minimal regional variation in recent checkups.
- The percentage of adults with a recent checkup dipped during the pandemic (2020-2022), but it has recovered.

Figure 19. Minnesota adults who have had a checkup in the past year, 2024



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

Figure 20. Minnesota adults who have had a checkup in the past year by region, 2024

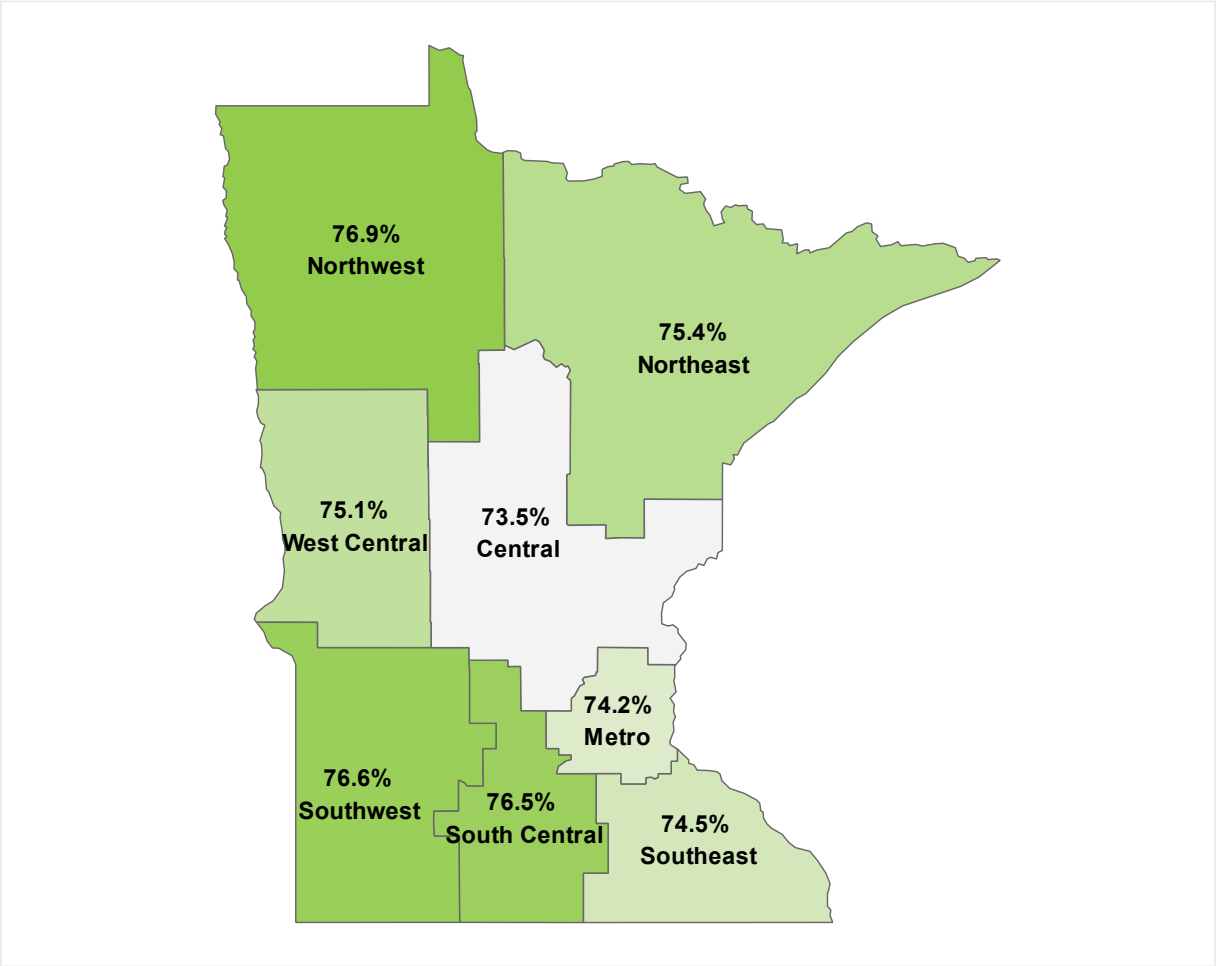
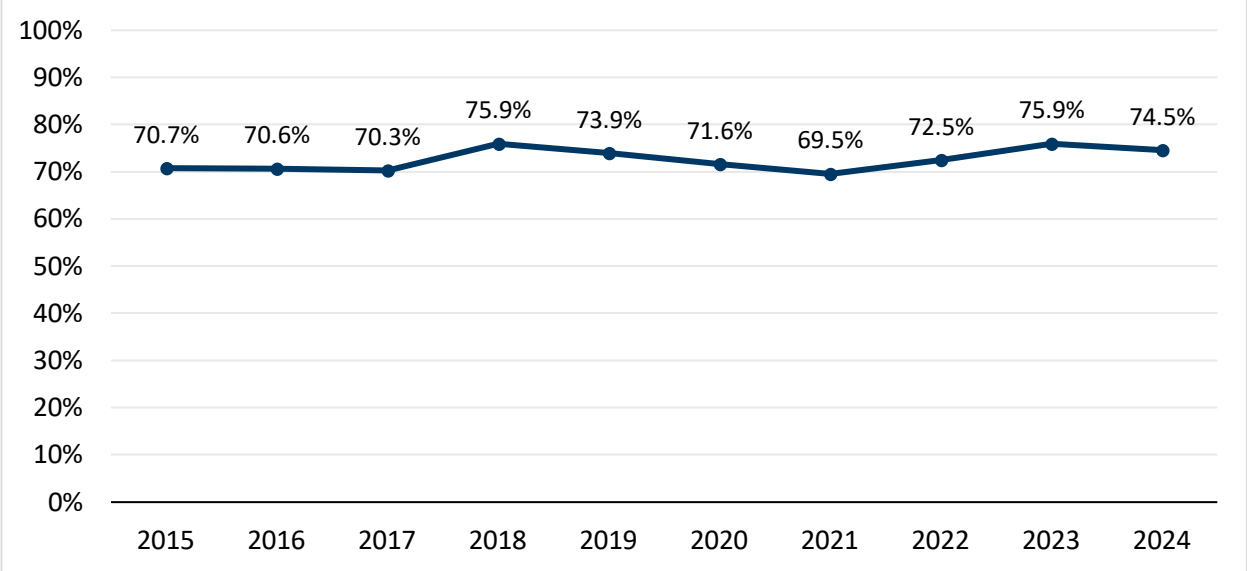


Figure 21. Minnesota adults who have had a checkup in the past year by year, 2015-2024



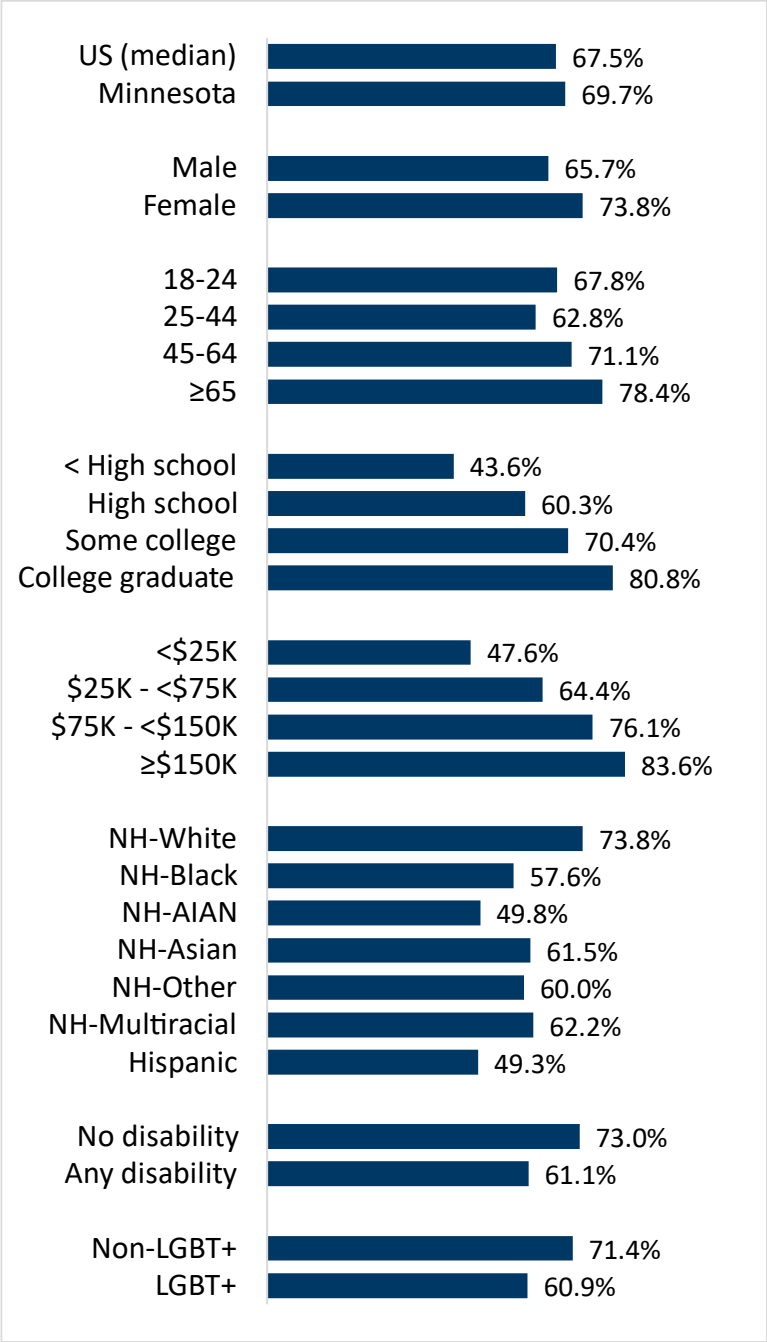
Dental Visit in Past Year

Definition: Respondents who visited a dentist, orthodontist, oral surgeon, or dental hygienist for any reason within the past year.

Key Findings

- Seventy percent of Minnesota adults have visited a dentist in the past year, slightly above the national median.
- Women are more likely to have had a recent dental visit than men.
- Older adults are more likely to have had a recent dental visit than younger adults.
- Adults with more education and more income are more likely to report a recent dental visit.
- There are significant racial disparities in dental visits.
- Adults with a disability and those identifying as LGBT+ are less likely to have a recent dental visit.
- Adults in southwest Minnesota are least likely to have a recent dental visit.
- The percentage of Minnesota adults with a recent dental visit has not changed much since 2016.

Figure 22. Minnesota adults who have visited a dentist in the past year, 2024



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

Figure 23. Minnesota adults who have visited a dentist in the past year by region, 2024

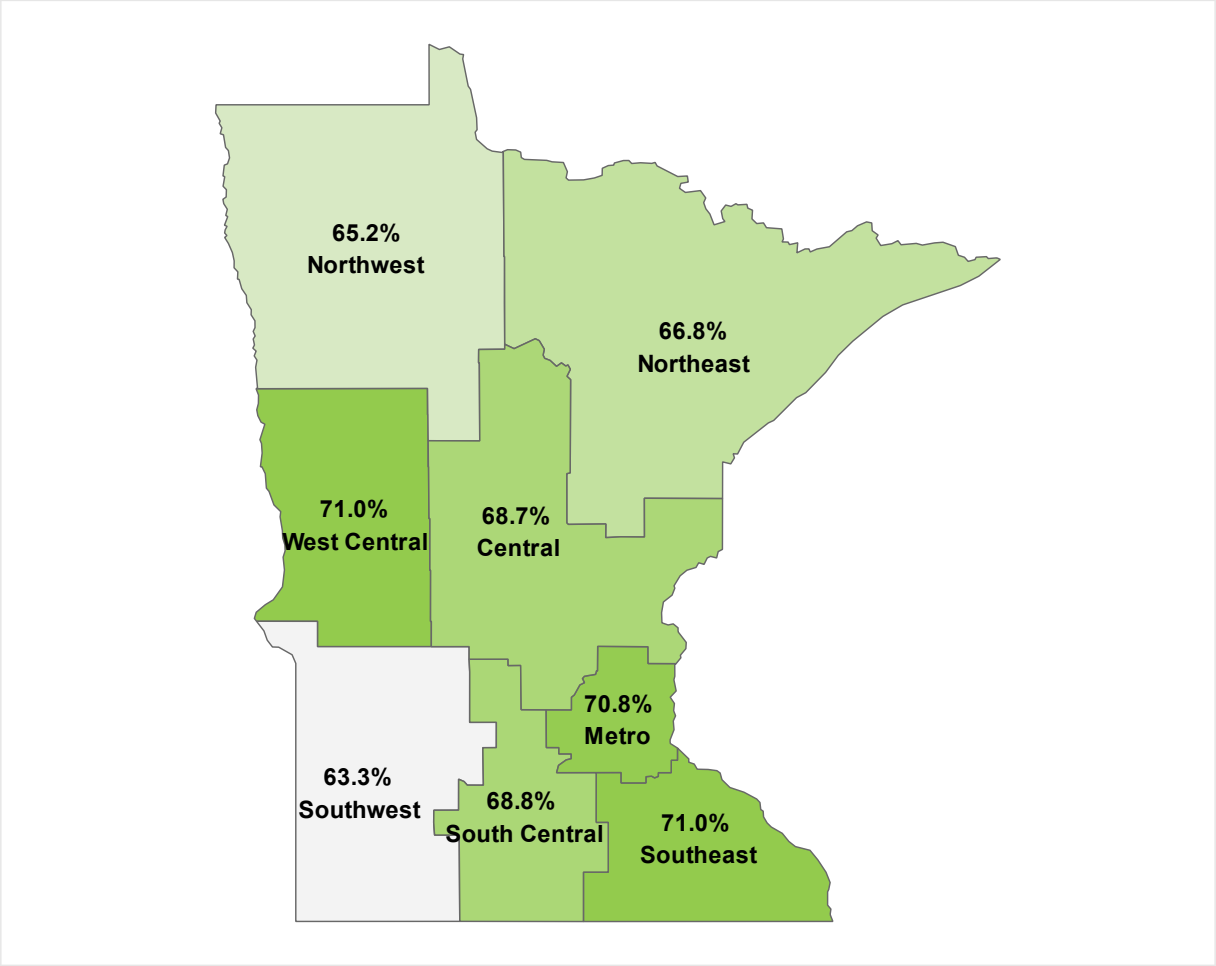
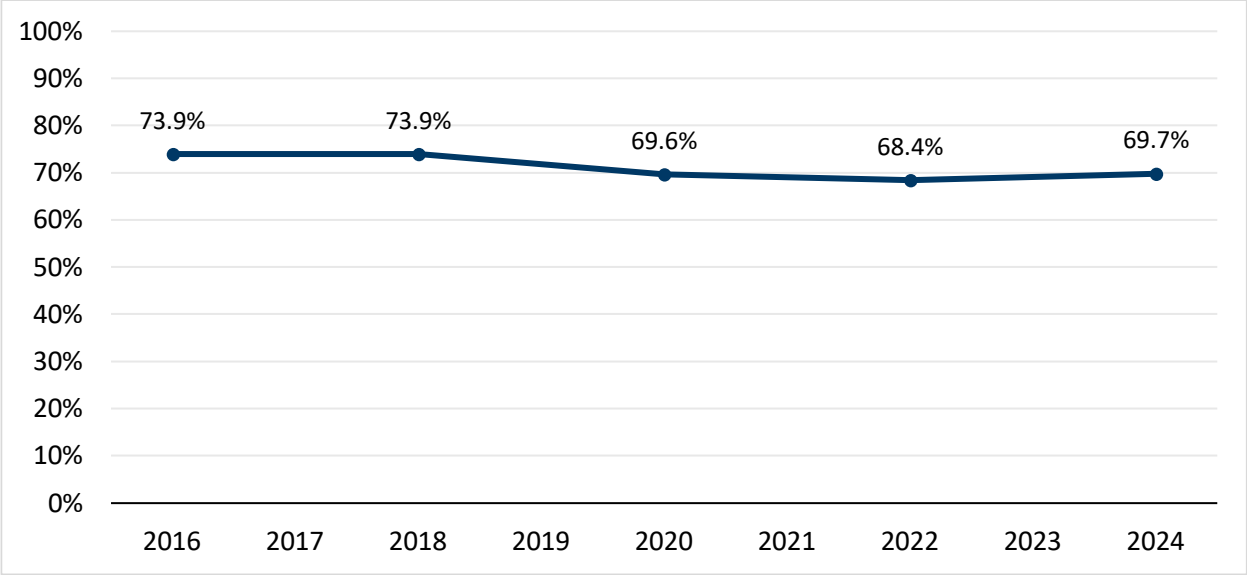


Figure 24. Minnesota adults who have visited a dentist in the past year by year, 2016-2024



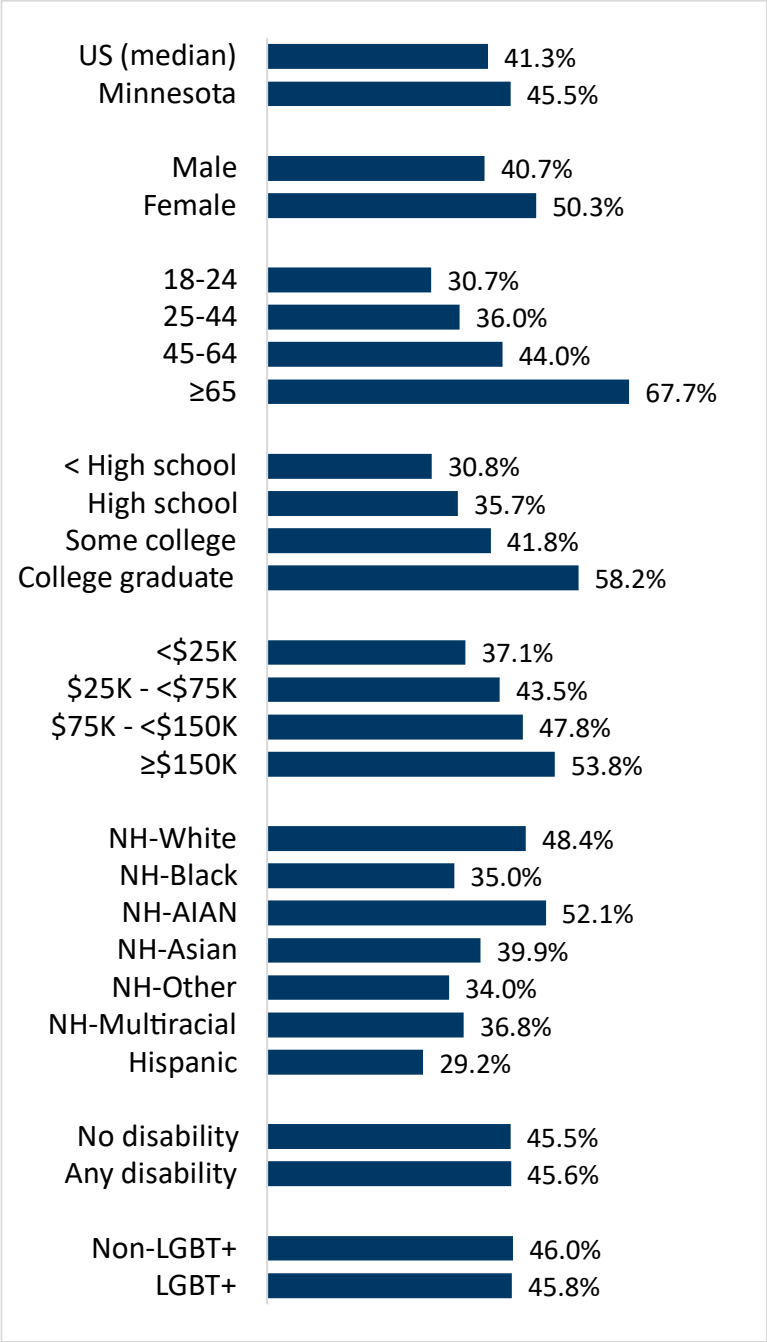
Flu Vaccine in Past Year

Definition: Respondents who had either a flu vaccine that was sprayed in their nose or a flu shot injected into their arm during the past 12 months.

Key Findings

- Forty-five percent of Minnesota adults had a flu shot in the past year, slightly above the national median.
- Women are 25% more likely to get a flu shot than men.
- More than 2/3 of adults over age 65 have had a flu shot, compared with less than 1/3 or adults aged 18-24.
- Adults with more education and more income are more likely to report get a flu shot.
- American Indian adults are most likely to report getting a flu shot.
- There are no significant differences in flu vaccination by disability or LGBT+ status. However, this is because of differences in age between these groups. Age-adjusted rates differ.
- Adults in central and south central Minnesota are least likely to get a flu shot.
- The percentage of Minnesota adults with a flu shot has fluctuated over the past 10 years. 2020-2022 were the only years above 50%.

Figure 25. Minnesota adults who have had a flu vaccine in the past year, 2024



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

Figure 26. Minnesota adults who have had a flu vaccine in the past year by region, 2024

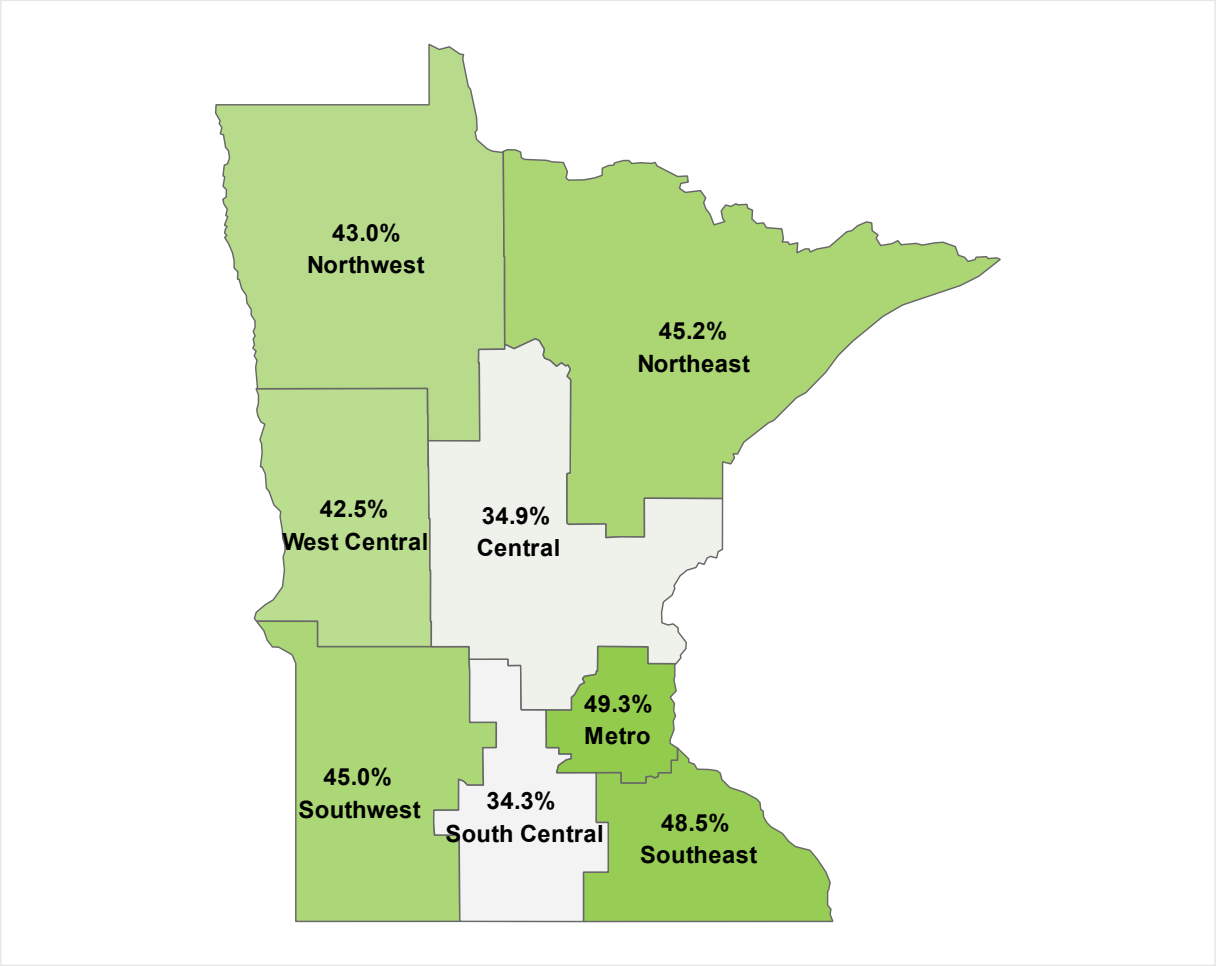
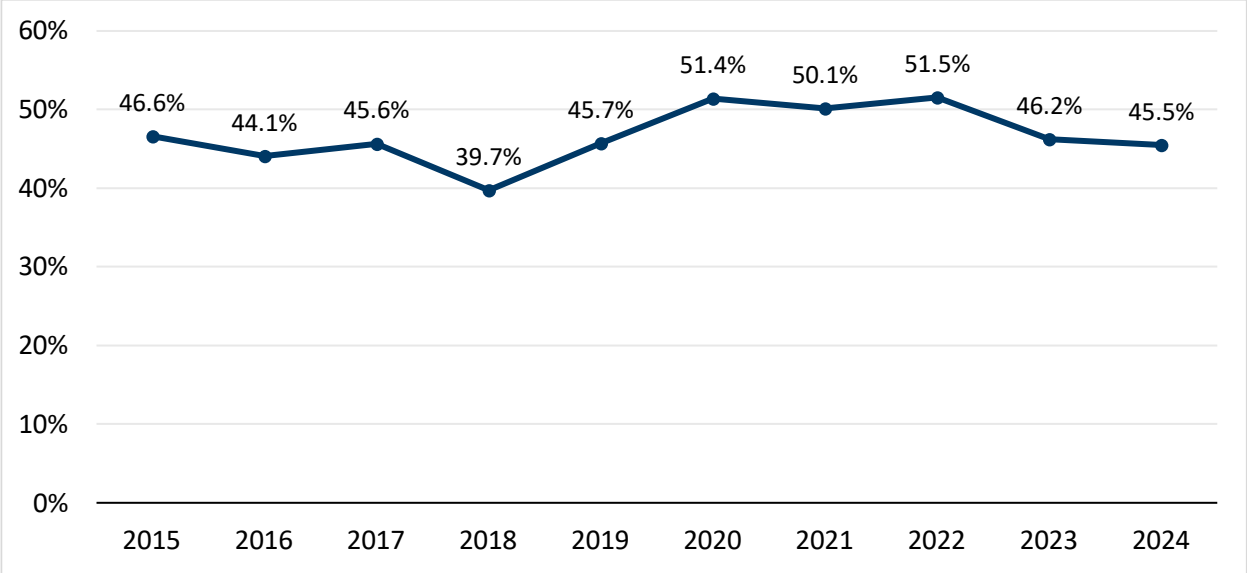


Figure 27. Minnesota adults who have had a flu vaccine in the past year by year, 2015-2024



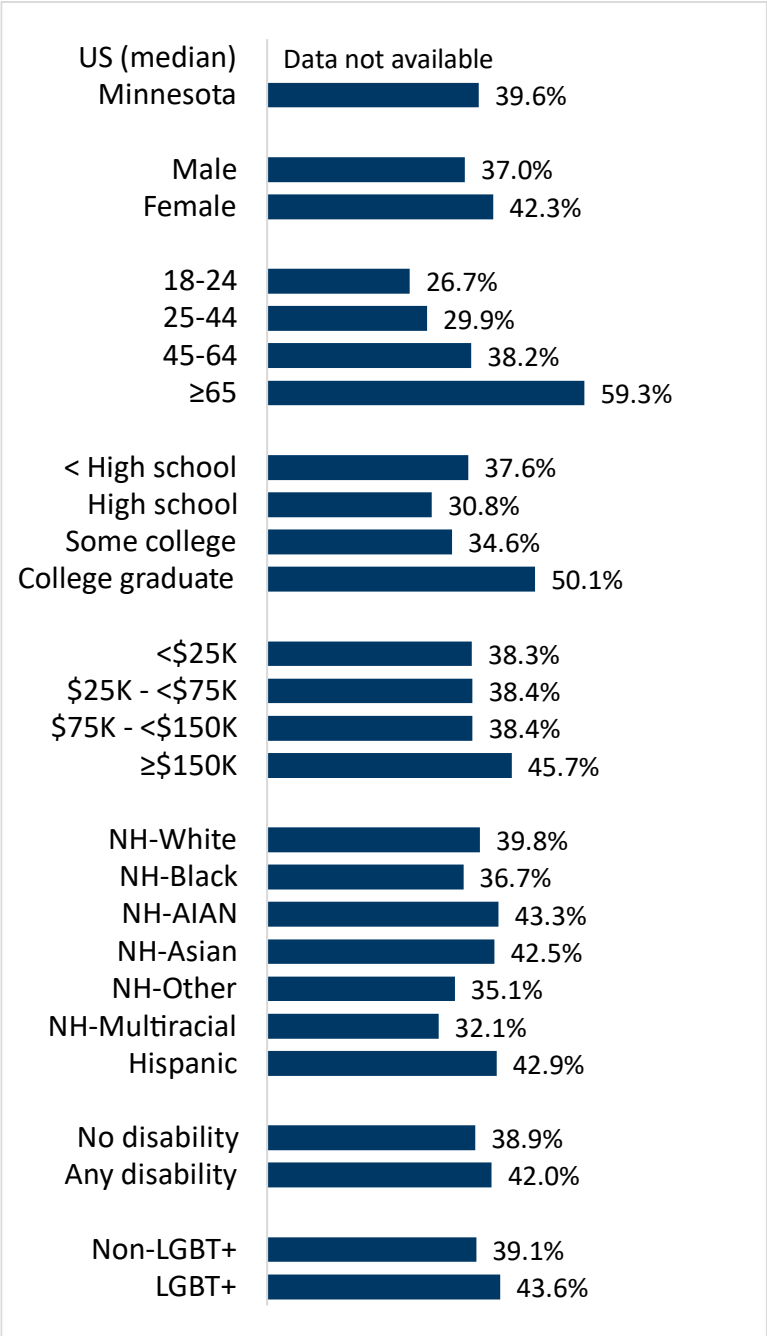
Updated COVID Vaccine

Definition: Respondents who received an updated COVID-19 vaccine since fall 2023, when a new version was approved and recommended. A follow up question asked respondents who did not get an updated COVID-19 vaccine for the primary reason they did not get it yet.

