



Telling our health story

Community Health Assessment

2024-2028

Table of contents

1. Telling our health story
2. Minneapolis Health Department mission, vision, and values
3. City of Minneapolis mission, visions, and values
4. Community health in context
5. Community health priorities
6. What happens next?



Telling our health story

First and foremost, we wish to thank the community members who shared their time, experiences, and expertise to help us understand our Minneapolis health story.

The Community Health Assessment (CHA) is one step of an ongoing process that includes continuous evaluation, improvement, and adjustment by the Minneapolis Health Department (MHD) to ensure we are responsive to changes in the community's health. At the same time, we will be striving to improve important indicators of community health. The process is systematic and yet flexible with the goal of encouraging an on-going partnership to remove barriers and support our community's health.

This document explains the MHD's role in our community and discusses health in context to Minneapolis. Most importantly, we present data and analysis focused on five priority health indicators the MHD will structure its work around because of this assessment.

Thank you for being with us as we continue – we've been with you for over 150 years, and we will continue to be here as we all move forward together.

All our best,

The Community Health Assessment Team
Minneapolis Health Department

What is a community health assessment?

A community health assessment tells the story of the community's health, using both quantitative (numbers) and qualitative (storytelling) data. A CHA team from the MHD helps the assessment through a process used to balance multiple perspectives.

The CHA team organizes the data so that the community can review the data and create a community health improvement plan for the next five years and beyond.

The CHA has several major parts:

- 1) A profile of our community
- 2) The context in which people make health decisions
- 3) Data about priority issues for our community

We built on previous conversations to collect in-depth data about issues important to our community because our community has been engaged with the MHD over the years.

Thank you to our Public Health Advisory Committee for their work understanding and prioritizing the health issues important to our community.

Minneapolis Health Department leads with the heart

Mission

The MHD works in partnership with communities to protect and promote equitable health outcomes and eliminate health disparities through education, prevention, regulation, and advocacy.

Vision

The MHD's vision is health justice, where people of all races, religions, sexual orientation, and immigration statuses in Minneapolis have positive and equitable health outcomes.

Values

- Community
- Equity, antiracism, and diversity
- Holistic health and wellbeing
- Creativity and innovation
- Science
- Accountability
- Collaboration

The Minneapolis Health Department is your local public health authority and partner

The Minneapolis Health Department holds the distinction of being both a department of the City of Minneapolis, under the Office of Public Service, and a Community Health Board serving those who live, work, play, and stay in our city.

As a nationally accredited community health board, the MHD has specific responsibilities that are useful to keep in mind.

Designated community health board

MHD has all the powers and duties of a board of health but has met additional qualifications to be designated as a community health board.

One of the important implications of this status is that MHD has powers and responsibilities under state statute for public health, in addition to its duties as a city department.

Nationally accredited public health department

MHD holds current national accreditation from the Public Health Accreditation Board, meaning that the department has consistently demonstrated meeting rigorous requirements for ensuring consistent and high-quality public health service for our community.

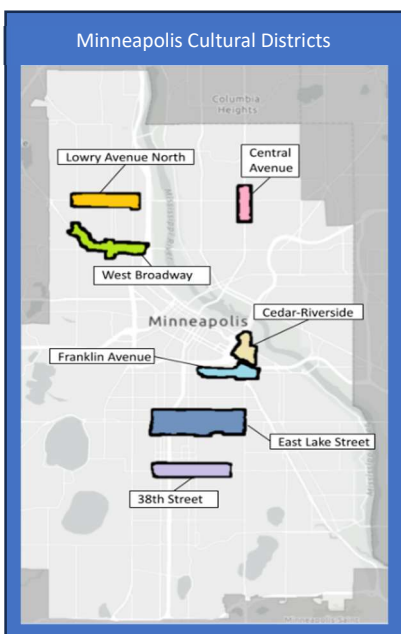
Maintaining national accreditation ensures that health departments continue to evolve, improve, and advance their public health practice to serve their community.



Minneapolis is full of different people who live, work, stay, and play here

Minneapolis is home to an estimated 426,845 residents, or about 7.5% of the state's population. MHD serves the 4th largest local public health jurisdiction in the state.

Minneapolis celebrates its community and invites others from all over visit and explore seven cultural districts, highlighting the food, theater, music, and art of our vibrant cultural communities. Additionally, the city celebrates community through festivals and special events.



Minneapolis is a lush urban community, hosting 180 parks with 22 lakes, 12 gardens, and 55 miles of biking and walking paths with more than 60 public artworks installed on parkland throughout Minneapolis, multiple unique historical sites, and nine off-leash dog parks.

The City of Minneapolis works for health and equity

Vision

Minneapolis is an intentionally compassionate city where each of us can reach our full potential while caring for one another, eliminating racial disparities, improving our environment and promoting social well-being. We lead in innovative and creative ways, focused not only on our present needs, but also the success of future generations.

Mission

Our City government takes strategic action to address climate change, dismantle institutional injustice and close disparities in health, housing, public safety and economic opportunities. In partnership with residents, City leaders help to ensure all communities thrive in a safe and healthy city.

Values

- Equity
- Safety
- Excellence
- Welcoming
- Stewardship
- Transparency
- Health

Health in context (Factors that influence health)

As a community health board, we serve all those who live, work, and play in Minneapolis. We focus on those whom our data indicates are most at risk for poor health outcomes. We look at our data from multiple angles and seek multiple perspectives as we share information to create a common understanding of our health story.

We all experience health outcomes within the context of our individual choices. These choices are supported or limited by the social drivers of health that we live within.

The social drivers of health support or limit choices based on the underlying root causes of our health outcomes.

These choices, systems, and root causes can be collectively thought of as the factors that influence health and together, create a roadmap for action to improve health equity.

Our central question is always:

Why isn't this system working for the people using it and how can we make it better?

Root causes

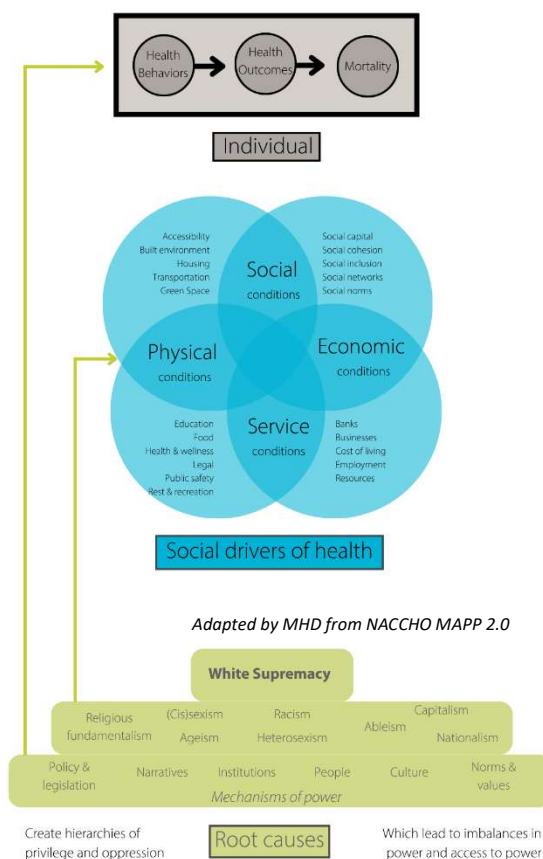
Root causes are the underlying structures and systems that determine where and how the social drivers of health are distributed and what barriers and opportunities individuals face when making choices about their health.

Example of root causes in Minneapolis include:

History: The circumstances in which our city and many of our institutions were founded, including our history of colonization, redlining and other wealth exclusion, and who was allowed to vote or make decisions at that time.

Narratives: The narratives we tell ourselves (and the stories we listen to) as community members about who we are and why we are the way we are, such as whether our city is vibrant or violent, whether we are cohesive or fragmented, and whether we welcome and include all or close the door to "others".

Laws and policies: The rules we make, how we enforce them, whether we target specific communities, situations, or personal histories, whether we do it blatantly, by omission, or failure to proactively include all fairly in the rules. These rules include how we interact with police or emergency responders, food inspectors, housing inspectors, or the people at the city desk helping a community member with paperwork.



At their best, these root cause factors combine to reinforce community cohesion, supporting our sense of common identity, pride, and connection. At their worst, they create hierarchies of privilege and oppression, wherein some people in our community experience very different health outcomes.

Social drivers of health

Social drivers of health are community-level factors that describe the conditions in which we are born, live, learn, work, play, and age that impact our health, ability to participate in our lives and society, our quality of life, and the risks to all of these.

Examples of social drivers of health in Minneapolis include:

Income: Around 15% of Minneapolis residents live in poverty, compared to 9% of Minnesotans statewide.

Housing: Minneapolis is ranked 95th of 103 cities in Minnesota for households that pay 30% or more of their income for housing. Renter households represent two out of three of the cost-burdened households in Minneapolis.

Transportation: Almost one in five Minneapolis residents use public transportation, walk, or bike to work, compared with about 6% of Minnesotans statewide.

When they are at their best, social drivers of health can support ongoing wellness throughout the lifespan, prevent disease or injury, or improve outcomes once disease or injury has occurred. At their worst, social drivers of health can create barriers that impede wellness, expose individuals to excess disease or injury, worsen outcomes for those living with disease or injury, and contribute to premature mortality from preventable causes.

Individual health

Individual health factors represent the total of what a person can do about their health, given the situation they are in, based on root causes and/or social drivers of health.

Health behaviors are choices we can make about our health, including how we respond to improvements or declines in health outcomes. Our health behaviors contribute to our health outcomes which influence our quality of life and, ultimately, when and how we die.

Examples of individual health include:

Mental health diagnosis prevalence: In the last three years, 26% of Minneapolis adults seen in a clinic have a mental health diagnosis at a higher prevalence rate than Hennepin County or Minnesota statewide.

