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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 2000 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 2000 Annual Report, and by the Minneapolis Fire Department. Information on crime prevention activity was provided by the Minneapolis Office of Community Crime Prevention/SAFE.

This chapter can also be found on the city's web site at: 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 1999 and 2000. 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.

Not all maternal and infant characteristics are recorded for each birth. When "unknown" does not appear as a category on the tables in the following section, the percentages have been calculated only for cases for which the characteristic was recorded.

MINNEAPOLIS RESIDENT BIRTHS 1980 – 2000

Year	Number	Rate ¹
2000	6,684	17.5
1999	6,298	17.5
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

¹ Births per 1,000 population.

There were 6,684 live births to Minneapolis residents in 2000 for a birth rate of 17.5 births per 1,000 population. The number of resident births increased in 2000 as compared to 1999 while the birth rate remained a constant.

Birth statistics presented in this report by race reflect mother's race, as reported on the birth certificate. The racial distribution of resident live births has changed significantly over the last 20 years. In 2000, 38 percent of resident births were to women of color, compared to 20.5 percent in 1980. Compared with 1999 the number of resident births in 2000 increased among whites and African Americans while decreasing for American Indians and Asian/Pacific Islanders.

MINNEAPOLIS RESIDENT LIVE BIRTHS BY MOTHER'S RACE 1999 AND 2000

	1999		2000	
	Number	Percent	Number	Percent
White	3,554	56.4	3,837	57.4
African American	1,836	29.2	1,838	27.5
American Indian	274	4.4	249	3.7
Asian/Pac. Islander	541	8.6	457	6.8
Unknown/Missing	64	1.0	296	4.4
Total	6,298	100.0	6,684	100.0

In 2000, 13 percent of births were to women less than 20 years old, 47.5 percent were to women between 20 and 29 years, and 39.3 percent were to women 30 years and older. The proportion of births to women 30 years and older has increased significantly over the past 25 years. In 1975, 14.2 percent of resident births were to women 30 years and older. By 2000, this percentage had increased to 39.3 percent.

MINNEAPOLIS RESIDENT LIVE BIRTHS BY AGE OF MOTHER 1999 AND 2000

Age Group Of Mother	1999		2000	
	Number	Percent	Number	Percent
Under 15 years	26	0.4	30	0.4
15 – 17 years	350	5.6	329	4.9
18 – 19 years	460	7.3	514	7.7
20 – 24 years	1,525	24.2	1,549	23.2
25 – 29 years	1,609	25.5	1,624	24.3
30 – 34 years	1,486	23.6	1,647	24.6
35 – 39 years	691	11.0	803	12.0
40 years +	151	2.4	181	2.7
Total	6,298	100.0	6,684	100.0

The percentage of births to women less than 18 years of age was 5.5 percent in 2000, down from 5.9 percent in 1999. There is a substantial difference in proportions of births to women of different racial groups. The proportion was 15.3 percent for American Indians, 9.4 percent for Asian/Pacific Islanders, 9.2 percent for African Americans, and 2.6 percent for Whites.

**MOTHER'S AGE LESS THAN 18 YEARS
BY MOTHER'S RACE
1999 AND 2000**

	1999		2000	
	Number	Percent	Number	Percent
White	91	2.6	98	2.6
African American	177	9.6	169	9.2
American Indian	39	14.2	38	15.3
Asian/Pac. Islander	61	11.3	43	9.4
Total	375	5.9	348	5.5

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 41.7 percent of total births in 2000 but varied greatly by racial group: 84.7 percent for American Indians, 65.6 percent for African Americans, 30.6 percent for Whites, and 28.5 percent for Asian/Pacific Islanders.

