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Health and Safety

Data and analysis regarding health and vital statistics were provided by the Minneapolis Department of Health and Family Support and the Minnesota Department of Health. Statistics included reflect the most recent data available at the time this section was completed – usually 1998 data. Additional public health information can be obtained by contacting the Minneapolis Department of Health and Family Support at (612) 673-2301.

The statistics regarding public safety were compiled by the Minneapolis Police Department, and reported in their 1998 Annual Report, and by the Minneapolis Fire Department. Information on crime prevention activity was provided by the Minneapolis Office of Community Crime Prevention/SAFE.

Further information about Health and Safety can be found on the city's web site, www.ci.minneapolis.mn.us/planning

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Health and Family Support

The United States Public Health Service has set specific and measurable goals for several health priority areas. These objectives were set to reduce deaths and disability, to improve the health of all Americans, and to outline goals for providers of health care. As an indicator of overall community health, the health department is monitoring the city's progress toward meeting these nationwide goals.

Births

This section presents selected characteristics on resident births in 1997 and 1998. There are several factors that can be used to consider the health status of mothers and infants. Some of these factors, which are related to pregnancy outcome and reflect health status, are the mother's age and education level, her marital status, and the use of prenatal care. Birth data indicate the need for continued efforts to improve the health of mothers and children in Minneapolis. Substantial differences in health status exist among population groups.

It should be noted that in a number of individual cases, certain characteristics were not reported. In all instances, the percentages are based on only the reported cases for each characteristic, but the totals include the unknown cases.

MINNEAPOLIS RESIDENT BIRTHS 1978 – 1998

Year	Number	Rate ¹
1998	6,341	17.6
1997	6,062	16.8
1996	5,790	15.9
1995	5,739	15.7
1994	5,943	16.2
1993	6,032	16.4
1992	6,273	17.1
1991	6,612	17.9
1990	6,632	18.0
1989	6,698	18.3
1988	6,481	18.2
1987	6,374	17.9
1986	6,564	18.2
1985	6,615	18.3
1984	6,299	17.3
1983	6,114	16.8
1982	6,289	17.2
1981	6,225	16.8
1980	5,941	16.0
1979	5,625	15.2
1978	5,419	14.6

¹ Births per 1,000 population.

There were 6,341 live births to Minneapolis residents in 1998 for a birth rate of 17.6 births per 1,000 population. The number of resident births and birth rate in 1998 increased as compared to 1997. The number of resident births and birth rates were on the decline during the period 1990 – 1995 with the 1995 birth rate of 15.7 being the lowest since 1979. However, since 1996, the number of resident births and birth rates are again on the increase.

Birth statistics presented in this report by race reflect mother's race, which is directly reported on the birth certificate. The racial distribution of resident live births has changed significantly over the past decade. In 1998, 40.8 percent of resident births were to women of color, compared to 20.5 percent in 1980. The resident births in 1998 increased among all races except for the category of American Indian where the resident births decreased in comparison to the numbers in 1997.

MINNEAPOLIS RESIDENT LIVE BIRTHS BY MOTHER'S RACE 1997 AND 1998

	1997		1998	
	Number	Percent	Number	Percent
White	3,452	56.9	3,569	56.3
African American	1,622	26.8	1,731	27.3
American Indian	267	4.4	236	3.7
Asian/Pac. Islander	507	8.4	621	9.8
Unknown/Missing	214	3.5	184	2.9
Total	6,062	100.0	6,341	100.0

In 1998, 13.9 percent of births were to women less than 20 years old. 49.6 percent were to women between 20 and 29 years, and 36.6 percent were to women 30 years and older. The proportion of births to women 30 years and over has increased significantly over the past two decades. In 1975, 14.2 percent of resident births were to women 30 years and over. By 1998, this percentage had increased to 37 percent. The percent of births to younger women, under the age of 20, had been increasing for many years, but has remained fairly constant since 1992, and in 1998 was 13.9 percent.

MINNEAPOLIS RESIDENT LIVE BIRTHS BY AGE OF MOTHER 1997 AND 1998

Age Group Of Mother	1997		1998	
	Number	Percent	Number	Percent
Under 15 years	31	0.5	24	0.4
15 – 17 years	350	5.8	305	4.8
18 – 19 years	495	8.2	550	8.7
20 – 24 years	1,351	22.3	1,573	24.8
25 – 29 years	1,545	25.5	1,570	24.8
30 – 34 years	1,446	23.9	1,451	22.9
35 – 39 years	674	11.1	682	10.8
40 years +	170	2.8	186	2.9
Total	6,062	100.0	6,341	100.0

The percentage of births to women less than 18 years of age was 5.2 percent in 1998, down from 6.3 percent in 1997. There is a substantial difference in proportions of births to women of different racial groups. The proportion was 11.9 percent for American Indians, 8.9 percent for African Americans, 7.6 percent for Asian/Pacific Islanders, and 2.4 percent for Whites.

**MOTHER'S AGE LESS THAN 18 YEARS
BY MOTHER'S RACE
1997 AND 1998**

	1997		1998	
	Number	Percent	Number	Percent
White	88	2.6	87	2.4
African American	190	11.7	155	8.9
American Indian	39	14.6	28	11.9
Asian/Pac. Islander	47	9.3	47	7.6
Total	381	6.3	329	5.2

Births to unmarried women often result in the family's entry into poverty. As long as the number of births to unmarried women remains high, the number of families living in poverty also is expected to remain high. Births to unmarried women accounted for 43.3 percent of total births in 1998, relatively constant in the last six years after significant increases in the two decades prior. The proportions by racial group are 83.9 percent for American Indians, 69.2 percent for African Americans, 30.2 percent for Whites, and 25.6 percent for Asian/Pacific Islanders.

**MINNEAPOLIS RESIDENT LIVE BIRTHS TO UNMARRIED
WOMEN BY MOTHER'S RACE
1997 AND 1998**

	1997		1998	
	Number	Percent	Number	Percent
White	1,023	29.6	1,078	30.2
African American	1,162	71.6	1,198	69.2
American Indian	237	88.8	198	83.9
Asian/Pac. Islander	158	31.2	159	25.6
Total	2,697	44.5	2,744	43.3

Mothers with less than a high school education accounted for 24 percent of resident births in 1998. The proportion is highest for American Indians (46.6 percent), followed by African Americans (32.2 percent), Asian/Pacific Islanders (29.9 percent), and Whites (17.2 percent). The proportions of mothers with less than a high school education increased for American Indians and Asian/Pacific Islanders in 1998 as compared to the proportions in 1997. It should be noted that a significant number of births, 4.2 percent of the total resident births (269 cases) in 1998, did not report mother's education level.

**MOTHER'S EDUCATION LESS THAN HIGH SCHOOL BY
MOTHER'S RACE
1997 AND 1998**

	1997		1998	
	Number	Percent	Number	Percent
White	509	14.8	614	17.2
African American	500	33.6	557	32.2
American Indian	128	54.5	110	46.6
Asian/Pac. Islander	187	40.0	186	29.9
Total	1,286	23.0	1,523	24.0

Prenatal Care

The national goal for prenatal care states that "by the Year 2000, the proportion of women who obtain no prenatal care during the first trimester of pregnancy should not exceed ten percent." In 1998, the city's proportion of women receiving prenatal care in the first trimester was 71.4 percent overall as compared to 70.5 percent in 1997. The percentages for specific population groups were 74.1 for Whites, 57.7 percent for African Americans, 40.7 percent for American Indians and 47 percent for Asian/Pacific Islanders. 9.2 percent (586 cases) of resident births in 1998 did not have prenatal care information, which should be kept in mind in interpreting data.

**MINNEAPOLIS RESIDENT LIVE BIRTHS BY MOTHER'S RACE
WITH FIRST TRIMESTER PRENATAL CARE
1997 AND 1998**

	1997		1998	
	Number	Percent	Number	Percent
White	2,561	74.2	2,645	74.1
African American	888	54.8	999	57.7
American Indian	115	43.1	96	40.7
Asian/Pac. Islander	239	47.1	292	47.0
Total	3,912	70.5	4,110	71.4

**MINNEAPOLIS RESIDENT LIVE BIRTHS
BY AGE OF MOTHER AND COMMUNITY
1996 – 1998**

Community	Less than 18 years		18 – 19 years		20 years and over	
	Number	Percent	Number	Percent	Number	Percent
Camden	121	7.4	142	8.7	1,374	83.9
Northeast	79	5.1	106	6.8	1,374	88.1
Near North	264	10.9	296	12.2	1,859	76.8
Central	26	4.6	55	9.8	481	85.6
University	42	5.1	49	6.0	727	88.9
Calhoun Isles	26	3.3	40	5.0	732	91.7
Phillips	108	7.6	165	11.6	1,154	80.9
Powderhorn	234	7.3	316	9.9	2,643	82.8
Longfellow	54	4.9	61	5.6	980	89.5
Nokomis	53	3.1	106	6.1	1,575	90.8
Southwest	48	2.2	90	4.0	2,093	93.8
Minneapolis	1,101	6.1	1,479	8.1	15,613	85.8