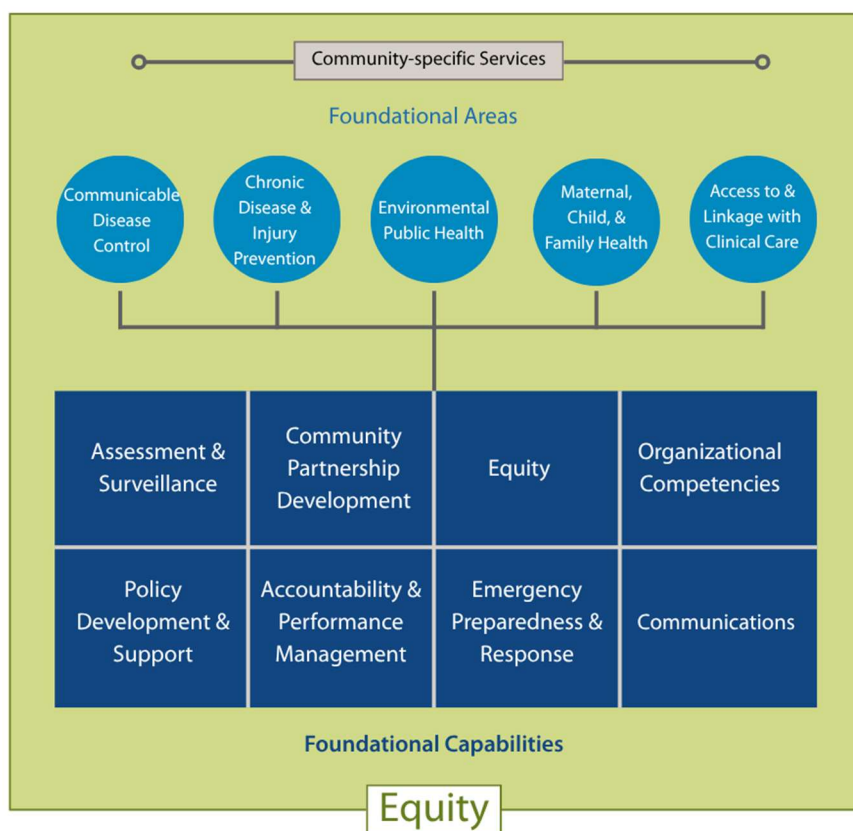
Unintentional injuries: Unintentional injury, including overdose, vehicle crashes, and falls, was the top cause of premature death for adults across Minneapolis, more than double the next highest cause of premature death (cancer).

Infant mortality: Although infant mortality rates remain mostly stable in Minneapolis, significant and consistent disparities persist for some groups, more prominently for Black and American Indian/Alaska Native women.

Minneapolis community health priorities

There are many health needs across our community, and while we serve all members of our community, we prioritize issues to help direct the work of the health department. The health department's work falls within the Foundational Public Health Services expectations for public health available to all people anywhere in the nation.

Foundational Public Health Services



The MHD Public Health Advisory Committee (PHAC) completed a facilitated prioritization process with MHD staff to identify top priority health areas to address. Next, MHD staff presented the priorities at the Minneapolis Community Connections Conference participants for feedback. We combined feedback from staff and community members to revise the PHAC priorities for completeness.

Priority 1: Chronic stress from unmet basic needs

Priority 2: Infectious disease prevention and control

Priority 3: Substance use and prevention services

Priority 4: Maternal, child, and family health (including infant mortality and adolescent health)

Priority 5: Adolescent mental health and wellbeing

Each priority is explained in more detail in the following pages.

Priority 1: Chronic stress from unmet basic needs

Summary

Chronic stress from unmet basic needs like housing, food, water, education, and transportation was repeatedly and emphatically identified as a major health priority by community representatives.

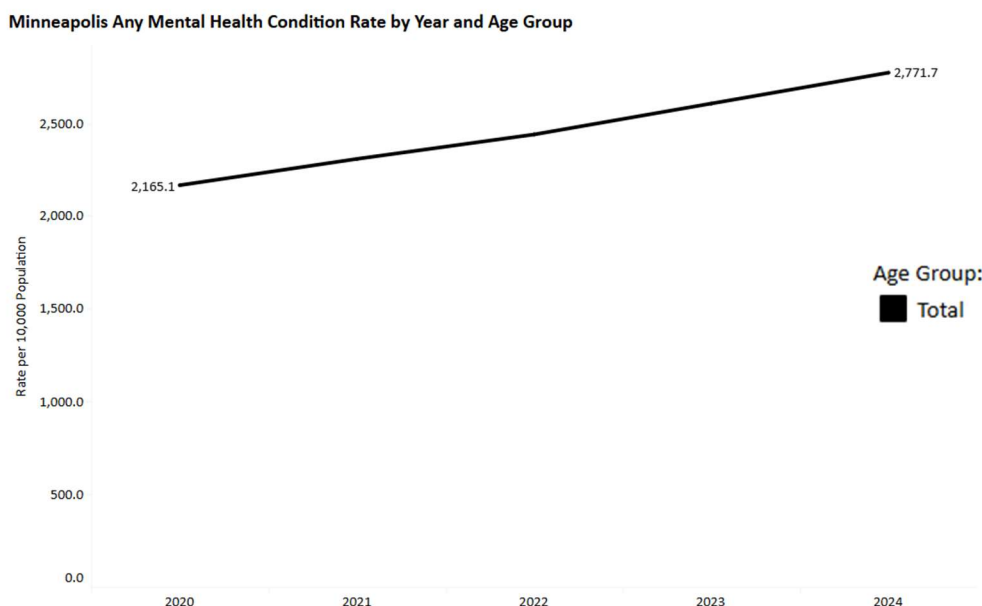
Constant uncertainty around crucial parts of basic living is linked to numerous health issues, including mental health diagnoses, premature death, and increased rates of chronic diseases (Community Commons, 2025).

Community members clearly identified unmet basic needs as a top health priority

- Community members strongly emphasized that unmet basic needs are an urgent health issue.
 - According to resident perspectives, Minneapolis residents are dying due to a lack of access to medical care and affordable housing, among other basic needs.
- Community members frequently pointed out the inaccessibility of the medical system.
 - Residents referenced fear of high costs and inability to navigate healthcare networks from one provider to another.
 - Healthcare workers also shared their perspective of being overwhelmed and stretched too thin across the system.
- Community members identified barriers to accessing education and vocational training, often citing lack of knowledge on how to navigate systems and/or transportation.

Mental health diagnoses give us a partial picture

Minneapolis residents across all ages continue to have a higher prevalence of mental health diagnoses than both the state and the county, increasing from 22% in 2020.



Indicator Definition: Minneapolis residents who were seen at any HTAC-participating health system within the last 3 years and received a mental health condition diagnosis in the last 5 years. The mental health condition diagnoses include: Anxiety disorders, Bipolar disorders, Depressive disorders, Post-Traumatic Stress Disorder (PTSD), Psychotic disorders, and Suicidal ideation.

Note: When counts are small (< 5), data are suppressed to remain unidentifiable. This may cause gaps to appear in maps and in bar and line graphs.

- In Minneapolis, 28% of residents with a record of at least one clinic visit in 2021-2024 received a mental health diagnosis, increasing from 22% in 2020.
- Hennepin County and Minnesota statewide have also seen a steady increase in mental health diagnoses since 2020.
 - Since 2020, Hennepin County increased from 24% to 26%, and Minnesota increased from 23% to 27%.

Premature death is preventable death

In Minneapolis, unintentional injury is the leading cause of premature death. Premature deaths are considered preventable through public health interventions, as well as improvements in meeting basic needs.

- Premature deaths from unintentional injury in Minneapolis (7.2 per 10,000 in 2023) is more than double the second leading cause of death, which is cancer (2.9 per 10,000 in 2023) and heart disease (2.3 per 10,000 in 2023).
- The term “unintentional injury” covers a variety of causes of death, but notably includes overdose deaths, as well as vehicle crashes and falls.

Top causes of premature death to Minneapolis residents in 2024

Cause of death	Count	Deaths per 10,000 people
Unintentional Injury*	215	5.6
Cancer	127	3.3
Heart Disease	100	2.6
Suicide	49	1.3
Liver cirrhosis	44	1.1
*Unintentional injury includes overdose, vehicle crashes, and falls, among others Premature deaths include people who are older than 1 year old and younger than 65 years old at the time of their deaths.		

- Across the city, the count of residents who died premature death by unintentional injury dropped by almost 100 residents from 2023 to 2024, which is an important success. This reduced the rate of premature death due to unintentional injury by almost 2 points, another marker of success.
- During that same period, the top causes of premature death remained the same, although suicide overtook liver cirrhosis as the 4th leading cause of death.
- Unintentional injury remained the leading cause of death across all Minneapolis residents when analyzed by race/ethnicity categories, except for people of Asian/Pacific Islander decent. This raises important questions about how all groups can achieve the same reduction in unintentional injury.
- Additionally, people within most race/ethnicity categories have the same top leading causes of premature death. Encouragingly, areas that MHD focuses work are seeing improvements in both

absolute numbers and rates, most notably overdose death prevention through increasing community access to interventions such as naloxone.

- Homicide is a notable exception, the fourth most common cause of death in Black Minneapolis residents and fourth in Asian/Pacific Islander Minneapolis residents. Homicide as a down from position three in the top causes of premature death for Black residents in 2023.
- Homicide is not in the leading causes of premature death for Minneapolis as a whole, but Black/African American youth in Minneapolis are significantly more likely to die of homicide than any other group.
- Chronic stress functions as both cause and effect of homicide. Meeting basic needs, supporting families, and reducing chronic stress then reduce the likelihood of homicide. The impact of homicide on family, friends, school, work, and community is traumatic and wide-reaching and increase chronic stress. The reduction in homicide is a hopeful signal for the reduction of new trauma from homicide in the community, though it does not reflect healing from previous trauma.

Top causes of premature death to Minneapolis residents, by race/ethnicity in 2024

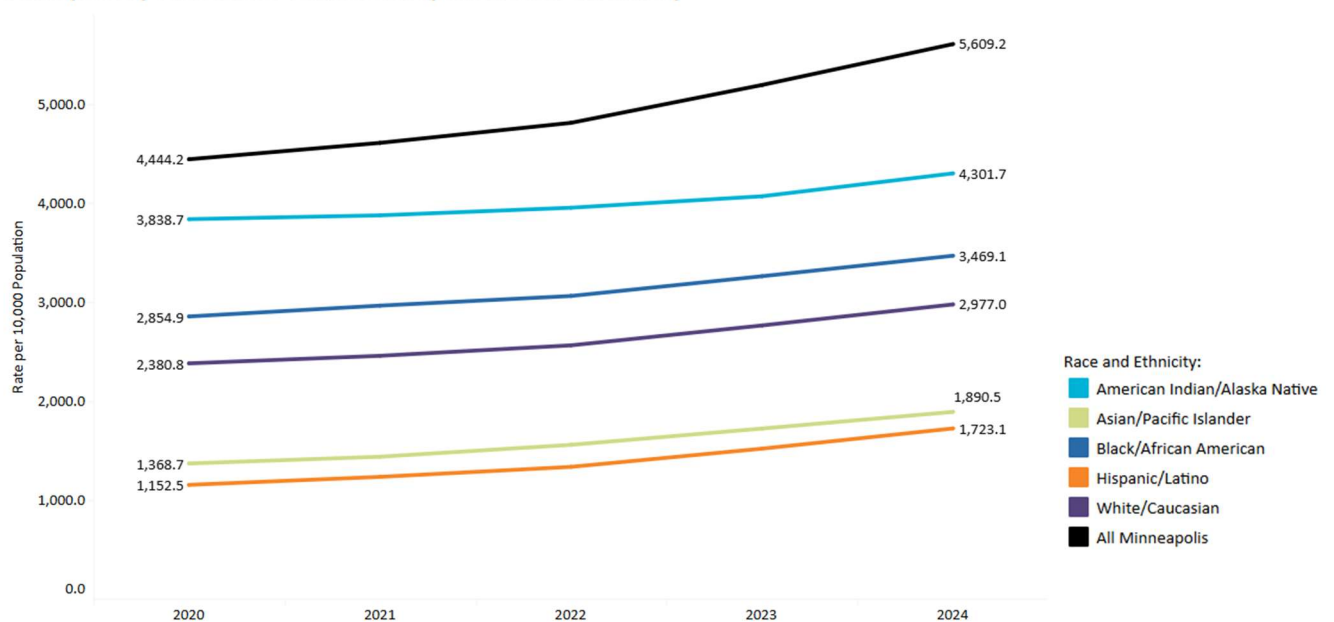
American Indian/ Alaska Native	Asian/Pacific Islander	Black/African American	Hispanic/ Latino	White
1. Unintentional Injury 2. Cancer/Homicide (tied) 4. Heart disease/Suicide (tied)	1. Cancer 2. Liver cirrhosis 3. Suicide 4. Unintentional injury 5. Cerebrovascular	1. Unintentional Injury 2. Heart disease 3. Cancer 4. Homicide 5. Cerebrovascular	1. Unintentional Injury 2. Cancer/Heart disease (tied) 3. Diabetes/Cerebrovascular (tied)	1. Unintentional Injury 2. Cancer 3. Heart disease 4. Suicide 5. Liver cirrhosis