Key Findings

- Forty percent of Minnesota adults reported they got an updated COVID vaccine since fall 2023. This question was not asked in other states.
- Older adults are more likely to get a COVID vaccine than younger adults.
- More education and higher income are not always associated with increased likelihood of getting a COVID vaccine.
- American Indian adults are most likely to report getting an updated COVID vaccine.
- There are no significant differences in COVID vaccination by disability.
- LGBT+ adults are more likely to get a COVID vaccine.
- Adults in central and south central Minnesota are least likely to get a COVID vaccine.
- "Not worried about getting COVID-19" was the most common reason cited by people who did not get an updated vaccine.

Figure 28. Minnesota adults who have had an updated COVID vaccine in the past year, 2024



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

Figure 29. Minnesota adults who have had an updated COVID vaccine in the past year by region, 2024

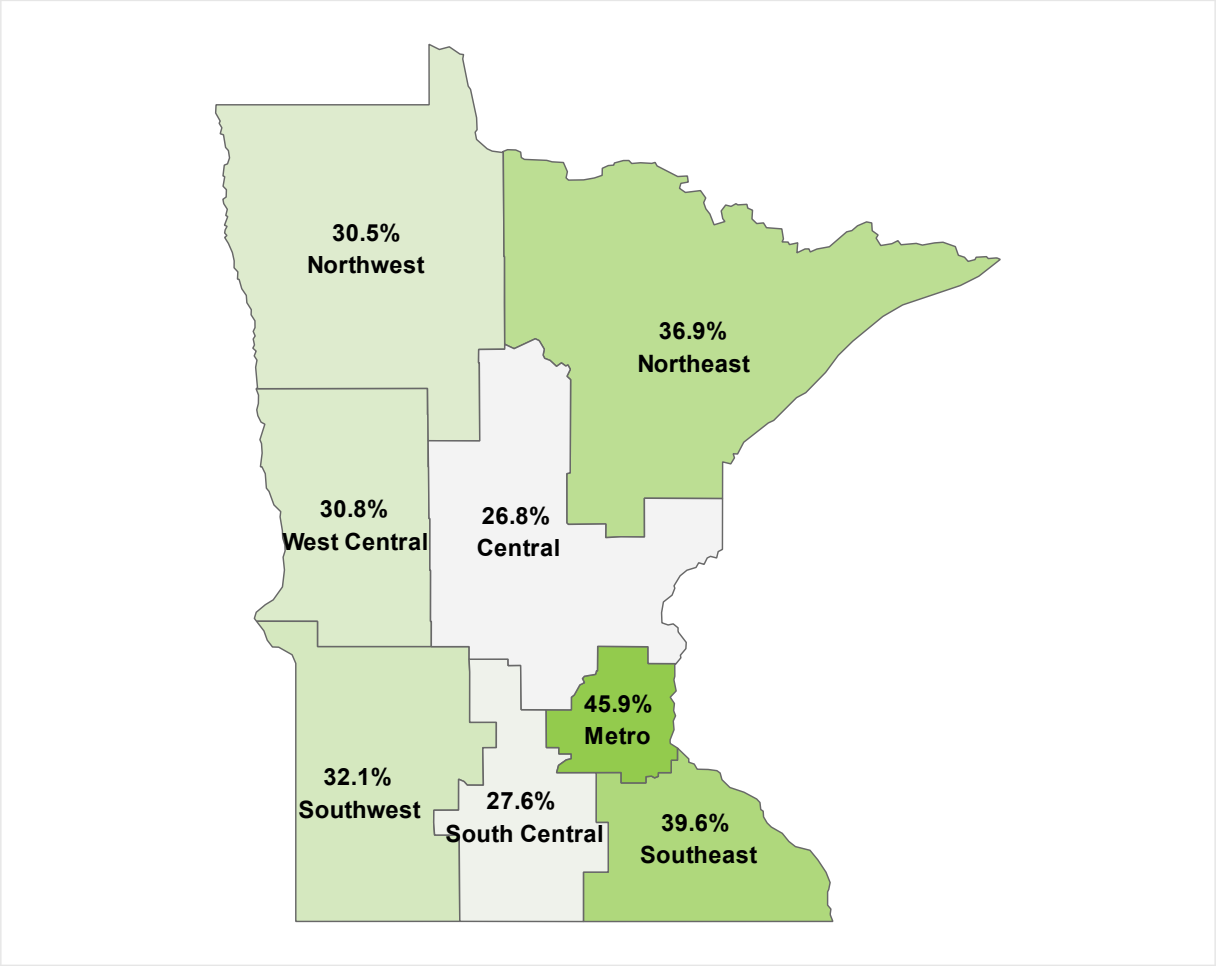
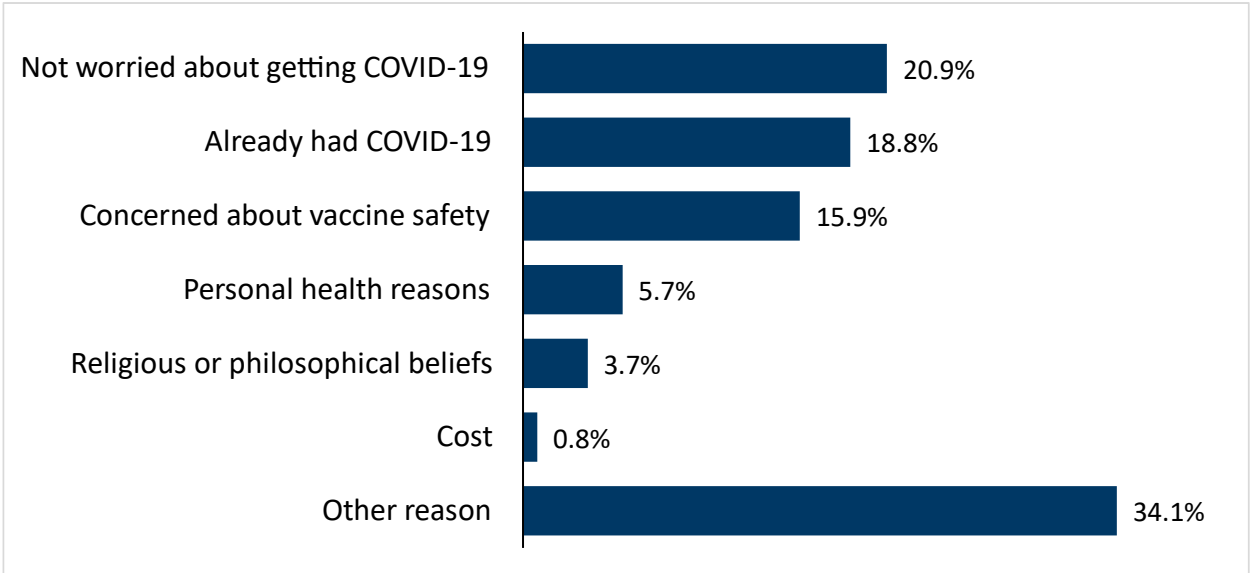


Figure 30. Reasons for not getting an updated COVID vaccine in the past year, 2024



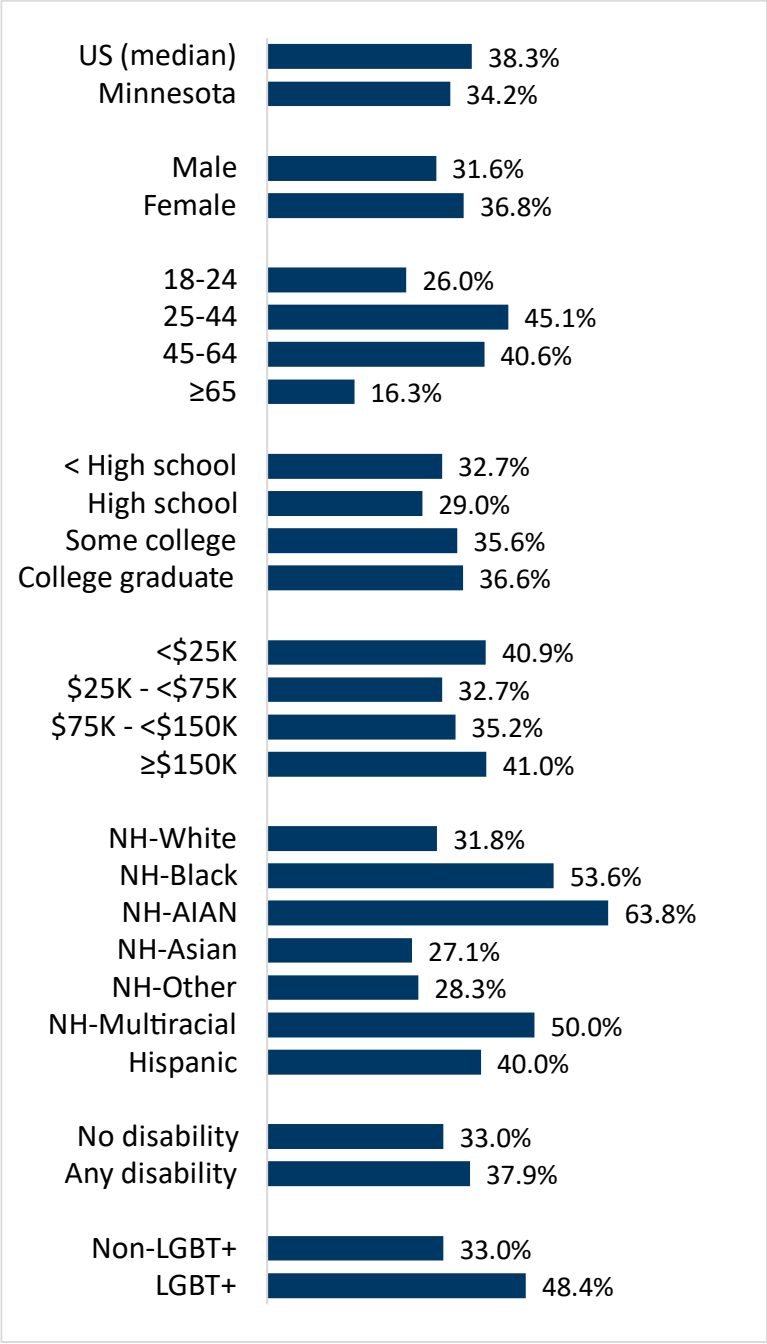
HIV Test

Definition: Respondents who have ever been tested for HIV, not counting tests that were done for blood donation.

Key Findings

- One-third of Minnesota adults have ever been tested for HIV, below the national median.
- Women are more likely to have tested for HIV than men.
- Middle-aged adults are most likely to have been tested for HIV.
- More education and higher income is not always associated with increased likelihood of testing for HIV.
- American Indian adults are most likely to report ever testing for HIV.
- Adults with a disability and those identifying as LGBT+ are more likely to be tested for HIV.
- Adults in the Twin Cities metro are most likely to have tested for HIV.
- The percentage of adults who have ever tested for HIV has risen slightly over the last 10 years.

Figure 31. Minnesota adults who have ever been tested for HIV, 2024



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

Figure 32. Minnesota adults who have ever been tested for HIV by region, 2024

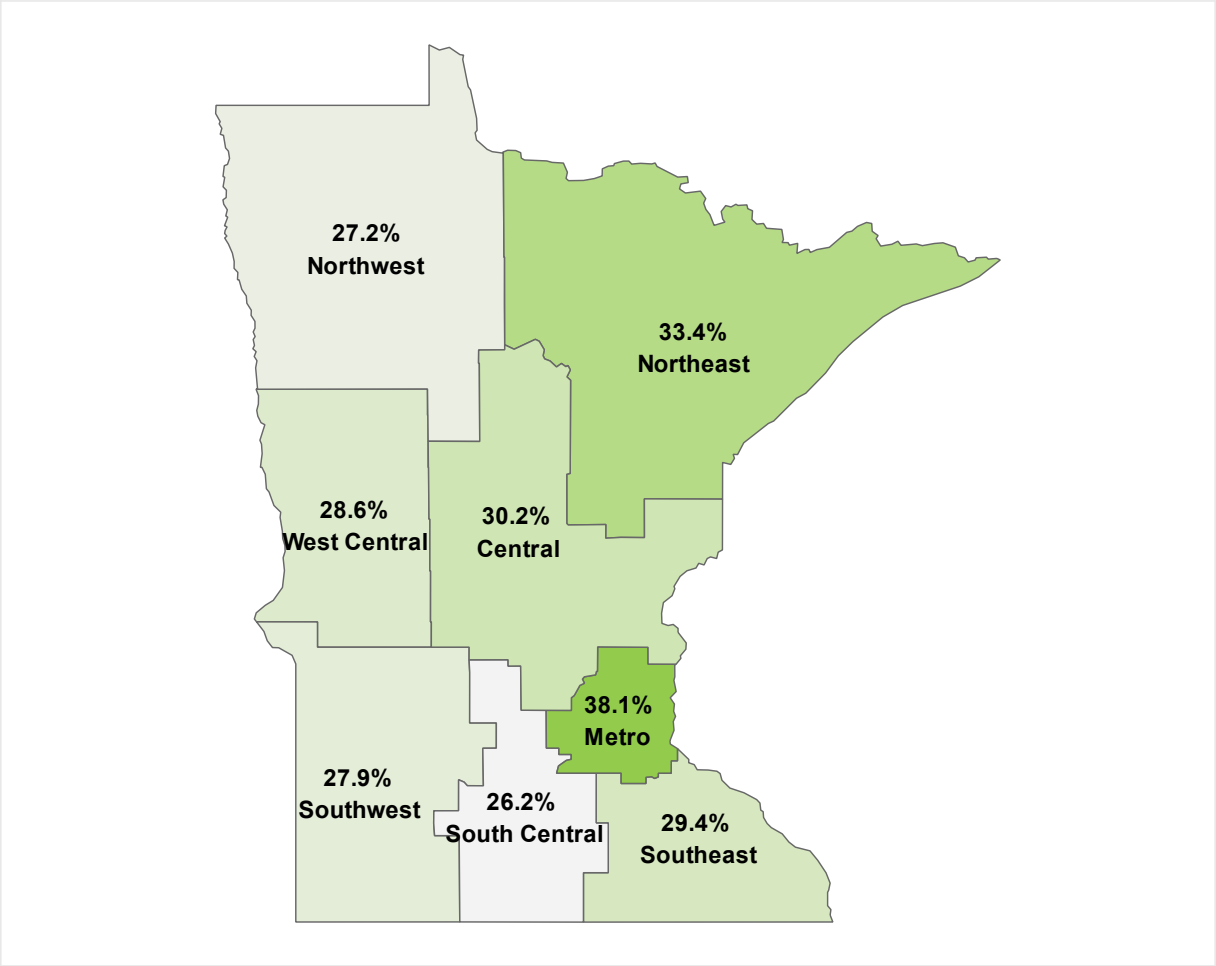
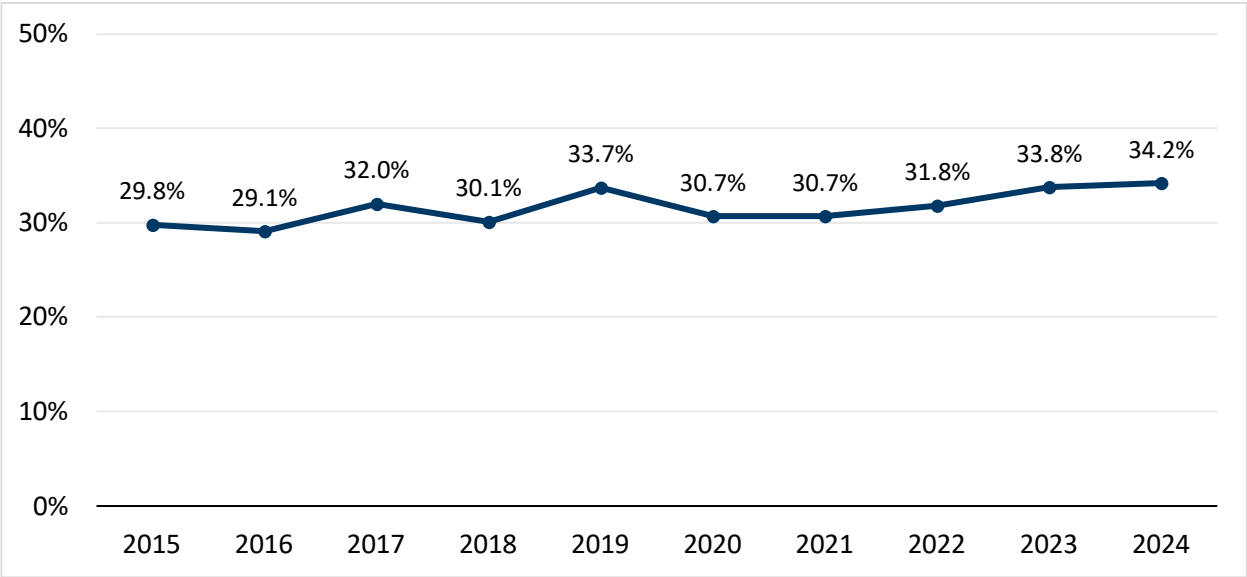


Figure 33. Minnesota adults who have ever been tested for HIV by year, 2015-2024



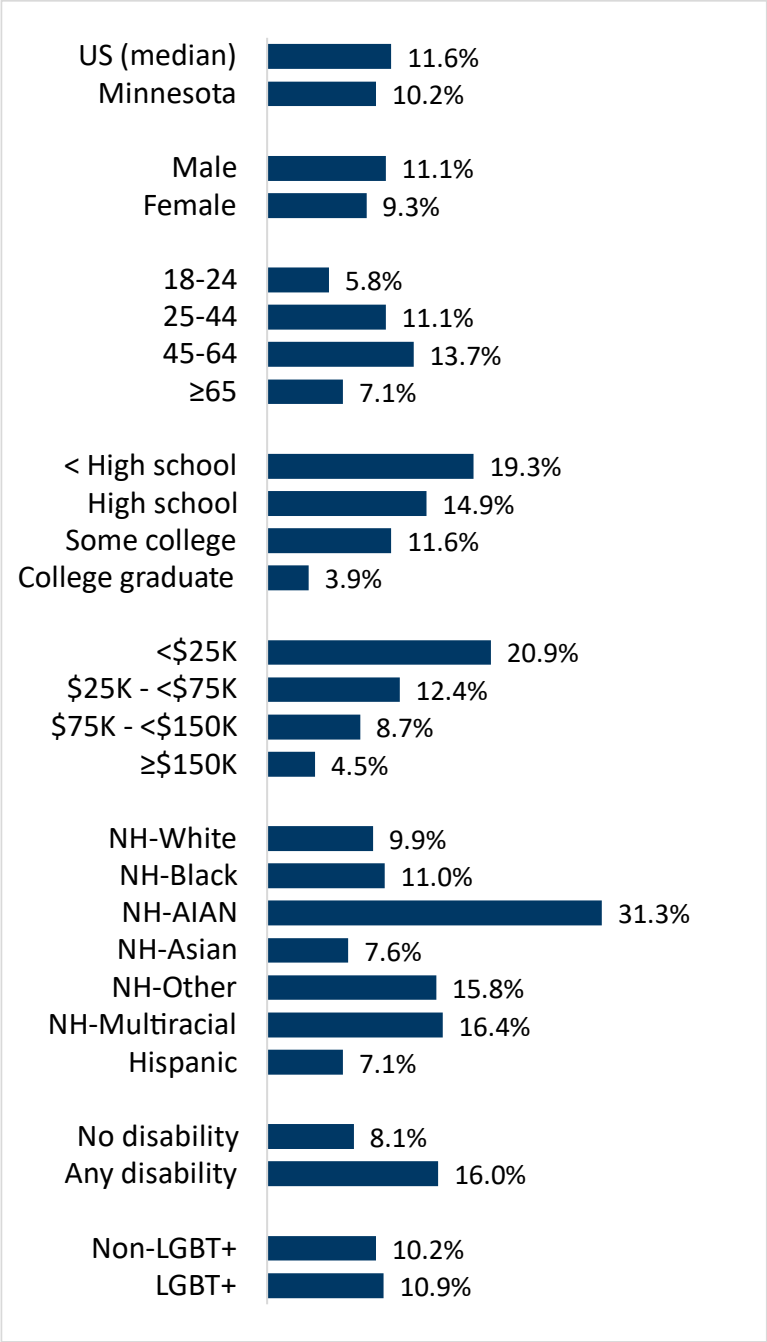
Cigarette Smoking

Definition: Respondents who have smoked at least 100 cigarettes in their lifetime and currently smoke cigarettes some days or every day.

Key Findings

- Ten percent of Minnesota adults smoke cigarettes, slightly less than the national median.
- There are not significant differences in smoking prevalence by sex.
- Adults aged 18-24 have the lowest smoking prevalence of any age group.
- Adults with more education and higher income are far less likely to smoke cigarettes.
- There are significant racial disparities in smoking prevalence.
- Adults with a disability are twice as likely to be smokers.
- LGBT+ status is not associated with smoking.
- Adults living in northeastern Minnesota are most likely to be smokers.
- Cigarette smoking has declined steadily over the past 10 years. Smoking prevalence in 2024 was at a record low.

Figure 34. Minnesota adults who smoke cigarettes, 2024



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

Figure 35. Minnesota adults who smoke cigarettes by region, 2024

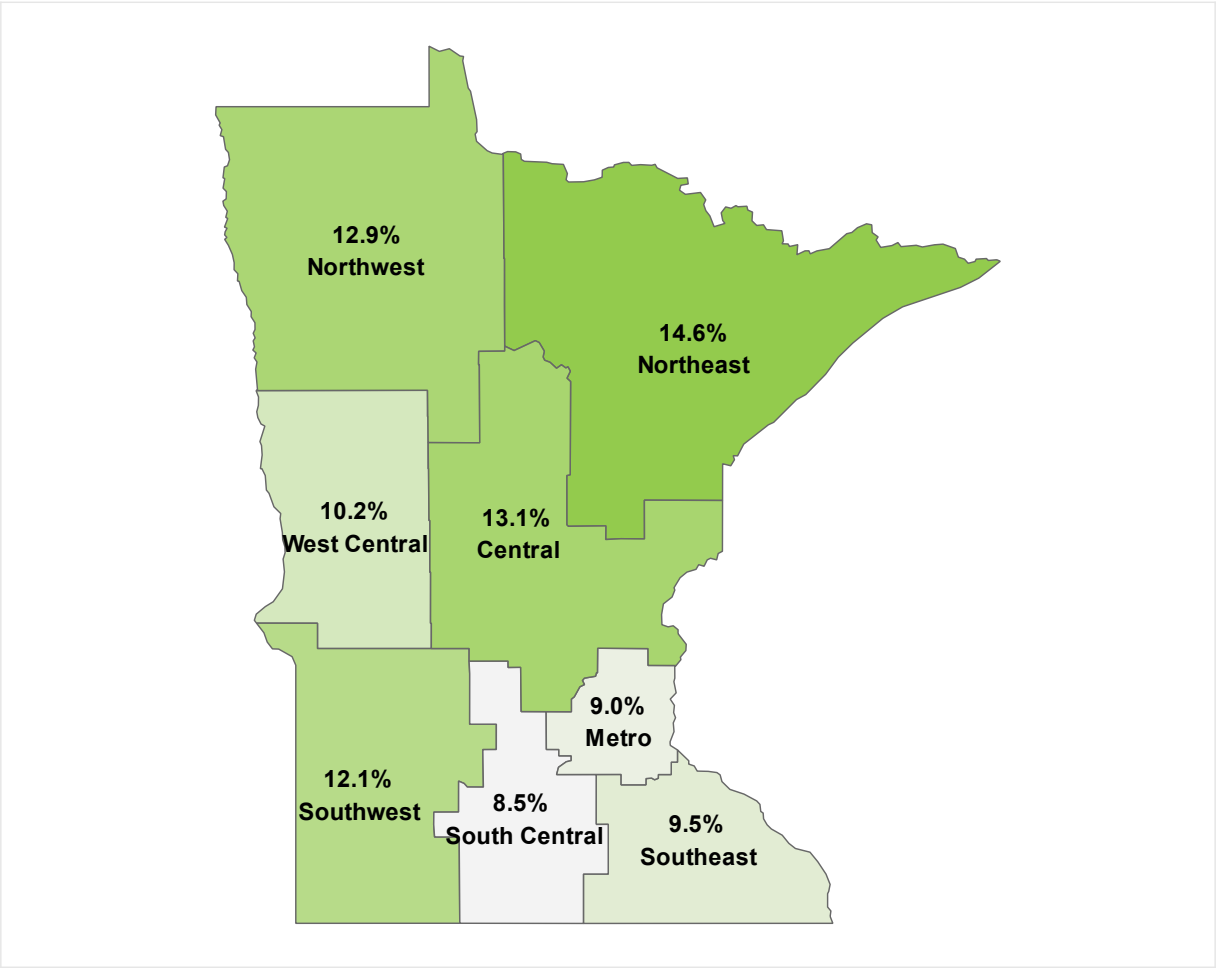
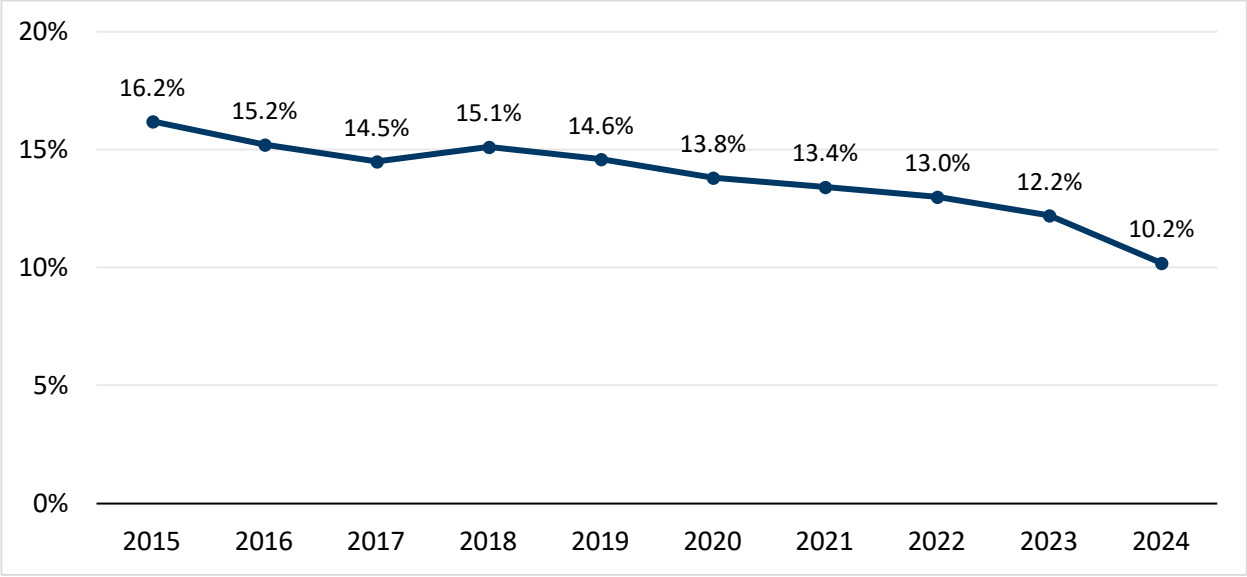


Figure 36. Minnesota adults who smoke cigarettes by year, 2015-2024



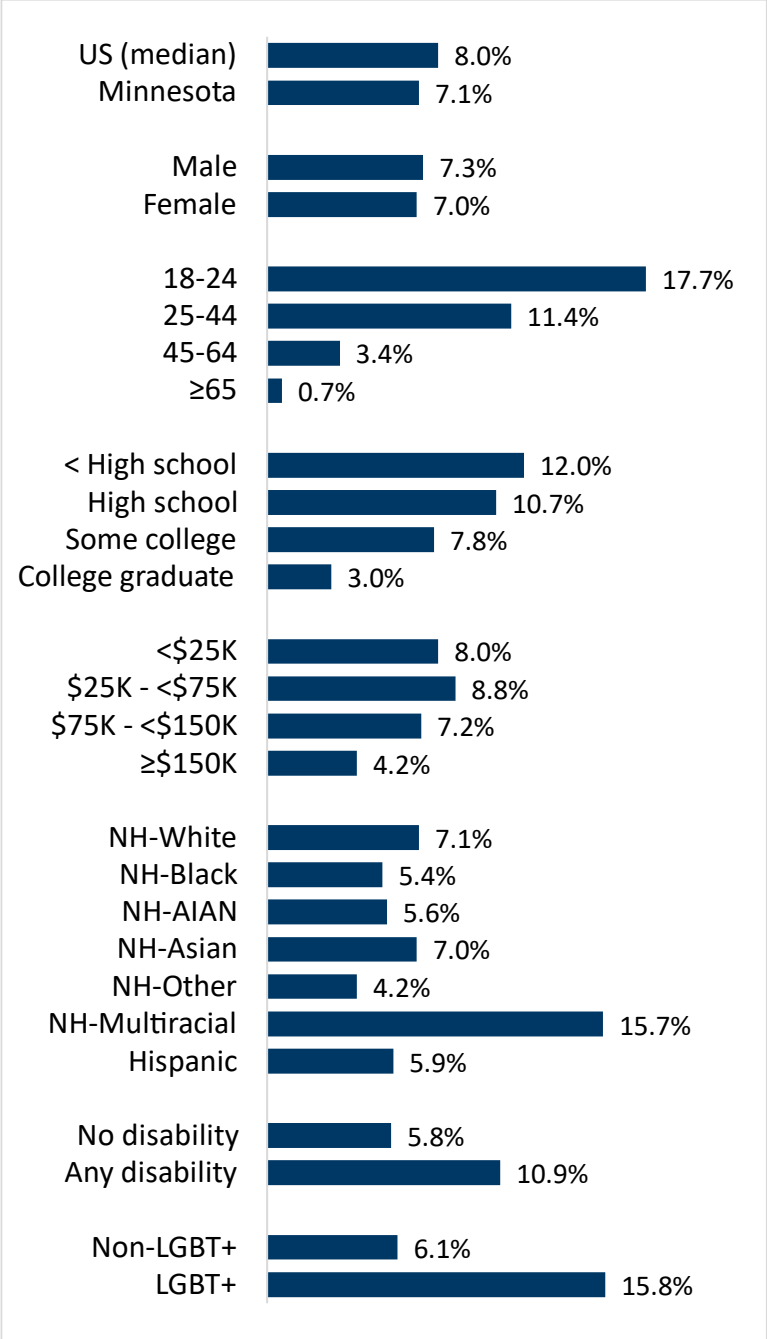
E-Cigarette Use/Vaping

Definition: Respondents who currently use vapes or e-cigarettes some days or every day.