**MINNEAPOLIS RESIDENT LIVE BIRTHS
BY MOTHER'S RACE AND COMMUNITY
1996 – 1998**

	White		African American		American Indian		Asian / Pacific Islander	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Camden	904	55.2	441	26.9	62	3.8	199	12.2
Northeast	1,163	74.6	200	12.8	67	4.3	89	5.7
Near North	678	28.0	1,174	48.5	68	2.8	409	16.9
Central	273	48.6	197	35.1	20	3.6	42	7.5
University	408	49.9	231	28.2	24	2.9	127	15.5
Calhoun Isles	622	77.9	92	11.5	14	1.8	53	6.6
Phillips	510	35.7	516	36.2	196	13.7	129	9.0
Powderhorn	1,614	50.5	975	30.5	156	4.9	279	8.7
Longfellow	715	65.3	228	20.8	49	4.5	74	6.8
Nokomis	1,306	75.3	264	15.2	40	2.3	90	5.2
Southwest	1,763	79.0	286	12.8	36	1.6	114	5.1
Minneapolis	10,305	56.6	4,878	26.8	744	4.1	1,657	9.1

**MINNEAPOLIS RESIDENT LIVE BIRTHS
BY SELECTED CHARACTERISTICS AND COMMUNITY
1996 – 1998**

	Low Weight		Less than High School Education		First Trimester Prenatal Care		Births to Unmarried Women	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Camden	134	8.2	382	23.3	1,081	72.0	769	47.0
Northeast	118	7.6	319	20.5	1,086	75.1	618	39.6
Near North	268	11.1	858	35.5	1,280	59.0	1,432	59.2
Central	37	6.6	140	24.9	331	62.8	278	49.5
University	62	7.6	157	19.2	506	69.3	291	35.6
Calhoun Isles	47	5.9	92	11.5	637	85.3	235	29.4
Phillips	138	9.7	562	39.4	659	51.6	847	59.4
Powderhorn	250	7.8	1,013	31.7	1,727	59.2	1,772	55.5
Longfellow	93	8.5	165	15.1	747	76.1	409	37.4
Nokomis	125	7.2	198	11.4	1,352	85.4	504	29.1
Southwest	129	5.8	225	10.1	1,858	89.0	538	24.1
Minneapolis	1,466	8.1	4,222	23.2	11,724	70.5	8,055	44.3

The percent of women receiving late or no prenatal care decreased from 7.5 percent in 1997 to 6.5 percent in 1998. The decrease occurred across racial groups except Asian/Pacific Islander, where the percentage was the same as in 1997.

From 1990 to 1998 the proportions declined from 5.4 percent to 4.1 percent for Whites, from 17.2 to 8.1 percent for African Americans, from 28.0 percent to 13.1 percent for American Indians, and from 13.7 percent to 6.9 percent for Asian/Pacific Islander women. Interpretation of prenatal care trends should be viewed cautiously due to a high number of cases for which no prenatal care information was available.

MINNEAPOLIS RESIDENT LIVE BIRTHS BY MOTHER'S RACE WITH NONE OR THIRD TRIMESTER PRENATAL CARE 1997 AND 1998

	1997		1998	
	Number	Percent	Number	Percent
White	178	5.2	146	4.1
African American	188	11.6	140	8.1
American Indian	37	13.9	31	13.1
Asian/Pac. Islander	35	6.9	43	6.9
Total	454	7.5	375	6.5

Low Weight Births

The national goal for reducing low birth weight in babies states that "by the Year 2000, low birth weight babies (5.5 pounds and under) should constitute no more than five percent of all births. No population group should have a rate that exceeds nine percent of all live births." The proportion of low weight births among all Minneapolis residents was 7.9 percent overall in 1998. For various racial groups, the proportions of low weight births in 1998 were: African American 12.2 percent; American Indian 8.5 percent; Asian/Pacific Islander and Whites 6.0 percent.

LOW WEIGHT LIVE BIRTHS¹ TO MINNEAPOLIS RESIDENTS BY MOTHER'S RACE 1997 AND 1998

	1997		1998	
	Number	Percent	Number	Percent
White	214	6.2	216	6.0
African American	189	11.7	211	12.2
American Indian	23	8.6	20	8.5
Asian/Pac. Islander	35	6.9	37	6.0
Total	484	8.0	500	7.9

¹ Low weight live births were 5.5 pounds (2500 gms) or less.

For tables on the previous page, three years of data for the period 1996 through 1998 are combined for a comparison of birth characteristics by community. Neighborhood summary data are available from the Department of Health and Family Support on request.

In 1999, the Minneapolis Department of Health and Family Support, with support from the Minneapolis Foundation, conducted CHAMP – a survey of child health in Minneapolis. The goal was to look at the conditions of our city's youngest children (6-24 months) and their parents. Information gathered included child's health, parent involvement, day care, community assets, housing, income, and service use. Reports based on the survey will begin in 2000.

Induced Abortions

During 1998, there were 2,934 reported induced abortions, reflecting a ratio of 462.7 abortions per 1,000 live births. The number of abortions increased by 2.4 percent from 1997 to 1998.

MINNEAPOLIS RESIDENTS REPORTED INDUCED ABORTIONS 1983 – 1998

Year	Number	Ratio ²
1998	2,934	462.7
1997	2,866	472.8
1996	2,921	504.5
1995	2,815	490.5
1994	2,701	454.5
1993	2,720	450.9
1992	2,931	467.2
1991	2,983	451.1
1990	3,174	478.6
1989	3,312	494.5
1988	3,501	540.2
1987	3,415	545.0
1986	3,488	531.4
1985	3,641	550.4
1984	3,535	561.2
1983	3,203	523.9

² Induced abortions per 1,000 live births.

An increase in the number of abortions from 1997 to 1998 occurred in age groups 15 – 17, 20 – 24, 25 – 29 and 30 – 34. Abortions in the rest of the age groups of women decreased from 1997 to 1998 with the age group 18 – 19 the most significant. The proportion of decrease for the age group 18 - 19 was 11.3 percent.

**INDUCED ABORTIONS REPORTED FOR MINNEAPOLIS RESIDENTS
1997 AND 1998**

Age Group	1997			1998		
	No.	%	Ratio ¹	No.	%	Ratio ¹
Under 15	22	0.8	709.7	19	0.6	791.7
15 – 17	129	4.5	368.6	133	4.5	436.1
18 – 19	318	11.1	642.4	282	9.6	512.7
20 – 24	964	33.6	713.6	1,013	34.5	644.0
25 – 29	764	26.7	494.5	804	27.4	512.1
30 – 34	376	13.1	260.0	384	13.1	264.6
35 – 39	201	7.0	298.2	199	6.8	291.8
40 +	73	2.6	429.4	68	2.3	365.6
Total	2,866	100.0	472.8	2,934	100.0	462.7

¹ Induced abortions per 1,000 live births.

Infant Mortality

Efforts to reduce infant mortality are guided by the national goal, which states that “by the Year 2000, the national infant mortality rate (deaths for all babies up to one year of age) should be reduced to no more than seven deaths per 1,000 live births. No county and no racial group of the population should have an infant mortality rate in excess of 12 deaths per 1,000 live births.”

In 1998, there were 39 deaths to children under the age of one year, for an infant mortality rate of 6.1 per 1,000 live births. This was the lowest in the past 20 years. The infant mortality rate decreased to 6.1 per 1,000 live births from a rate of 8.7 per 1,000 live births in 1997. The overall trend of numbers and rates of infant deaths had been declining with fluctuations in some years. Annual fluctuations in the infant mortality rate should be interpreted cautiously as the rate is based on a small number of events. The three-year infant mortality rate for 1996 – 1998 was 8.3 deaths per 1,000 live births, compared to 11.1 deaths per 1,000 live births for the period of 1993 – 1995.

American Indians have the highest infant mortality rate (26.9 infant deaths per 1,000 live births) among all racial groups for the three-year period of 1996 – 1998. The second highest rate occurs in African Americans (12.3 infant deaths per 1,000 live births). The rate among Whites is 6.1 per 1,000 live births, and the rate among Asian/Pacific Islanders is 5.4 per 1,000 live births.

The infant mortality for American Indians increased in the period 1996 – 1998 as compared to the three-year period 1993 – 1995. The rate among American Indians increased from 18.1 deaths per 1,000 live births in 1993 – 1995 to 26.9 deaths per 1,000 in 1996 – 1998. However, the rest of the racial groups experienced a decrease in infant mortality in 1996 – 1998 when compared to the three-year period 1993 - 1995.

**MINNEAPOLIS RESIDENT INFANT MORTALITY
1978 – 1998**

Year	Number	Rate ²
1998	39	6.1
1997	53	8.7
1996	60	10.4
1995	70	12.2
1994	58	9.8
1993	68	11.3
1992	76	12.1
1991	85	12.9
1990	79	11.9
1989	73	10.9
1988	73	11.3
1987	81	12.7
1986	81	12.3
1985	61	9.2
1984	59	9.4
1983	61	10.0
1982	76	12.1
1981	70	11.2
1980	78	13.1
1979	75	13.3
1978	73	13.5

MINNEAPOLIS RESIDENT INFANT MORTALITY BY RACE

	1993 - 1995		1996 - 1998	
	Number	Rate ²	Number	Rate ²
All Races	196	11.1	152	8.3
White	70	6.8	63	6.1
African American	97	21.8	60	12.3
American Indian	16	18.1	20	26.9
Asian/Pac. Islander	10	6.2	9	5.4

² Infant deaths per 1,000 live births.