**MINNEAPOLIS RESIDENT LIVE BIRTHS TO UNMARRIED
WOMEN BY MOTHER'S RACE
1999 AND 2000**

	1999		2000	
	Number	Percent	Number	Percent
White	1,089	30.6	1,170	30.5
African American	1,205	65.6	1,184	64.4
American Indian	241	88.0	211	84.7
Asian/Pac. Islander	154	28.5	158	28.5
Total	2,737	43.4	2,787	41.7

Mothers with less than a high school education accounted for 24.9 percent of resident births in 2000. The proportion is highest for American Indians (45.8 percent), followed by Asian/Pacific Islanders (35.7 percent), African Americans (32.6 percent), and Whites (18.7 percent). The proportions of mothers with less than a high school education decreased across all races in 2000 as compared to the proportions in 1999. It should be noted that for a substantial number of births, 8.4 percent of total resident births (561 cases) in 2000, the mother's education level was not recorded.

**MOTHER'S EDUCATION LESS THAN HIGH SCHOOL
BY MOTHER'S RACE
1999 AND 2000**

	1999		2000	
	Number	Percent	Number	Percent
White	673	18.9	701	18.7
African American	612	33.3	561	32.6
American Indian	139	50.9	110	45.8
Asian/Pac. Islander	195	36.1	149	35.7
Total	1,640	26.0	1,522	24.9

Prenatal Care

The national goal for prenatal care by the Year 2010, is that at least 90 percent of women receive prenatal care in the first trimester of pregnancy. In 2000, the city's proportion of women receiving prenatal care in the first trimester was 74.5 percent as compared to 72.2 percent in 1999. The percentages for specific population groups were 81.2 for Whites, 66.1 percent for African Americans, 56.9 percent for American Indians and 62.2 percent for Asian/Pacific Islanders. Data on prenatal care are not recorded for 27 percent (1806 cases) of resident births in 2000.

**MINNEAPOLIS RESIDENT LIVE BIRTHS BY MOTHER'S RACE
WITH FIRST TRIMESTER PRENATAL CARE
1999 AND 2000**

	1999		2000	
	Number	Percent	Number	Percent
White	2,604	80.1	2,404	81.2
African American	1,030	64.4	846	66.1
American Indian	119	50.9	87	56.9
Asian/Pac. Islander	243	53.5	214	62.2
Total	4,047	72.2	3,634	74.5

**MINNEAPOLIS RESIDENT LIVE BIRTHS
BY AGE OF MOTHER AND COMMUNITY
1998 – 2000**

Community	Less than 18 years		18 – 19 years		20 years and over	
	Number	Percent	Number	Percent	Number	Percent
Camden	168	9.5	171	9.6	1,437	80.9
Northeast	64	3.8	101	5.9	1,540	90.3
Near North	273	11.1	348	14.1	1,839	74.8
Central	22	3.3	79	11.8	566	84.9
University	17	1.9	38	4.2	848	93.9
Calhoun Isles	13	1.6	18	2.3	768	96.1
Phillips	158	10.3	188	12.3	1,181	77.3
Powderhorn	225	6.6	328	9.6	2,864	83.8
Longfellow	34	2.8	63	5.3	1,099	91.9
Nokomis	47	2.6	71	3.9	1,682	93.4
Southwest	15	0.6	44	1.9	2,285	97.5
Minneapolis	1,052	5.4	1,524	7.9	16,728	86.6

**MINNEAPOLIS RESIDENT LIVE BIRTHS
BY MOTHER'S RACE AND COMMUNITY
1998 – 2000**

Community	White		African American		American Indian		Asian / Pacific Islander	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Camden	770	43.9	618	35.3	45	2.6	317	18.1
Northeast	1,304	78.5	195	11.7	75	4.5	82	4.9
Near North	384	15.9	1,469	60.7	46	1.9	519	21.4
Central	285	43.6	301	46.1	26	4.0	41	6.3
University	344	39.8	354	40.9	19	2.2	146	16.9
Calhoun Isles	669	85.5	60	7.7	12	1.5	40	5.1
Phillips	520	35.2	594	40.2	253	17.1	108	7.3
Powderhorn	1,951	59.1	979	29.7	144	4.4	213	6.5
Longfellow	792	68.8	247	21.5	64	5.6	44	3.8
Nokomis	1,485	83.9	179	10.1	35	2.0	69	3.9
Southwest	2,065	88.8	177	7.6	16	.7	64	2.8
Minneapolis	10,960	58.2	5,405	28.7	759	4.0	1,619	8.6