Stress increases risk of chronic disease and decreases quality of life

Consistently being exposed to stressful situations and living with chronic stress significantly increases a person's risk of chronic conditions like heart disease and diabetes.

- In Minneapolis, rates of cardiovascular disease have increased since 2020 with approximately 56% of residents having a diagnosis in their health record by 2024.
- While slightly less than 20% of Hispanic/Latino or Asian residents connected to health care have a diagnosis of cardiovascular disease in their health record, 43% of American Indian residents have a cardiovascular diagnosis, more than double.

Minneapolis Any Cardiovascular Condition Rate by Year and Race and Ethnicity



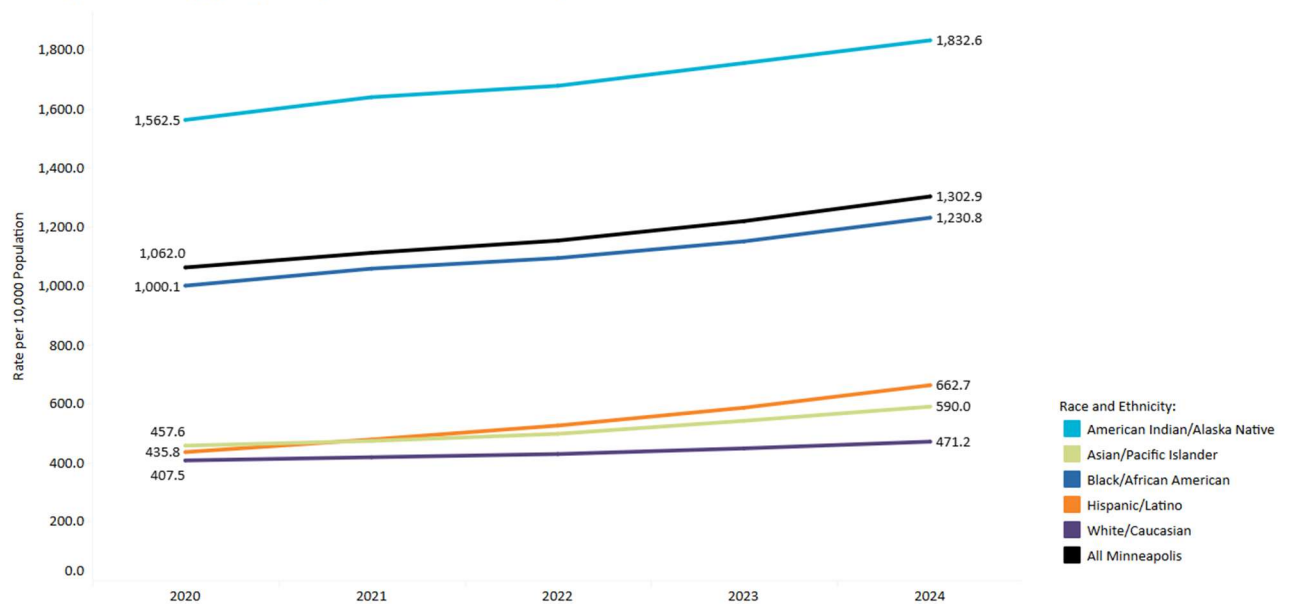
Indicator Definition: Minneapolis residents who were seen at any HTAC-participating health system within the last 3 years and received a diagnosis of a condition that increases the chance of developing a cardiovascular disease (risk factor). The cardiovascular risk factor conditions include: Diabetes, Type II, Acute Myocardial Infarction (heart attack), Hyperlipidemia, Hypertension, Peripheral Vascular Disease, Stroke, and Chronic Kidney Disease.

Note: When counts are small (< 5), data are suppressed to remain unidentifiable. This may cause gaps to appear in maps and in bar and line graphs.

In 2024, Minneapolis type 2 diabetes rates were much lower than cardiovascular rates, at 13% citywide compared to 56% citywide, respectively.

- However, these rates are higher in American Indian/Alaska Native residents (18%).
- White residents, by contrast, only had a type 2 diabetes rate of 5%, less than half the citywide rate.

Minneapolis Diabetes (Type 2) Rate by Year and Race and Ethnicity



Indicator Definition: Minneapolis residents who were seen at any HTAC-participating health system within the last 3 years and received a diagnosis of type 2 diabetes or one A1c measure > 6.5 in the last 5 years. This condition includes: Type 2 diabetes, Disorders, and complications caused by diabetes. This condition does not include type 1 diabetes diagnoses and complications.

Note: When counts are small (< 5), data are suppressed to remain unidentifiable. This may cause gaps to appear in maps and in bar and line graphs.

Priority 2: Infectious disease prevention and control

Summary

Vaccinations protect residents of all ages from severe illness and are an important part of well-child healthcare, long-term health, and preventing widespread outbreaks of disease (Shattock et al., 2024).

Measuring current vaccination rate in the population provides information on how well-protected the community is from the spread of certain infectious diseases, such as measles and varicella.

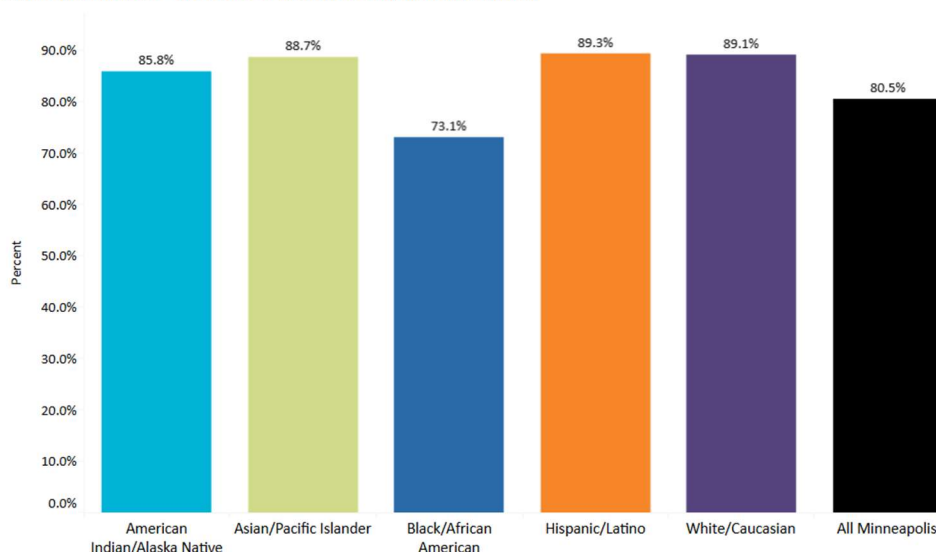
Current vaccination rates can also be a predictor of risk in individuals for long-term negative health outcomes.

Under-vaccination and increased risk of infectious disease

In Minneapolis, current vaccination rates for the up-to-date childhood series and MMR1+ among American Indian/Alaska Native and Black/African American children are lower than among other groups.

- White children in Minneapolis have the highest rates of up-to-date childhood vaccination series, while Hispanic/Latino residents have the highest rates of the MMR1+ vaccine.
- MMR1+ rates across all Minneapolis children are higher than up-to-date childhood vaccination series rates, indicating some success with outreach and action around MMR vaccines.
- Despite MMR1+ rate being higher, this rate is still not high enough to achieve community immunity and prevent ongoing spread of measles, mumps, and rubella, the three diseases the MMR1+ is designed to prevent/reduce.
- Minneapolis children are also at increased risk from other vaccine-preventable diseases included in the childhood series, such as pertussis (whooping cough) and varicella (chickenpox).
- This data leads to questions about why parents aren't completing the full course of other childhood vaccines.

Minneapolis MMR1+ - Up to Date as of 9/30/2024 by Race and Ethnicity

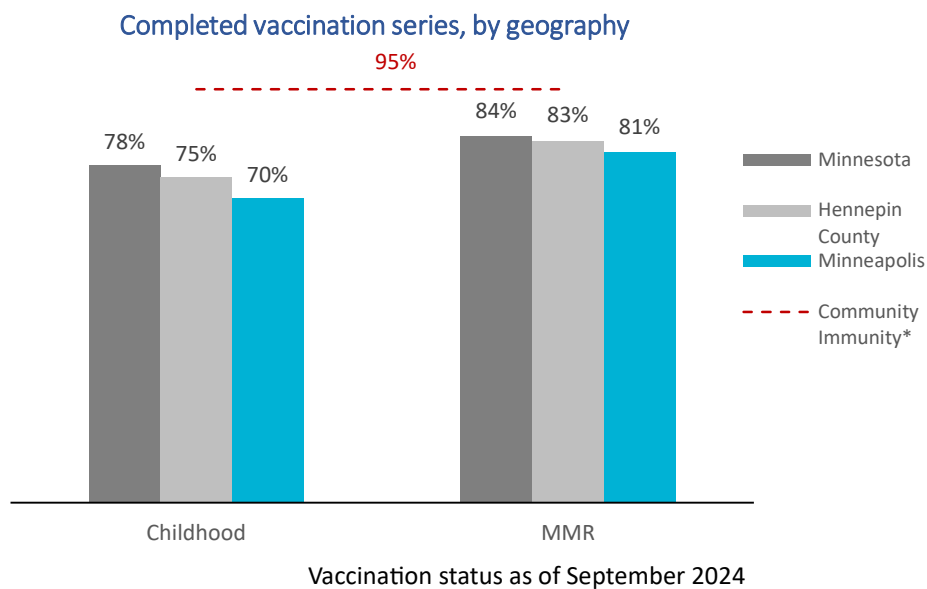


Indicator Definition: Children 1-6 years of age who reside in Minneapolis and have 1+ dose of MMR.