Infant mortality rate was the highest in the Near North, Northeast and University communities and lowest in the Longfellow and Southwest communities.

**MINNEAPOLIS INFANT MORTALITY BY AREA OF RESIDENCE
1996 – 1998**

	Number	Rate ¹
Camden	10	6.1
Northeast	18	11.5
Near North	29	12.0
Central	5	8.9
University	9	11.0
Calhoun Isles	6	7.5
Phillips	14	9.8
Powderhorn	27	8.5
Longfellow	5	4.6
Nokomis	11	6.3
Southwest	11	4.9
Minneapolis	152	8.3

Infant deaths are further classified as being either neonatal (deaths in the first 27 days of life) or post neonatal (deaths of children ages 28 days to less than one year). Neonatal deaths are usually associated with unhealthy conditions during pregnancy and events surrounding birth such as preterm delivery or low birth weight. The Year 2000 national goal for neonatal deaths states, "there should be no more than 4.5 deaths per 1,000 live births." During the current three-year period 1996 – 1998, the average neonatal death rate in Minneapolis is 5.3. Women who did not receive adequate prenatal care may contribute to this neonatal death rate.

Postneonatal mortality is often associated with infectious disease and physical, socioeconomic and environmental factors. The average postneonatal mortality for the period 1996 – 1998 is 3 deaths per 1,000 live births.

**MINNEAPOLIS RESIDENT NEONATAL AND POSTNEONATAL
MORTALITY RATES
1978 – 1998**

Three Year Period	Neonatal Mortality Rate ²	Postneonatal Mortality Rate ²
1996 – 98	5.3	3.0
1995 – 97	5.2	5.2
1994 – 96	6.1	4.7
1993 – 95	6.1	5.0
1992 – 94	6.7	4.3
1991 – 93	7.2	4.9
1990 – 92	7.0	5.3
1989 – 91	6.6	5.3
1988 – 90	6.7	4.7
1987 – 89	7.0	4.6
1986 – 88	7.2	4.9
1985 – 87	6.5	4.9
1984 – 86	6.0	4.4
1983 – 85	5.6	3.9
1982 – 84	5.9	4.5
1981 – 83	6.7	4.5
1980 – 82	7.5	4.7
1979 – 81	8.2	4.9
1978 – 80	8.7	4.7

Three major causes of death accounted for 81.6 percent of all infant deaths. Congenital anomalies and conditions originating in the prenatal period are the major causes of neonatal deaths.

MINNEAPOLIS RESIDENT INFANT DEATHS BY CAUSE

	1993 - 1995		1996 – 1998	
	No.	Rate ¹	No.	Rate ¹
All Causes	196	11.1	152	8.3
Certain conditions originating in the perinatal period	78	4.4	42	2.3
Congenital anomalies	37	2.1	62	3.4
Symptoms & Ill Defined Causes	29	1.6	20	1.1
All Other Causes	52	2.9	28	1.5

Deaths

This section presents the leading causes of death among Minneapolis residents in 1997 and 1998. Leading causes of death by age groups among Minneapolis residents during the period 1996 – 1998 are also present in this section.

Total deaths among Minneapolis residents decreased from 3,249 in 1997 to 3,241 in 1998. The number of deaths per 1,000 population was 9.0 in 1998, which is the same as in 1997.

**MINNEAPOLIS RESIDENT DEATHS
1978 - 1998**

Year	Number	Rate ³
1998	3,241	9.0
1997	3,249	9.0
1996	3,522	9.7
1995	3,630	9.9
1994	3,642	9.9
1993	3,772	10.2
1992	3,577	9.8
1991	3,704	10.0
1990	3,624	9.8
1989	3,652	10.0
1988	3,853	10.8
1987	3,930	10.9
1986	3,916	10.9
1985	3,934	10.9
1984	3,925	10.8
1983	3,980	10.9
1982	3,977	10.9
1981	4,043	11.0
1980	4,218	11.4
1979	4,238	11.5
1978	4,381	11.8

¹ Infant deaths per 1,000 live births.

² Three-year average number of deaths per 1,000 live births.

³ Number of deaths per 1,000 population.

Leading Causes of Death

Malignant neoplasm (cancer), heart disease and cerebrovascular diseases (stroke) continue to be the leading causes of death in Minneapolis, accounting for 47.3 percent of 1998 deaths.

LEADING CAUSES OF DEATH – MINNEAPOLIS RESIDENTS NUMBER AND PERCENT OF TOTAL DEATHS 1997 AND 1998

	1997		1998	
	Number	Percent	Number	Percent
All Causes	3,249	100.0	3,241	100.0
Diseases of the Heart	672	20.7	647	20.0
Malignant Neoplasms (Cancer)	698	21.5	664	20.5
Cerebrovascular Diseases	241	7.4	222	6.8
Chronic Obstructive Pulmonary Disease	157	4.8	155	4.8
Unintentional Injury	144	4.4	145	4.5
Motor Vehicle	24	0.7	33	1.0
Influenza and Pneumonia	132	4.1	120	3.7
Influenza	0	0.0	0	0.0
Pneumonia	132	4.1	120	3.7
Diabetes Mellitus	86	2.6	94	2.9
HIV Related	29	0.9	25	0.8
Homicide	55	1.7	49	1.5
Suicide	37	1.1	41	1.3
Chronic Liver Disease & Cirrhosis	31	1.0	46	1.4
Arteriosclerosis	18	0.6	22	0.7
All Other Causes	925	28.5	978	30.2

The Minneapolis Department of Health and Family Support, together with Hennepin County Health Department, conducted a household survey of over 10,000 Hennepin County adults (aged 18 years or older). Data from this study, Survey of the Health of Adults, the Population, and the Environment (SHAPE), provide health-related information and risk factors for Minneapolis and suburban Hennepin County. The risk factors shown are associated with the ten leading causes of premature death.

The results presented in the risk factor table show that Minneapolis and Hennepin County adults are high risk from hypertension, smoking, obesity and acute drinking. As seen in the table, Minneapolis adults are at a higher risk when compared to the adults of Hennepin County among all categories in the table.

Minneapolis Department of Health and Family Support is committed to reducing youth access to alcohol and tobacco in Minneapolis. The department has undertaken various studies related to underage alcohol use including: (1) teen focus groups; (2) survey of adult attitudes about underage access to alcohol; (3) studies of the effectiveness of retailer compliance checks; and (4) costs related to underage alcohol use. The department has also developed materials for adults, retailers

and the community in general regarding alcohol and tobacco use in Minneapolis (SHAPE Tobacco Report, youth alcohol brochure, "Protect Your Business," "Alcohol Use in Minneapolis"). Minneapolis Department of Health and Family Support also works with Police, Licensing and Regulatory Services in implementing tobacco and alcohol compliance checks.

BEHAVIORAL RISK FACTORS OF MINNEAPOLIS AND HENNEPIN COUNTY ADULTS 1997

Percent at Risk of Premature Death for:	Minneapolis	Hennepin County
Lack of Seat Belt Use	13.4	12.3
Hypertension	16.5	15.9
Smoking	25.1	21.2
Obesity	25.3	25.1
Acute Drinking	23.4	19.9
Chronic Drinking	4.4	3.7
Drinking and Driving	4.4	3.5

For more information about the SHAPE project, see *SHAPE 1998: Initial Findings*.

Deaths and injuries due to motor vehicle accidents continue to be a health problem with many potential preventive solutions. The lack of seat belt use has decreased from 66.5 percent in 1984 to 12.3 percent in 1997 in Hennepin County.

The national Year 2000 injury prevention objectives give priority to reducing deaths from motor vehicles and home injuries among children. The Year 2000 goal to reduce the motor vehicle death rate among children under 15 years of age to no greater than 5.5 per 100,000. In Minneapolis, the three-year 1996 – 1998 rate was 3.2 deaths per 100,000 much below the Year 2000 goal.

The tables given below list the leading causes of death by age group for the three-year period 1996 – 1998.