**MINNEAPOLIS RESIDENT LIVE BIRTHS
BY SELECTED CHARACTERISTICS AND COMMUNITY
1998 – 2000**

Community	Low Weight		Less than High School Education		First Trimester Prenatal Care		Births to Unmarried Women	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Camden	126	7.1	476	27.9	1,062	72.2	936	52.7
Northeast	106	6.2	325	19.6	1,117	76.5	605	35.5
Near North	293	11.9	942	40.5	1,296	63.8	1,618	65.8
Central	64	9.6	197	31.7	353	63.6	332	49.8
University	50	5.6	176	20.4	515	71.3	254	28.1
Calhoun Isles	54	6.8	36	4.7	617	88.1	170	21.3
Phillips	128	8.4	725	50.5	684	54.5	917	60.1
Powderhorn	248	7.3	1,241	38.2	1,787	62.6	1,899	55.6
Longfellow	79	6.6	788	16.3	719	75.6	448	37.5
Nokomis	103	5.8	140	8.1	1,312	86.5	410	22.8
Southwest	153	6.5	106	4.6	1,906	91.1	332	14.2
Minneapolis	1,443	7.5	4,685	25.6	11,799	72.6	8,268	42.8

For the previous tables, three years of data for the period 1998 through 2000 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

The percent of women receiving late or no prenatal care increased from 5.0 percent in 1999 to 5.5 percent in 2000. However, longer term comparisons reflect improvement.

From 1990 to 2000 the proportions declined from 5.4 percent to 3.5 percent for Whites, from 17.2 to 8.5 percent for African Americans, from 28.0 percent to 11.1 percent for American Indians, and from 13.7 percent to 7.6 percent for Asian/Pacific Islander women. Interpretation of prenatal care trends should be viewed cautiously due to the 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 1999 AND 2000

	1999		2000	
	Number	Percent	Number	Percent
White	95	3.0	103	3.5
African American	111	6.9	109	8.5
American Indian	34	14.5	17	11.1
Asian/Pac. Islander	35	7.7	26	7.6
Total	279	5.0	267	5.5

Low Weight Births

The national goal for reducing low birth weight in babies states that by the Year 2010, low birth weight babies (5.5 pounds and under) should constitute no more than five percent of all births. The proportion of low weight births among all Minneapolis residents was 7.4 percent overall in 2000. For various racial groups, the proportions of low weight births in 2000 were Black, 10.4 percent; American Indian, 8 percent; Asian/Pacific Islander, 7.4 percent; and Whites, 5.9 percent.

LOW WEIGHT LIVE BIRTHS¹ TO MINNEAPOLIS RESIDENTS BY MOTHER'S RACE 1999 AND 2000

	1999		2000	
	Number	Percent	Number	Percent
White	180	5.0	225	5.9
African American	215	11.7	191	10.4
American Indian	21	7.7	20	8.0
Asian/Pac. Islander	47	8.7	34	7.4
Total	473	7.5	470	7.4

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

In 1999, the Minneapolis Department of Health and Family Support, with support from the Minneapolis Foundation, conducted CHAMP – a survey of infant 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. Survey results are currently available for the city overall as well as for communities and neighborhoods. The Initial Findings Report is also available. Please visit our website at: www.ci.minneapolis.mn.us/dhfs to obtain reports, or call 612-673-2301 to request copies.

Induced Abortions

During 2000, there were 2,859 reported induced abortions, reflecting a ratio of 427.7 abortions per 1,000 live births. The number of abortions increased by 5.3 percent from 1999 to 2000.

MINNEAPOLIS RESIDENTS REPORTED INDUCED ABORTIONS 1985 – 2000

Year	Number	Ratio ²
2000	2,859	427.7
1999	2,708	430.0
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

² Induced abortions per 1,000 live births.