Note: When counts are small (< 5), data are suppressed to remain unidentifiable. This may cause gaps to appear in maps and in bar and line graphs.

Completed vaccination series

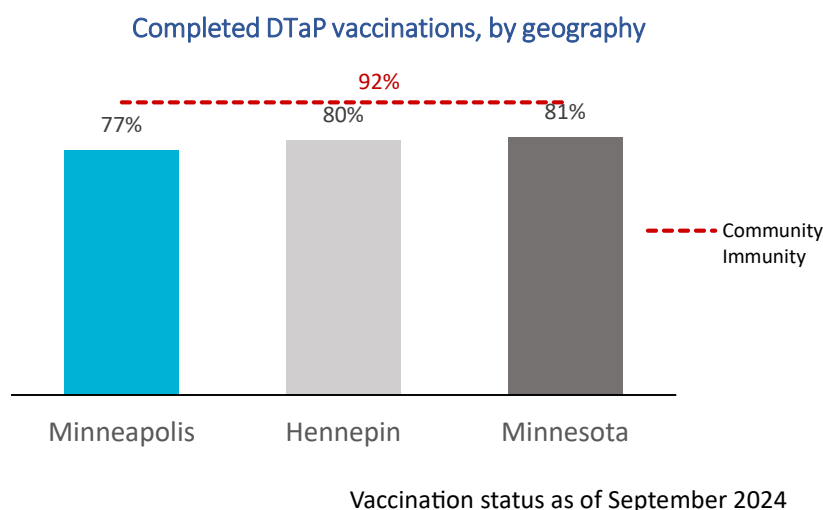
- Current statewide completed childhood series vaccination rates are higher than both Hennepin County and Minneapolis's rates, and Hennepin consistently has higher rates than Minneapolis.
 - This suggests some difference in barriers to city and suburban county residents that require a different strategy.
- The state-county-city pattern remains true across all other vaccination types, including Tdap, DtaP, varicella, Adolescent series, and MMR2+.
- For example, across Minnesota, 78% of children have completed their childhood series, fewer in Hennepin at 75%, or three out of every four children.
- The lowest rates among the three geographies are in Minneapolis with only 70% of children, or less than three in four Minneapolis children having completed their childhood series.



Pertussis

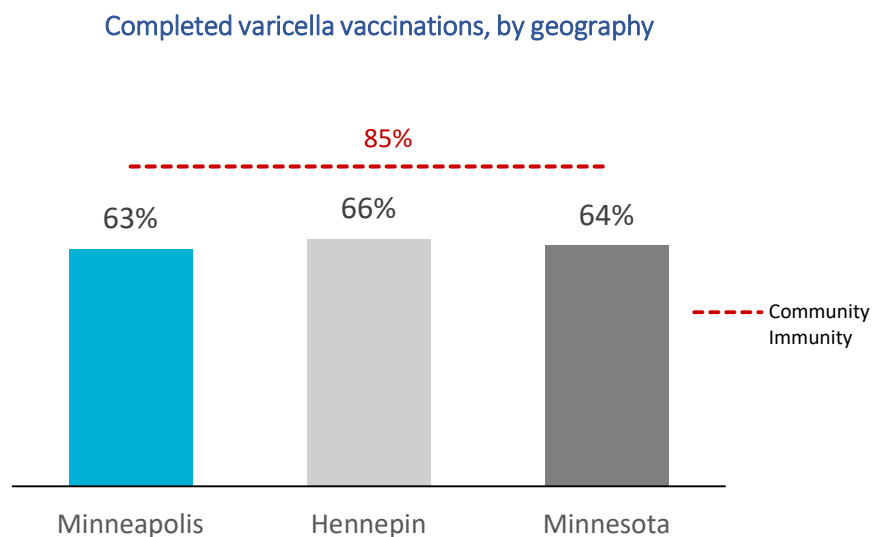
As of September 2024, 77% of Minneapolis children have had four or more doses of the DTaP vaccine, which protects against diphtheria, tetanus, and pertussis (whooping cough). Minnesota and Hennepin County had slightly higher rates of vaccination both at 81%.

From 2023 to 2025, the Minneapolis Health Department investigated and resolved over 244 cases of pertussis in Minneapolis residents of all ages.



Varicella

As of September 2024, 63% of Minneapolis residents were recorded as vaccinated against varicella (chickenpox). By comparison, Hennepin County and Minnesota had slightly higher rates of varicella vaccination, with 66% for Hennepin and 64% for Minnesota. From 2023-2025, the Minneapolis Health Department investigated and resolved 45 cases of varicella in Minneapolis residents of all ages.



Priority 3: Substance use and prevention services

Summary

Substance use is linked to the leading cause of premature death in Minneapolis, as well as a multitude of other negative health outcomes like homelessness, debilitating chronic conditions, and mental health disorders (American Public Health Association, 2025).

We measure substance use rates, deaths where substance use and alcohol use contributed, and access to health insurance to get a clearer picture of how substance use is affecting Minneapolis, and which parts and populations of the city are most affected.



Healthy People 2030 target is two overdose deaths per 10,000 people.

Minneapolis overall met this target in 2019 but driven by catastrophic numbers in the American Indian community, has not met the target since.

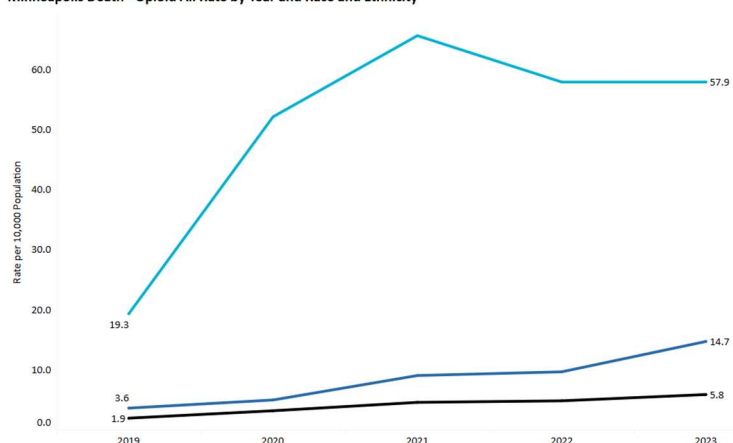
Opioid-related overdoses cause deaths, particularly among Black and American Indian residents

- Opioid-related overdose deaths increased very slightly in Minneapolis from 2020 to 2024. However, this masks significant disparities.
- The Healthy People 2030 goal is 2 deaths per 10,000 people due to drug overdose, which Minneapolis does not currently meet. However, residents who identify as Asian/Pacific Islander meet the target, with residents who identify as Multi-racial and White very close to meeting the target. Concern is centered on the American Indian community as that group is about 30 times over the

target., although Black/African American and Hispanic/Latino residents are also not meeting the target to a serious, but much lesser degree.

- Deaths from all types of drug-related overdoses in Minneapolis have steadily increased from 2019-2023 as the American Indian community has borne most of the burden of these deaths.
- Importantly, the disparity in opioid-related deaths continues to increase for American Indian/Alaska Native and Black/African American residents.

Minneapolis Death - Opioid All Rate by Year and Race and Ethnicity



Indicator Definition: Death due to an opioid-involved drug overdose. ICD-10 Codes: T40.0, T40.1, T40.2, T40.3, T40.4, T40.6.
Note: When counts are small (< 5), data are suppressed to remain unidentifiable. This may cause gaps to appear in maps and in bar and line graphs.

Last updated: June 29, 2026

- Despite American Indian/Alaska Native and Black/African American residents only making up 6% and 19% of the Minneapolis population respectively, the opioid-related death rates of both groups have increased substantially faster than all other race/ethnicity categories.
- Opioid-related death rates of both American Indian/Alaska Native and Black/African American residents have consistently remained significantly higher than the city average.

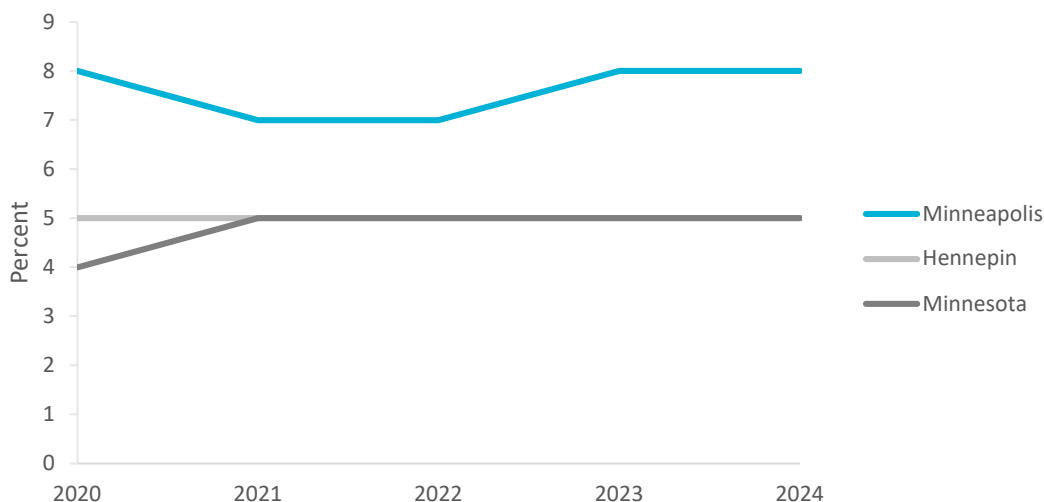
Opioid-related death rate per 10,000 residents, by race/ethnicity

	Minneapolis	Black/African American	Asian/Pacific Islander	Multiracial	Hispanic/Latino	American Indian/Alaska Native	White
2019	1.9	3.6	0	--	--	19.3	1.5
2020	3.1	4.9	0.4	--	--	52.1	2.5
2021	4.5	9	0.8	2.0	1.6	65.6	3
2022	4.8	9.6	0.8	2.8	2.9	57.9	3
2023	5.8	14.7	1.8	2.8	5.4	57.9	2.7
Numbers in bold meet the Healthy People 2030 target of .89 deaths per 10,000 people — indicates missing or suppressed data							

Substance use disorders are more commonly diagnosed in Minneapolis than in other parts of the state
Substance-use-related death rates don't tell the whole story.

- Minneapolis has a higher prevalence of individuals diagnosed with substance use disorder (8% in 2024) than both Hennepin County and statewide, both at 5% in 2024.
- Minneapolis's higher prevalence of substance abuse diagnoses is in line with the higher rates of opioid-related deaths.