LEADING CAUSES OF DEATH BY AGE GROUPS MINNEAPOLIS RESIDENT DEATHS 1996 – 1998

1 – 4 Years	Number	Percent
All Causes	26	100.0
Unintentional Injury	5	19.2
Homicide	5	19.2
Motor Vehicle	2	7.7
Others	14	53.9
5 – 14 Years	Number	Percent
All Causes	28	100.0
Homicide	7	25.0
Malignant Neoplasms	4	14.3
Motor Vehicle	4	14.3
Diseases of the Heart	3	10.7
Others	10	35.7

15 – 24 Years	Number	Percent
All Causes	129	100.0
Homicide	67	52.4
Unintentional Injury	13	17.7
Motor Vehicle	13	8.2
Suicide	13	12.9
Malignant Neoplasms	6	2.7
Others	17	6.1

25 – 44 Years	Number	Percent
All Causes	723	100.0
HIV Related	105	14.5
Diseases of the Heart	90	12.4
Malignant Neoplasms	90	12.4
Unintentional Injury	78	10.8
Homicide	72	10.0
Suicide	70	9.7
Motor Vehicle	26	3.6
Chronic Liver Disease and Cirrhosis	22	3.0
Diabetes	11	1.5
Cerebrovascular Disease	10	1.4
Others	149	20.6

45 – 64 Years	Number	Percent
All Causes	1,443	100.0
Malignant Neoplasms	471	32.6
Diseases of the Heart	283	19.6
Chronic Obstructive Pulmonary Disease	63	4.4
Chronic Liver Disease and Cirrhosis	62	4.3
Unintentional Injury	56	3.9
Diabetes	55	3.8
Cerebrovascular Disease	51	3.5
Suicide	34	2.4
HIV Related	33	2.3
Influenza and Pneumonia	22	1.5
Motor Vehicle	17	1.2
Homicide	13	0.9
Others	283	19.6

65 and Older	Number	Percent
All Causes	7,511	100.0
Diseases of the Heart	1,725	23.1
Malignant Neoplasms	1,509	20.1
Cerebrovascular Disease	665	8.9
Chronic Obstructive Pulmonary Disease	413	5.5
Influenza and Pneumonia	343	4.6
Unintentional Injury	247	3.3
Diabetes	223	3.0
Arteriosclerosis	57	0.8
Chronic Liver Disease and Cirrhosis	36	0.5
Motor Vehicle	23	0.3
Suicide	16	0.2
Homicide	9	0.1
Others	2,245	29.9

Unintentional injuries and violent deaths continue to be the leading causes of death for children and young adults under the age of 25. Accidents, homicides and suicides accounted for 70.5 percent of all deaths to persons 1-24 years of age during the period of 1996 – 1998. Homicide was the major cause of death for residents 15-24 years of age. This is a reflection of the stress and violence experienced by many young adults in our community.

Violence is a major public health problem for our community. The Youth Violence Prevention Project (YVPP) emerged in 1996 as a result of increasing youth violence in Minneapolis in the mid-1990s. The Minneapolis City Council provided funding for over 24 community youth violence prevention activities in 1996 and 1997 addressing various risk areas in the communities of Phillips, Powderhorn, and Near North for young African-American and Native American men between the ages of 17 to 21. In 1998, the “Stay Alive Project,” consisting of two independent young men’s basketball programs, the “Shoot Hoops, Not Guns” program of the Twin Cities Healthy Nations and the GBA (Ghetto Basketball Association), was funded. In the year 2000, a girls basketball program will also be developed as a part of “Stay Alive.”

Human Immunodeficiency Virus Infection (HIV) is now the leading cause of death for Minneapolis residents ages 25-44 years. Diseases of the heart and malignant neoplasms are other major causes of death in the 25-44 age group.

The leading causes of death in the 45-64 age group are cancer and heart disease. In the age group 65 years and over, heart disease, cancer and cerebrovascular disease are the leading causes of death. Accidents, primarily from falls, are a major cause of death in persons 85 years and older.

Selected Reportable Diseases

Minnesota State Law requires the reporting of certain communicable diseases. Sexually transmitted diseases (STDs) including chlamydia, gonorrhea and syphilis (all forms) continue to be the most frequently occurring of those reported.

The national objectives for the Year 2000, as stated in the Health Communities 2000 Model Standards, sets a goal of reducing gonorrhea to an incidence of no more than 225 cases per 100,000 population. In 1998, there were 1,572 reported cases for a rate of 435 per 100,000 population.

AIDS is another frequently reported communicable disease. In Minneapolis, 78 new AIDS cases were reported in 1998. Minneapolis continues to have the majority of the reported cases, when compared to the remainder of the state.

**SELECTED REPORTABLE DISEASES
MINNEAPOLIS
1996 – 1998**

	1996	1997	1998
AIDS	123	82	78
Amebiasis	18	13	21
Campylobacter	59	127	95
Chlamydia	1,691	2,389	2,563
Encephalitis	0	1	0
Giardiasis	214	231	183
Gonorrhea	1,436	1,379	1,572
Hemophilus Influenzae Invasive Disease	2	7	14
Hepatitis A	25	47	14
Hepatitis B	44	19	22
Hepatitis; Unspecified	0	0	1
Lyme Disease	9	7	11
Malaria	2	10	17
Meningococcal Disease	4	0	6
Mumps	0	1	0
Pertussis	32	55	45
Rabies (Animal)	0	0	1
Rubella	0	0	0
Rubeola	3	0	0
Salmonellosis	50	65	58
Shigellosis	35	29	35
Syphilis (all forms)	49	48	34
Tetanus	0	0	0
Toxic Shock Syndrome	0	0	0
Tuberculosis	69	67	63
Yersiniosis	3	4	2

The City of Minneapolis has one of the highest rates of sexually transmitted infections (STIs) in the country, and teenagers are at the highest risk for getting an STI. In addition, teenage pregnancy rates are also high, especially among the African American teenage population. As a result, the Minneapolis Department of Health and Family Support is working with the Minnesota Department of Health and community groups to address the issues affecting STIs and teen pregnancy.

Immunization Status

The percentage of children immunized is an important measure of a community's protection against some of the major preventable diseases. Minneapolis Public School District records indicate the percent of students who are fully immunized against diphtheria, pertussis and tetanus (DPT) (96.6 percent), polio (97.3 percent), and measles, mumps and rubella (MMR) (98.8 percent). All these percentages include children in public and non-public schools throughout the city. The number of children vaccinated has remained relatively stable since 1980, when state law first required all children (except those with exemptions) to be fully immunized.

"The national immunization goal for the Year 2000 states that at least 95 percent of children kindergarten or first grade should be immunized against measles, mumps, rubella, polio and diphtheria, pertussis and

tetanus." Immunization rates among kindergarten population had been decreasing in the past several years. The Immunization Action Plan (IAP) has targeted activities in five areas of Minneapolis defined by zip codes where immunization rates are the lowest. Outreach strategies have been offered including immunization clinics, information to service providers and assistance with status review of immunization records. The rates of immunization for kindergarteners in the 1998-1999 school year significantly increased as compared to the rates for kindergarteners in the 1997-1998 school year.

**IMMUNIZATION STATUS BY GRADE LEVEL
REPORTED FOR MINNEAPOLIS
1998-1999 SCHOOL YEAR**

	Percent Fully Immunized		
	DPT	Polio	MMR ¹
Kindergarten	90.8	91.9	95.9
1 – 12	97.4	98.0	99.2
Total	96.6	97.3	98.8

¹ MMR stands for immunizations for Measles, Mumps and Rubella.

Source: Minnesota Department of Health, Immunization Unit.

In 1997, the Minneapolis Public Schools immunization rate for its 49,000 enrollees was about 69 percent. In the spring of 1998 the "No Shots, No School" campaign was created. Through the work of Healthy Learner sites (staffed by most of the major health plans), the Minneapolis Public Schools reached a 97.9 percent immunization compliance rate by the first week of school. The same program provided a 98.6 percent compliance rate in September 1999.

Insurance

Over 20 percent of Minneapolis residents are without medical insurance sometime during the year (see *SHAPE 1998: Initial Findings*). Studies have shown that uninsured individuals are likely to delay care for significant health problems and suffer longer term and/or more severe health problems. Without financial access to health services, members of the community are less able to participate in the economic and civic life of the community.

Most uninsured children are eligible for public health programs such as MinnesotaCare and Medical Assistance. Expanded efforts to reach uninsured children and their families with information about these programs and to help them enroll could significantly increase the number of Minneapolis residents with health coverage. Working in partnership with the schools and other settings serving families with children, the Minneapolis Department of Health and Family Support hopes to significantly decrease the number of uninsured families in the city.

SELECTED PROVIDERS OF COMMUNITY HEALTH SERVICES

Way to Grow

Camden's Future, 1200 37th Ave. N. (Camden)
Central Village, 2000 So. 5th St. (University)
Longfellow, 3017 E. 31st St. (Longfellow)
Northside Family Connection, 1120 Oliver Ave. N. (Near North)
Northeast Strong Together (NEST), 342 13th Ave. N.E. (Northeast)
Phillips TLC, 1433 Franklin Ave. E. (Phillips)
Powderhorn Family Network, 310 E. 38th St. (Powderhorn)
Southwest Family Room, 4101 Harriet Ave. S. (Southwest)

Minneapolis Department of Health and Family Support School Based Clinics

Minneapolis Department of Health and Family Support operates seven School Based Clinics in Minneapolis offering medical assessments, treatment of minor illnesses, injury, and disease, immunizations, sports physicals, and emotional counseling. Last year, there were more than 8,000 patient encounters, with over 60 percent for social and emotional health reasons.