Key Findings

- Seven percent of Minnesota adults use vapes, slightly less than the national median.
- There are not significant differences in vaping prevalence by sex.
- Adults aged 18-24 are far more likely to use vapes than older adults.
- Adults with higher education and more income are less likely to vape.
- There are significant racial disparities in vaping prevalence.
- Adults with a disability and those identifying as LGBT+ are more likely to use vapes.
- Adults living in central Minnesota are most likely to vape, while those living in southeastern Minnesota are least likely to vape.
- Vaping increased quickly between 2017 and 2022, but has held steady over the last few years.

Figure 37. Minnesota adults who use vapes, 2024



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

Figure 38. Minnesota adults who use vapes by region, 2024

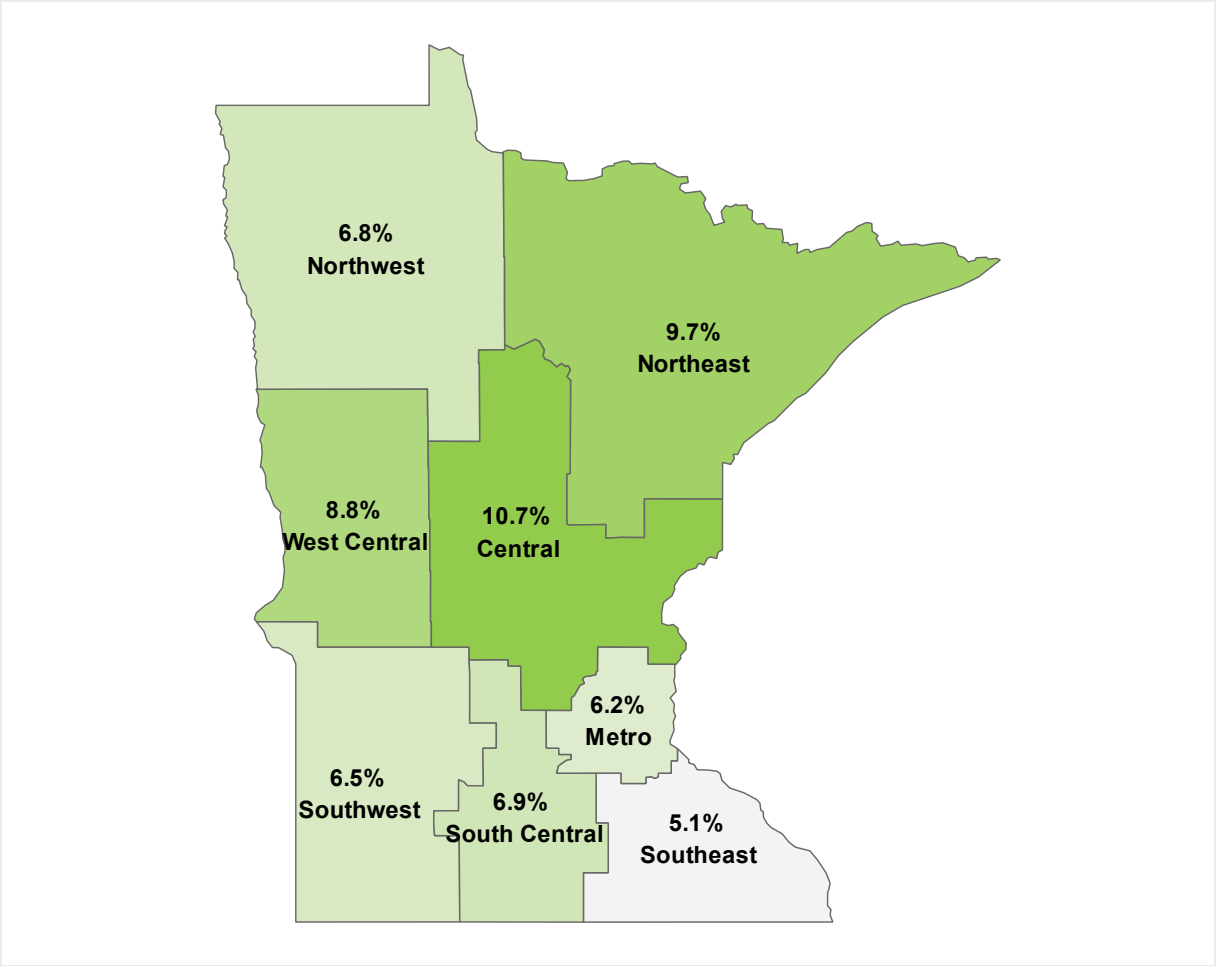
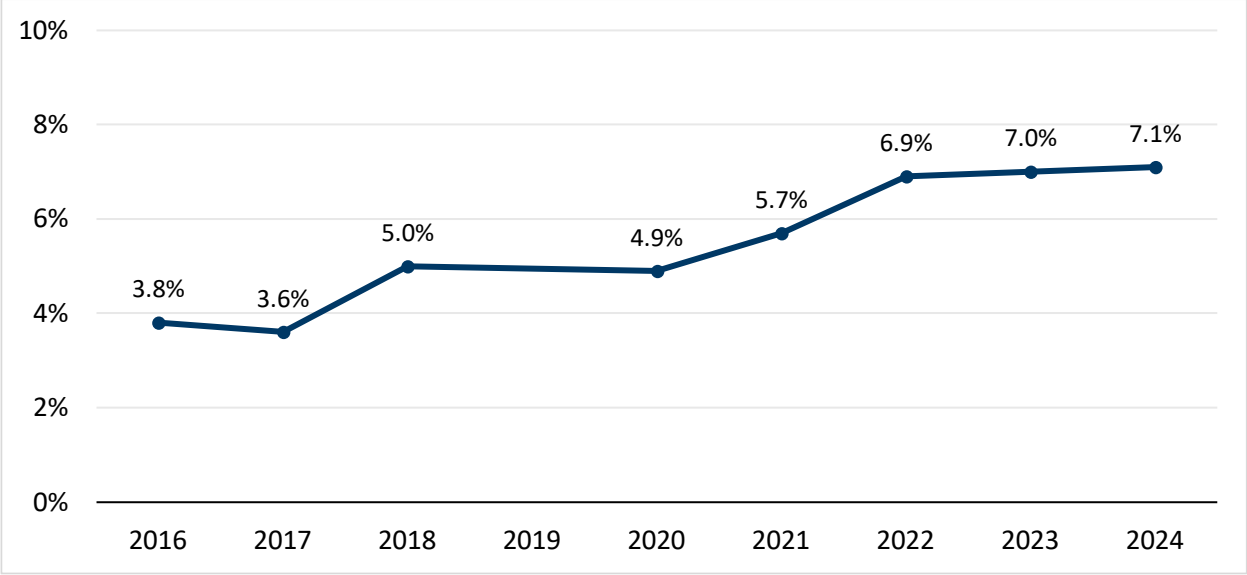


Figure 39. Minnesota adults who use vapes by year, 2016-2024



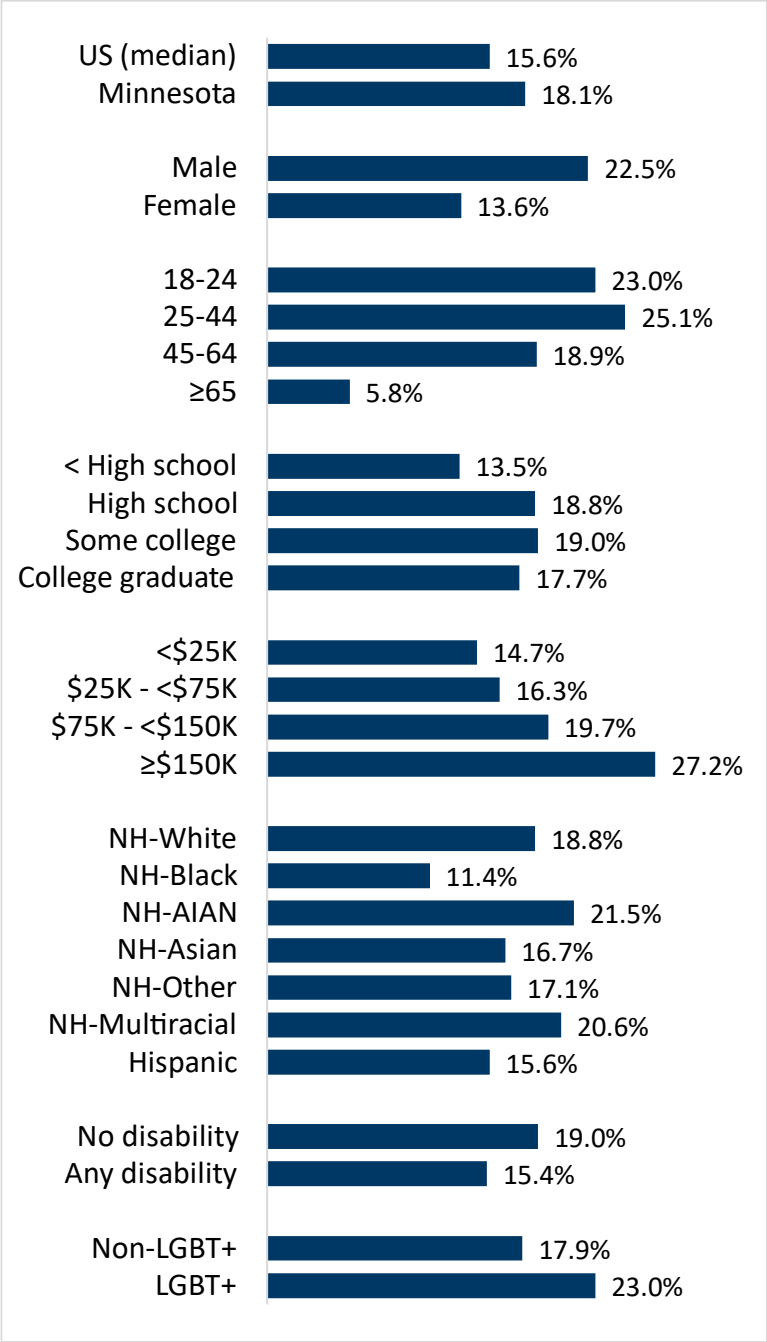
Binge Drinking

Definition: Males who have had 5 or more drinks and females who have had 4 or more drinks on one or more occasions during the past 30 days.

Key Findings

- Eighteen percent of Minnesota adults binge drank in the past 30 days, above the national median.
- More men than women binge drink.
- Adults 65 years old and older are least likely to binge drink.
- There are not significant differences in binge drinking by education.
- Adults with higher income are more likely to binge drink.
- There are significant racial disparities in binge drinking.
- After adjusting for age, there are not significant differences in binge drinking by disability or LGBT+ status.
- Adults living in northeastern Minnesota are most likely to binge drink, while those living in southeastern Minnesota are least likely to binge drink.
- The percentage of adults who binge drink has not changed significantly over the past 10 years.

Figure 40. Minnesota adults who binge drank in the past 30 days, 2024



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

Figure 41. Minnesota adults who binge drank in the past 30 days by region, 2024

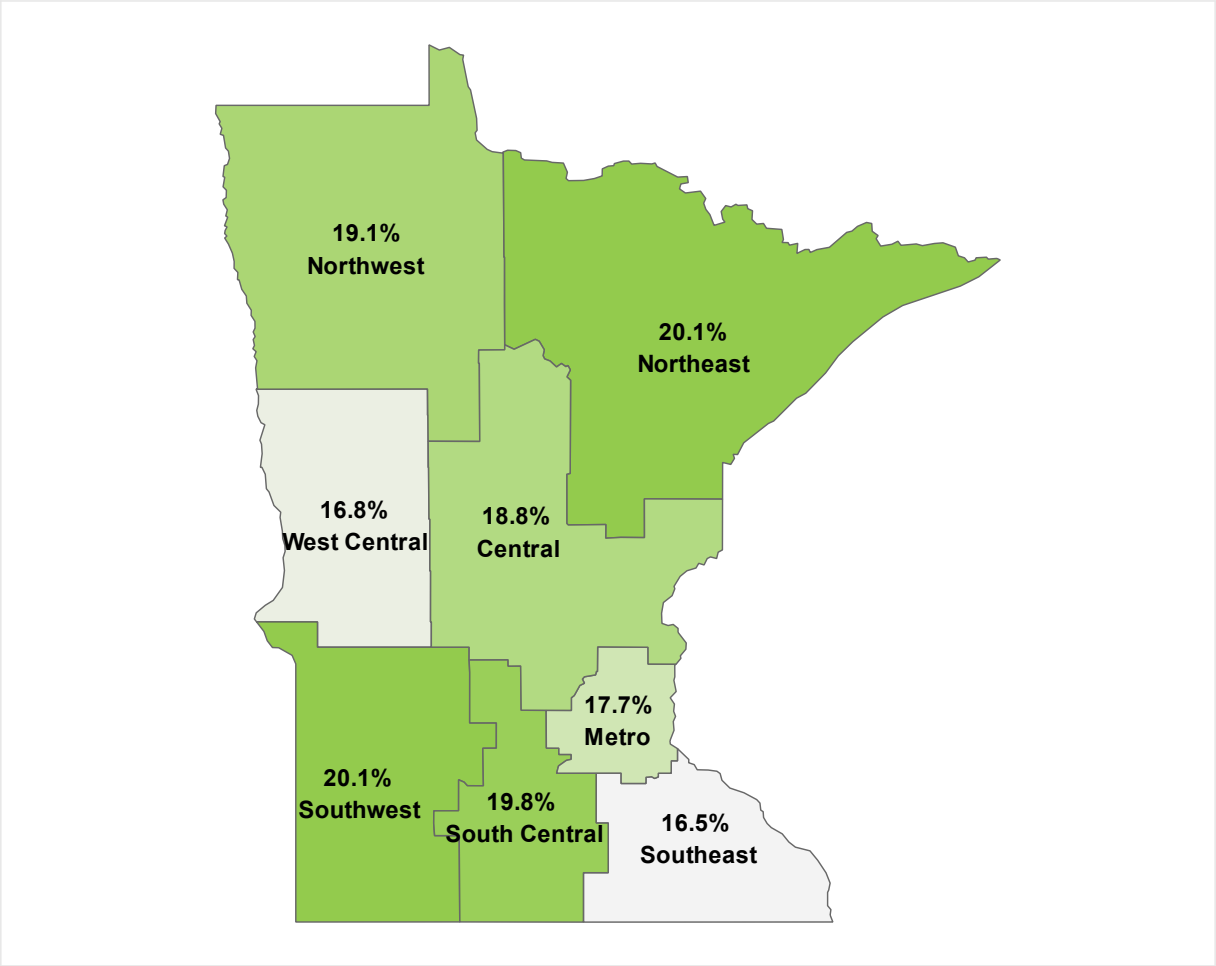
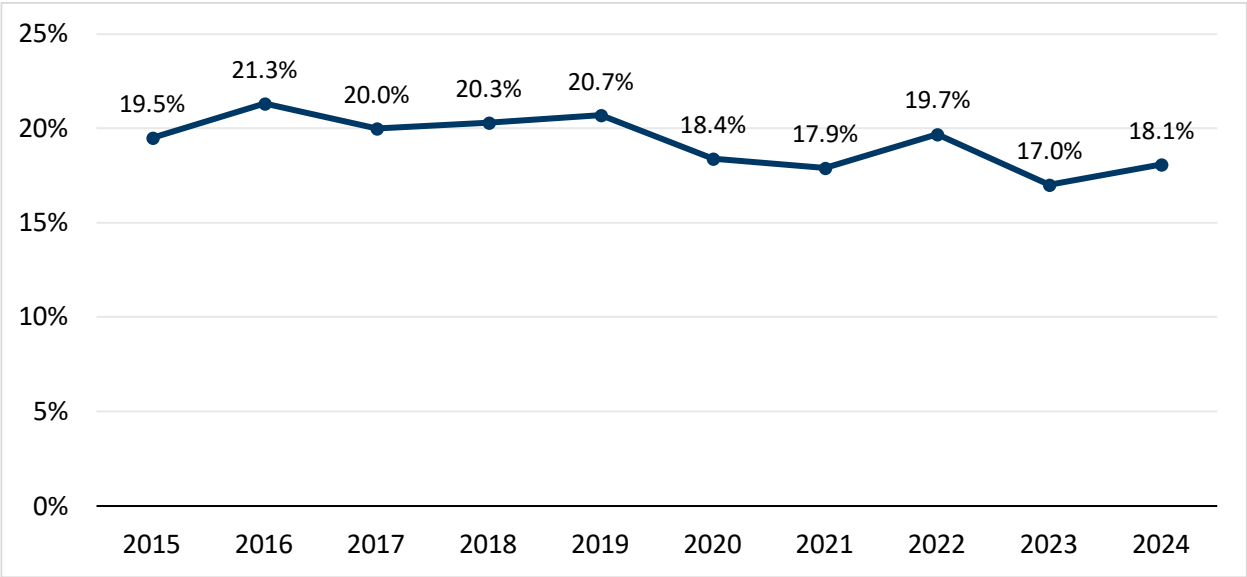


Figure 42. Minnesota adults who binge drank in the past 30 days by year, 2015-2024



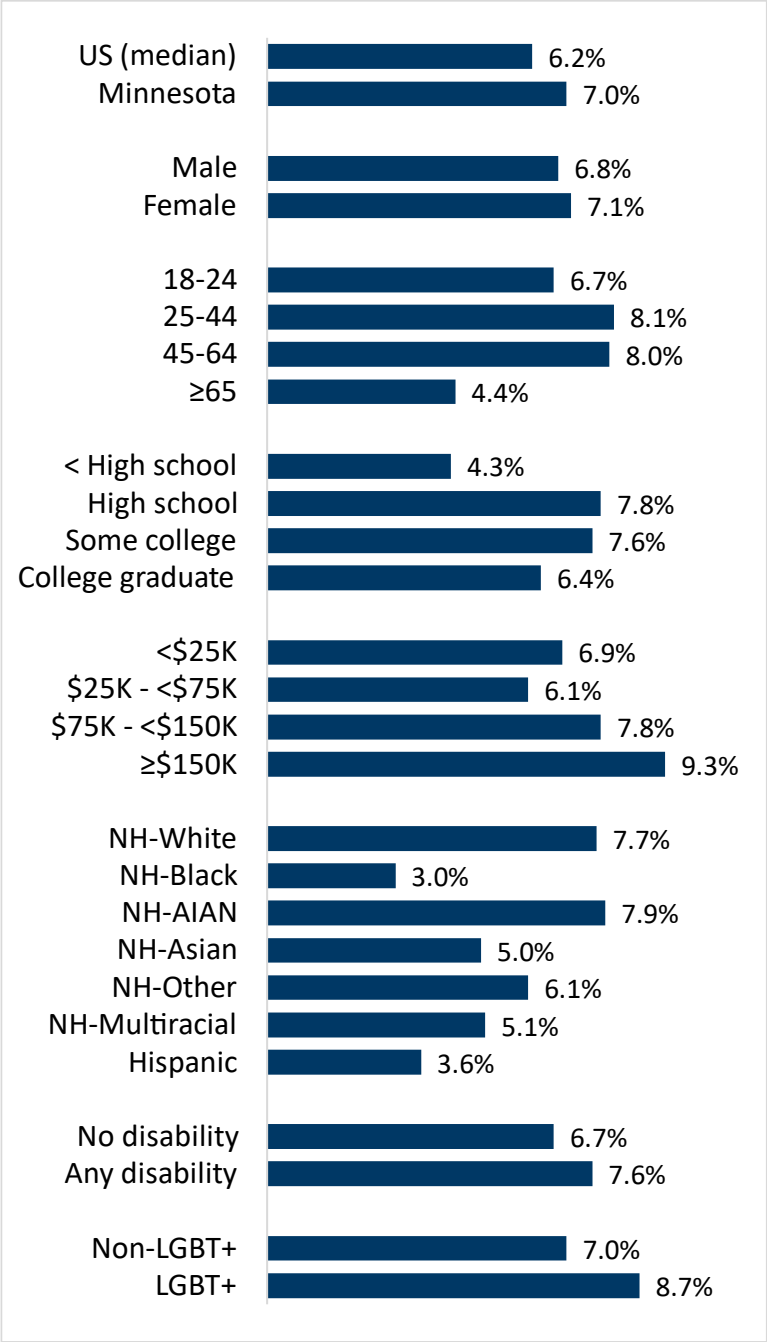
Heavy Drinking

Definition: Males who consume more than 14 alcoholic drinks per week and females who consume more than 7 alcoholic drinks per week.

Key Findings

- Seven percent of Minnesota adults are heavy drinkers, above the national median.
- There are not significant differences in heavy drinking prevalence by sex.
- Adults 65 years old and older are least likely to drink heavily.
- There are not significant differences in heavy drinking by education.
- Adults earning more than $150,000 per year are most likely to be heavy drinkers.
- There are significant racial disparities in heavy drinking.
- There are not significant differences in binge drinking by disability or LGBT+ status.
- Adults living in northeastern Minnesota are most likely to drink heavily, while those living in southeastern Minnesota are least likely to drink heavily.
- The percentage of adults who drink heavily has not changed significantly over the past 10 years.

Figure 43. Minnesota adults who are heavy alcohol drinkers, 2024



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

Figure 44. Minnesota adults who are heavy alcohol drinkers by region, 2024

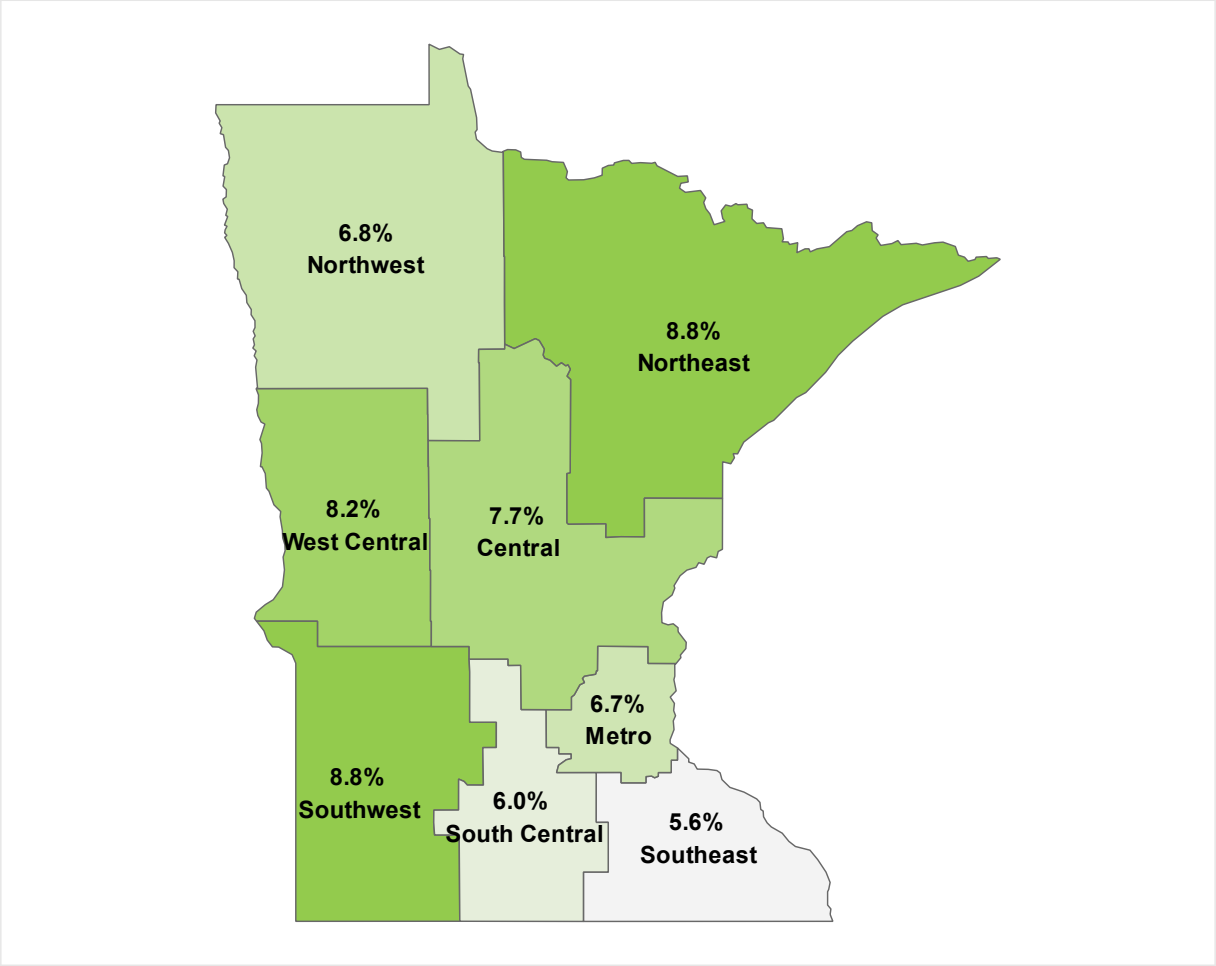
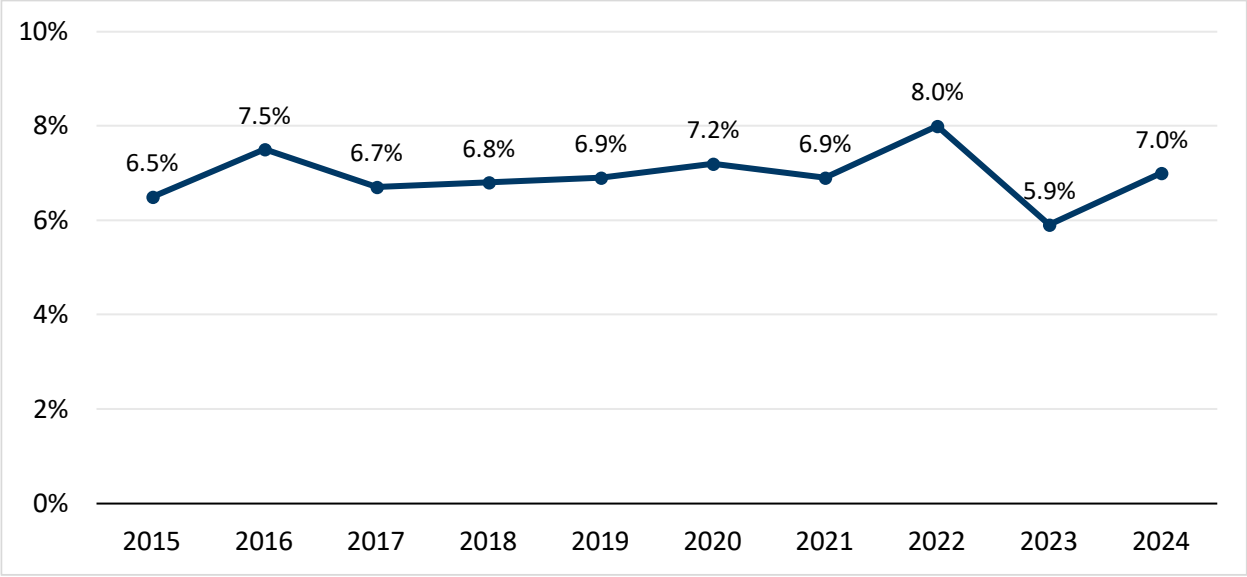


Figure 45. Minnesota adults who are heavy alcohol drinkers by year, 2015-2024



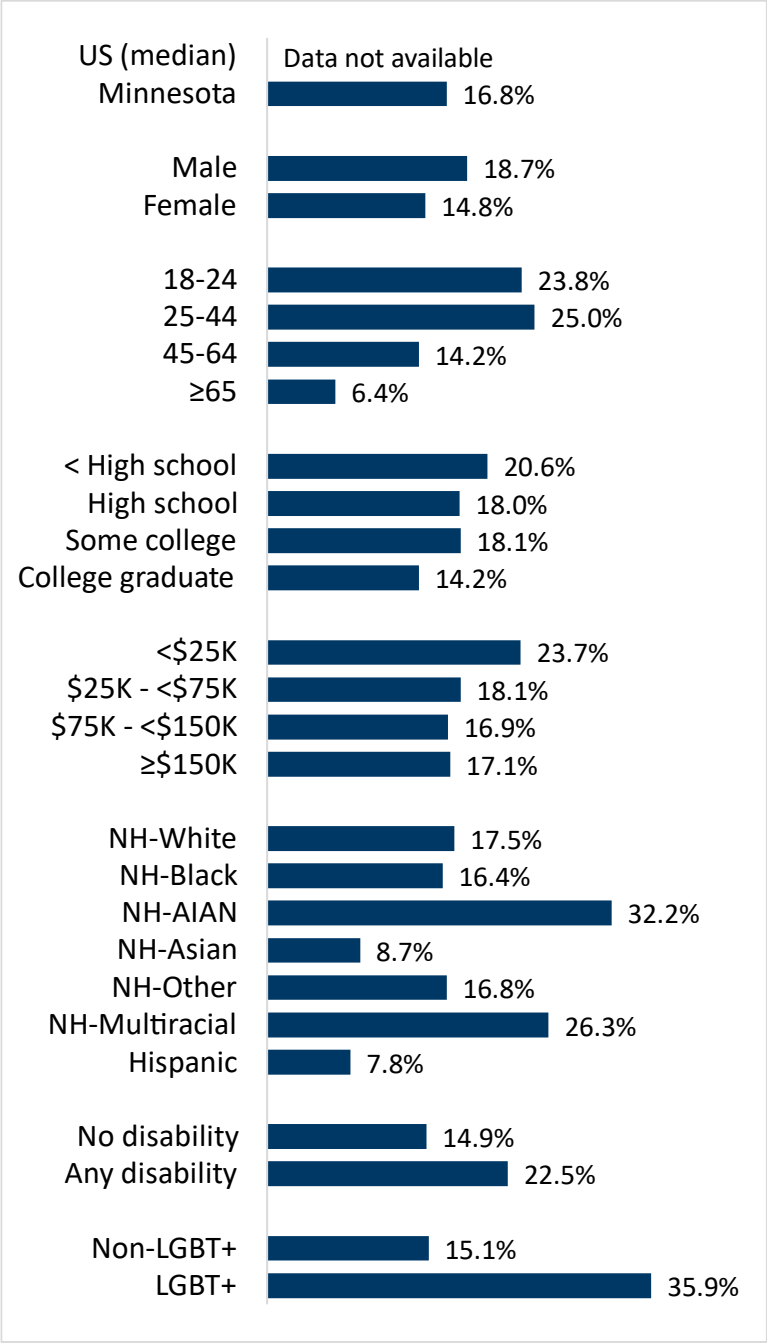
Marijuana Use

Definition: Respondents who reported using marijuana or cannabis on one or more days during the past 30 days.

