TREND ANALYSIS SUMMARY



POPULATION Urban & Rural Populations, Aging Population, Demographics, Racial Disparities & Equity, Health

Minnesota is home to a growing and changing population. In the next twenty years, Minnesota's population is projected to grow in number and in diversity. Although transportation planning affects all residents in the state, it impacts different populations in different ways. For example, the transportation modes of choice varies depending on what is available to an individual, often linked to demographic factors such as geographic location, income, ethnicity, or disability.

Urban & Rural Population Trends

Minnesota is becoming increasingly urban, and not only in the Twin Cities metropolitan area. While the percentage of Minnesotans living in the Twin Cities is growing, so too is the percentage of Minnesotans living in Greater Minnesota's cities and towns, leading to a larger urban population statewide. According to the 2010 census, 73.3 percent of Minnesotans live in urban areas.¹

POPULATION DISTRIBUTION

Understanding how Minnesota's population has been split between the Twin Cities, Greater Minnesota urban communities, and rural areas in the past provides clues as to where people in Minnesota are choosing to live. The total population of Minnesotans living in rural areas has remained relatively consistent since 1900. On the other hand, Minnesota's urban population has consistently grown since the beginning of the 20th Century, making up a larger and larger percentage of the state's total population. The state demographer projects that the majority of Minnesota counties will grow in population over the next 30 years, with concentrated growth around the Twin Cities metropolitan area. This information is shown in Figure 1.

Minnesota's Aging Population

Minnesota's population will age significantly over the next 30 years. Currently, Minnesota is home to many people over the age of 65; 13.3 percent of the state's population in 2013. The number of seniors will continue to grow until 2035, when there are projected to be more than 1.2 million seniors in Minnesota (Figure 2). For the first time, more Minnesotans will be older than 65 than under 18. Additionally, seniors in Minnesota will be spread out across the state in urban, suburban, and rural settings.

SENIOR TRANSPORTATION CHALLENGES Mobility

Mobility plays a large role in quality of life. Seniors who have a hard time getting around are less likely to go to community events, visit friends or family, shop or go to appointments. In 2009, seniors between 65 and 84 took roughly 90 percent of their trips by car, most often as the driver.²



Statewide Multimodal Transportation Plan





Figure 2: Minnesota's Population Over the ages of 65 and 75⁴



Affordability

Affordability can be an issue for seniors and transportation providers. Senior incomes are generally fixed, making predictable transportation costs important, especially for those who are transit dependent.

Safety

Safety is also a key component of quality of life for seniors. Safety concerns might relate to a variety of issues, including a fear of driving at night, anxiety when using transit for the first time, and worries about uneven and icy sidewalks. Connections between modes can also be challenging due to poor information sharing, signage, or infrastructure.

Demographic Trends in Minnesota

HOUSEHOLD SIZE

Minnesota's average household size has decreased consistently

since the middle of the 20th century. In 1970, the average Minnesota household was home to 3.28 people. By 2000, the average had fallen to 2.52 and as of the 2010 US Census was 2.48. As households in Minnesota become smaller on average, more housing units will be needed to accommodate a growing population. Additionally, decreasing car ownership per household may also be related to changing household size.

IMMIGRATION

Currently 7.2 % of Minnesota's population is immigrants. The top three geographies of origin among Minnesota's foreign-born population include Asia (36.4%), non-U.S. North America (20%), and Africa (18.5%). Immigrants are significantly more likely to not use a car compared to non-immigrants.⁵

LANGUAGE

As a function of the increasing geographic diversity of migrants to Minnesota, the state's population is growing and becoming more diverse than recent years in terms of languages spoken. However, English remains the primary spoken language in Minnesota by a large margin. At present, 89.4% of Minnesotans speak English at home. The three most common languages or language groups spoken in Minnesota after English are Spanish, African Languages, and Hmong. As languages other than English proliferate in Minnesota, it will become increasingly important for public agencies like MnDOT and transit providers to offer information and services in these languages.

DISABILITIES

People with disabilities make up one of the most transit dependent populations. In Minnesota, the number of people with disabilities is highest in the most populous urban areas. However, the percentages of people with disabilities are generally higher in Greater Minnesota than in the Twin Cities region. Statewide, 10.1% of Minnesotans live with a disability.⁶ While the term "disability" encompasses a wide range of conditions, a large number preclude or limit many forms of personal transportation. The presence and ease of access to alternative means of transportation is a critical factor in one's ability to live an independent life.

Racial Disparities & Equity in Minnesota

In the last 50 years, Minnesota's population has become much more diverse. In 1960, only 1.2% of the state's residents were people of color; in 2014, they made up 18.6% of the state. Today, there are over one million people of color residing in Minnesota; a number that has almost doubled since 2000. This number is projected to grow significantly over the next twenty years (Figure 3).