Henry High School, 2020 43rd Ave. N. (Camden)
Edison High School, 700 22nd Ave. N.E. (Northeast)
Northeast Middle School, 2955 N.E. Hayes (Northeast)
South High School, 3131 19th Ave. S. (Powderhorn)
Roosevelt High School, 4029 28th Ave. S. (Nokomis)
Washburn High School, 201 W. 49th St. (Southwest)
Plymouth Youth Center, 2301 Oliver Ave. N. (Near North)

Welcome Center

Minneapolis Department of Health and Family Support, along with the Minneapolis Public Schools, Hennepin County, Blue Cross/Blue Shield, the Children's Defense Fund, and Robert Wood Johnson Foundation, supports the Welcome Center as a way to register incoming students for school. In addition, the Welcome Center acts as the first point of contact for many of the newly arriving families to the Minneapolis community, and assists them with transportation, housing, immunizations, health care assistance, health insurance, and an array of social services. Each year the Welcome Center served 8,000 to 9,000 new students.

Welcome Center, 807 NE Broadway (Northeast)

Community Clinics

Fremont Community Health Center, 3300 Fremont Ave. N. (Camden)
Pilot City Health Center, 1349 Penn Ave. N. (Near North)
Central Avenue Clinic, 2610 Central Ave. N.E. (Northeast)
Cedar-Riverside People's Center, 2000 5th St. S. (University)
Planned Parenthood, 1200 Lagoon Ave. S. (Calhoun Isles)
Uptown Community Clinic, 2431 Hennepin Ave. (Calhoun Isles)
Community-University Health Care Center,
2001 Bloomington Ave. (Phillips)
Indian Health Board of Minneapolis, 1315 E. 24th St. (Phillips)
Teen Age Medical Services (TAMS), 2425 Chicago Ave. (Phillips)
Southside Community Clinic, 4730 Chicago Ave. S. (Nokomis)
Sheridan Women & Children's Clinic, 342-13th Ave. N.E.
(Northeast)
Green Central Community Clinic, 324 E. 35th St. (Powderhorn)
Glenwood Lyndale Community Clinic, 503 Bryant Ave. N.
(Near North)
Birth Partners/Smiley Clinic, 2615 E. Franklin (Longfellow)
Family Medical Center, 5 West Lake St. (Powderhorn)

For more information on community clinics, call 489-CARE.

For more information on children's dental clinics, call 489-CARE.



The total of all crimes reported in Minneapolis decreased by 4 percent from 1997 to 1998. Part I Crimes are generally more serious offenses and are followed more closely as an indicator of crime trends. Overall, these offenses decreased 16.1 percent from last year. Robbery, burglary and motor vehicle theft all had decreases of over 20 percent in the past year.

These crime data are organized using Uniform Crime Reporting (UCR) criteria, where only the most serious offense in a multiple offense incident is tabulated. The Uniform Crime Report is governed by national standards established by the U.S. Department of Justice. It is the official statement and reporting method of the Minneapolis Police Department and all other police departments and law enforcement agencies across the country.

In 1998, Part I offenses (generally more serious crimes) decreased by 16.1 percent from 1997, with a 4.6 percent decrease in arrests for these offenses. Part II offenses (generally less serious crimes) increased 8.3 percent over 1997, with a 26.9 percent increase in arrests for these offenses.

Homicides

Minneapolis recorded 59 homicides during 1998, down from a peak of 97 reported during 1995. There was only one more homicide in 1998 than there was in 1997.

Criminal Sexual Conduct

There were 487 reports of forcible rape during 1998. This is 15.3 percent lower than the 575 offenses reported in 1997. Reports of prostitution increased 14.2 percent in 1998 with 1,116 reported offenses in 1997 and 1,275 reported offenses in 1998. Other sex offenses totaled 673 during 1998, down 20.4 percent from 1997. Arrests for prostitution increased by 18 percent while arrests for forcible rape decreased by 5.9 percent and decreased for other sex offenses by 10.8 percent.

Robbery

There were 2,400 reports of robbery during 1998, down 27.8 percent from 1997. Arrests for robbery in 1998 decreased by 24.5 percent compared to 1996.

Assault

There were 2,695 reports of aggravated assault during 1998, a decrease of 5.8 percent compared to 1997. Reports of simple assaults totaled 12,683 in 1998, a decrease of 6.5 percent over the 1997 total. Arrests for aggravated assault increased by 4.2 percent from 1997 to 1998, with arrests for simple assault decreasing by .3 percent.

Burglary

Burglary offenses (both residential and non-residential) decreased 21 percent between 1997 and 1998. There were 6,561 burglary offenses reported in 1998, compared to 8,302 in 1997. Arrests for burglary decreased by 11.1 percent from 1997 to 1998.

Motor Vehicle Theft

A total of 4,450 motor vehicle thefts were reported during 1998. This is a decrease of 22.2 percent from 1997. Arrests for motor vehicle theft showed a decrease of 21.7 percent over the same period.

Vandalism

The number of vandalism offenses totaled 7,864 in 1998, a 5.2 percent decrease over the 1997 total. Vandalism arrests decreased by 8.4 percent over the previous year.

The following tables show 1994-1998 data and compare the number of reported UCR offenses and arrests for 1997 and 1998.

Profile of Police Service Demand

City policing entails much more than law enforcement and control of crime. Police are called upon to resolve family problems, deal with various other citizen conflicts, and to respond to a miscellany of non-criminal emergencies, many of which pose a serious threat to persons and property.

Police are primarily reactive in their tactics. The vast majority of criminal incidents that the police handle come to the attention of the police through information provided by citizens. Consequently, citizen cooperation with the police is the vital link for effective order maintenance and crime control.

The following information on citizen calls for assistance reveals a great deal about the nature of urban policing.

Over the past few years, the department embarked on efforts to better serve the public by more efficient utilization of resources. In 1990, the department instituted a telephone report line called Tele-Serve which reduces the need to send a squad to every call - a more costly resource.

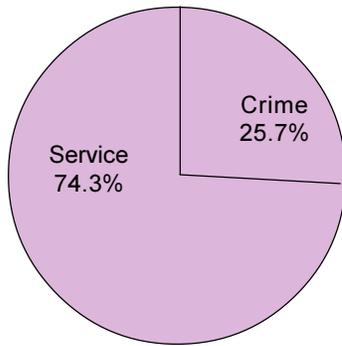
MAJOR OFFENSES REPORTED TO THE POLICE, 1994-1998
UNIFORM CRIME REPORTS BASIS

Major Offenses UCR (Part I)						% Change
Offense Classification	1994	1995	1996	1997	1998	1997-98
Criminal Homicide	62	97	83	58	59	+1.7
Forcible Rape	626	604	560	575	487	-15.3
Robbery	3,472	3,577	3,268	3,325	2,400	-27.8
Aggravated Assault	3,023	2,873	2,999	2,860	2,695	-5.8
Burglary	8,927	8,071	7,717	8,302	6,561	-21.0
Larceny-Theft	21,463	21,816	20,789	20,942	18,304	-12.6
Motor Vehicle Theft	4,227	5,441	5,694	5,834	4,540	-22.2
Arson	450	449	496	391	427	+9.2
Total Major Offenses Reported	42,250	42,936	41,606	42,287	35,473	-16.6
Other Offenses UCR (Part II)						
Simple Assault	12,359	11,989	13,541	13,564	12,683	-6.5
Vandalism	8,734	8,183	7,845	8,297	7,864	-5.2
Weapons Violation	838	1,049	940	914	849	-7.1
Prostitution	880	555	678	1,116	1,275	+14.2
Sex Offenses	903	808	748	846	673	-20.4
Narcotic Drug Laws	2,764	2,737	2,794	3,260	4,202	+28.9
Driving Under Influence	2,012	1,680	1,362	1,315	1,433	+9.0
All Other Part II	10,243	11,176	10,727	12,736	16,548	+29.9
Total Part II	38,733	38,177	38,635	42,048	45,527	+8.3
Total All Crimes	80,973	81,113	80,241	84,335	81,000	-4.0

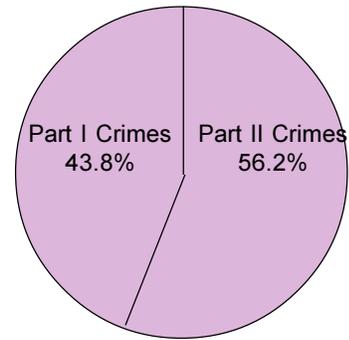
TOTAL PERSONS ARRESTED 1994-1998

Major Offenses (UCR Part I)						% Change
Offense Classification	1994	1995	1996	1997	1998	1997-98
Criminal Homicide	67	131	71	41	59	+43.9
Forcible Rape	212	213	191	170	160	-5.9
Robbery	658	634	623	593	448	-24.5
Aggravated Assault	1,177	1,172	1,079	1,086	1,132	+4.2
Burglary	616	532	503	549	488	-11.1
Larceny	2,265	2,242	2,052	2,072	2,129	+2.8
Motor Vehicle Theft	830	1,065	844	894	700	-21.7
Arson	31	22	31	17	55	+223.5
Total Part I Arrests	5,856	6,551	5,394	5,422	5,171	-4.6
Other Offenses (UCR Part II)						
Simple Assault	4,921	4,955	4,784	4,621	4,605	-0.3
Vandalism	1,115	724	1,337	1,314	1,204	-8.4
Weapons Violations	838	1,285	939	891	847	-4.9
Prostitution	1,175	901	1,020	1,719	2,028	+18.0
Other Sex Offenses	97	112	95	111	99	-10.8
Narcotic/Drug Laws	3,099	3,150	2,811	3,050	4,512	+47.9
Driving Under Influence	2,089	1,443	1,369	1,319	1,437	+8.9
Other Part II Offenses	9,827	10,516	11,320	14,136	19,738	+39.6
Total Part II Arrests	23,161	22,086	23,675	27,161	34,470	+26.9
Total Arrests	29,017	29,637	29,069	32,583	39,641	+21.7