Key Findings

- One in six Minnesota adults used marijuana in the past 30 days. Not all states collected this data in 2024.
- Men are more likely to use marijuana than women.
- Adults younger than 45 years old are more likely to use marijuana.
- College graduates are least likely to use marijuana.
- Adults earning less than $25,000 per year are most likely to use marijuana.
- There are significant racial disparities in marijuana use.
- Adults with a disability and those identifying as LGBT+ are more likely to use marijuana.
- Adults living in northeastern Minnesota are most likely to use marijuana, while those living in southwestern Minnesota are least likely to use marijuana.
- The percentage of adults who use marijuana has increased to record levels since 2016.

Figure 46. Minnesota adults who used marijuana use in the past 30 days, 2024



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

Figure 47. Minnesota adults who used marijuana in the past 30 days by region, 2024

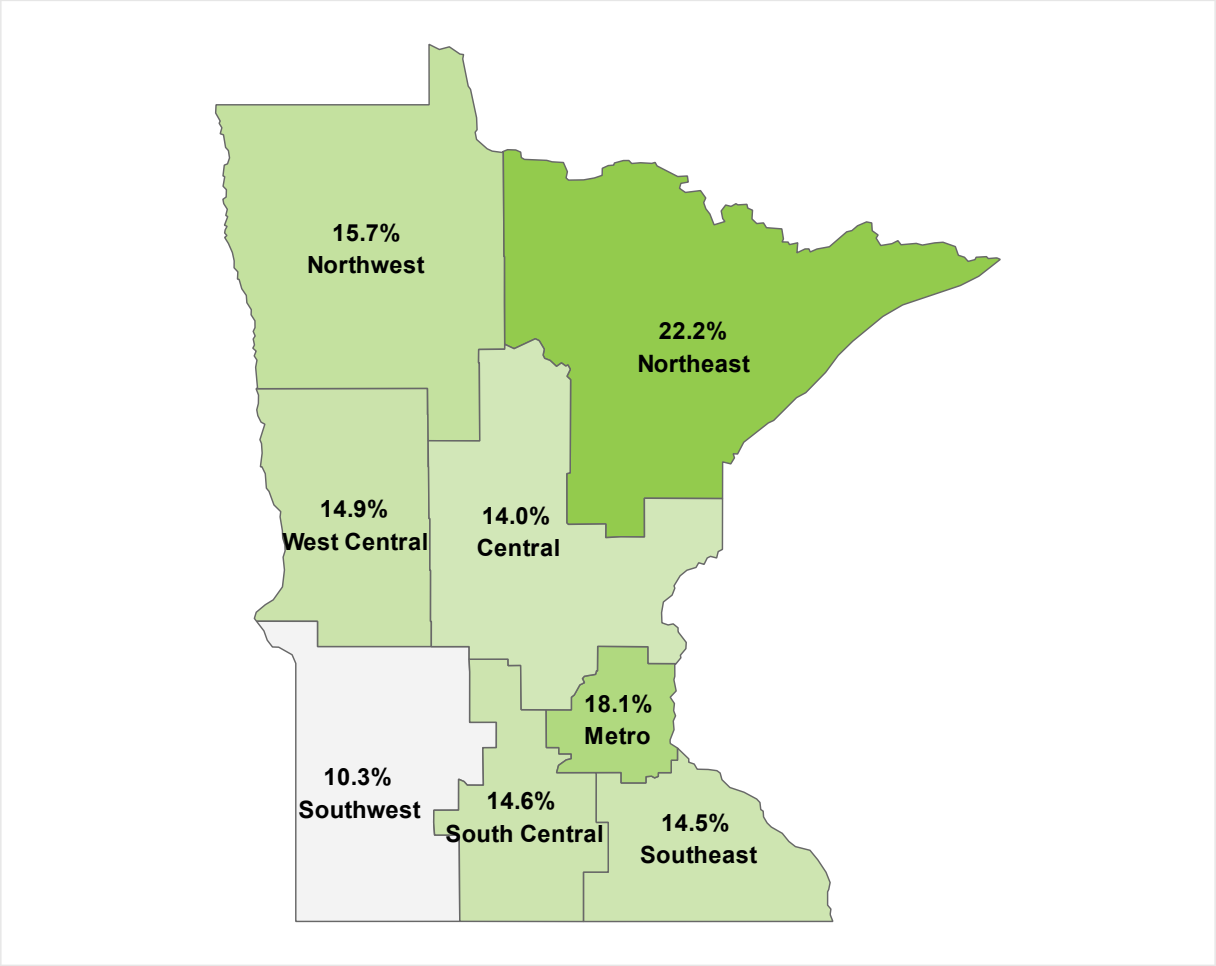
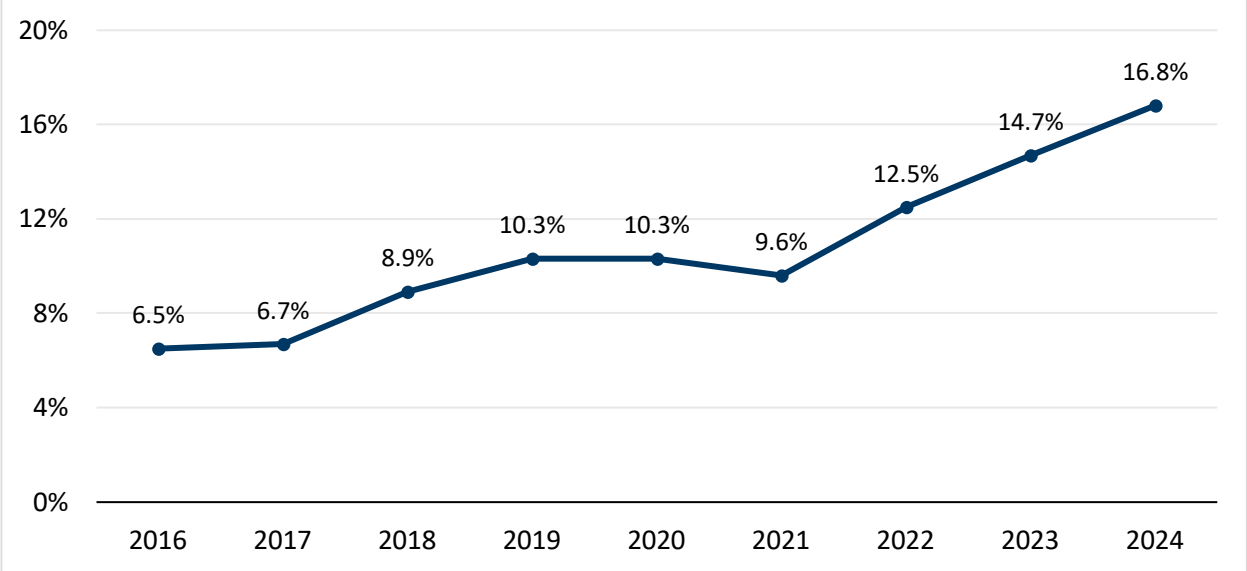


Figure 48. Minnesota adults who used marijuana in the past 30 days by year, 2016-2024



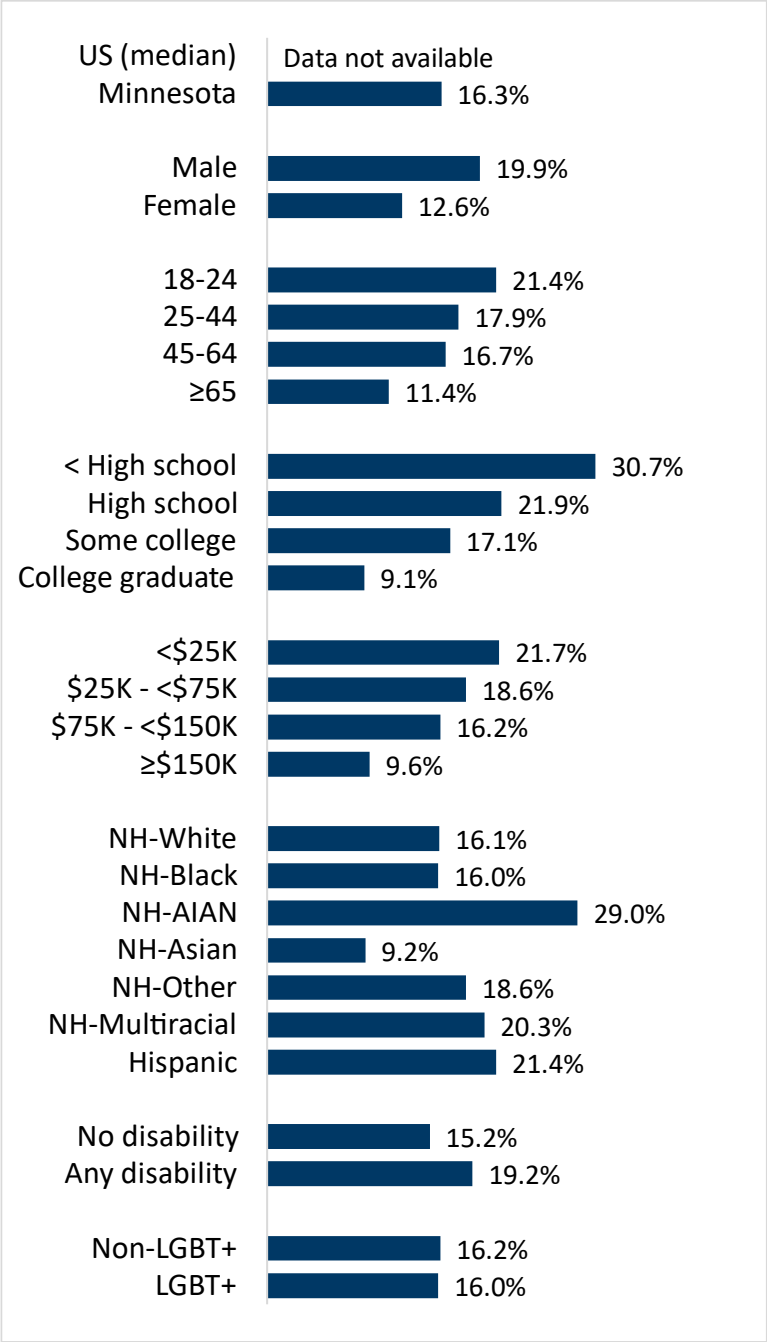
Daily Soda Consumption

Definition: Respondents who reported drinking sugar-sweetened soda or pop (not including diet or zero-calorie soda) at least once per day on average.

Key Findings

- One in six Minnesota adults drink sugary soda every day. Not all states collected this data in 2024.
- Men are more likely to drink soda than women.
- Younger adults are more likely to drink soda than older adults.
- College graduates and high-income-earners are least likely to drink soda.
- There are significant racial disparities in soda consumption.
- Adults with a disability are more likely to drink soda.
- There is no difference in soda consumption by LGBT+ identity.
- Adults living in southwestern Minnesota are twice as likely to drink soda as those living in the Twin Cities metro.
- The percentage of adults who drink soda every day has not changed consistently since 2018.

Figure 49. Minnesota adults who drink soda once per day, 2024



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

Figure 50. Minnesota adults who drink soda once per day by region, 2024

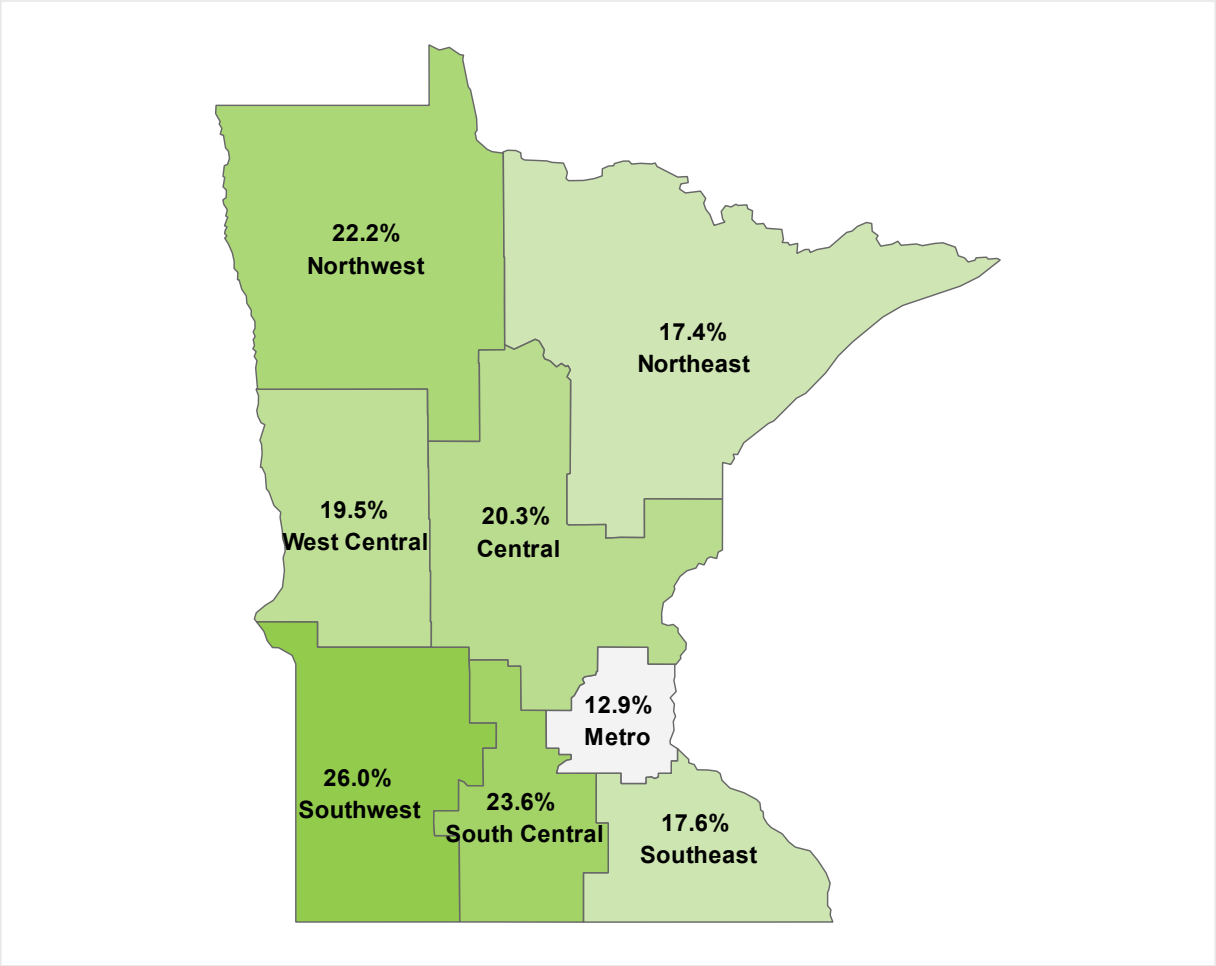
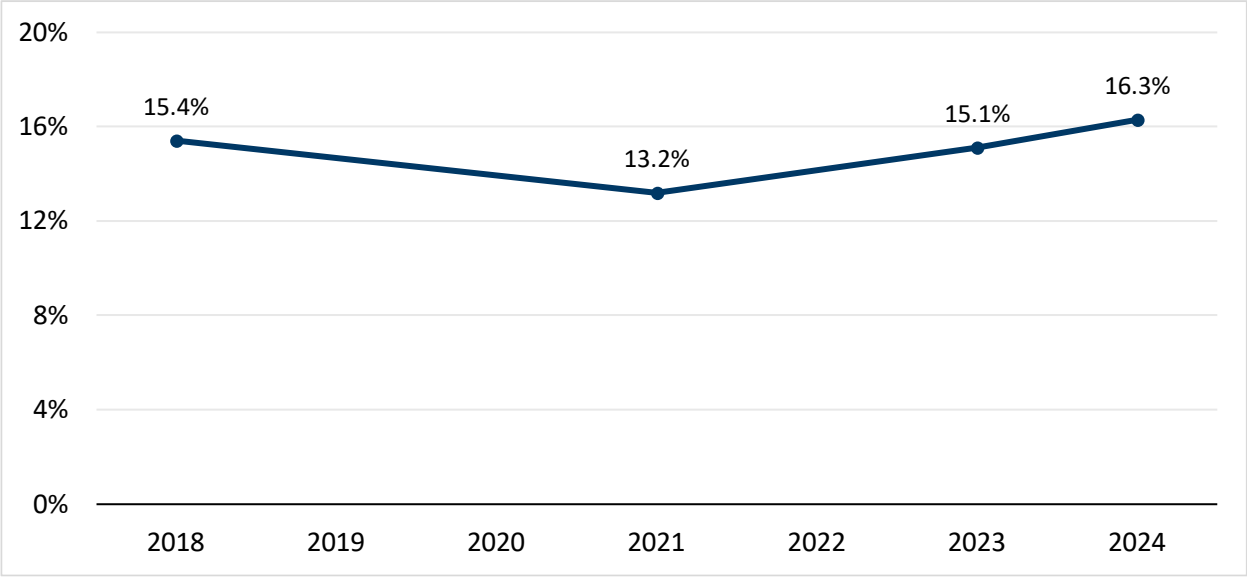


Figure 51. Minnesota adults who drink soda once per day by year, 2018-2024



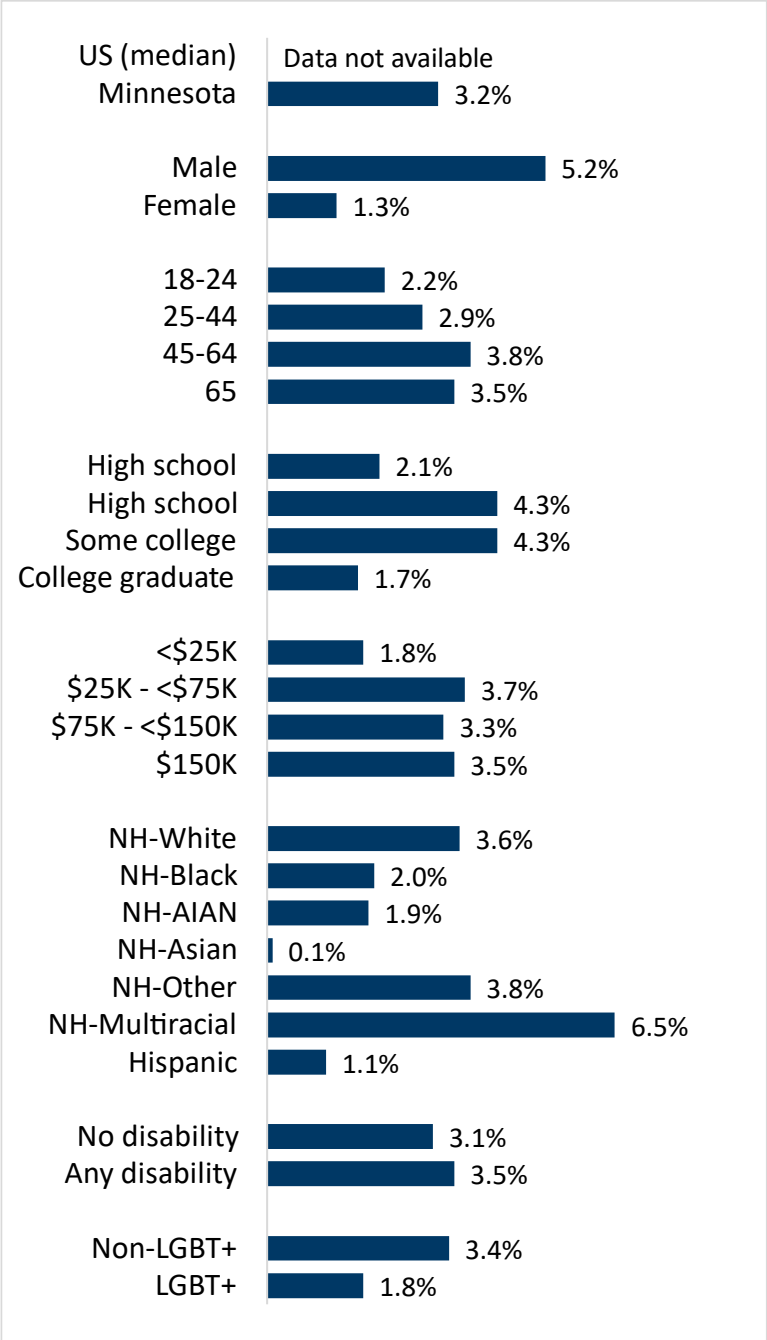
Firearm Storage

Definition: Respondents who report having a loaded and unlocked firearm in or around their home.

Key Findings

- Three percent of Minnesota adults report having a loaded and unlocked firearm in or around their home.
- Men are four times more likely to report having a loaded, unlocked firearm than women.
- There are not significant differences in safe firearm storage by age.
- College graduates are least likely to have a loaded, unlocked firearm.
- Asian American adults are least likely to have a loaded, unlocked firearm in their home.
- There are not significant differences in firearm storage by disability or LGBT+ status.
- Adults living in northern Minnesota are most likely to have a loaded, unlocked firearm in their home.
- The percentage of adults who have a loaded, unlocked firearm in their home declined slightly from 2022 to 2024.

Figure 52. Minnesota adults who report having a loaded and unlocked firearm in their home, 2024



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

Figure 53. Minnesota adults who report having a loaded and unlocked firearm in their home by region, 2024

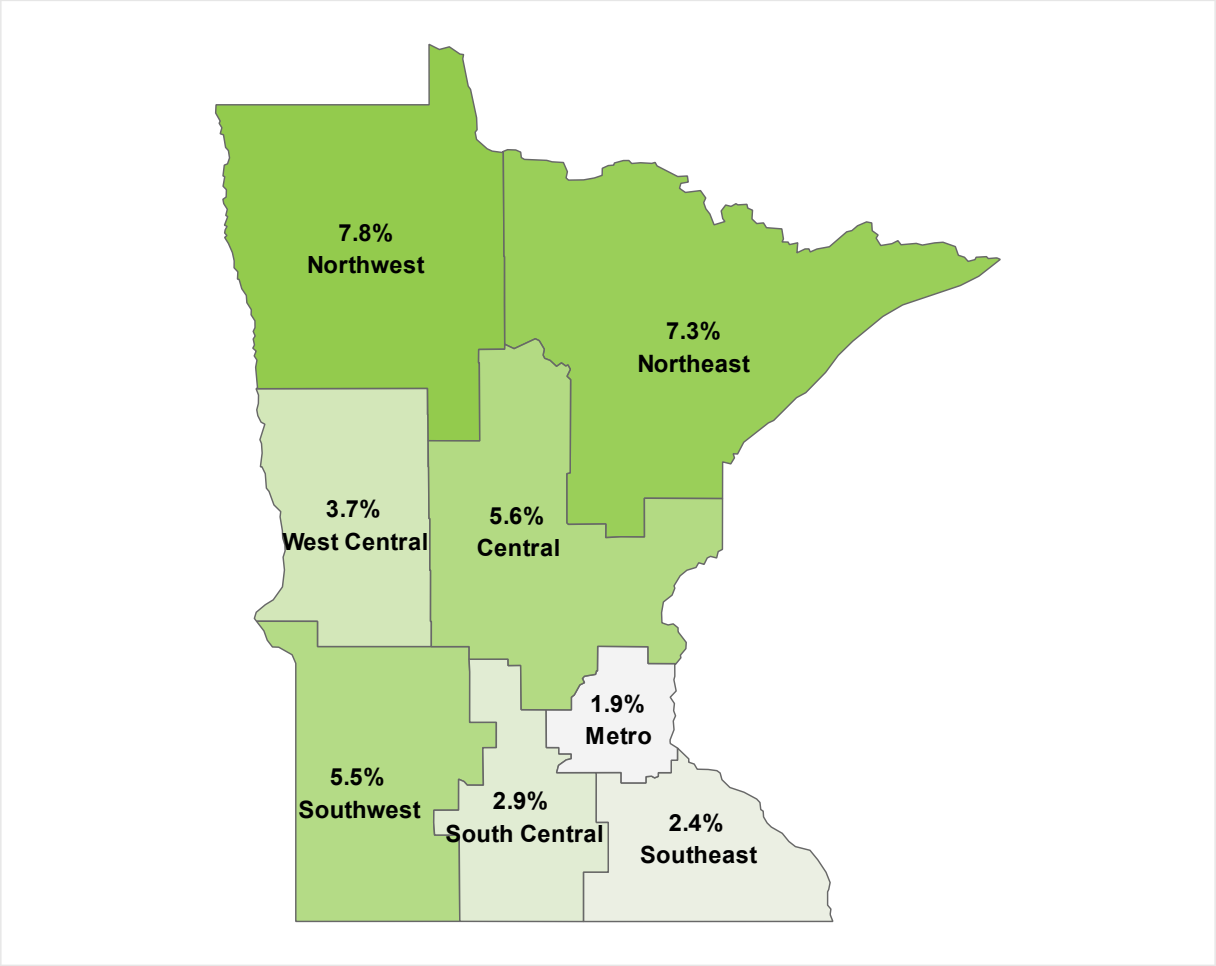
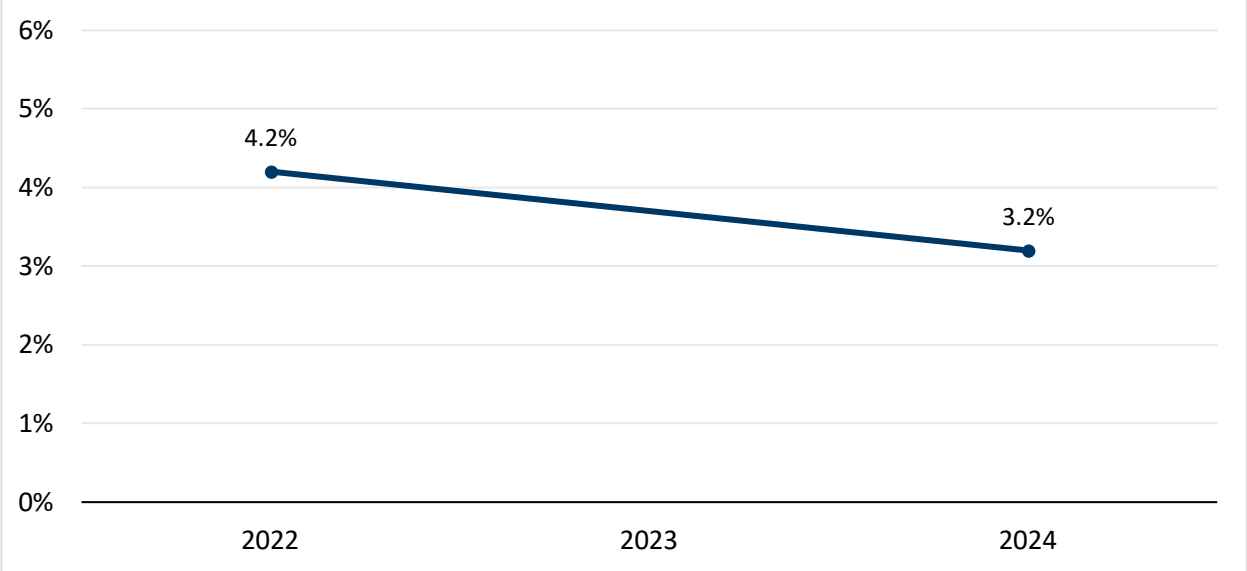


Figure 54. Minnesota adults who report having a loaded and unlocked firearm in their home by year, 2022-2024



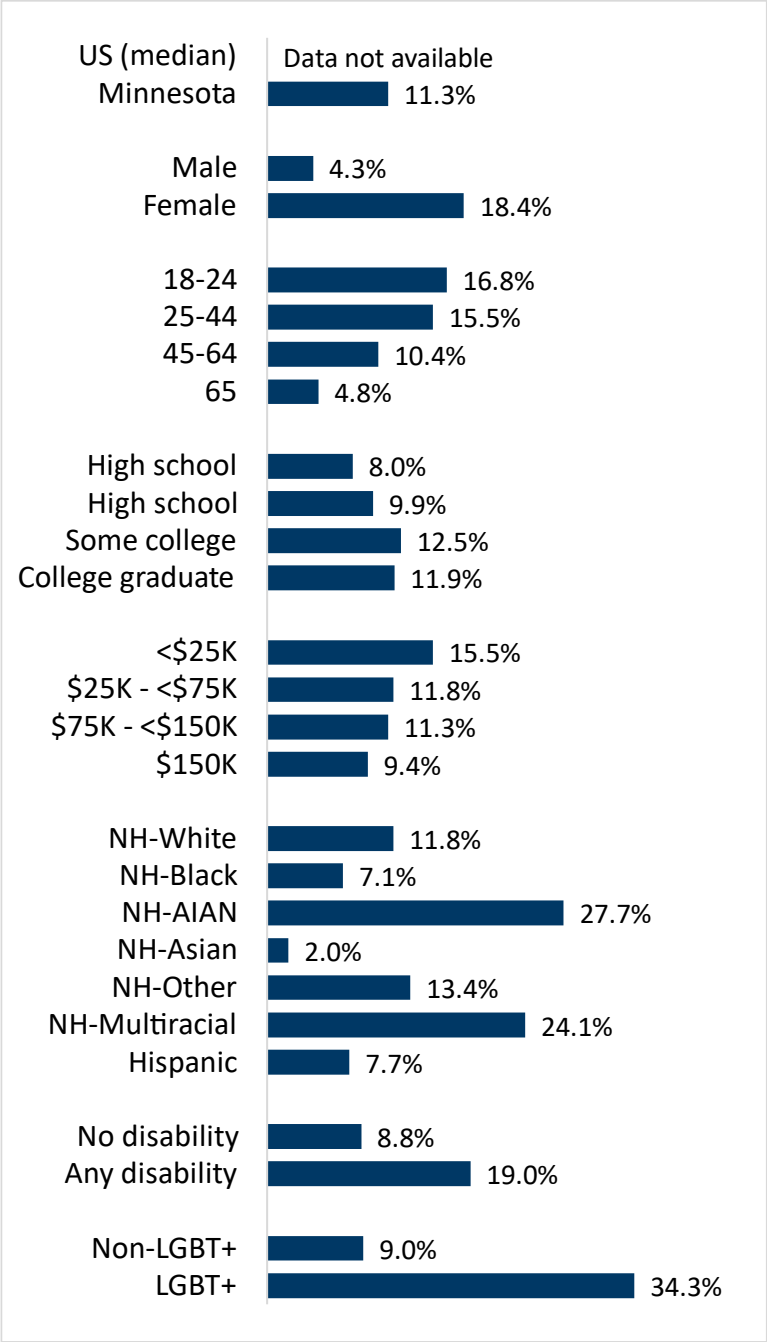
Sexual Violence

Definition: Respondents who reported that anyone ever pressured, tricked, or forced them to do something sexual or did something sexual to them against their wishes.