Minneapolis residents with substance use disorder



Opioid use in pregnant persons

- In Minneapolis, 1% of births in 2024 had an opioid-related diagnosis on the pregnant person's electronic health record.
- The overall percent of potentially opioid-affected births has fluctuated between 1% and 2% from 2020-2024 (40-60 births per year).
- In 2024, 18% of American Indian births noted maternal opioid use, a significant disparity and in line with the disparities observed in fatal opioid overdoses and birth outcomes.
- Opioid use during pregnancy can have several negative effects on both the parent and child, including withdrawal symptoms and syndromes for the infant (neonatal abstinence syndrome), stillbirth, birth defects, and maternal death (Yen et al., 2022).

Access to care

Residents' ability to access the care and help they need is a basic necessity for a healthy and vibrant Minneapolis.

- Access to care drives positive health outcomes for all residents, as well as positive community-wide outcomes, including economic vitality.
- A key element of access to care is an individual's access to health insurance.
- According to the American Community Survey in 2024, 6.5% of Minneapolis residents under age 65 were without health insurance, higher than the statewide 6.1% rate.
- While these numbers can be partially explained by Minneapolis being a major population center for Minnesota, they also indicate that Minneapolis has specific challenges in addressing this basic need.

Priority 4: Maternal and child health

Summary

Maternal and child health helps public health to better understand population health. Health and wellness outcomes around childbirth can impact a wide range of issues for mothers and their children, including child development, neurological problems, infectious diseases, long-term non-communicable diseases, and increased chance of infant death (American Public Health Association, 2025).

Monitoring infant mortality, birth outcomes, prenatal care, and vaccinations helps us observe the city of Minneapolis's health status and identify areas of disparity for intervention and improvement of health outcomes.

Infant mortality

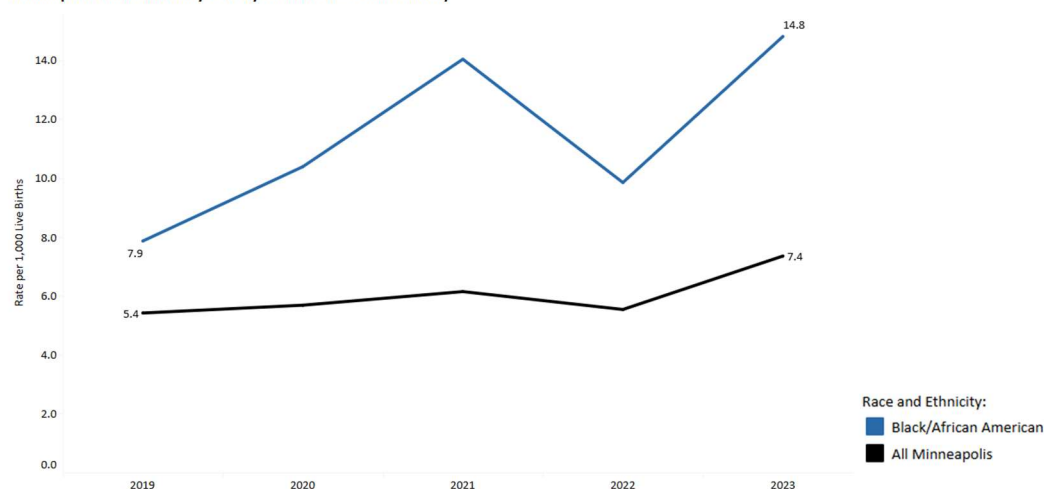
Significant and consistent disparities persist for some groups, most prominently for Black and American Indian/Alaska Native birthing persons.

- Infant mortality is an important indicator of maternal and child health in a community because it is heavily influenced by the health status of the mother before and during pregnancy (Centers for Disease Control, 2024).
- Infant mortality rates reflect access to medical care and prevention of unintentional injuries during infancy.
- Overall, infant mortality rates have remained stable in Minneapolis with a slight increase in the 2021-2023 average.
- The infant mortality rate was 4.1 times higher for American Indian/Alaska Native birthing persons in 2022, and 5.7 times higher for Black birthing persons in 2023 as compared to the infant mortality rate of white birthing persons.

Healthy People 2030 target is five infant deaths per 1,000 live births.

Minneapolis overall is close to meeting this target, but several groups are much farther away.

Minneapolis Infant Mortality Rate by Year and Race and Ethnicity



Indicator Definition: Death of a live-born baby before their first birthday.

Note: When counts are small (< 5), data are suppressed to remain unidentifiable. This may cause gaps to appear in maps and in bar and line graphs.

Last updated: June 29, 2026

Infant mortality rate per 1,000 live births, by race

	Minneapolis	Black/ African American	Asian/ Pacific Islander	Multiracial	Hispanic/ Latino	American Indian/ Alaska Native	White
2019	5.8	10.7	10.5	6.2	3.8	7	2.3
2020	5.5	10.7	11.0	8.3	2.7	6.5	1.8
2021	5.4	10.7	7.4	9.7	5.3	7.7	1.5
2022	5.5	10.7	3.5	11.4	4.4	11.2	2.3
2023	6.4	12.0	3.9	13.6	4.4	4.8	2.4

Numbers in bold meet the Healthy People 2030 target
Rates are calculated using 3-year averages to stabilize small numbers
*2023 data are preliminary

Birth outcomes

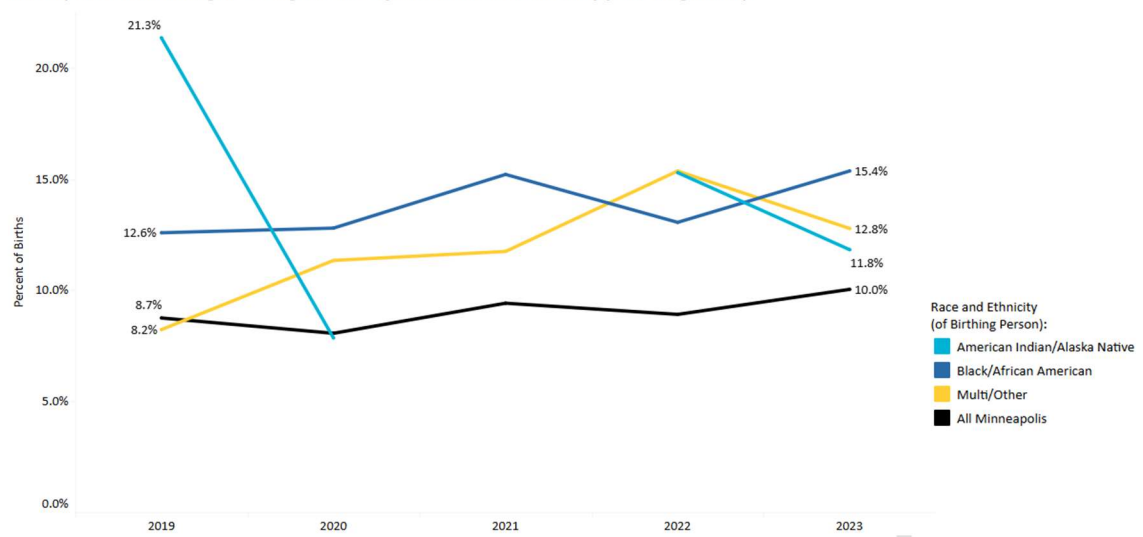
In addition to infant mortality, there are several other birth outcomes that help us understand a community's maternal and child health, and how health outcomes may progress throughout childhood and beyond.

Low birth weight predicts long-term health outcomes

Low birth weight (LBW) in Minneapolis remains stable, but there is a consistent and significant disparity for Black births, with a less consistent and still measurable disparity among babies born to American Indian and Multi-racial women.

Babies born with low birth weight are at a higher risk for several developmental, cognitive, and behavioral issues, as well as at greater long-term risk for some non-communicable diseases, such as asthma, diabetes, and heart disease (Cleveland Clinic, 2025).

Minneapolis Low Birth Weight, <2500 grams Rate by Year and Race and Ethnicity (of Birthing Person)



Indicator Definition: A birth weight of less than 2,500 grams (5 pounds, 8 ounces).

Note: When counts are small (< 5), data are suppressed to remain unidentifiable. This may cause gaps to appear in maps and in bar and line graphs.

Low birth weight rate per 10000 live births, by race

	Minneapolis	Black/ African American	Asian/ Pacific Islander	Multiracial	Hispanic /Latino	American Indian/ Alaska Native	White
2018	80.3	113.7	102.2	96.9	72.3	109.9	55.7
2019	87.4	125.8	97.9	82.2	90.4	213.5	55.2
2020	80.5	127.8	69.0	113.3	52.8	78.4	54.3
2021	94.1	152.0	114.2	117.3	80.9	57.1	62.5
2022	89.0	130.4	72.0	153.5	66.3	152.8	62.7
Numbers in bold are higher than the overall city average							

Prenatal care ensures healthy outcomes for mothers and babies

Quality of prenatal care that a mother receives helps us understand access to care for mothers, as well as driving health outcomes for babies in the months after birth (Minnesota Department of Health, 2021).

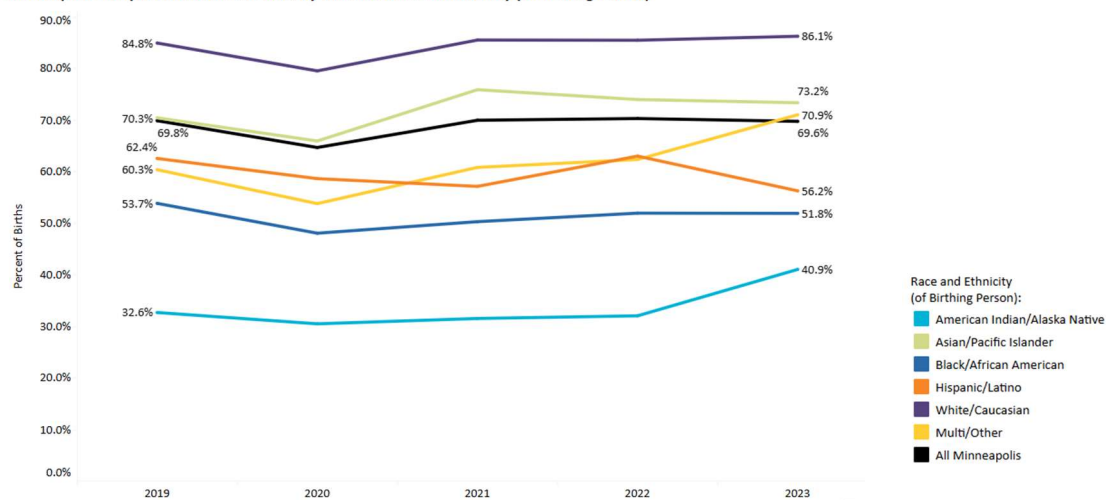
While most birthing persons receive or attend at least one appointment that can be considered “prenatal care,” it is important to look at how many birthing persons in a community are receiving *adequate* prenatal care.