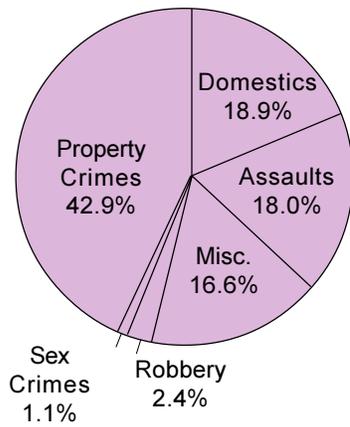
1998 CALL BREAKDOWN: SERVICE VS CRIME



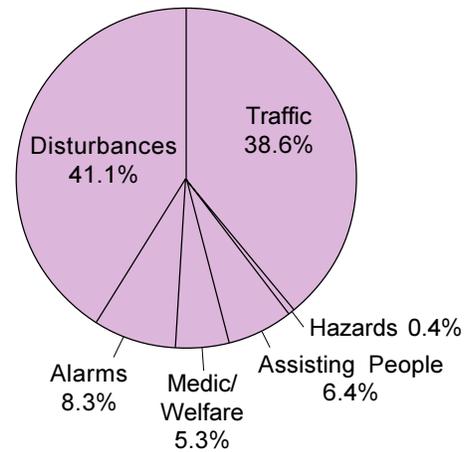
SUMMARY OF 1998 PART I & PART II CRIME CALLS



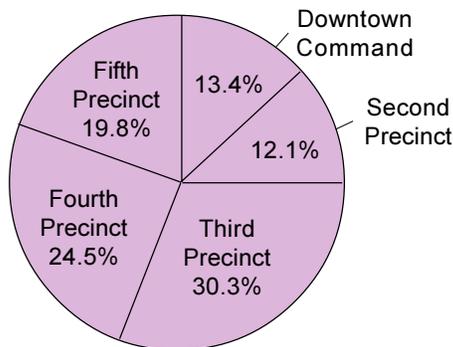
SUMMARY OF 1998 CRIME CALLS



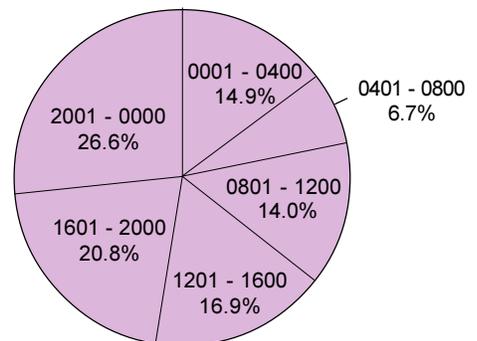
SUMMARY OF 1998 SERVICE CALLS



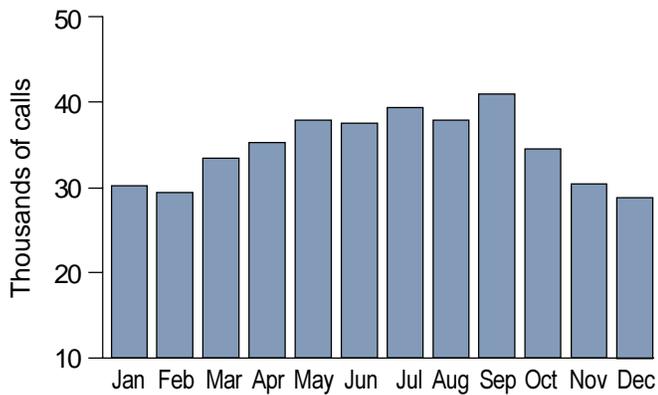
POLICE CALLS FOR SERVICE DISPATCHED BY PRECINCT, 1998



POLICE CALLS FOR SERVICE DISPATCHED BY TIME OF DAY, 1998

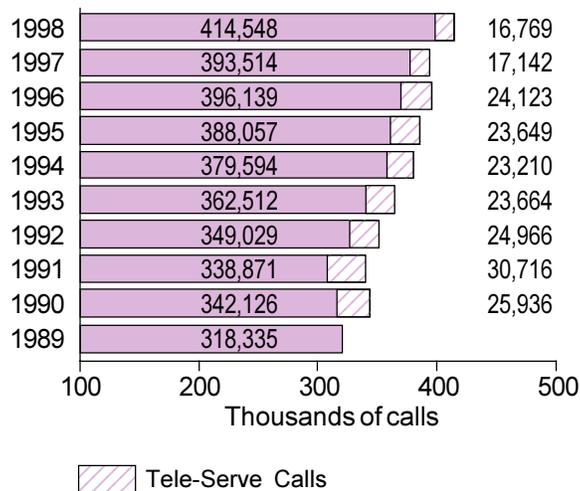


CALLS FOR SERVICE DISPATCHED BY MONTH, 1998



January	28,328	7.30%
February	26,053	7.10%
March	29,542	8.11%
April	30,009	8.53%
May	34,392	9.20%
June	37,788	9.13%
July	38,608	9.47%
August	39,200	9.43%
September	35,776	9.91%
October	34,806	8.39%
November	29,210	7.44%
December	29,802	7.00%
Total	414,548	100.0%

TOTAL CALLS FOR POLICE SERVICE PROCESSED BY THE MINNEAPOLIS EMERGENCY COMMUNICATIONS CENTER 1989 - 1998



Crime Prevention and Problem Solving Programs

Overview

The Police Department offers people who live or work in Minneapolis a variety of crime prevention and programs through its Community Crime Prevention/SAFE (CCP/SAFE) staff. In 1998, the department began the process of decentralizing crime prevention/problem solving services by assigning CCP/SAFE staff working in the 5th precinct to the inspector there. The process of decentralization continued in 1999 when the remaining CCP/SAFE field staff and their supervisors were assigned to precincts.

Programs

- Block/Apartment Club Organizing (Neighborhood Watch)**
 Neighbors living on the same or nearby blocks or in the same building learn to watch out for and work with each other to report criminal and suspicious activity to the police. They also take responsibility for the quality of life in their area and work to build a sense of community through a variety of group activities. Each club is coordinated by one or more trained volunteer leaders. Training for new block leaders is offered frequently throughout the city.
- Neighborhood Problem Solving (SAFE program)**
 Staff assists residents in addressing disruptive neighborhood problems such as drug dealing, loud parties, poorly maintained property, prostitution or unsupervised youth. In more complex situations, resources from other city departments, county services, and other agencies are drawn into the problem solving process.
- National Night Out (NNO)**
 People gather with their neighbors on the first Tuesday in August in block events throughout the city. Participation in NNO helps maintain Minneapolis' extensive network of block and apartment clubs. In addition, many new block clubs get their start by participating in National Night Out. In 1998, Minneapolis was ranked first in the nation among large cities for the quality of its NNO campaign.
- McGruff Houses**
 Screened and trained volunteers agree to let young children into their homes and provide assistance in childhood emergency situations such as being locked out, lost, hurt, threatened or followed. People who are regularly home during the day and could occasionally help children are encouraged to volunteer.

- **Block Connections**

This program, open to trained block leaders, funds various small-scale, grassroots projects that connect residents of adjacent blocks through such activities as planting gardens, beautifying boulevards, cleaning alleys, providing activities for children, etc. Applicants can either design their own projects or apply for “E-Z” grants in which the steps and budget are predetermined.

- **Personal Safety Information**

Staff discuss such topics as using the 911 system and the strengths and weaknesses of various self-defense products with interested groups. Longer presentations include self-defense experts from outside the department who discuss such topics as being aware of surroundings, body language, de-escalating confrontations and basic defensive tactics.

- **Home Security Information**

Staff offers information to interested groups on low cost ways to improve home security and reduce the risk of being burglarized. Specially trained staff will also assess the security strengths and weaknesses of individual homes.

- **Operation Identification**

In this nation-wide program, participants receive a unique number to mark on property. This deters theft and aids in recovery of stolen items.

- **Information about Crimes and Crime Patterns**

Upon becoming aware of a crime pattern, staff will sometimes issue a *crime alert* which outlines the facts, gives available suspect information, and provides prevention information. An *attention resident flyer* is used to discuss a single crime of particular concern or a general increase in crime. These also include available suspect information and prevention information. Both types of documents are available on the city’s web page.