Key Findings

- About 1 in 9 Minnesota adults ever experienced sexual violence.
- Women are 4 times more likely to have experienced sexual violence as men.
- Adults younger than 45 are most likely to report sexual violence.
- There are not differences in sexual violence by education.
- Adults earning less than $25,000 per year are most likely to report sexual violence.
- There are significant differences in sexual violence by race.
- Adults with a disability and those identifying as LGBT+ are more likely to report sexual violence.
- Adults living in northern Minnesota are most likely to report sexual violence.
- The percentage of adults reporting sexual violence has not changed significantly since 2021.

Figure 55. Minnesota adults who ever experienced sexual violence, 2024



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

Figure 56. Minnesota adults who ever experienced sexual violence by region, 2024

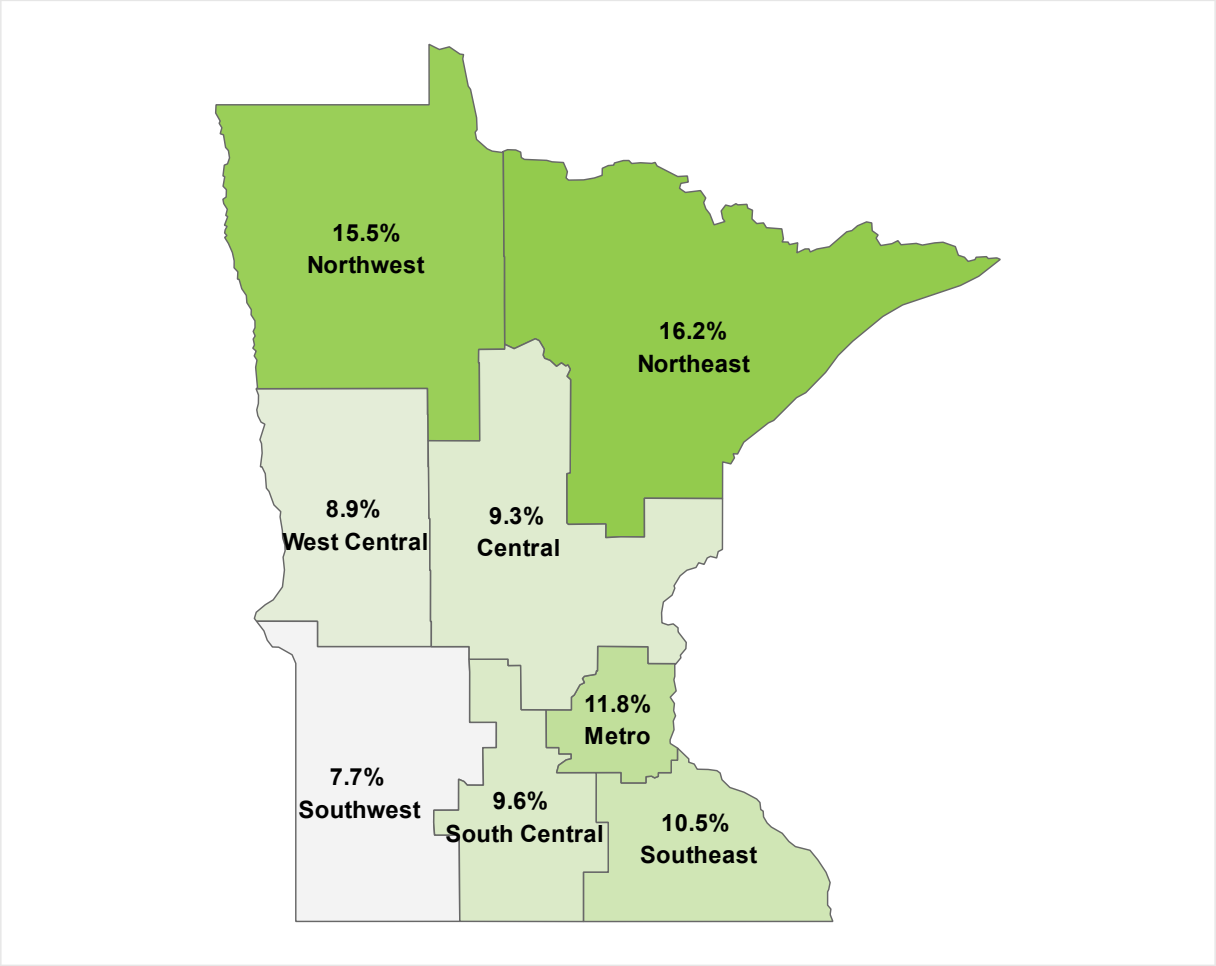
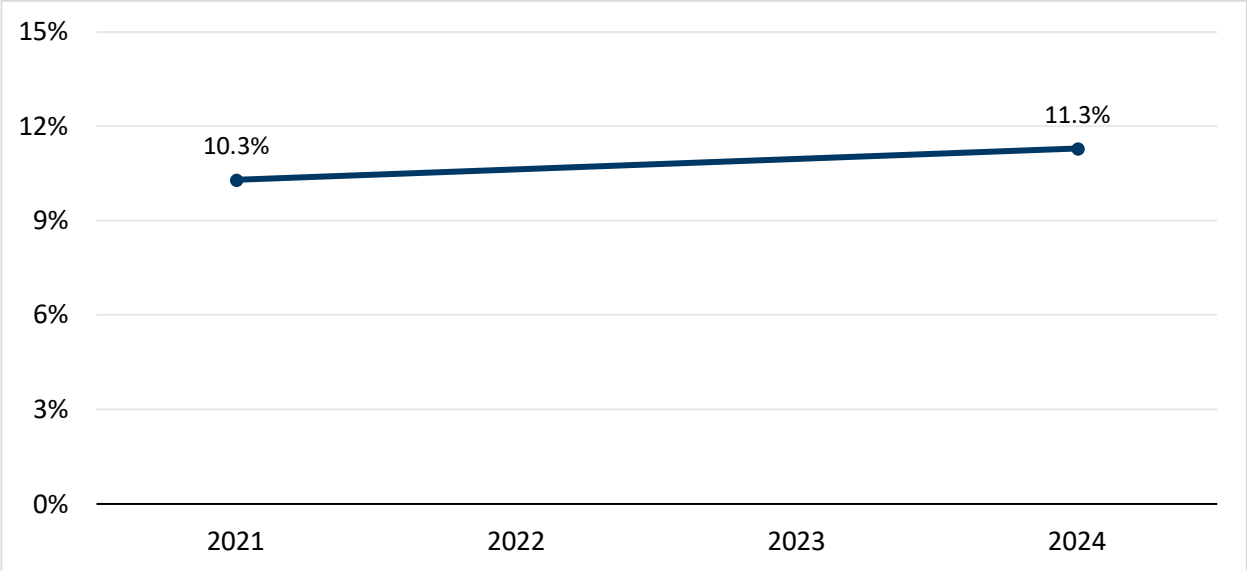


Figure 57. Minnesota adults who ever experienced sexual violence by year, 2021-2024



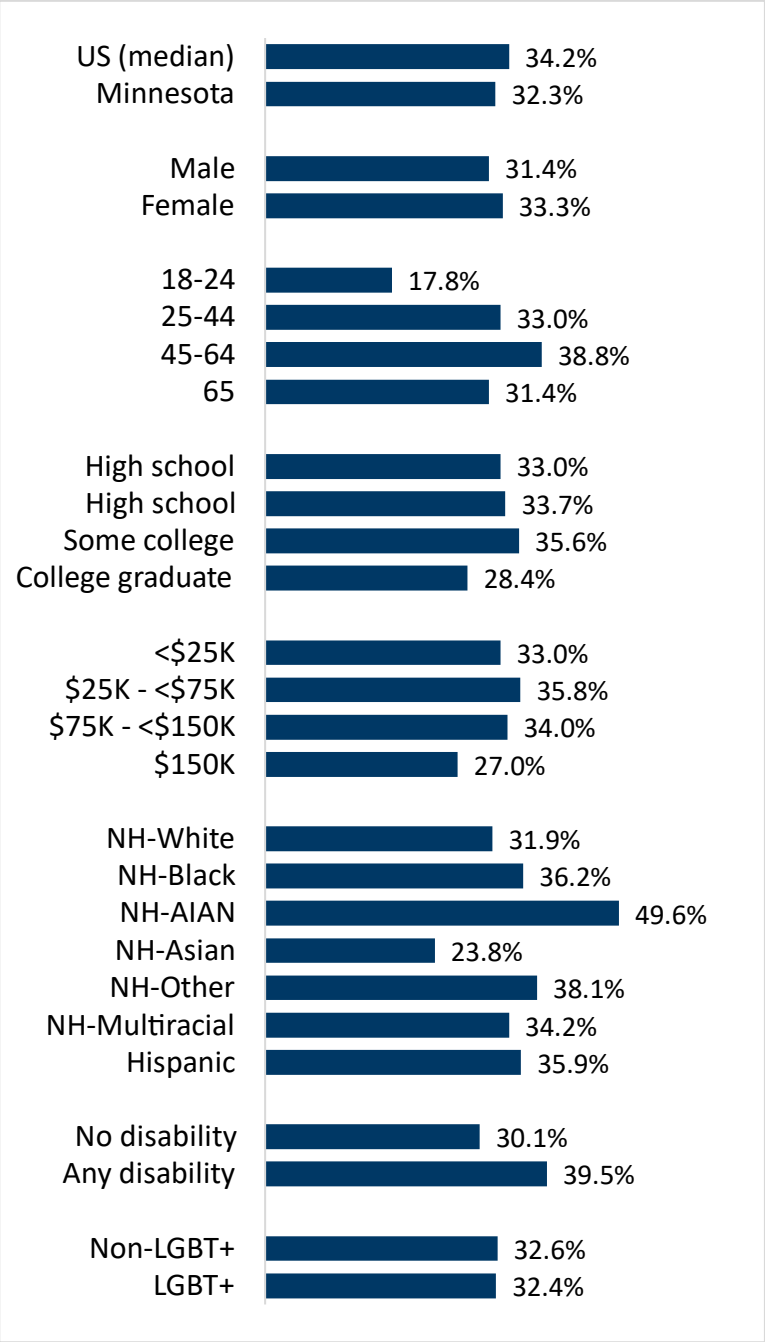
Obesity

Definition: Respondents who have a body mass index (BMI) of 30 kg/m^2 or greater based on self-reported height and weight.

Key Findings

- Approximately 1/3 of Minnesota adults have obesity, slightly lower than the national median.
- There are not significant differences in obesity by sex.
- Obesity is most prevalent among adults aged 45-64 and least prevalent among those aged 18-24.
- College graduates and those earning $150,000 per year or more are least likely to have obesity.
- There are significant differences in obesity by race.
- Adults with a disability are more likely to have obesity.
- There is no difference in obesity prevalence by LGBT+ identity.
- Adults living in southeast Minnesota are least likely to have obesity.
- The percentage of adults with obesity peaked in 2022 and has declined slightly since then.

Figure 58. Minnesota adults with obesity, 2024



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

Figure 59. Minnesota adults with obesity by region, 2024

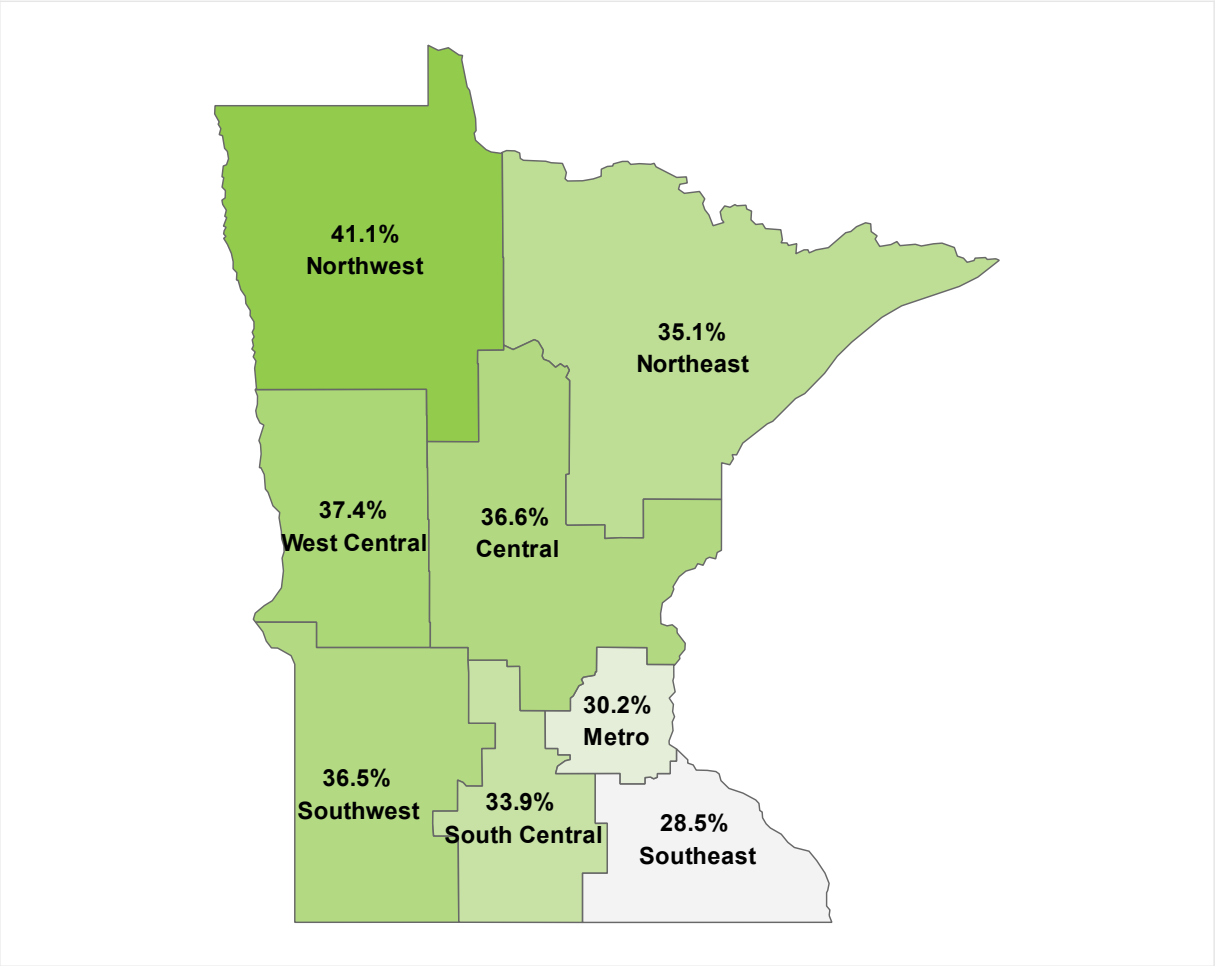
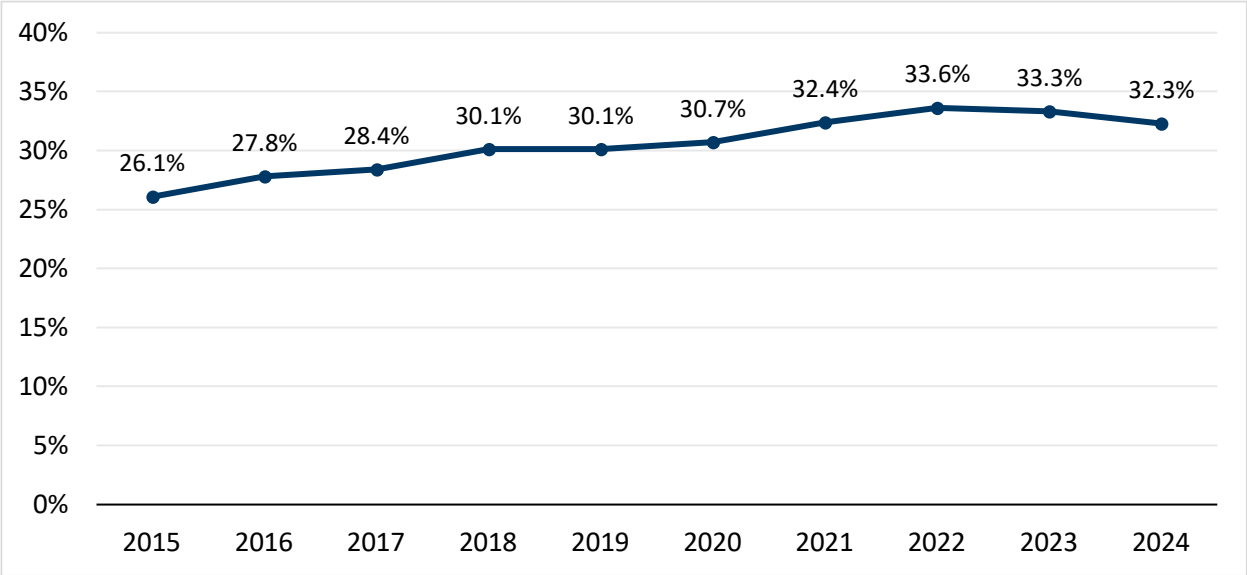


Figure 60. Minnesota adults with obesity by year, 2015-2024



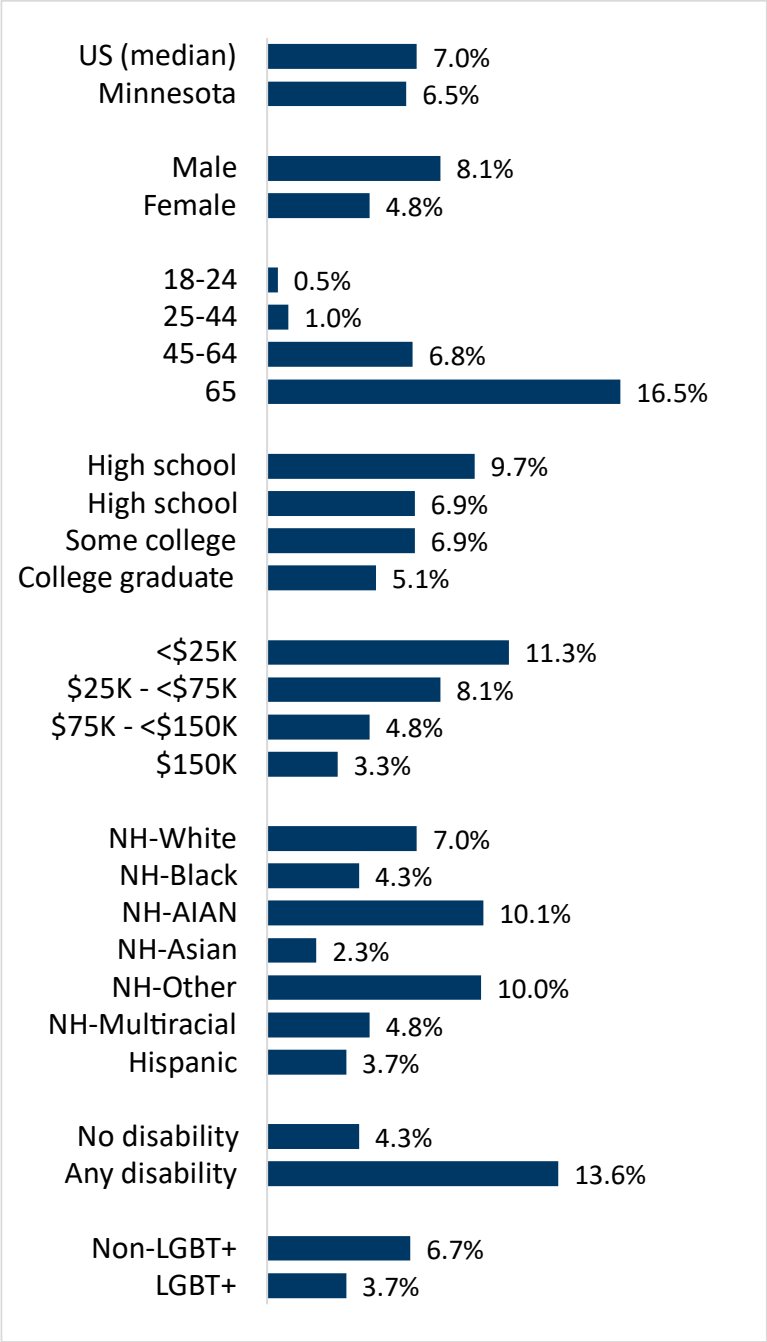
Heart Attack or Heart Disease

Definition: Respondents who reported ever being told by a doctor that they had a heart attack (also called myocardial infarction) or heart disease.

Key Findings

- Slightly less than 7% of Minnesota adults reported a heart attack or heart disease, slightly below the national median.
- Men are more likely to be diagnosed with heart disease than women.
- Heart disease is very rare among young adults, but it is increasingly common after age 45.
- College graduates and those earning $150,000 per year or more are least likely to have heart disease.
- There are not significant differences in heart disease by race or LGBT+ identity after adjusting for age.
- Adults with a disability are more likely to have heart disease.
- Adults living in northeast Minnesota are most likely to have heart disease.
- The percentage of adults with heart disease has risen slightly over the last 5 years.

Figure 61. Minnesota adults ever diagnosed with heart attack or heart disease, 2024



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

Figure 62. Minnesota adults ever diagnosed with heart attack or heart disease by region, 2024

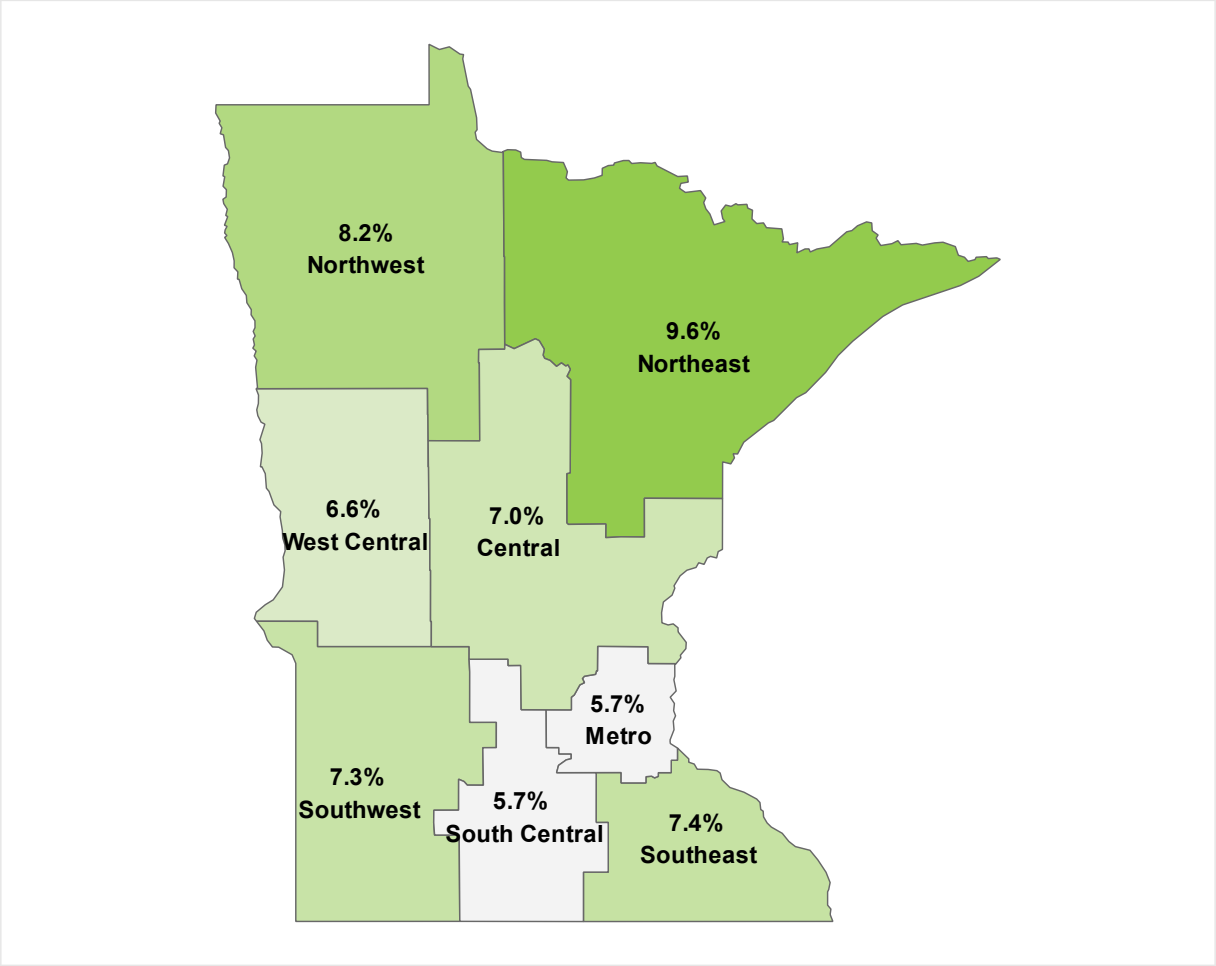
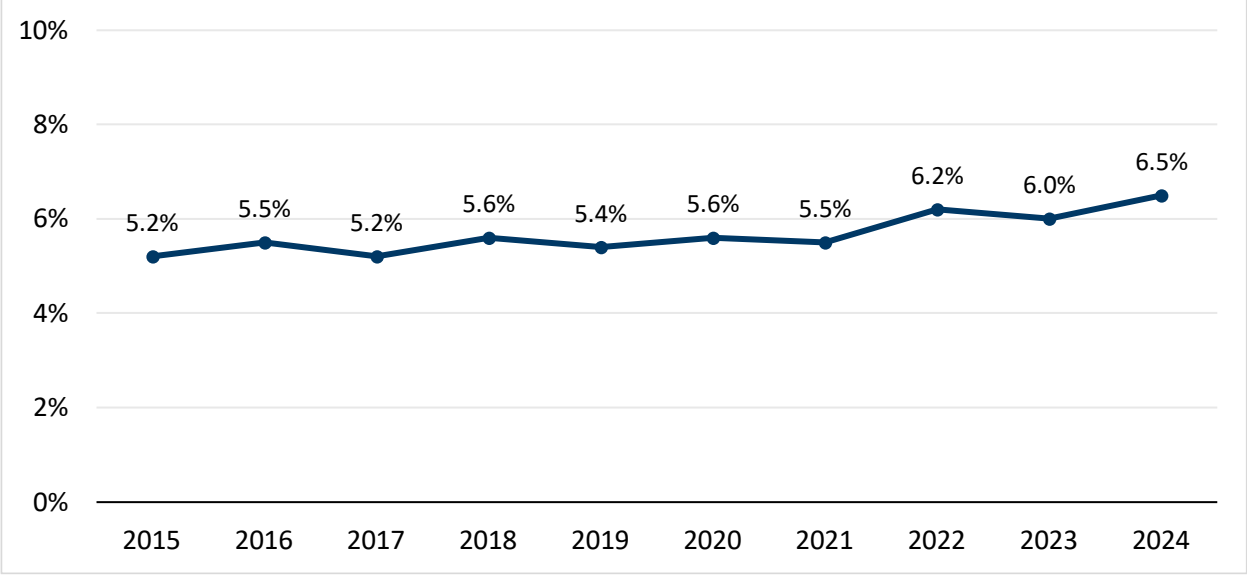


Figure 63. Minnesota adults ever diagnosed with heart attack or heart disease by year, 2015-2024



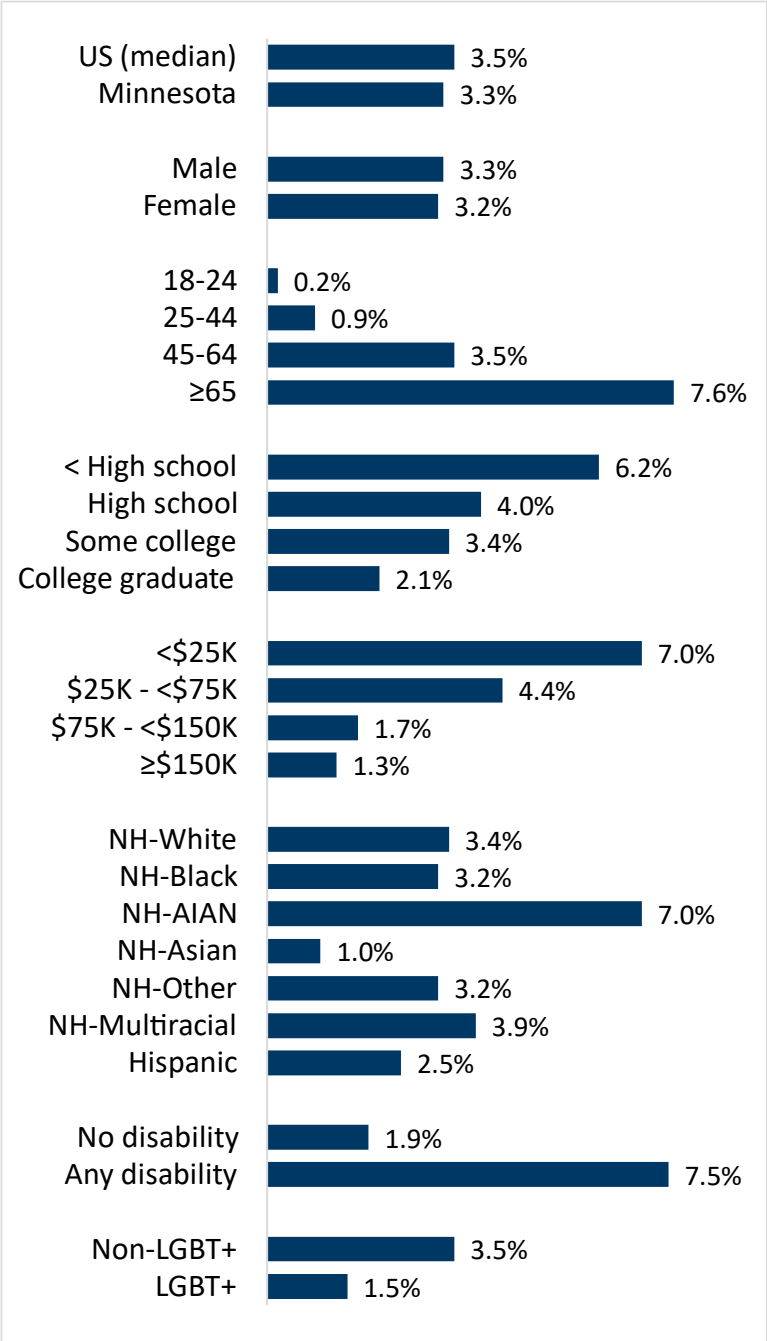
Stroke

Definition: Respondents who have ever been told by a doctor that they had a stroke.