Figure 3: Persons of Color as a percent of the total population



In 2014, the 7-county Twin Cities area was home to 75% of the people of color in the state. While communities of color are projected to grow in both the Twin Cities area and Greater Minnesota, the locations where people of color live are not expected to change significantly.

INCOME

Across the country, the racial wealth gap remains large: in 2011, the median white household had \$111,146 in wealth holdings (assets including cars, homes, investments, etc.), compared to \$7,113 for the median black household and \$8,348 for the median Latino household.⁷ In Minnesota, the situation is no better. One recent study from 2015 found that Minnesota ranked last among all states in financial inequality between whites and people of color.

TRANSPORTATION SPENDING & TRANSIT USAGE

Poor families tend to spend significantly higher percentages of their income on necessities like housing and transportation. In the area around the Twin Cities, the financial burden of transportation is much heavier on lower-income single, parent households with an income of \$33,376 than on a household with the median income of \$66,751.⁸

Additionally, in the Twin Cities, lower income populations make up a greater percentage of transit ridership than share of the overall population. In 2014, although people with a household income of less than \$24,000 were 18% of the total population, they represented over 40% of all transit users.⁹

Health Trends in Minnesota

Transportation and health are linked through a wide variety of factors, including pollution from the transportation sector, changes to urban form due to transportation development, and physical activity rates.

HEART DISEASE & OBESITY

Minnesota is right in line with the national average for people who are overweight, and has consistently been two points lower than the national percentage of the population who is obese. Heart attacks occur more frequently in individuals who are overweight or obese.¹⁰ Heart disease is the second-most common cause of death in Minnesota, behind only cancer.¹¹ Increases in physical activity through active

Figure 4: Asthma hospitalization rates per 10,000 people



transportation can help to reduce the risk of heart attacks and other forms of heart disease.

ASTHMA

While asthma is infrequently a direct cause of death, it can often result in hospitalization and health care expenses, affecting overall health and local economies. Asthma rates are higher in communities near to major air pollutant generators, such as freeways (Figure 4).¹² Negative effects on air quality are measurable within 600 feet of major highways.

HEAT-RELATED ILLNESS

Heat-related illnesses are likely to become a greater concern as Minnesota's summers continue to become warmer due to the effects of climate change. Data tracked by the Minnesota Department of Health shows that even small increases in the average temperature over the course of a summer can result in more emergency visits to health providers. Further development may lead to increased instances of urban heat island effect.

TRANSPORTATION & DISEASE

The ease of movement throughout the world and the rise of air transportation have facilitated travel over distances that may have seemed impossible a century ago. These advances have increased disease risk for human populations. The frequency and number of connections made between different states and countries make containing the spread of infectious disease very challenging. Additionally, increased trade and volumes of livestock moving through Minnesota, the United States, and the world may also cause issues that have significant impacts on our food system and local economies.

ACCESS TO HEALTH CARE

Transportation and health care are also linked based ease of access to healthcare providers. This can be especially challenging for individuals and families that do not own automobiles or do not live in an area that provides reliable alternatives to travel by car.

Figure 5: Traffic fatalities on Minnesota's roads since 2005¹³



TRAFFIC FATALITIES & SAFETY

Broadly speaking both the number of fatalities and serious injuries that have occurred on all Minnesota roadways have fallen in the last ten years; 559 in 2005 to 361 in 2014.¹⁴ However, Younger drivers and males are over-represented in traffic crashes in Minnesota.¹⁵

CONCLUSION

The population of Minnesota is changing and will continue to change into the future. The state is becoming more diverse in terms of race, ethnicity, language and place or origin. However, racial disparities and equity remain a concern; Minnesota ranks last among all states in financial inequality between whites and people of color. It is important that all transportation partners are aware of how transportation decisions affect equity, both positively and negatively.

Other considerations include an aging population, health trends and the fact that Minnesotans are increasingly choosing to live in urban environments of all sizes. These trends impact how people use the system today and in the future. Transportation partners will need to plan for these changes to maintain a system that works for all Minnesotans.

CITATIONS

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- 2. Rosenbloom, 2009
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- 6. American Community Survey, 2013
- 7. Demos, 2015

8. Data is from U.S. Department of Housing and Urban Development's Location Affordability Index. Information can be found here: <u>http://www.mncompass.org/transportation/transportation-expenses#1-12157-g</u>

- 9. 2014 Metro Transit rider Survey
- 10. American Heart Association, 2014
- 11. Minnesota Department of Health, 2012
- 12. <u>US EPA, 2015</u>
- 13. MN Department of Public Safety Crash Facts
- 14. MnDOT Annual Performance Report, 2014
- 15. 2014 Minnesota Crash Facts

For more information about the the Statewide Multimodal Transportation Plan update please visit our website: <u>www.</u> <u>minnesotago.org</u>