- **Crime Prevention for Businesses**

Staff regularly meets with business representatives to discuss their unique crime concerns such as robbery, shoplifting, and employee theft.

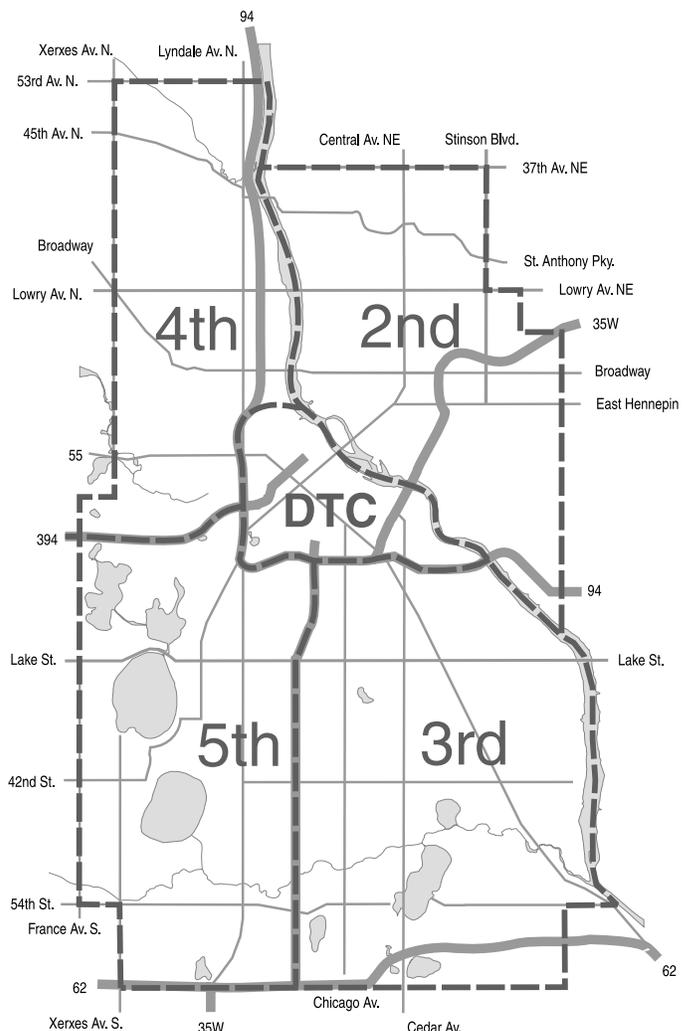
- **Rental Property Owner Education**

Owners and managers of rental property learn management techniques, how to deal with illegal activities, and how to organize for crime prevention. Staff offer individual meetings with property owners and managers and their associations as well as 8 hour workshops that are the first phase of the Crime Free Multi-Housing Program.

To learn more about any of these programs, contact precinct CCP/SAFE staff as follows:

- **2nd Precinct** (all addresses east of the Mississippi River), **612-673-3204**
- **3rd Precinct** (all South Minneapolis addresses south of Highway 94 and east of Highway 35W, **612-673-2955**
- **4th Precinct** (all North Minneapolis addresses north and west of Downtown), **612-673-2803**
- **5th Precinct** (all South Minneapolis addresses south of Highways 94 and 394 and west of Highway 35W, **612-673-5585**
- **Downtown Command** (all addresses in the Downtown area and the Elliot Park, Loring Park and Cedar-Riverside neighborhoods), **612-673-2923**

PRECINCT MAP





Fire

The Minneapolis Fire Department responded to 1,170 fires in 1998. This represents a 3 percent decrease in fires compared to 1997. Fire loss in 1998 was placed at \$10.5 million, an 18.3 percent increase from 1997. The Minneapolis Fire Department responded to 22,362 calls for Emergency Medical Service (EMS) in 1998, an average of 61 EMS calls per day.

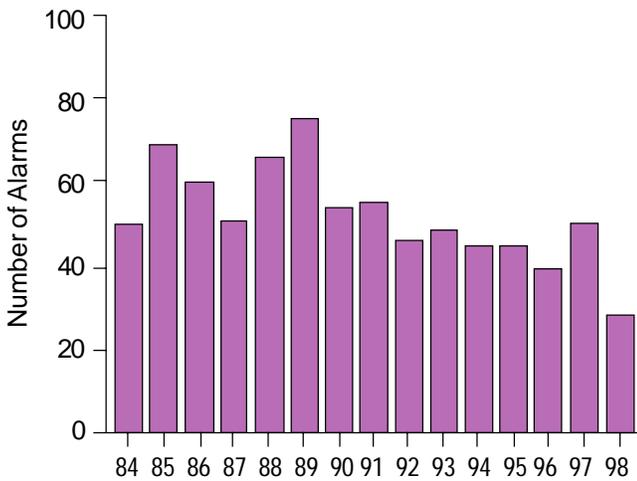
Fires and Alarms

The Minneapolis Fire Department has 20 fire stations located throughout the city and a Fire Training Facility located at 37th Avenue and Marshall St. N.E. The department's typical response to a fire alarm is three engine companies, two ladder companies and a Battalion Chief. If additional resources are necessary and a second alarm response is indicated, two engine companies, two ladder companies, a salvage truck, a mobile command van, a Battalion Chief and a Deputy Chief are dispatched to the scene.

The Minneapolis Fire Department responded to 10,703 alarms during 1998, a 0.3 percent increase from the previous year. There were 28 multiple alarms in 1998, a 44 percent decrease from 1997.

Civilian deaths due to fires dropped to 3 during 1998. Civilian injuries from fires increased 68 percent in 1998.

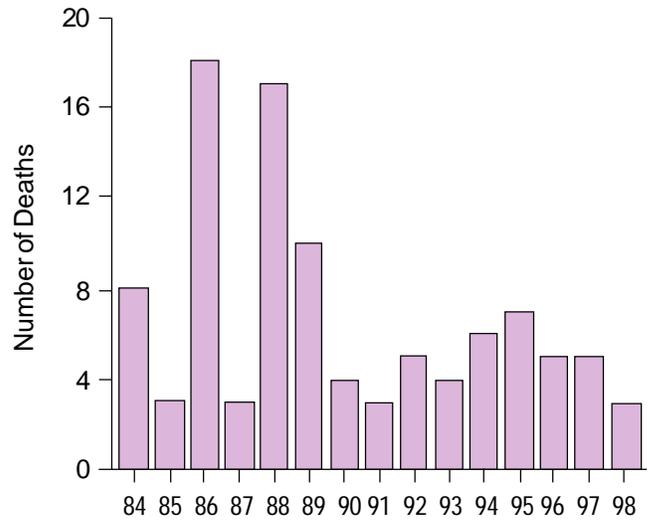
MULTIPLE ALARMS, 1984 - 1998



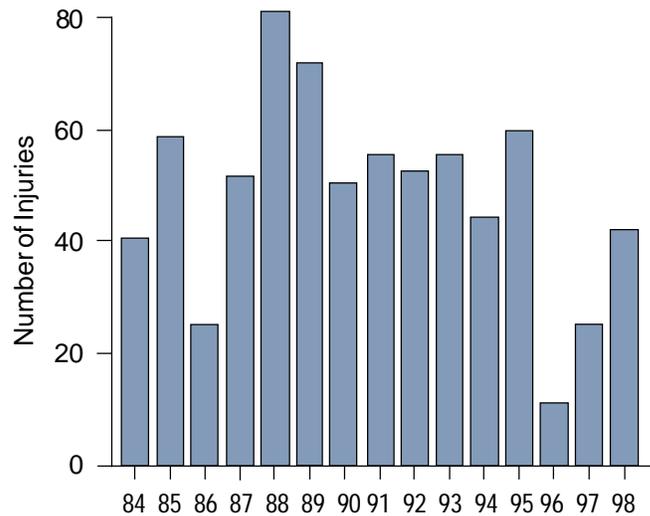
SUMMARY OF FIRES AND ALARMS, 1998

	Number	Estimated Loss
Fires in building	600	\$9,546,075
Fires in vehicles	570	\$ 913,917
Fires in rubbish, grass, outside buildings	1,182	
False and silent alarms	5,423	
Misc. alarms (smoke, steam, odors, faulty, lock in/out)	2,928	
Totals	10,703	\$10,459,992

CIVILIAN DEATHS DUE TO FIRE, 1984 - 1998



CIVILIAN INJURIES DUE TO FIRE, 1984 - 1998



Fire Prevention

The Minneapolis Fire Prevention Bureau continued its commitment to preventing fires from occurring, or minimizing the extent of the loss should a fire occur, through inspections for code compliance and fire prevention education. Inspections by Fire Prevention Bureau inspectors totaled 2,748 in 1998, up from 1,838 in 1997.