Key Findings

- Just over three percent of Minnesota adults have ever had a stroke, on par with the national median.
- There are no differences in stroke prevalence by sex.
- Stroke is very rare among young adults, but it is increasingly common after age 45.
- College graduates and those earning $150,000 per year or more are least likely to have a stroke.
- There are significant differences in stroke prevalence by race.
- Adults with a disability are more likely to have had a stroke.
- There is not a significant difference in stroke prevalence by LGBT+ identity after adjusting for age.
- Adults living in the Twin Cities metro are least likely to have had a stroke.
- The percentage of adults who have had a stroke has risen slightly over the last 10 years.

Figure 64. Minnesota adults ever diagnosed with a stroke, 2024



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

Figure 65. Minnesota adults ever diagnosed with a stroke by region, 2024

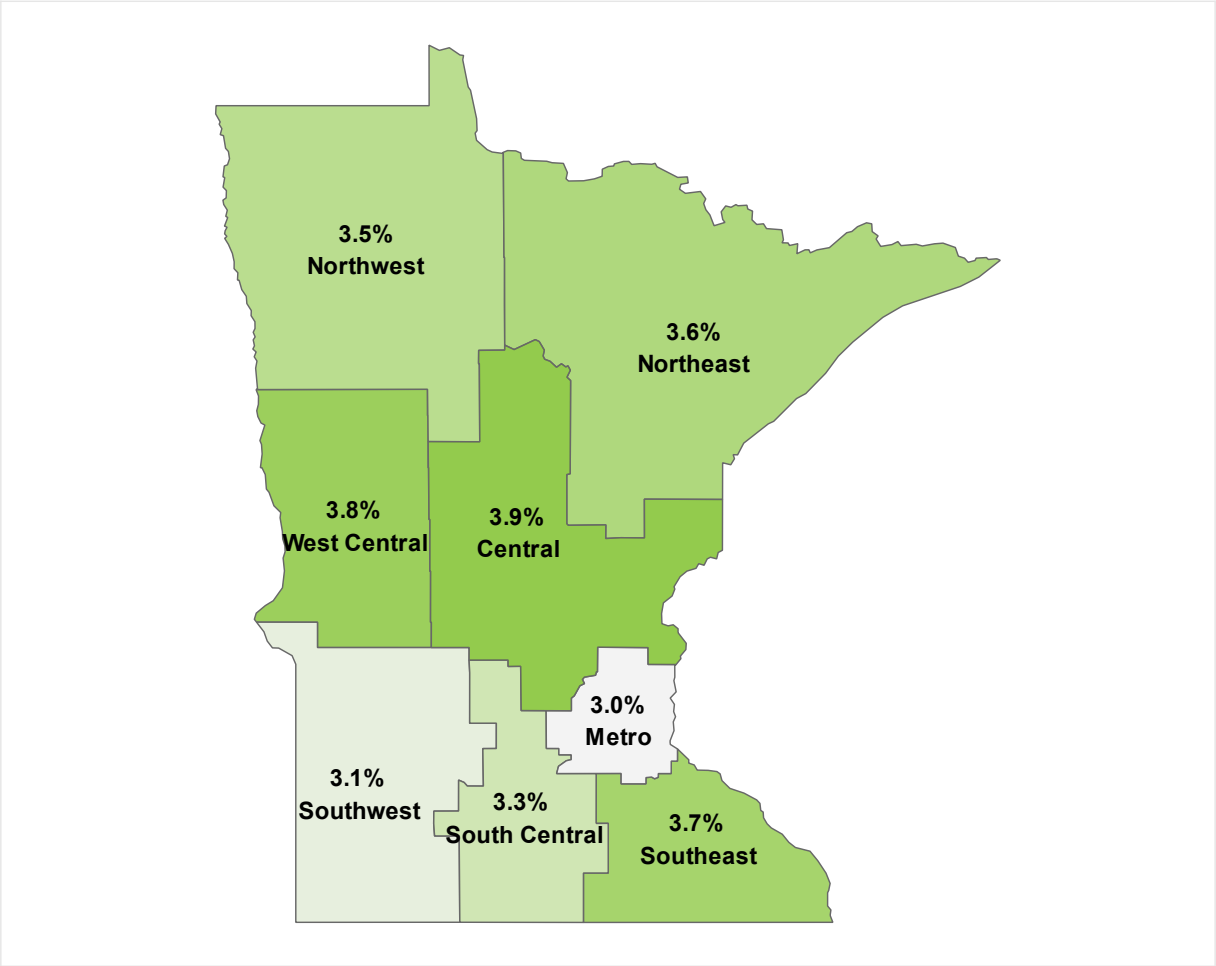
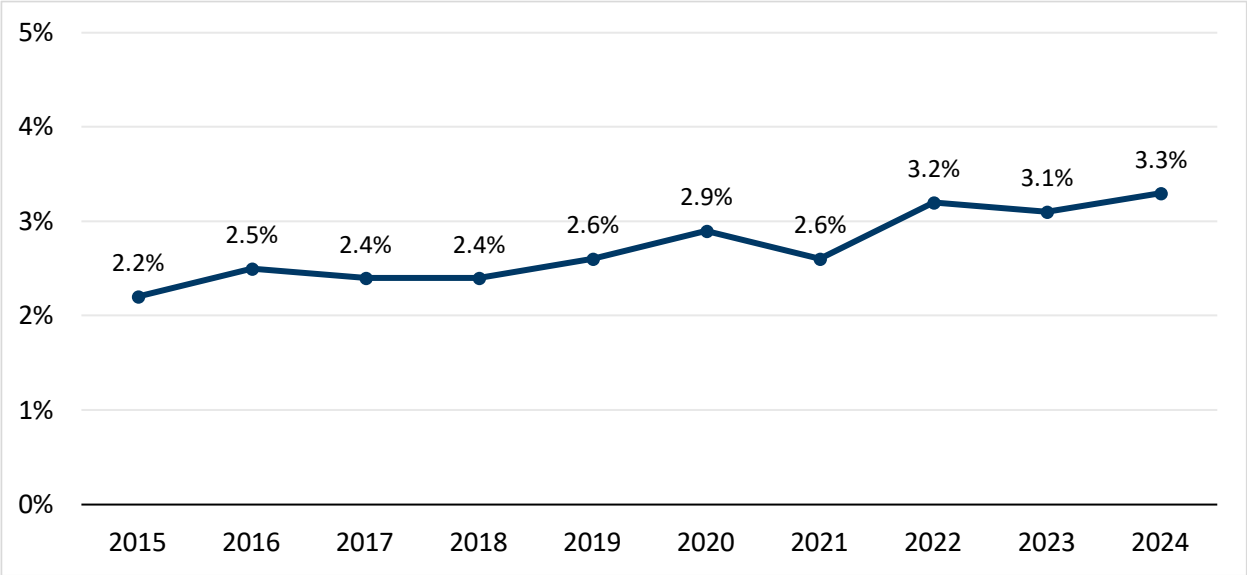


Figure 66. Minnesota adults ever diagnosed with a stroke by year, 2015-2024



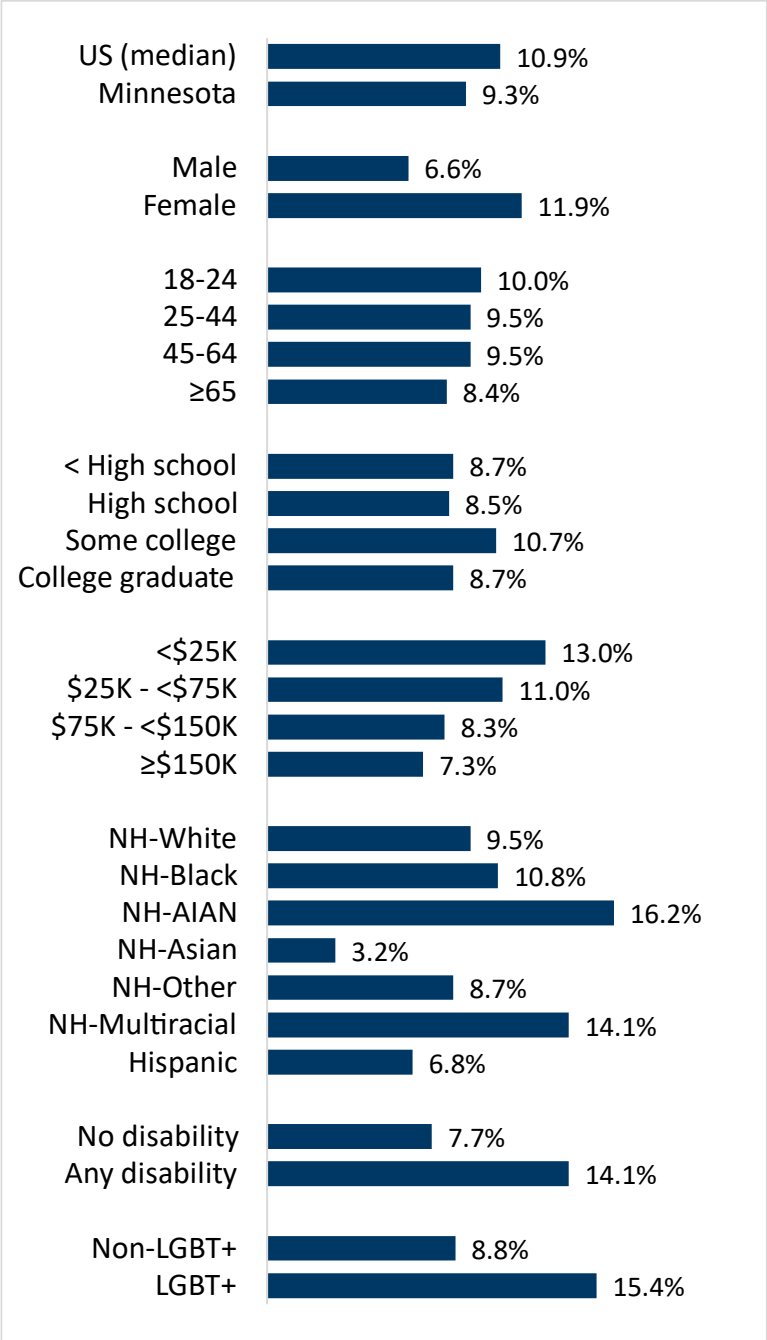
Current Asthma

Definition: Respondents who have ever been told by a doctor that they had asthma and who still have asthma.

Key Findings

- About nine percent of Minnesota adults have asthma, slightly less than the national median.
- Women are about twice as likely to have asthma as men.
- There are not significant differences in asthma prevalence by age.
- There are not significant differences in asthma prevalence by education.
- Adults who earn $150,000 per year or more are least likely to have asthma.
- Asian Americans are least likely to have asthma.
- Adults with a disability and those identifying as LGBT+ are about twice as likely to have asthma.
- Adults living in the northeastern Minnesota are most likely to have asthma, while those living in southwestern Minnesota are least likely.
- The percentage of adults who have asthma has increased slightly since 2015.

Figure 67. Minnesota adults who currently have asthma, 2024



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

Figure 68. Minnesota adults who currently have asthma by region, 2024

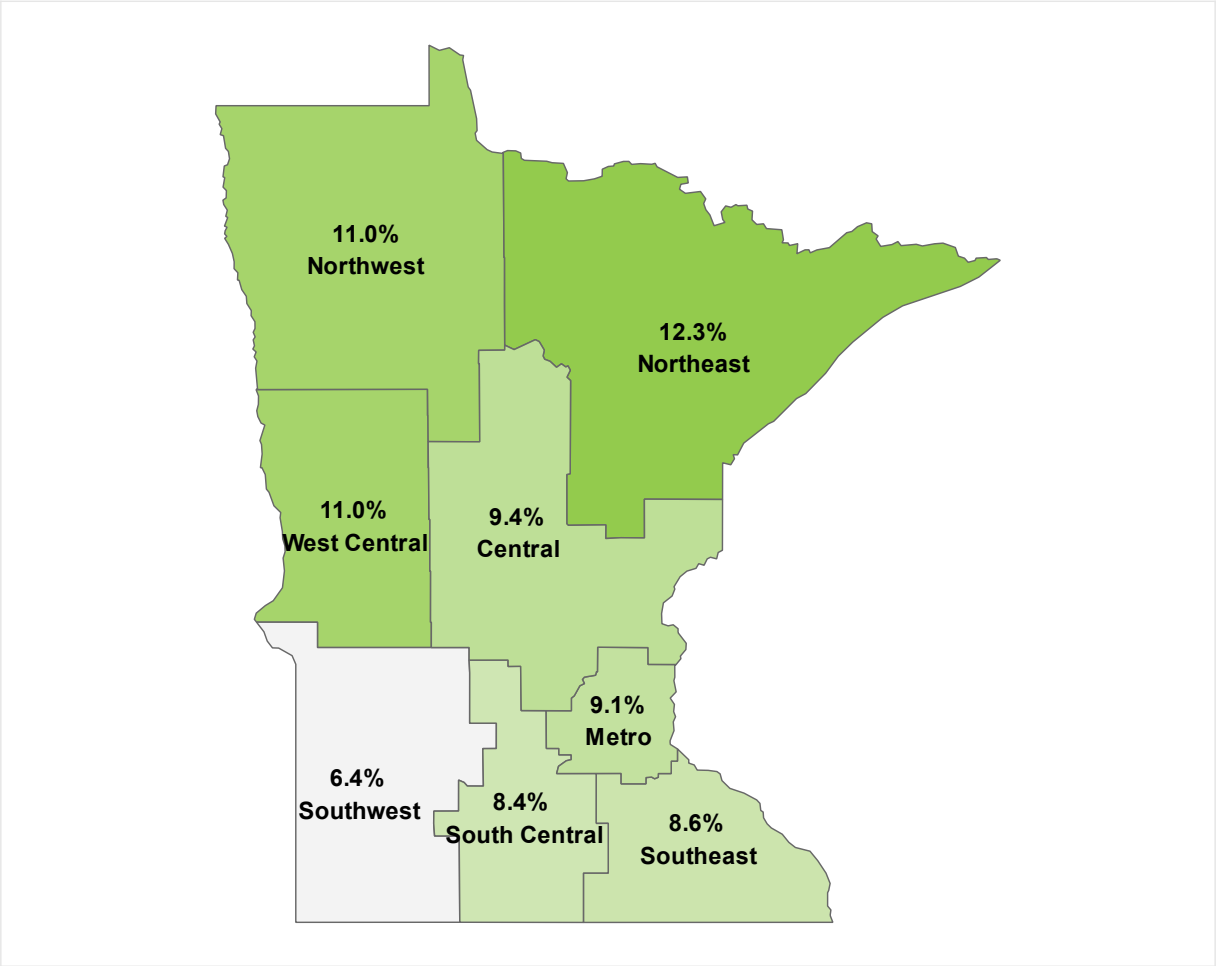
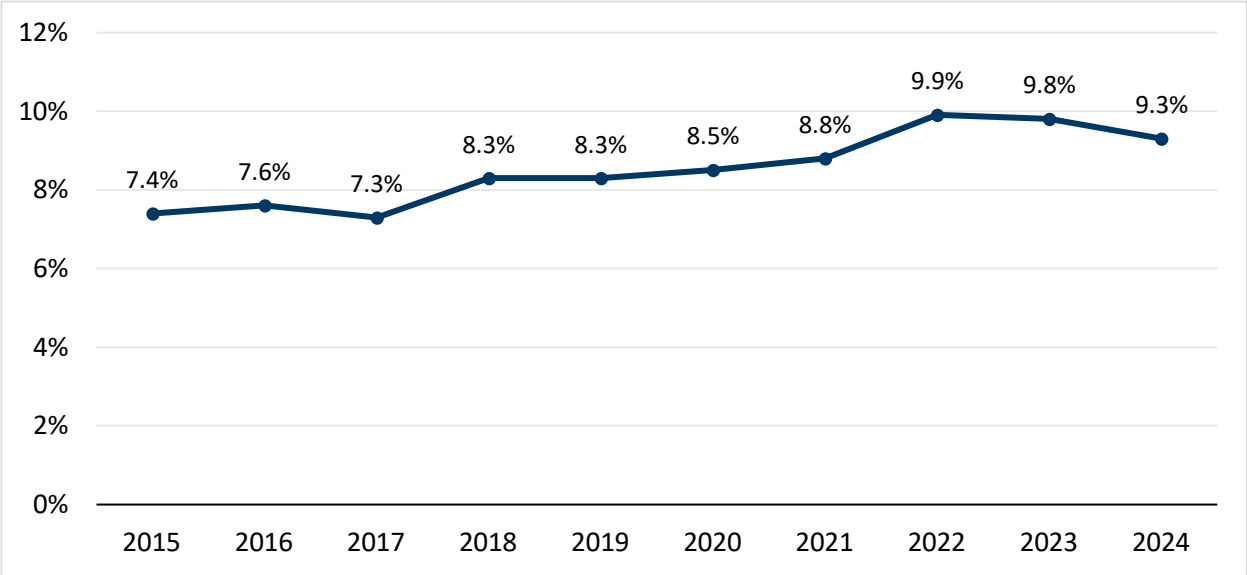


Figure 69. Minnesota adults who currently have asthma by year, 2015-2024



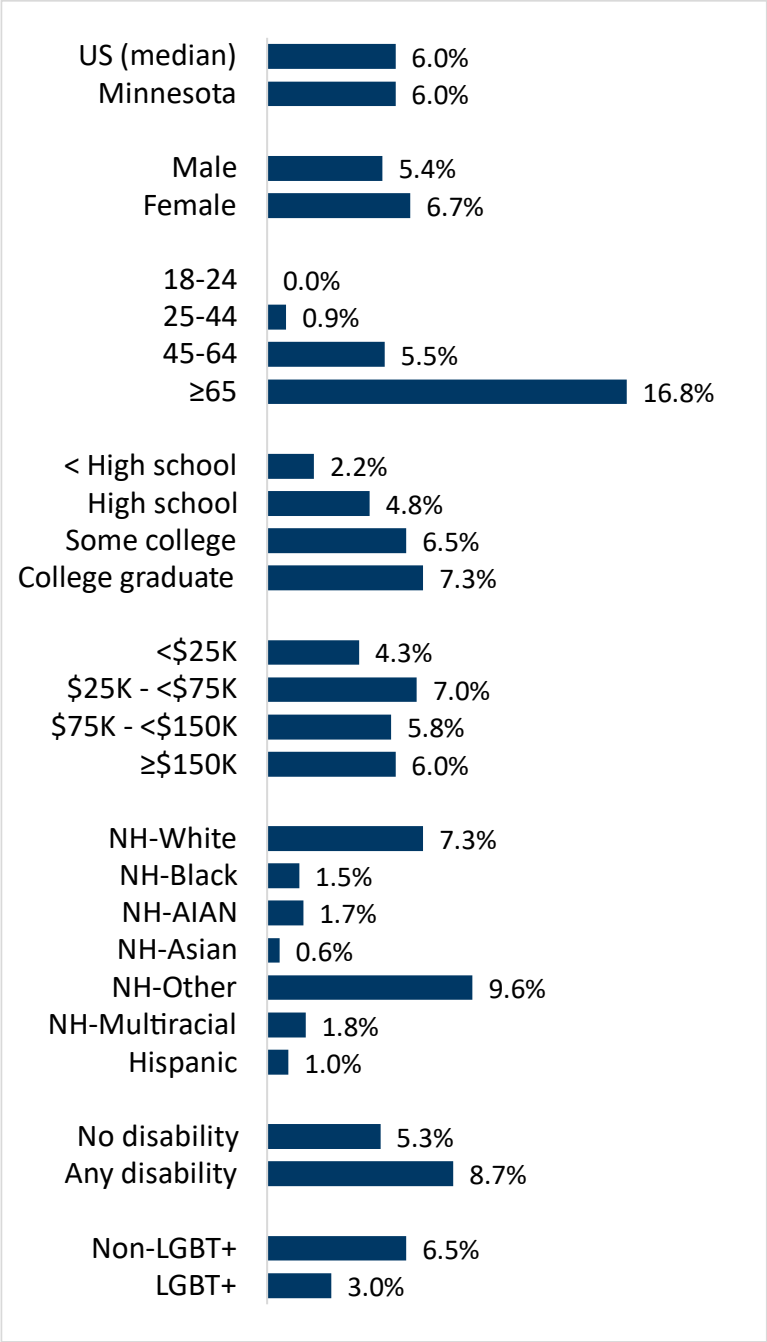
Non-Melanoma Skin Cancer

Definition: Respondents who have ever been told by a doctor that they have skin cancer other than melanoma.

Key Findings

- Six percent of Minnesota adults have had non-melanoma skin cancer, equal to the national median.
- Women are more likely to have skin cancer than men.
- Skin cancer is rarely diagnosed before age 45, but increasingly common for older adults.
- Adults without a high school education and those earning less than $25,000 annually are least likely to have been diagnosed with skin cancer, perhaps due to lower screening rates.
- Asian Americans are least likely to have skin cancer.
- There are not significant differences in skin cancer prevalence by disability or LGBT+ status after accounting for age.
- Adults living in the northwestern Minnesota are most likely to have skin cancer.
- The percentage of adults who have had skin cancer has not changed since 2015.

Figure 70. Minnesota adults who have ever been diagnosed with non-melanoma skin cancer, 2024



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

Figure 71. Minnesota adults who have ever been diagnosed with non-melanoma skin cancer by region, 2024

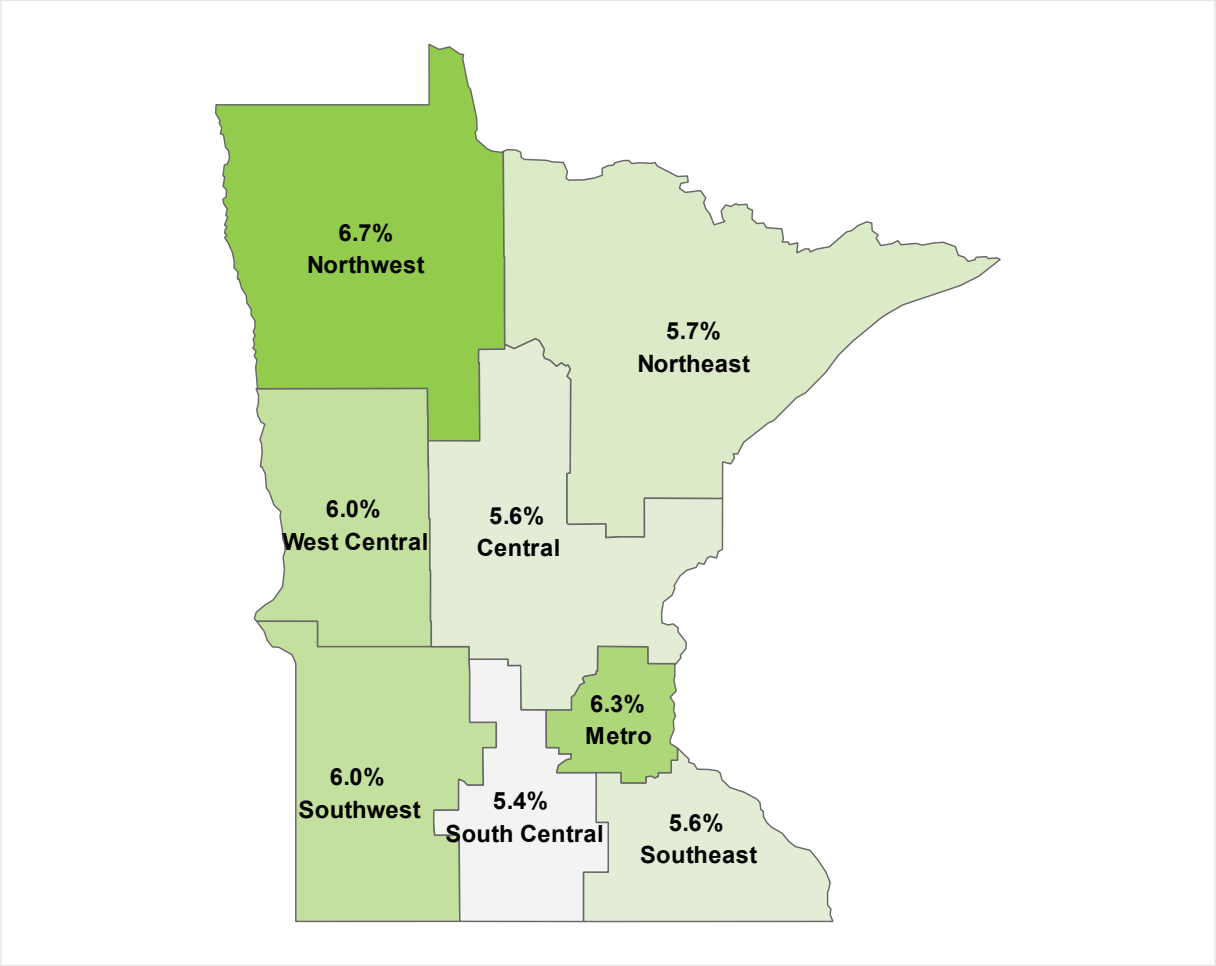
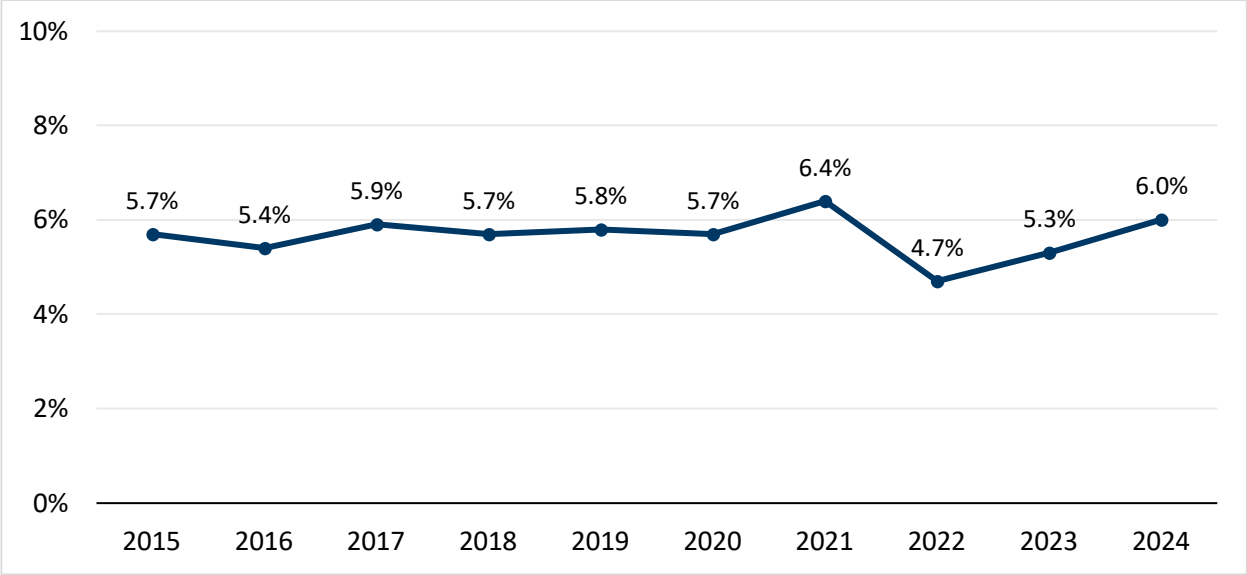


Figure 72. Minnesota adults who have ever been diagnosed with non-melanoma skin cancer by year, 2015-2024



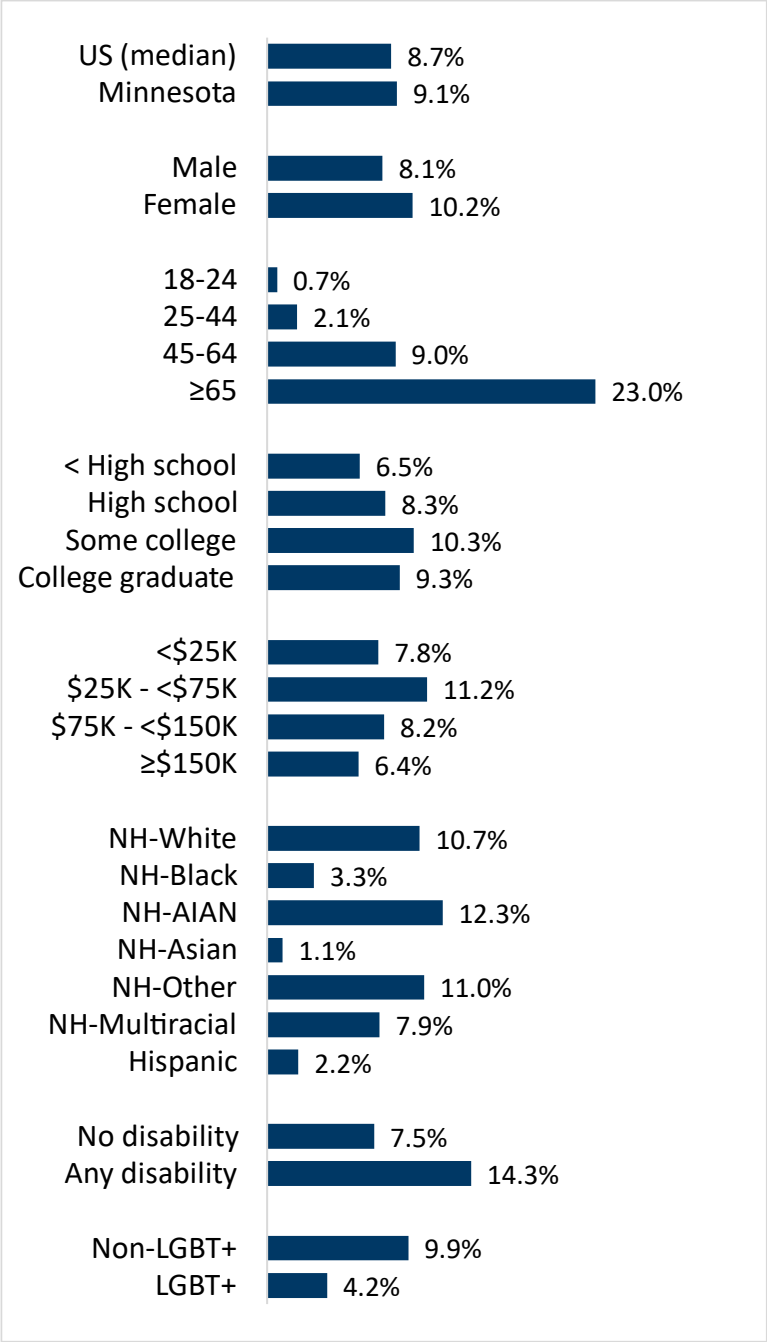
Melanoma or Other Types of Cancer

Definition: Respondents who have ever been told by a doctor that they have melanoma or any other types of cancer (other than non-melanoma skin cancer).