- Looking at those receiving *adequate* prenatal care, Black/African American and American Indian/Alaska Native birthing persons have significantly lower rates than the city.
- White birthing persons are the only group that has met the Healthy People 2030 goal.

Healthy People 2030 target is 80.5% of mothers receive early and adequate prenatal care.

Minneapolis is below the target on average and below the target in all but one community **by race/ethnicity**.

Minneapolis Adequate Prenatal Care Rate by Year and Race and Ethnicity (of Birthing Person)



Indicator Definition: Based on the Kotelchuck Index, which uses two elements: When prenatal care began (initiation) and the number of prenatal visits from when prenatal care began until delivery (received services) to determine a summary score. This data shows those with an 'Adequate' score.
Note: When counts are small (< 5), data are suppressed to remain unidentifiable. This may cause gaps to appear in maps and in bar and line graphs.

Percentage of women receiving adequate prenatal care, by race/ethnicity, 2019- 2023

	Minneapolis	Black/ African American	Asian/ Pacific Islander	Multiracial	Hispanic/ Latino	American Indian/ Alaska Native	White
2019	70	54	70	60	62	33	85
2020	65	48	66	54	59	30	79
2021	70	50	76	61	57	31	85
2022	70	52	74	62	63	32	85
2023	70	52	73	71	56	41	86
	Numbers in bold are lower than Minneapolis and below the Healthy People 2030 targets						

Childhood and adolescent vaccinations protect individuals and the community

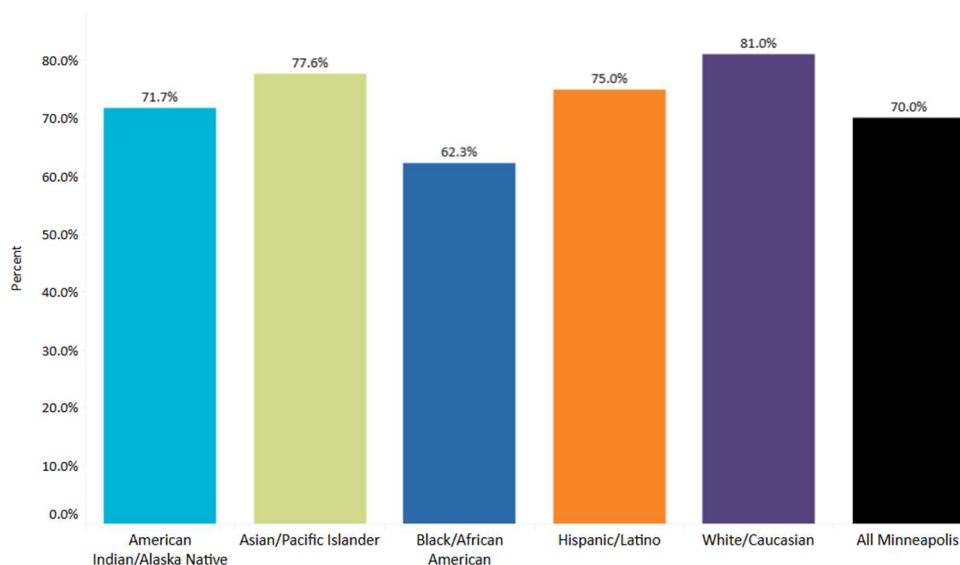
Minneapolis is at risk for ongoing transmission of infectious diseases, with disruptions to work and school, as well as long-term poor health outcomes.

- In 2024, Minneapolis had a childhood vaccination rate of 70%, far less than the 95% rate needed to achieve community immunity.
- Within Minneapolis, Black/African American children's vaccination rate is below the city average at 62% and is much lower than the highest vaccination rate of white resident's child vaccination rate (82%).
- Childhood vaccination rates in Minneapolis are lower than both Hennepin County (75%) and statewide (78%), indicating a significant vulnerability to major infectious disease outbreaks.
- Minneapolis adolescent vaccination rate in 2024 was 43%, less than both Hennepin County (47%) and statewide (48%).

Vaccination outreach to address disparities like these is an important and ongoing part of the MHD's work to improve community resilience to infectious disease.

More information can be found in Priority 4: Infectious disease prevention and control.

Minneapolis Childhood series - Up to Date as of 9/30/2024 by Race and Ethnicity



Indicator Definition: Children 4-6 years of age who reside in Minneapolis and are up-to-date on their childhood vaccine series (4+ doses DTaP, 3+ Polio, 1+ MMR, Hib, 3+ HepB, 1+ Varicella, Pneumococcal Conjugate).

Note: When counts are small (< 5), data are suppressed to remain unidentifiable. This may cause gaps to appear in maps and in bar and line graphs.

The fewer people who get the disease, the fewer people who spread the disease

Community immunity (also called Herd immunity) means the level of immunity to a contagious disease a community needs to prevent the ongoing spread of an infectious disease.

Some important community immunity levels for protecting our most vulnerable community members include:

- Measles – 95%
- Mumps – 85%
- Pertussis – 95%
- Polio – 86%

Community immunity works. It protects those who cannot be immunized. Those are the people for whom a disease can be most serious as well.

Childhood vaccination series to be completed by age 4 years old

Vaccine	Minimum number of doses
Diphtheria, Tetanus, and acellular Pertussis (DTaP/DT)	4
Hepatitis A	1
Hepatitis B	3
Haemophiles influenzae type b (Hib)	1
Measles, Mumps, and Rubella (MMR)	1
Pneumococcal Conjugate	4
Polio	3
Rotavirus	3*
Varicella	1

*Number of doses depends on the product your doctor uses

Priority 4: Infectious disease prevention and control

Summary

Vaccinations protect residents of all ages from severe illness and are an important part of well-child healthcare, long-term health, and preventing widespread outbreaks of disease (Shattock et al., 2024).

Measuring current vaccination rate in the population provides information on how well-protected the community is from the spread of certain infectious diseases, such as measles and varicella.

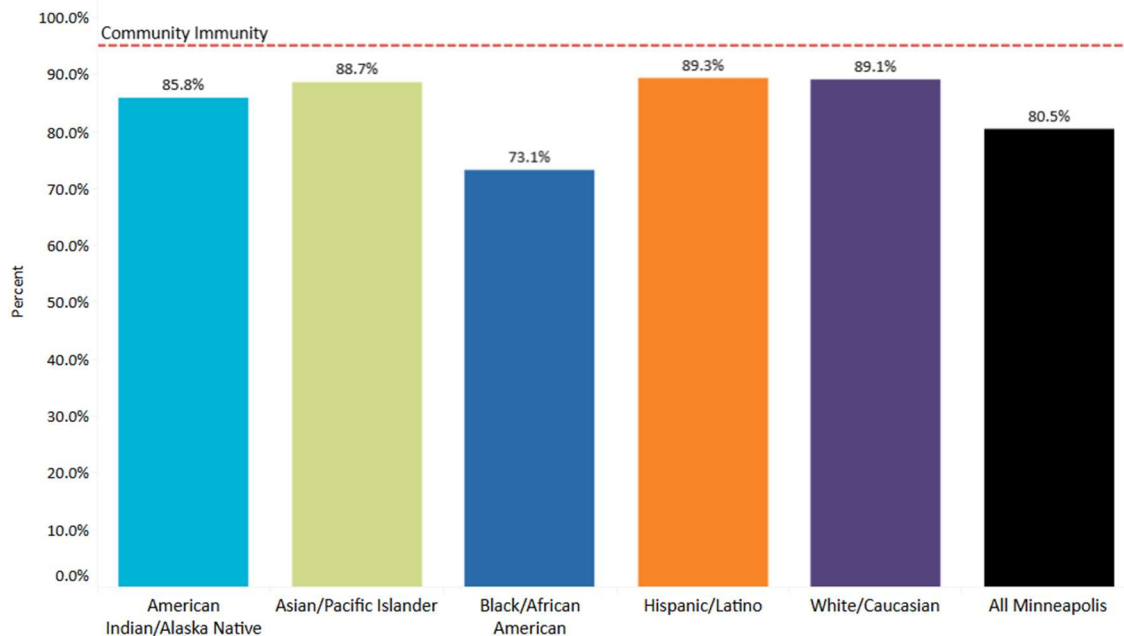
Current vaccination rates can also be a predictor of risk in individuals for long-term negative health outcomes.

Vaccinations (MMR1+)

In Minneapolis, current vaccination rates for the up-to-date childhood series and MMR1+ among American Indian/Alaska Native and Black/African American children are lower than among other groups.

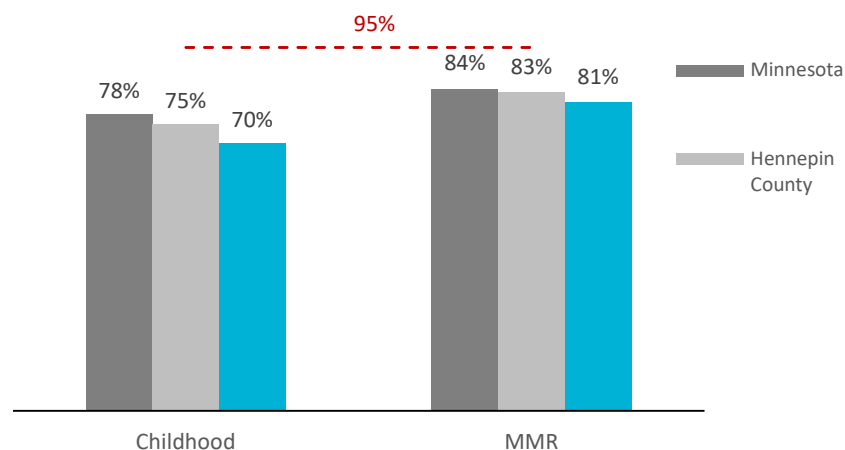
- White children in Minneapolis have the highest rates of up-to-date childhood vaccination series, while Hispanic/Latino residents have the highest rates of the MMR1+ vaccine.
- MMR1+ rates across all Minneapolis children are higher than up-to-date childhood vaccination series rates, indicating some success with outreach and action around MMR vaccines.
- Despite MMR1+ rate being higher, this rate is still not high enough to achieve community immunity and prevent ongoing spread of measles, mumps, and rubella, the three diseases the MMR1+ is designed to prevent/reduce.
- Minneapolis children are also at increased risk from other vaccine-preventable diseases included in the childhood series, such as pertussis (whooping cough) and varicella (chickenpox).
- This data leads to questions about why parents aren't completing the full course of other childhood vaccines.