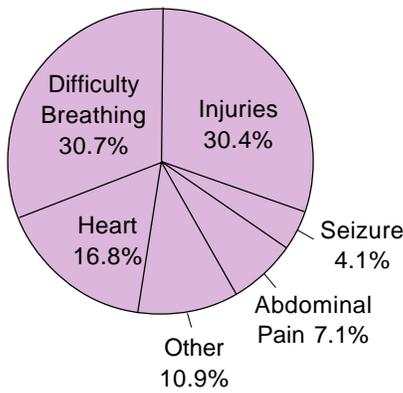
Emergency Medical Service

The Minneapolis Fire Department responded to 22,362 calls for Emergency Medical Service (EMS) in 1998, an average of 61 EMS calls per day.

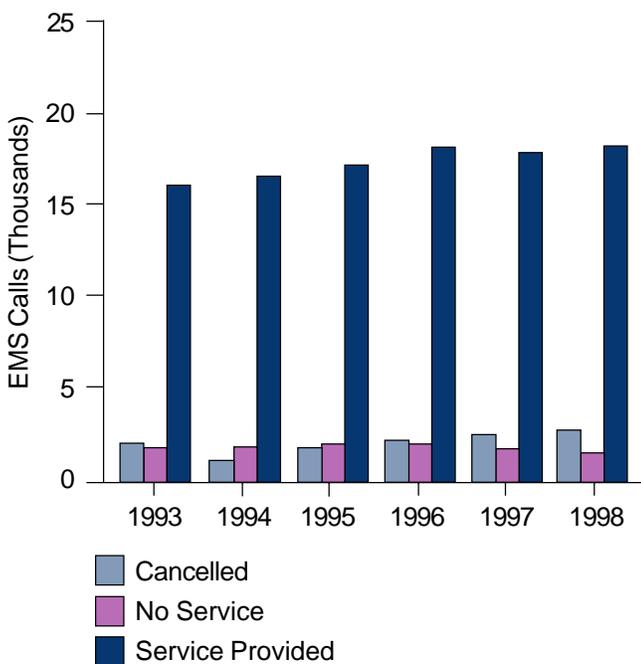
Since 1973, medical emergency service in Minneapolis has been the joint responsibility of the Minneapolis Fire Department and the Hennepin County Emergency Medical Service. These two organizations use a "dual response" approach when responding to emergency situations. The Fire Department provides Basic Life Support - all firefighters are trained Emergency Medical

Technicians. The Hennepin County ambulances are staffed by trained paramedics and are equipped to provide Advanced Life Support. As soon as an emergency call is received, the closest fire company and an ambulance are dispatched. Because of the scattered fire station sites, the fire company usually arrives first (85 percent of the time in less than four minutes) and can provide immediate attention. The ambulance crew then can take over medical care when they arrive and provide transportation to a hospital. This system gets the necessary medical care on the scene as quickly as possible without the need for additional ambulances, which are expensive to equip and staff.

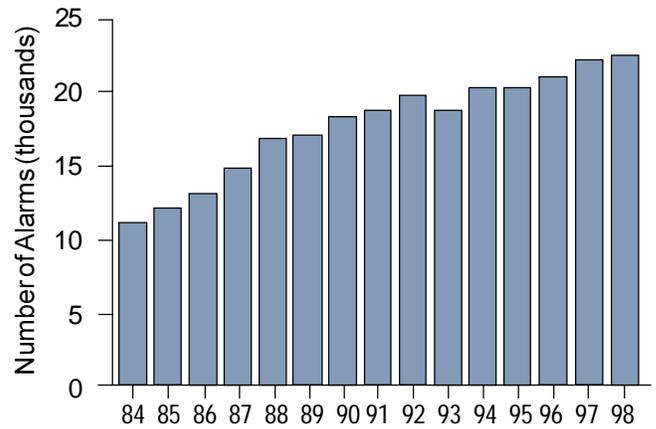
**EMERGENCY SERVICE RUNS
WHERE SERVICE WAS PROVIDED:
NATURE OF MEDICAL PROBLEM, 1998**



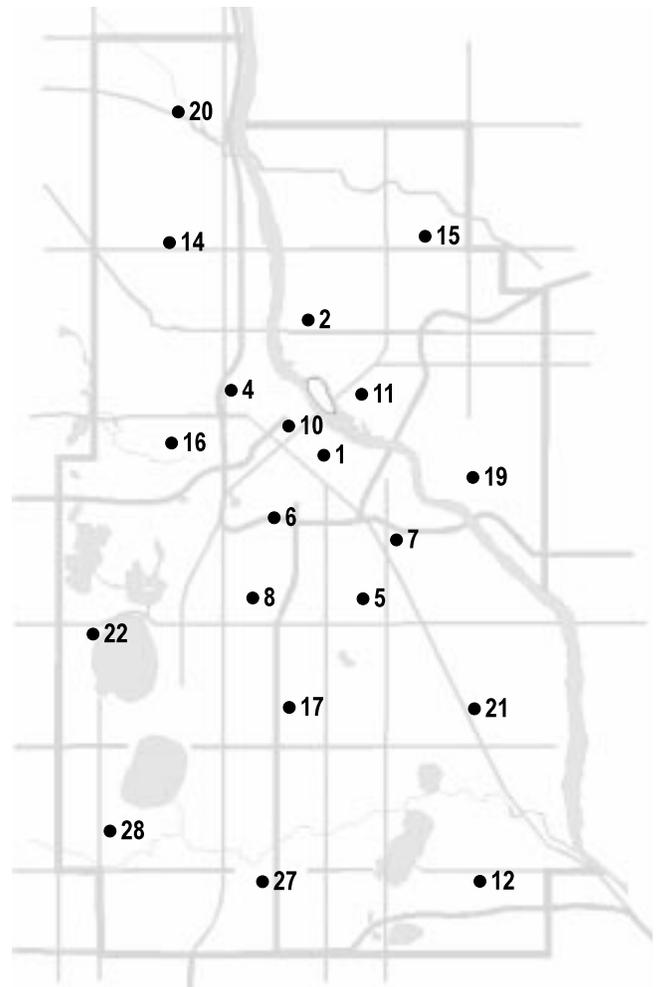
DISPOSITION OF EMS CALLS, 1993 - 1998



ANNUAL MEDICAL SERVICE ALARMS, 1984 - 1998



MINNEAPOLIS FIRE STATIONS



No. Fire Station

- | | |
|----------------------------|---------------------------|
| 1. 530 S. 3rd St. | 14. 1704 - 33rd Av. N. |
| 2. 143 - 13th Av. N.E. | 15. 2701 Johnson St. N.E. |
| 4. 1101 N. 6th St. | 16. 1600 Glenwood Av. N. |
| 5. 2700 Bloomington Av. S. | 17. 330 E. 38th St. |
| 6. 121 E. 15th St. | 19. 200 Ontario St. S.E. |
| 7. 2000 E. Franklin Av. | 20. 4646 Humboldt Av. N. |
| 8. 2749 Blaisdale Av. S. | 21. 3209 E. 38th St. |
| 10. 19 N. 4th St. | 22. 3025 Market Plaza |
| 11. 229 S.E. 6th St. | 27. 5410 Nicollet Av. S. |
| 12. 5401 - 33rd Av. S. | 28. 2810 W. 50th St. |

Arson

There were 148 fires in Minneapolis during 1998 for which the origin was determined to be arson. This represents a 29.8 percent increase from the total number of arson fires in 1997. The estimated dollar loss due to arson fires was placed at \$1.57 million, an increase of 6.7 percent from 1997.

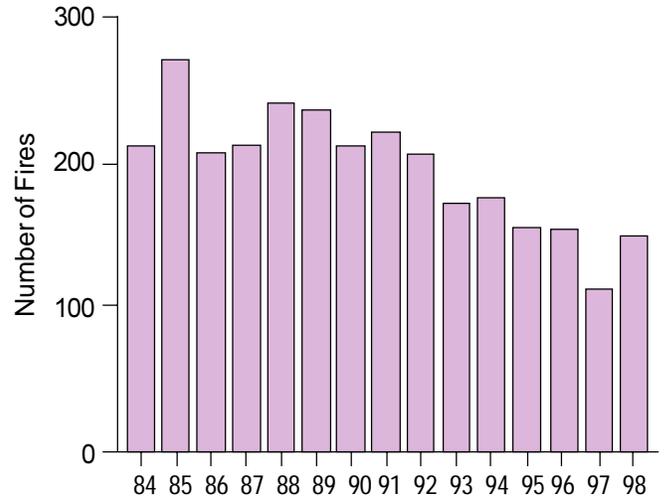
The Minneapolis Fire Department investigates all fires to determine, at a minimum, the extent of the loss and the cause of the fire. Whenever an accidental cause cannot be determined and there is some evidence that the fire may have been deliberately set, a criminal investigation is conducted by the Police Department Arson/Bomb Squad.

ARSON 1982 - 1998

1998	148
1997	114
1996	154
1995	155
1994	179
1993	175
1992	206
1991	221
1990	211
1989	238
1988	240
1987	211
1986	204
1985	274
1984	211
1983	159
1982	156

While arson fires may occur in any part of the city, some areas of the city experience a higher proportion of deliberately set fires. Generally, neighborhoods near the central business district tend to have more arson fires.

ARSON FIRES, 1984 - 1998



LOSSES FROM ARSON FIRES, 1984 - 1998