Key Findings

- About nine percent of Minnesota adults have had cancer, slightly more than the national median.
- Women are more likely to have had cancer than men.
- Cancer is rarely diagnosed before age 45, but increasingly common for older adults.
- There are not significant differences in cancer prevalence by education.
- Adults earning $150,000 per year or more have the lowest cancer prevalence.
- Asian Americans are least likely to have had cancer.
- Adults with a disability are more likely to have had cancer.
- There is no difference in cancer prevalence by LGBT+ status after adjusting for age.
- Adults living in the Twin Cities metro are least likely to have had cancer.
- The percentage of adults who have had cancer has risen since 2020.

Figure 73. Minnesota adults who have ever been diagnosed with melanoma or other types of cancer, 2024



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

Figure 74. Minnesota adults who have ever been diagnosed with melanoma or other types of cancer by region, 2024

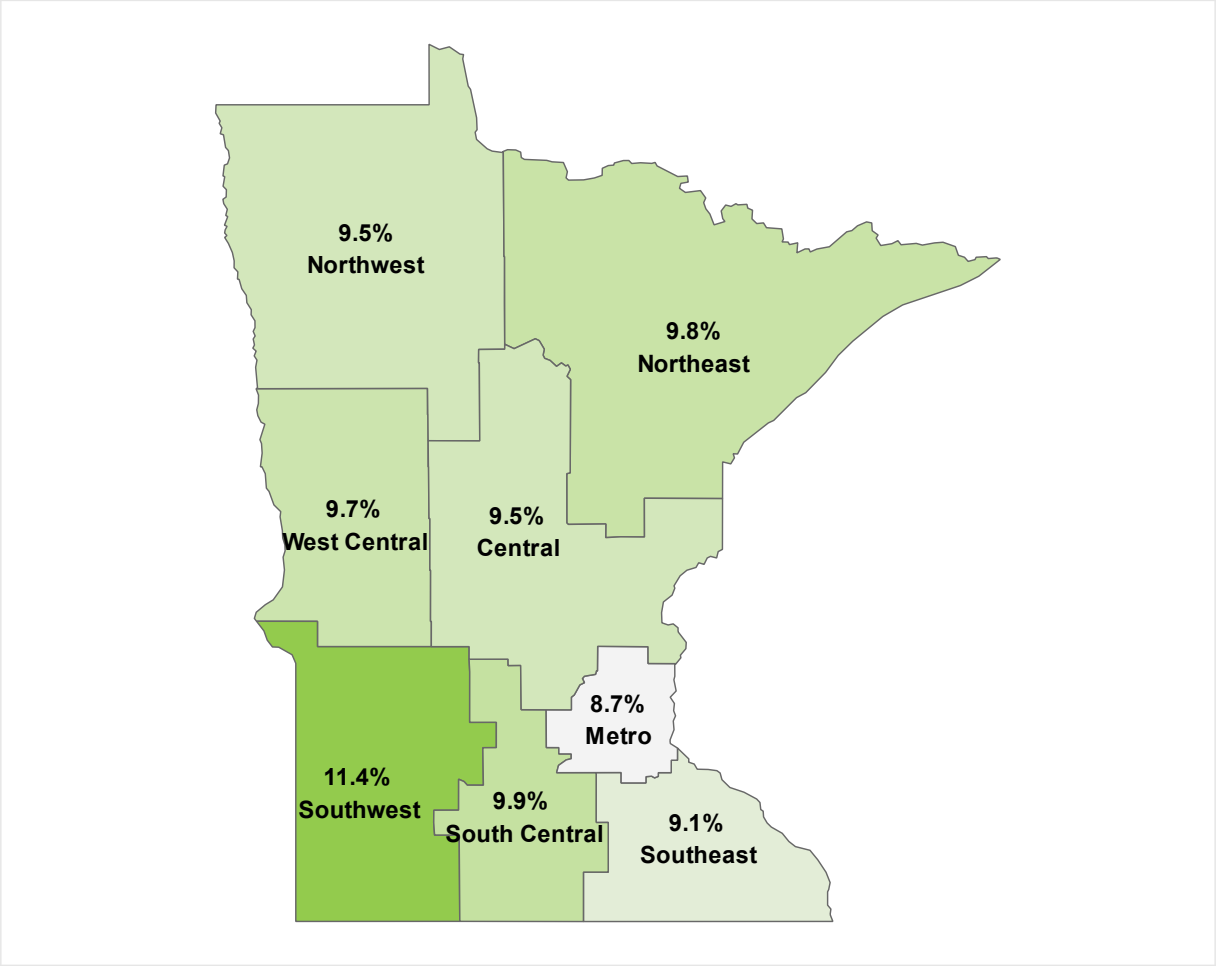
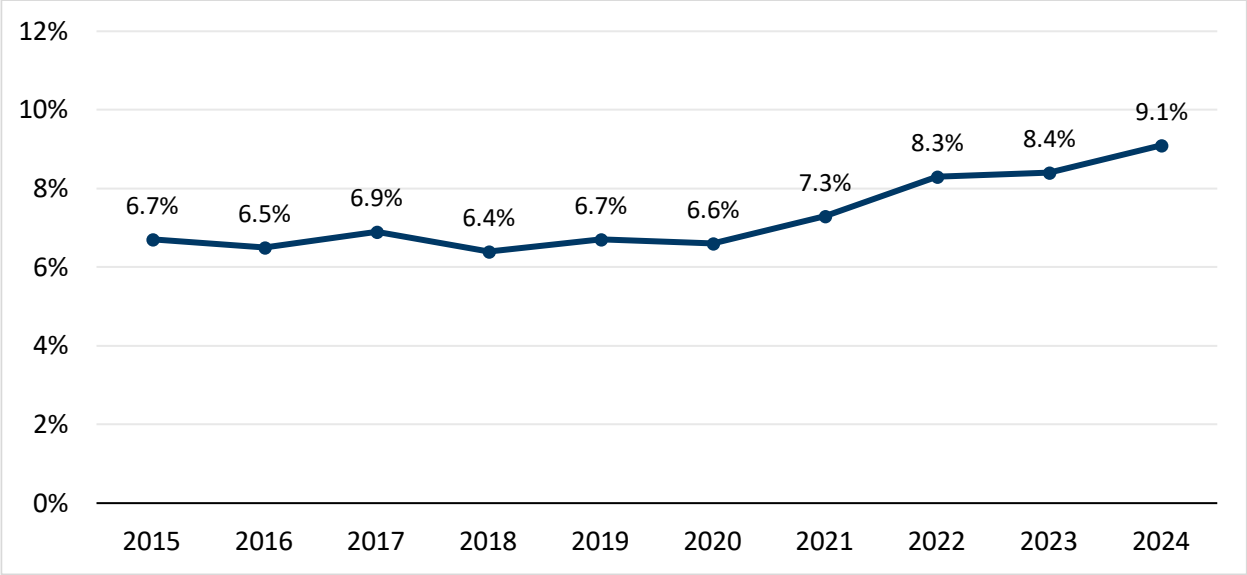


Figure 75. Minnesota adults who have ever been diagnosed with melanoma or other types of cancer by year, 2015-2024



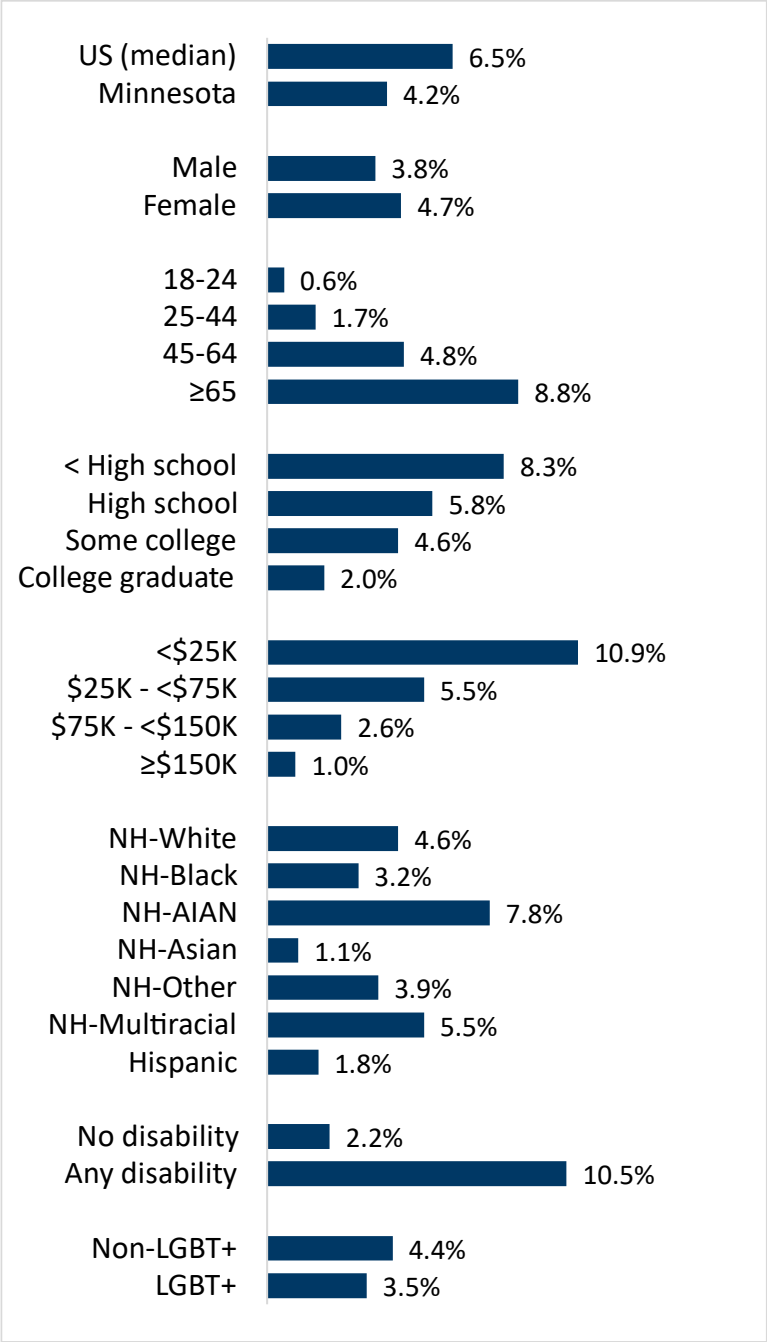
Chronic Obstructive Pulmonary Disease (COPD)

Definition: Respondents who have ever been told they had chronic obstructive pulmonary disease (COPD), emphysema, or chronic bronchitis.

Key Findings

- About four percent of Minnesota adults have COPD, less than the national median.
- There is no significant difference in COPD prevalence by sex.
- COPD is far more common among older adults than adults younger than 45.
- Adults with more education and more income are least likely to have COPD.
- There are not significant differences in COPD by race after adjusting for age.
- Adults with a disability are more likely to have COPD.
- There is no difference in COPD prevalence by LGBT+ identity.
- Adults living in southcentral Minnesota are least likely to have COPD.
- The percentage of adults who have COPD has remained stable since 2015.

Figure 76. Minnesota adults who have ever been diagnosed with COPD, 2024



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

Figure 77. Minnesota adults who have ever been diagnosed with COPD by region, 2024

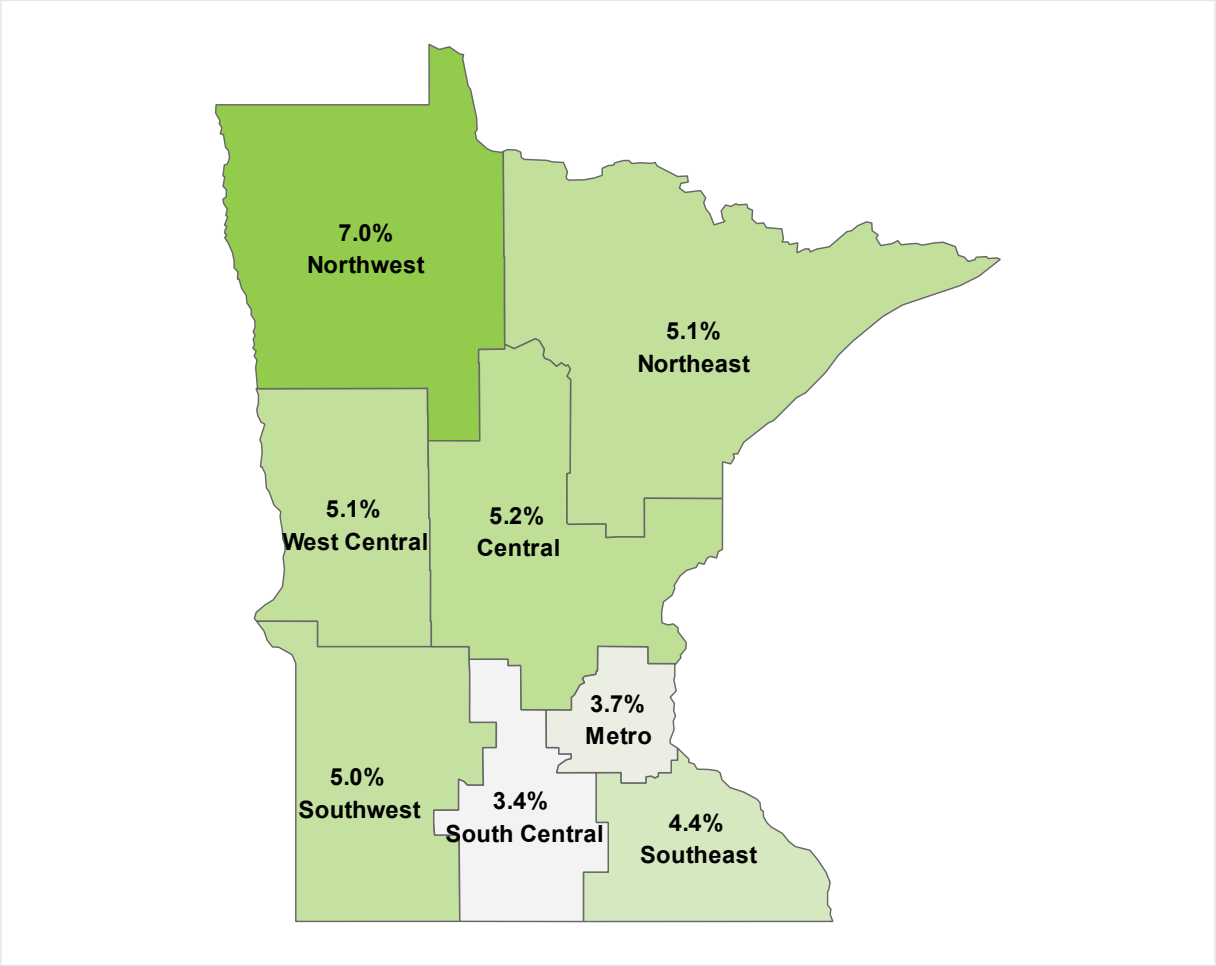
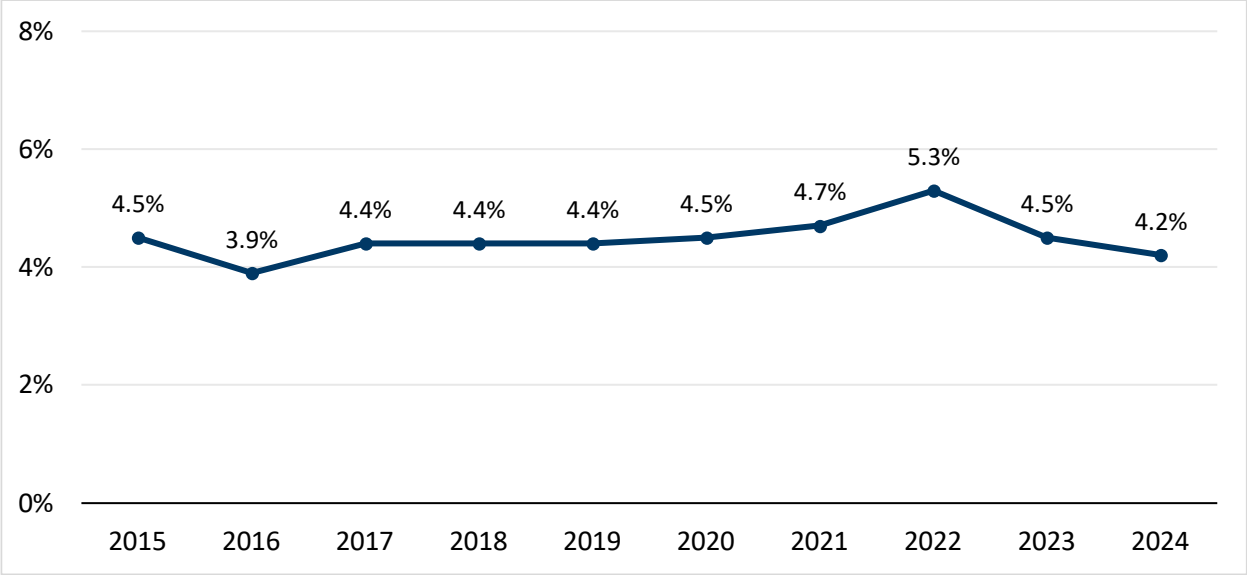


Figure 78. Minnesota adults who have ever been diagnosed with COPD by year, 2015-2024



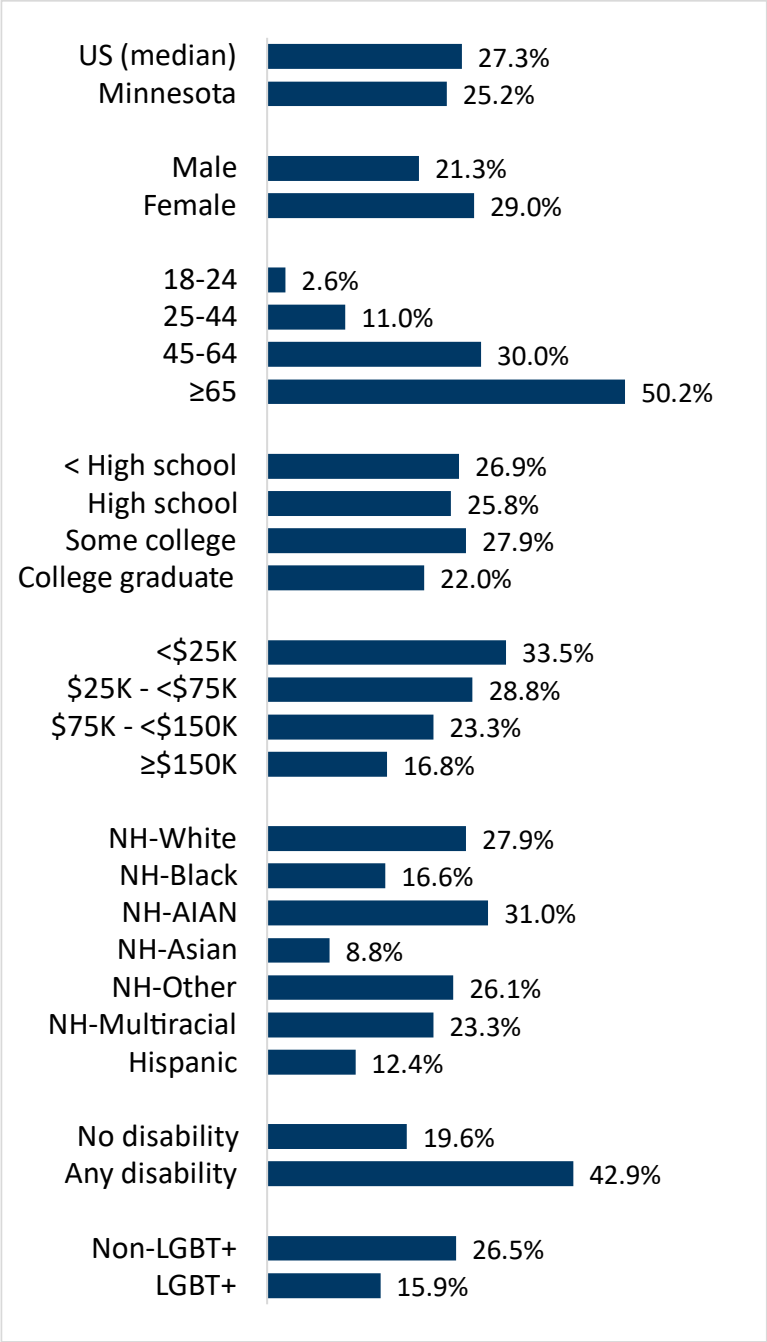
Arthritis

Definition: Respondents who have ever been told they have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia.

Key Findings

- One quarter of Minnesota adults have been told they have arthritis, slightly less than the national median.
- Women are more likely to have arthritis than men.
- Half of adults over age 65 have arthritis.
- College graduates and those earning $150,000 per year or more are least likely to have arthritis.
- There are significant differences in arthritis prevalence by race.
- Adults with a disability are more likely to have arthritis.
- There is no difference in arthritis prevalence by LGBT+ identity after adjusting for age.
- Adults living in the Twin Cities metro are least likely to have arthritis.
- The percentage of adults who have arthritis has risen slightly since 2015.

Figure 79. Minnesota adults who have ever been diagnosed with arthritis, 2024



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

Figure 80. Minnesota adults who have ever been diagnosed with arthritis by region, 2024

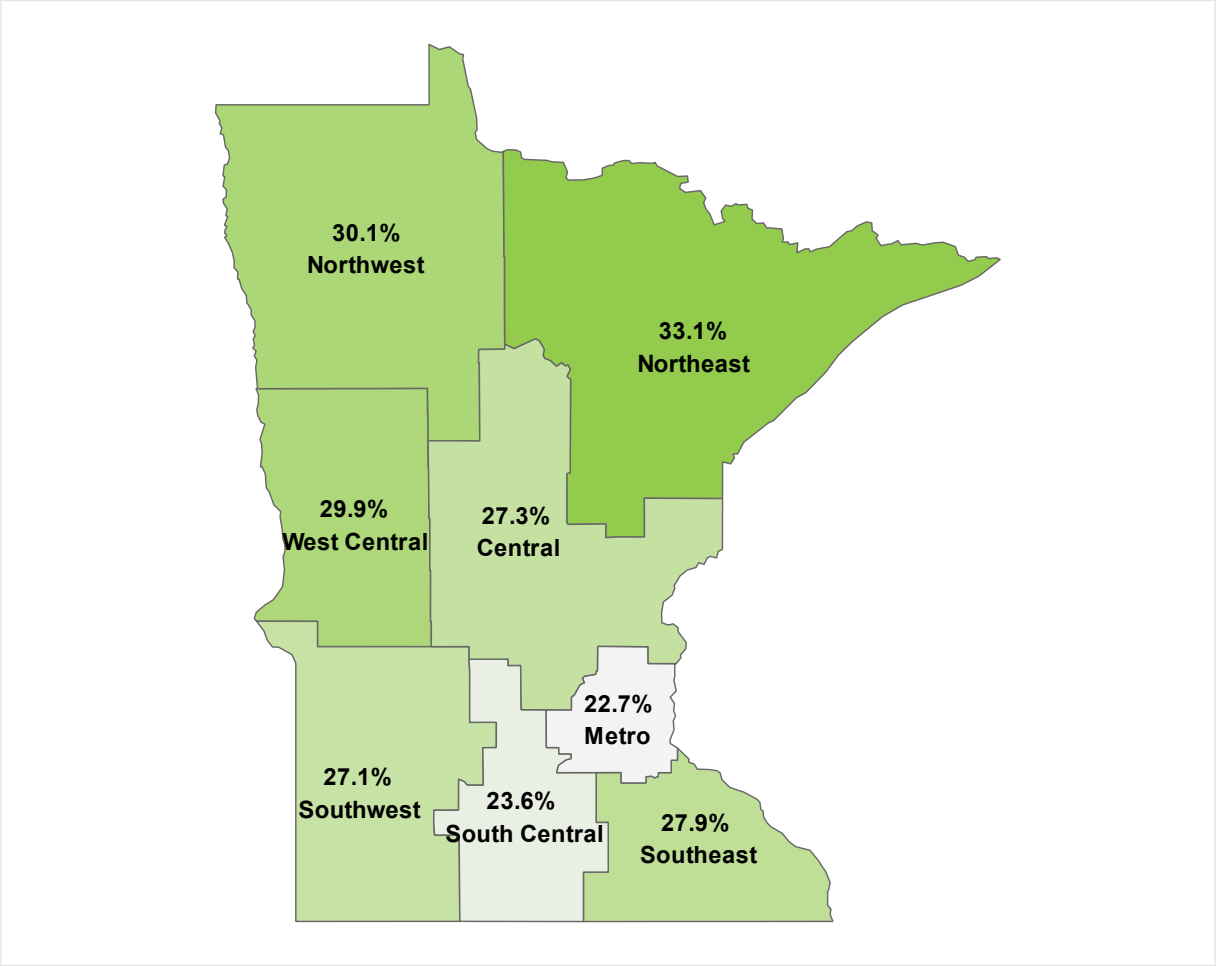
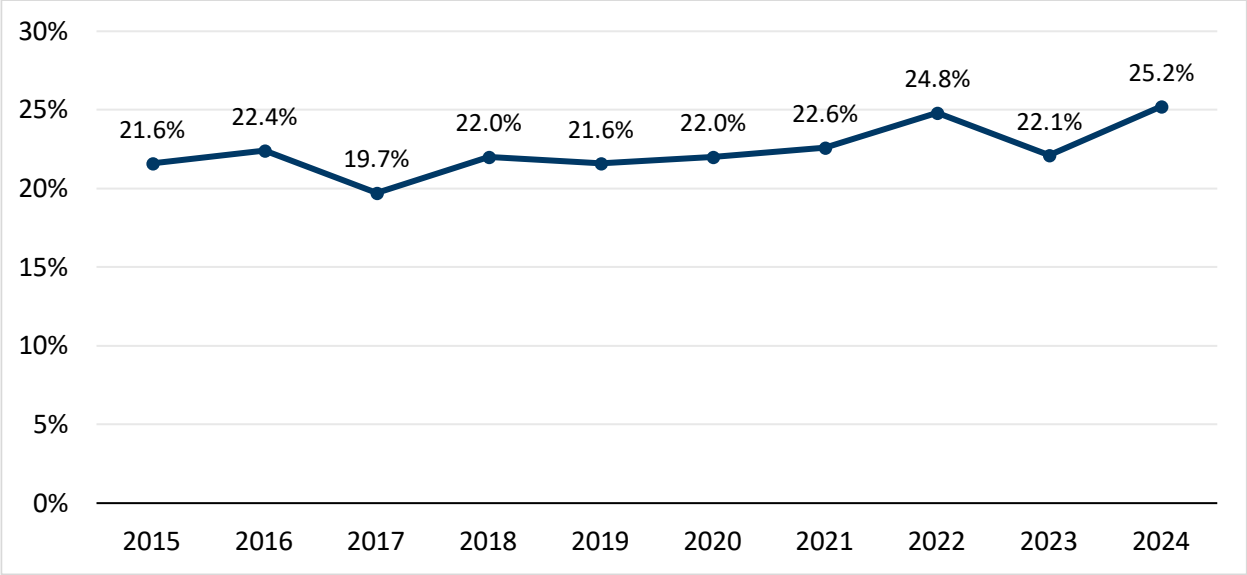


Figure 81. Minnesota adults who have ever been diagnosed with arthritis by year, 2015-2024



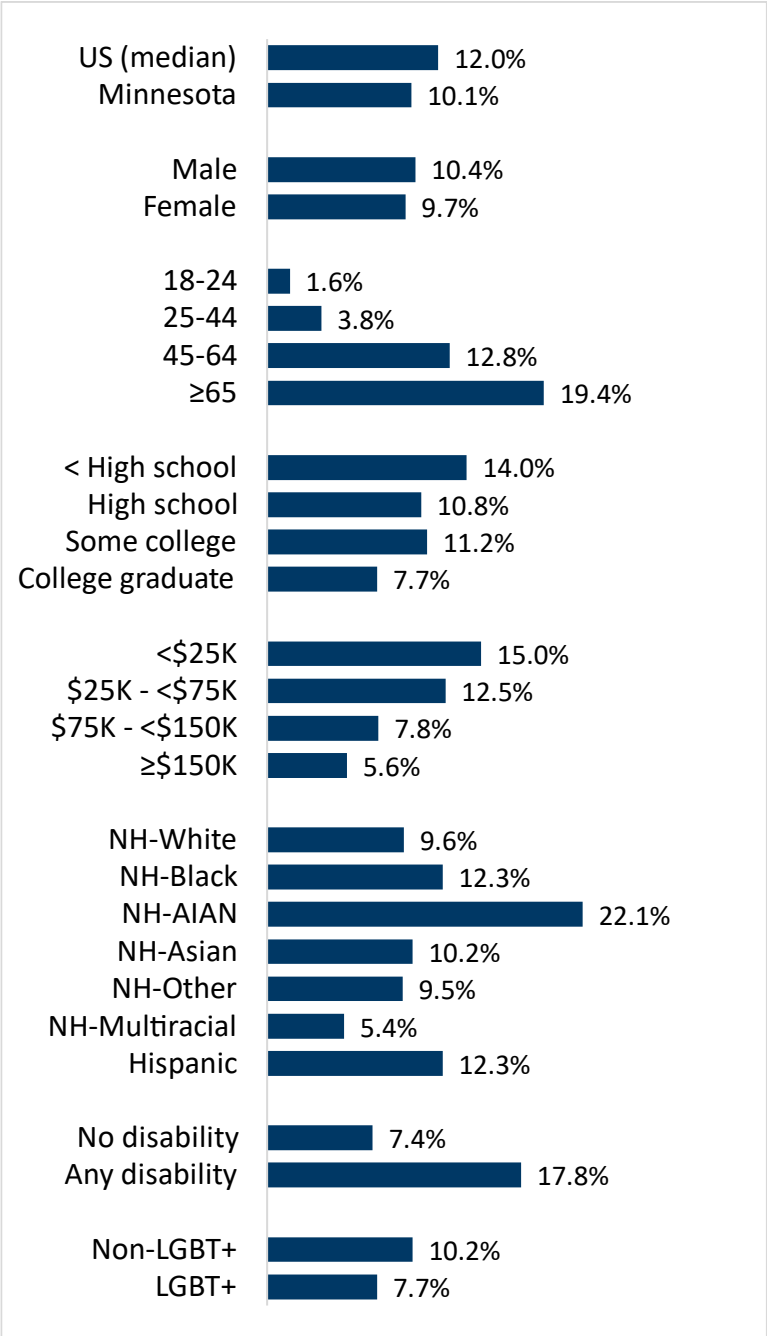
Diabetes

Definition: Respondents who have ever been told they have diabetes, not including women only diagnosed during pregnancy (called gestational diabetes) or respondents who were told they have prediabetes.