Minneapolis MMR1+ - Up to Date as of 9/30/2024 by Race and Ethnicity



- Current statewide vaccination rates are higher than both Hennepin County and Minneapolis's rates, and Hennepin consistently has higher rates than Minneapolis.
 - This suggests some difference in barriers to city and suburban county residents that require a different strategy.
- The state-county-city pattern remains true across all other vaccination types, including varicella, TDaP, DtaP, Adolescent series, and MMR2+.
- For example, across Minnesota, 78% of children have completed their childhood series, fewer in Hennepin at 75%, or three out of every four children.
- The lowest rates are in Minneapolis with only 70% of children, or less than three in four Minneapolis children having completed their childhood series.

Completed vaccination series, by geography



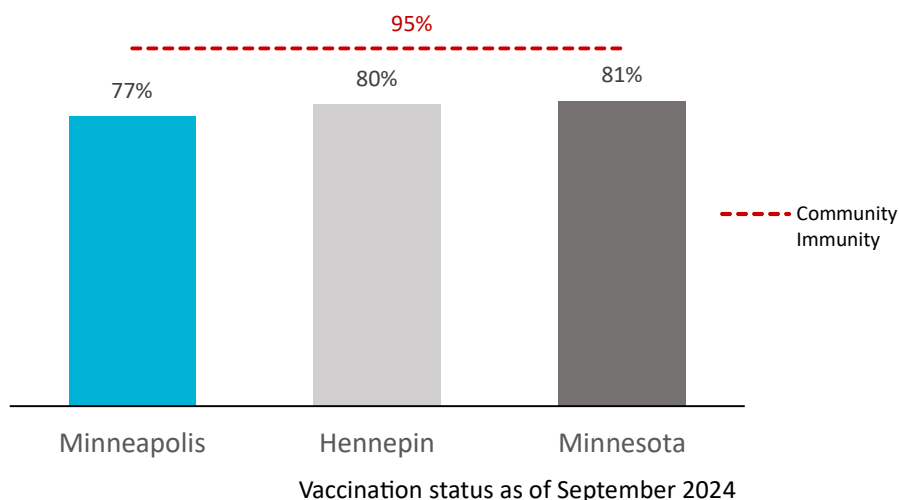
Vaccination status as of September 2024

Pertussis

As of September 2024, 77% of Minneapolis residents have had four or more doses of the DTaP vaccine, which protects against diphtheria, tetanus, and pertussis (whooping cough). Minnesota and Hennepin County had slightly higher rates of vaccination, both at 81%.

From 2023 to 2025, the Minneapolis Health Department investigated and resolved over 244 cases of pertussis in Minneapolis residents of all ages.

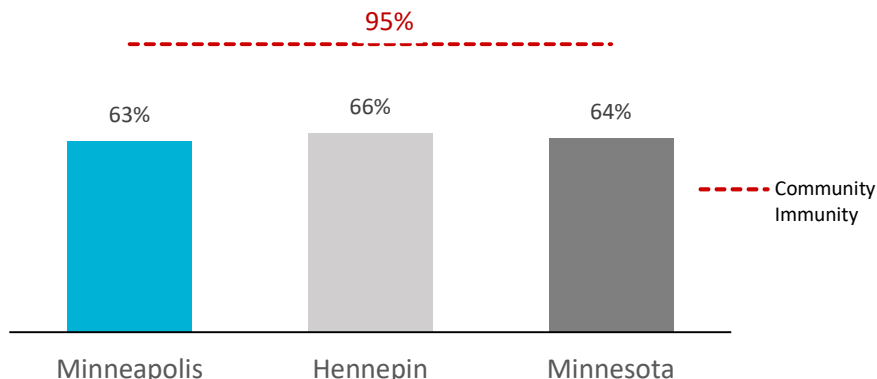
Completed DTaP vaccinations, by geography



Varicella

As of September 2024, 63% of Minneapolis residents were recorded as vaccinated against varicella (chickenpox). By comparison, Hennepin County and Minnesota had slightly higher rates of varicella vaccination, with 66% for Hennepin and 64% for Minnesota.

Completed varicella vaccinations, by geography



From 2023-2025, the Minneapolis Health Department investigated and resolved 45 cases of varicella in Minneapolis residents of all ages.

Priority 5: Adolescent mental health and wellbeing

Summary

Adolescent mental health is connected to a wide range of social drivers of health, including the built environment, access to basic needs and safe spaces, and community wellbeing (Kapadia, 2023).

Adolescent mental health and wellbeing was identified by the Minneapolis Public Health Advisory committee, and the department at large, as an area of focus for the City's efforts and our community health assessment.

To get a clearer picture of the factors that shape young adult mental health in Minneapolis, we collected information on adolescent and young adult mental health indicators, including diagnoses, sexual health, causes of death, and high school graduation rates.

In this section, we define teens as 12-19 years old unless otherwise noted.

Community is sharing their needs around adolescent mental health

Through community gatherings, interviews with

organizers and caretakers working with youth, and

adolescent feedback, we received information about challenges, existing strengths, and direct feedback surrounding the state of teen mental health in Minneapolis.



What youth say they need to support their mental health

- Safe “third spaces” or spaces that are not school and home
- Alternatives to traditional therapy, such as healing circles and peer support
- Youth leaders empowered to shape policies that impact them
- Increasing parent and youth awareness of school-based mental health supports

- Adolescents and youth are an important part of our community, and to support their positive health outcomes and full participation in our community, we looked at challenges to adolescent and youth mental health.
- Some of these challenges are common across the life course, but for our Minneapolis youth, many of them can be happening all at once during a socially and physiologically demanding time of life.
- The confluence of intense social, school, and family expectations with limited support, as well as exposure to violence and trauma at home and in the community, is only exacerbated by the continued impacts of COVID-19.
- The result of these challenges creates their own cascading impacts, with increases in substance use as coping, lack of access to mental health supports, and reduced teen engagement with schools.

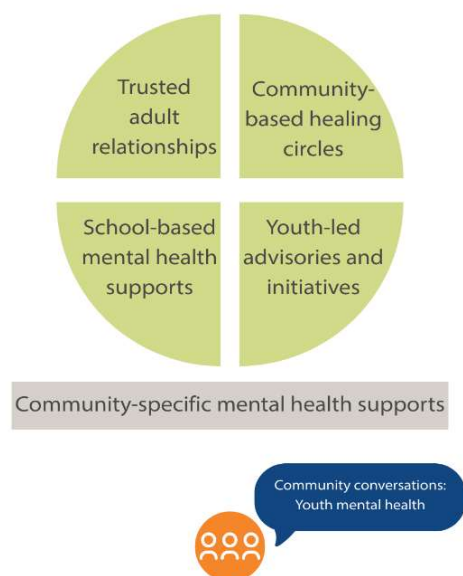
Current community strengths support youth mental health today

While articulating the challenges to adolescent mental health, we also sought specific information about existing community strengths that reflect the commitment and hard work of individuals in different spaces and roles.

Trusted adult relationships and community-based healing circles were both cited as effective, as well as school-based mental health supports and youth-led advisories and initiatives.

Community-specific mental health supports, specifically those for LGBTQ+ and people of color, are also existing strengths for Minneapolis adolescent mental health support.

Current community strengths



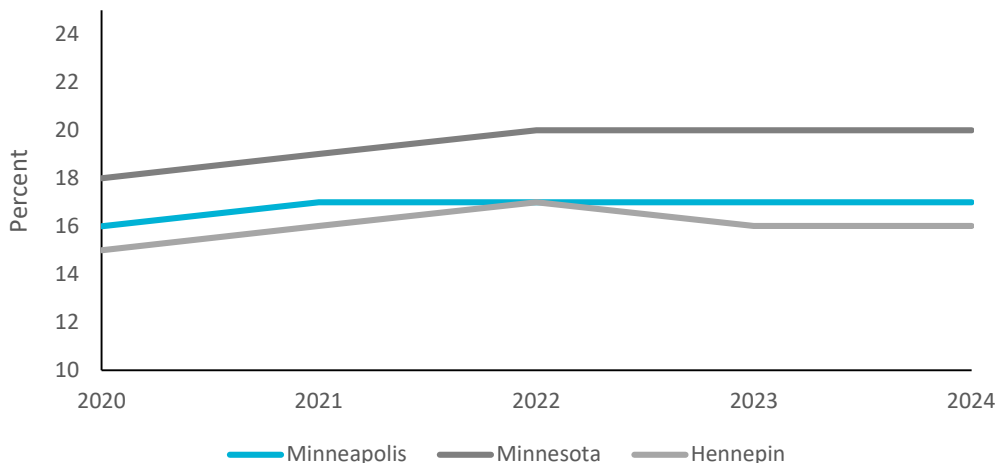
Mental health diagnoses are common among adolescents

In 2024, 17% of Minneapolis teens (12-17 years old) receiving care had at least one mental health condition diagnosed in the last three years.

We see that Minneapolis teens face specific mental health challenges different from both children and adult residents, when we compare how common mental health diagnoses are among younger and older community members.

- The two most common types of mental health diagnosis for Minneapolis teens in 2024 were anxiety (14%) and depression (9%).
- These two diagnoses are the most common across both the state and across the United States for teens.

Minneapolis teenagers with a mental health condition



Sexual health

Births to teens

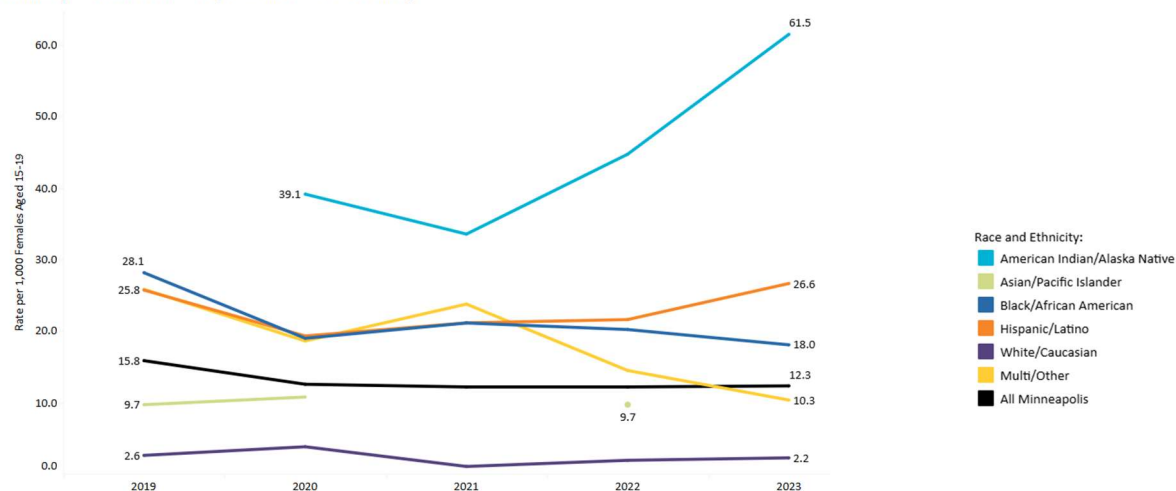
Overall, stability in keeping births to teens (15-19 years old) low has been an area of success for the Minneapolis Health Department, though one that requires continuous work.