Key Findings

- One in 10 Minnesota adults has diabetes, slightly less than the national median.
- There are not significant differences in diabetes prevalence by sex.
- Diabetes is increasingly common in adults after age 45.
- College graduates and those earning $150,000 per year or more are least likely to have diabetes.
- There are significant differences in diabetes prevalence by race.
- Adults with a disability are more likely to have diabetes.
- There is no difference in diabetes prevalence by LGBT+ identity after adjusting for age.
- Adults living in central Minnesota are least likely to have diabetes.
- The percentage of adults who have diabetes has risen slightly since 2015.

Figure 82. Minnesota adults who have ever been diagnosed with diabetes, 2024



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

Figure 83. Minnesota adults who have ever been diagnosed with diabetes by region, 2024

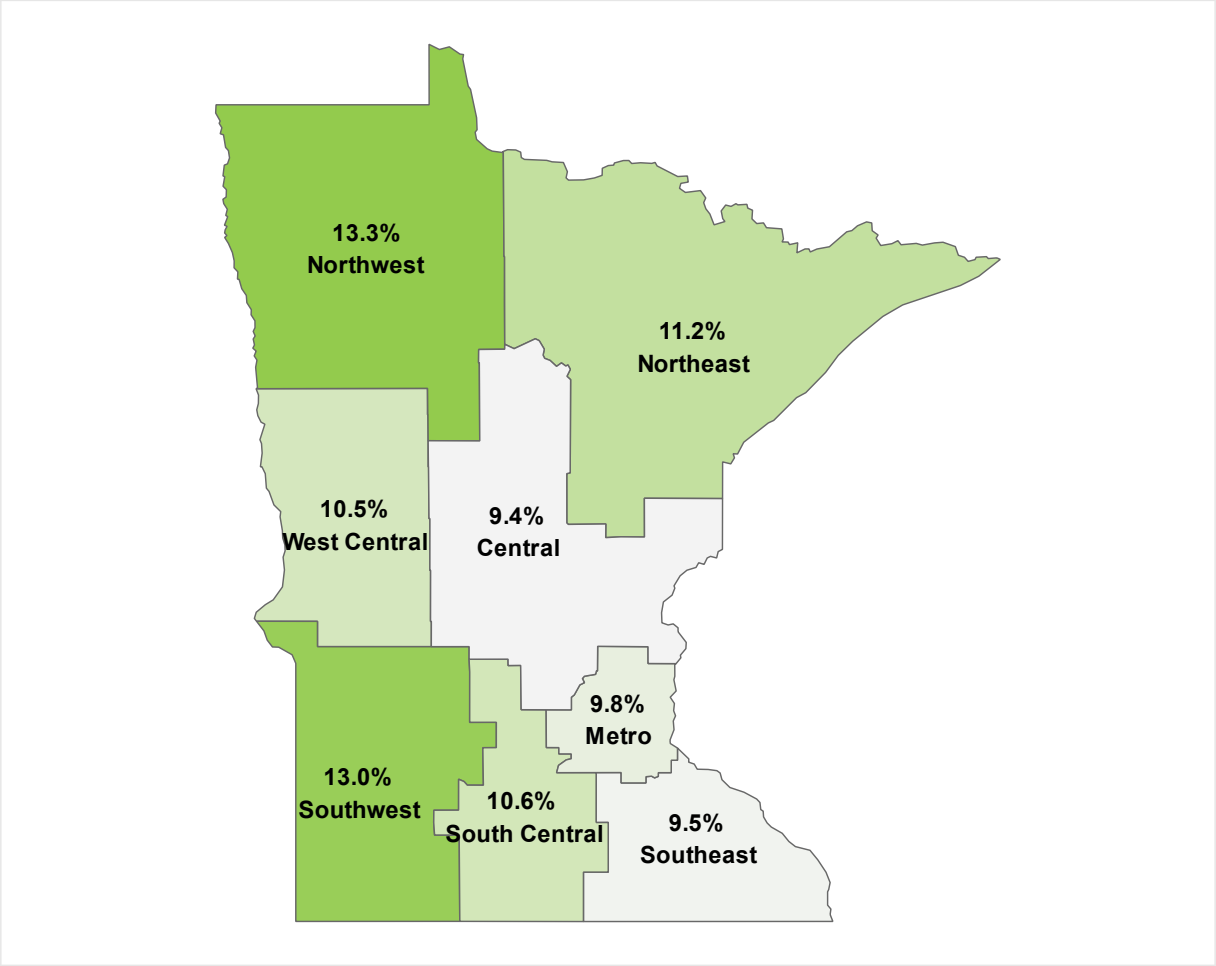
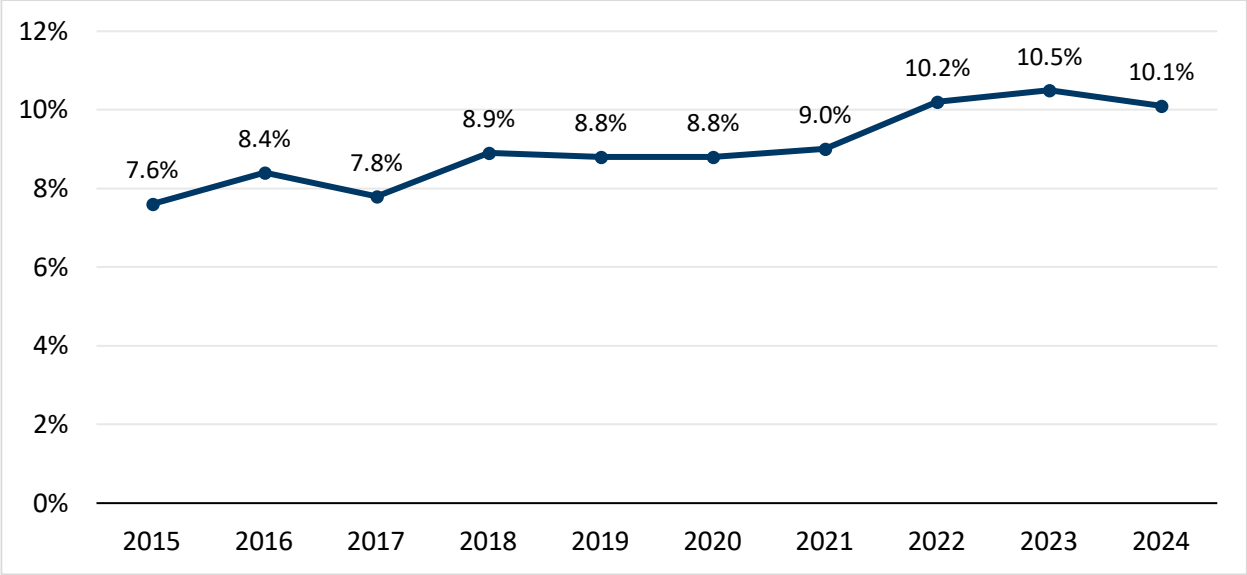


Figure 84. Minnesota adults who have ever been diagnosed with diabetes by year, 2015-2024



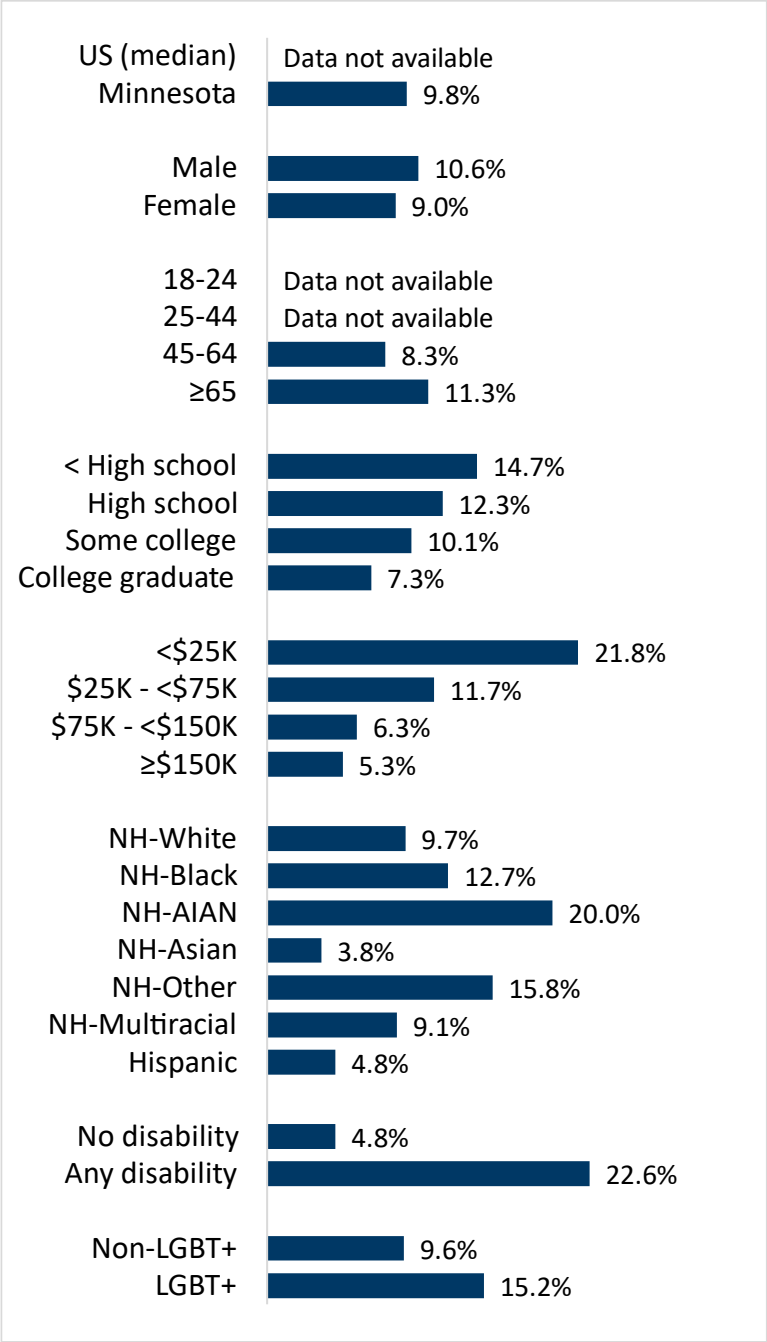
Self-Reported Cognitive Decline

Definition: Respondents aged 45 or older who reported that in the last 12 months they have experienced confusion or memory loss that is happening more often or getting worse.

Key Findings

- About 10 percent of Minnesota adults aged 45 and older experience cognitive decline.
- There are not significant differences in cognitive decline by sex.
- Cognitive decline in more common in older adults.
- College graduates and those earning $150,000 per year or more are least likely to have cognitive decline.
- There are significant differences in cognitive decline prevalence by race.
- Adults with a disability are more likely to have cognitive decline.
- LGBT+ adults are more likely to report cognitive decline.
- Adults living in northeastern Minnesota are most likely to have cognitive decline.
- The percentage of adults who have cognitive decline has remained stable since 2015.

Figure 85. Minnesota adults experiencing worsening confusion or memory loss, 2024



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

Figure 86. Minnesota adults experiencing worsening confusion or memory loss by region, 2024

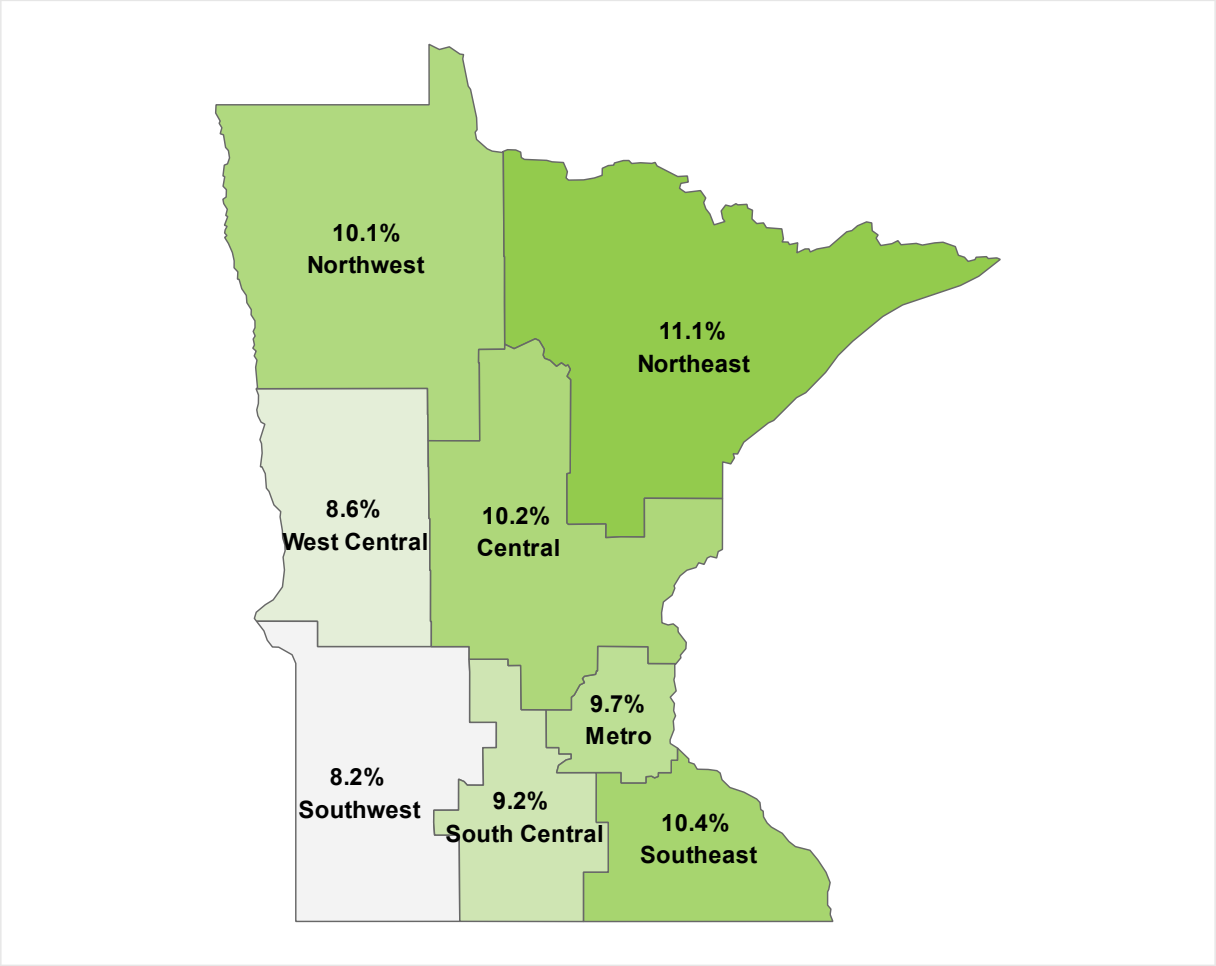
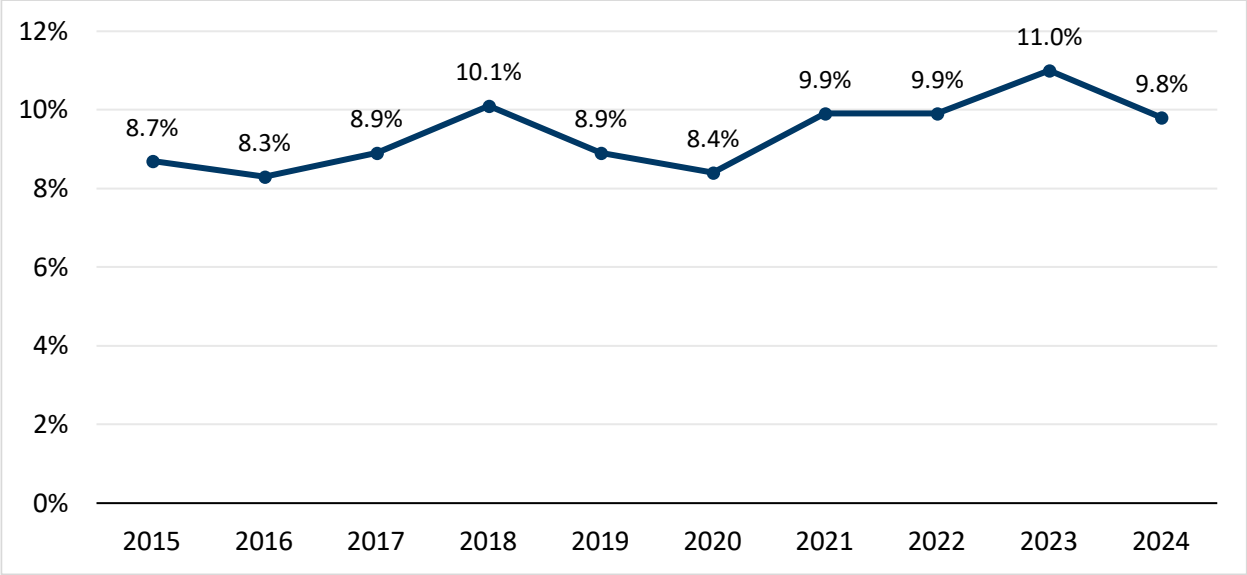


Figure 87. Minnesota adults experiencing worsening confusion or memory loss by year, 2015-2024



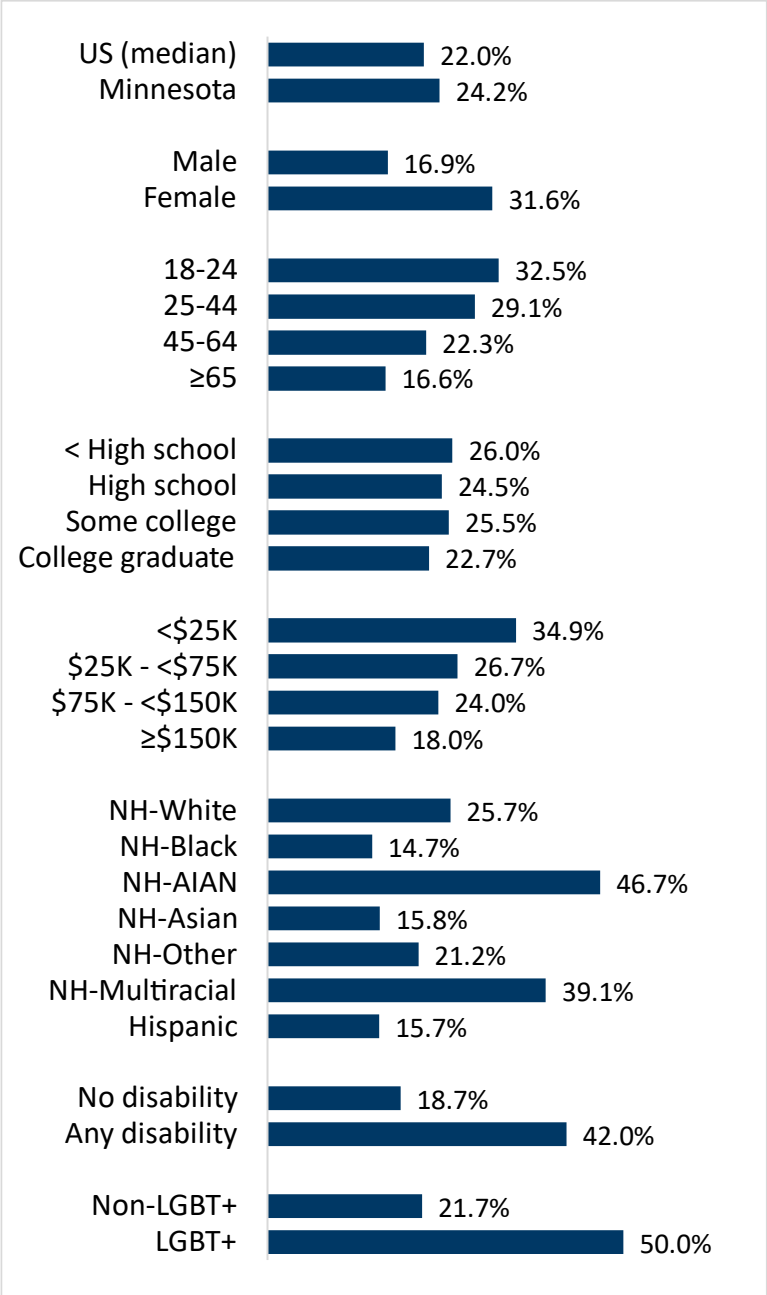
Depression

Definition: Respondents who have ever been told they have a depressive disorder, including depression, major depression, dysthymia, or minor depression.

Key Findings

- About one in four Minnesota adults have depression, slightly higher than the national median.
- Women are twice as likely to have depression as men.
- Depression prevalence is highest among adults aged 18-24.
- There are not significant differences in depression prevalence by education.
- Adults earning $150,000 per year or more are least likely to have depression.
- Non-Hispanic Black adults are least likely to have a depression diagnosis.
- Adults with a disability and those identifying as LGBT+ are most likely to have depression.
- Adults living in northwestern Minnesota are most likely to have depression.
- The percentage of adults who have depression has increased since 2015.

Figure 88. Minnesota adults who have ever been diagnosed with depression, 2024



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

Figure 89. Minnesota adults who have ever been diagnosed with depression by region, 2024

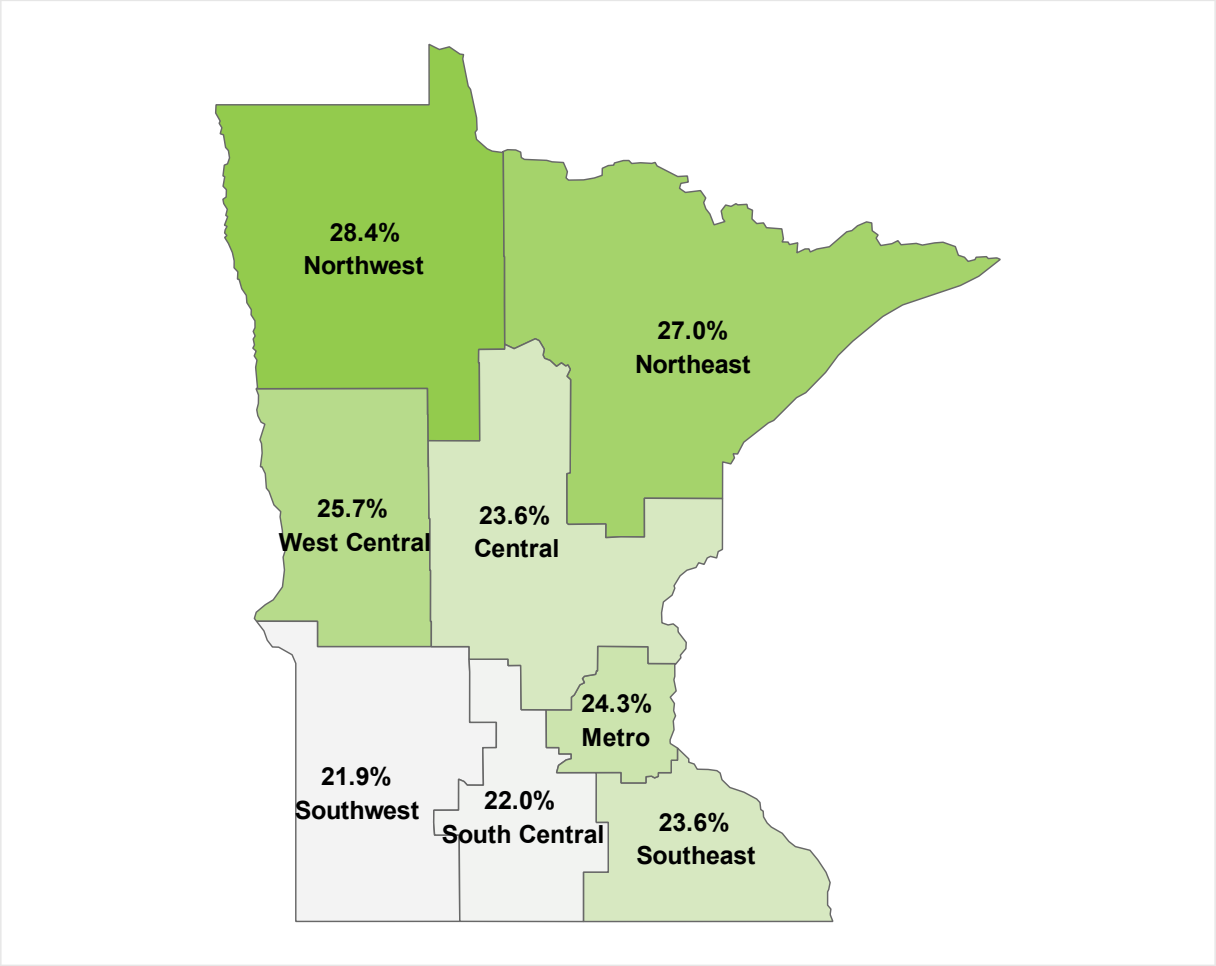
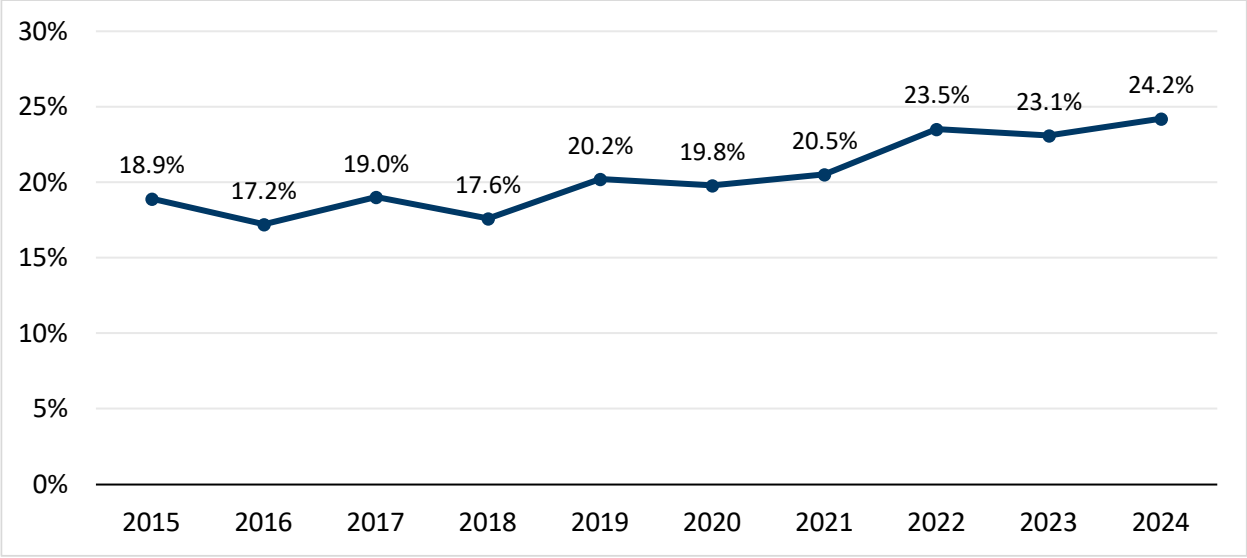



Figure 90. Minnesota adults who have ever been diagnosed with depression by year, 2015-2024