- The teen birth rate in Minneapolis has remained stable since 2020 at approximately 12 teen births per 1,000 live births.
- Disparities persist for American Indian/Alaska Native, Hispanic/Latino, and Black/African American teen births, all of which are consistently higher than the city rate.
- Teen births are linked to riskier outcomes for teen parents and their children, including higher poverty rates, lower educational attainment, and inconsistent prenatal care.

Healthy People 2030 target is 31.4 pregnancies per 1,000 females aged 15 to 19.

Minneapolis is meeting this target at a substantially lower rate than the target, though not uniformly across all communities.

Minneapolis Teen Birth Rate by Year and Race and Ethnicity



Indicator Definition: Births to females aged 15-19 residing in Minneapolis in a given year.
Note: When counts are small (< 5), data are suppressed to remain unidentifiable. This may cause gaps to appear in maps and in bar and line graphs.

Births to Minneapolis females aged 15 – 19 years old (per 1000)

	Minneapolis	Black/ African American	Asian/ Pacific Islander	Multiracial	Hispanic/ Latino	American Indian/ Alaska Native	White
2019	16.1	28.4	9.7	29.1	25.7	22.3	2.6
2020	12.7	19.3	10.7	20.1	19.7	39.1	3.8
2021	12.3	21.7	3.2	25.7	21.1	33.5	1.0
2022	12.5	20.8	9.7	16.8	22.0	44.7	1.9
2023	12.3	18.0	1.1	11.2	26.6	61.5	2.2
Numbers in bold exceed the Healthy People 2030 target							

Sexually transmitted infections in teen residents

Sexually transmitted infections (STIs) are a preventable health issue that can be reduced through education, awareness, and testing. In Minneapolis, teen gonorrhea and chlamydia rates have decreased in the last five years:

- Gonorrhea decreasing after 2020 and 2021
- Chlamydia stabilizing after a decrease in 2019

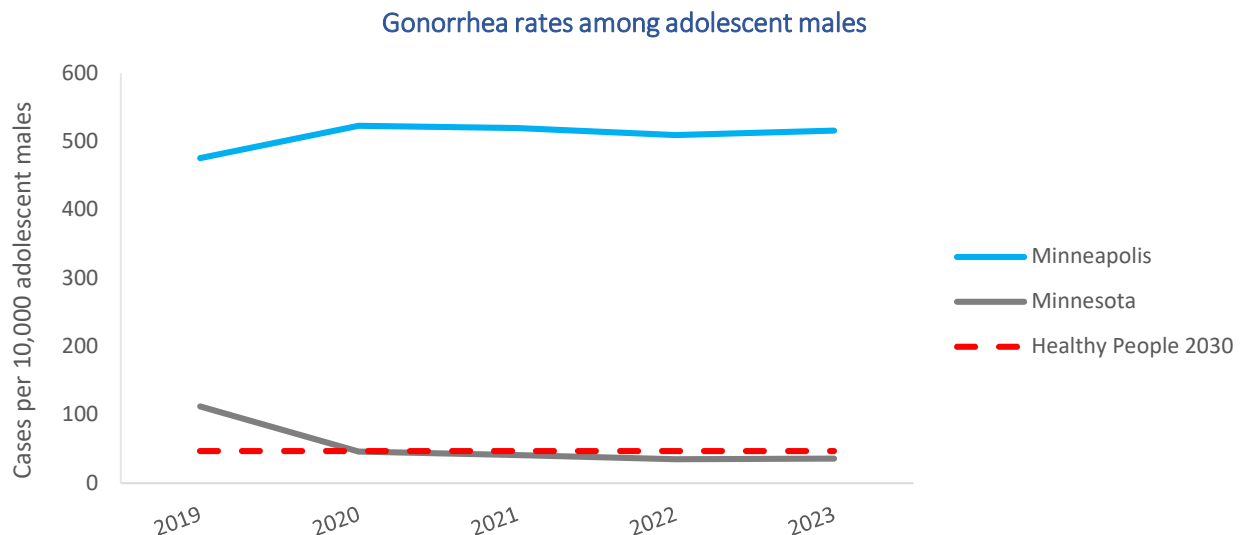
These decreases may be related to increased rates of STI testing in female teen Minneapolis residents.

Teen rates of syphilis and HIV, on the other hand, have both seen slight increases since 2019.

However, the relatively small number of teen HIV and syphilis cases in Minneapolis means that rates can change very quickly with only small increases or decreases in case counts.

Healthy People 2030 target is 47.12 cases of gonorrhea per 10,000 males aged 15- 24.

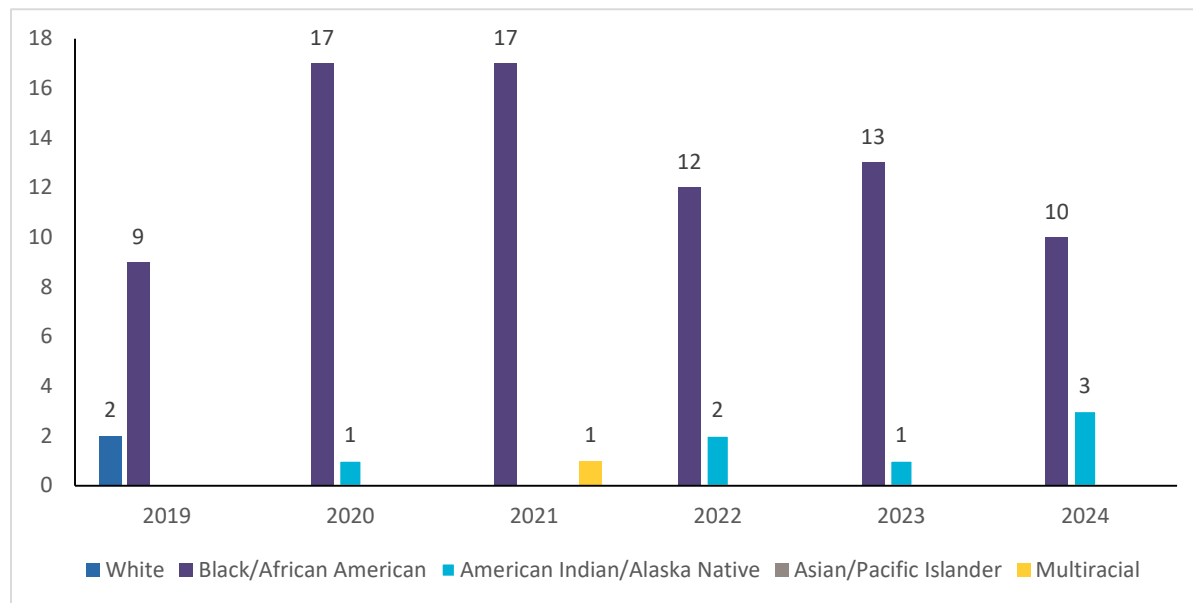
Minneapolis rates are much higher than this target.



Death by age 25

Deaths by age 25, while relatively uncommon in Minneapolis, disproportionately harm Black young adults.

- The two most common causes of death for Black young adults in Minneapolis are unintentional injury and homicide.
- Of note, homicide deaths in Black young adults are more frequent than all other race/ethnicity groups' young adult homicide deaths combined.



Groups not shown had no homicide deaths for all years

What happens after the Community Health Assessment?

- Telling our community's health story is a time for reflection and re-orientation of our work.
- We will share this document with the wider community and seek feedback, challenges to, and validation of our analyses.
- Next, to maintain our status as a Community Health Board and maintain our accreditation, we will undertake a Community Health Improvement Plan to partner to improve the health of our community.
- In the meantime, we will publish this data on the Dashboard for Minneapolis Health data so that community and partners can stay up to date on current health trends in the city.

Social justice is the view that everyone deserves equal rights and opportunities — this includes the right to good health. Yet today, there are inequities in health that are avoidable, unnecessary and unjust. These inequities are the result of policies and practices that create an unequal distribution of money, power and resources among communities based on race, class, gender, place and other factors. To assure that everyone has the opportunity to attain their highest level of health, we must address the social determinants of health AND equity.

-American Institute of Public Health, "Social Justice and Health"

Data Sources

Priority 1: Chronic stress from unmet basic needs

- Interviews conducted with members of youth-serving community organizations, November 2023 – February 2024
- Feedback sessions conducted with youth groups, March 2024 – June 2024
- Community feedback session conducted at the Community Connections Conference, February 2025
- Health Trends Across Communities, Minnesota Electronic Health Record Consortium

Priority 2: Substance use and prevention services

- Minnesota Vital Records (Deaths), Minnesota Department of Health
- Health Trends Across Communities, Minnesota Electronic Health Record Consortium

Priority 3: Maternal and child health

- Minnesota Vital Records (Births and Deaths), Minnesota Department of Health
- Minnesota Immunization Information Connection (MIIC), Minnesota Department of Health

Priority 4: Infectious disease prevention and control

- Minnesota Immunization Information Connection (MIIC), Minnesota Department of Health
- Epidemiology On-Call Records, Minneapolis Health Department

Priority 5: Adolescent mental health and wellbeing

- Sexually Transmitted Infection Statistics, Minnesota Department of Health
- Minnesota Vital Records (Deaths), Minnesota Department of Health
- Health Trends Across Communities, Minnesota Electronic Health Record Consortium
- Interviews conducted with members of youth-serving community organizations, November 2023 – February 2024
- Feedback sessions conducted with youth groups, March 2024 – June 2024

References

About the objectives. Healthy People 2030. (2020).

Care During Pregnancy. (2021). Minnesota Department of Health.

Infant mortality. Centers for Disease Control and Prevention. (2024, September 16).

Kapadia F. (2023). Protecting and Promoting Adolescent Health: A Public Health of Consequence, March 2023. *American journal of public health*, 113(3), 249–250.

Maternal and child health. American Public Health Association. (2025).

National Association of City and County Health Officials. (2023). (publication). *Mobilizing for Action through Planning and Partnerships (MAPP 2.0)*.

Shattock, A. J., Johnson, H. C., Sim, S. Y., Carter, A., Lambach, P., Hutubessy, R. C., ... & Bar-Zeev, N. (2024). Contribution of vaccination to improved survival and health: modelling 50 years of the Expanded Programme on Immunization. *The Lancet*, 403(10441), 2307-2316.

Substance misuse. American Public Health Association. (2025).

The Foundational Public Health Services. (2022). Public Health Accreditation Board.

Vital conditions for community health and well-being framework. Community Commons. (2025).

What is considered low birth weight? Cleveland Clinic. (2025).

Yen, E., & Davis, J. M. (2022). The immediate and long-term effects of prenatal opioid exposure. *Frontiers in pediatrics*, 10, 1039055.