A decrease in the number of abortions from 1999 to 2000 occurred in 25 – 29 age group. The number of abortions in the 35-39 age group remained unchanged during 1999 and 2000. Abortions in the rest of the age groups of women increased from 1999 to 2000.

**INDUCED ABORTIONS REPORTED FOR MINNEAPOLIS RESIDENTS
1999 AND 2000**

Age Group	1999			2000		
	No.	%	Ratio ¹	No.	%	Ratio ¹
Under 15	11	0.4	423.1	14	0.5	466.7
15 – 17	120	4.4	343.9	131	4.6	398.2
18 – 19	260	9.6	566.4	285	10.0	554.5
20 – 24	920	34.0	602.5	979	34.2	632.0
25 – 29	741	27.4	460.0	735	25.7	452.6
30 – 34	395	14.6	265.3	439	15.4	266.5
35 – 39	201	7.4	288.8	201	7.0	250.3
40 +	60	2.2	397.3	74	2.6	408.9
Total	2,708	100.0	429.3	2,859	100.0	427.7

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 2010, the national infant mortality rate (deaths for all babies up to one year of age) should be reduced to no more than 4.5 deaths per 1,000 live births.

In 2000, there were 41 deaths to children under the age of one year, for an infant mortality rate of 6.1 per 1,000 live births. The infant mortality rate decreased to 6.1 per 1,000 live births from a rate of 7.9 per 1,000 live births in 1999. The numbers and rates of infant deaths have been declining overtime, despite some fluctuations. These fluctuations should be interpreted cautiously as the rate is based on a small number of events. The three-year infant mortality rate for 1998 – 2000 was 6.7 deaths per 1,000 live births, compared to 10.4 deaths per 1,000 live births for the period from 1995 – 1997.

African Americans have the highest infant mortality rate (12 infant deaths per 1,000 live births) among all racial groups for the three-year period from 1998 – 2000. The second highest rate occurs in American Indians (10.5 infant deaths per 1,000 live births). The rate among Asian/Pacific Islanders is 6.2 per 1,000 live births, and the rate among whites is 4.3 per 1,000 live births.

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

**MINNEAPOLIS RESIDENT INFANT MORTALITY
1980 – 2000**

Year	Number	Rate ²
2000	41	6.1
1999	50	7.9
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

MINNEAPOLIS RESIDENT INFANT MORTALITY BY RACE

	1995 - 1997		1998 - 2000	
	Number	Rate ²	Number	Rate ²
All Races	183	10.4	130	6.7
White	76	7.5	47	4.3
African American	75	16.5	65	12.0
American Indian	21	28.1	8	10.5
Asian/Pac. Islander	9	5.7	10	6.2

² Infant deaths per 1,000 live births.

**MINNEAPOLIS INFANT MORTALITY BY AREA OF RESIDENCE
1998 – 2000**

	Number	Rate ¹
Camden	17	9.6
Northeast	11	6.5
Near North	22	8.9
Central	3	4.5
University	3	3.3
Calhoun Isles	4	5.0
Phillips	10	6.5
Powderhorn	32	9.4
Longfellow	3	2.5
Nokomis	9	5.0
Southwest	8	3.4
Minneapolis	130	6.7

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 2010 national goal for neonatal deaths states, there should be no more than 2.9 deaths per 1,000 live births. During the current three-year period 1998 – 2000, the average neonatal death rate in Minneapolis was 4.6. Inadequate 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 1998 – 2000 was 2.1 deaths per 1,000 live births.

**MINNEAPOLIS RESIDENT NEONATAL AND POSTNEONATAL
MORTALITY RATES
1980 - 2000**

Three Year Period	Neonatal Mortality Rate ²	Postneonatal Mortality Rate ²
1998-2000	4.6	2.1
1997 – 99	4.9	2.7
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

Three major causes of death accounted for 76.2 percent of all infant deaths. Conditions originating in the prenatal period and congenital anomalies are the major causes of neonatal deaths.

MINNEAPOLIS RESIDENT INFANT DEATHS BY CAUSE

	1995 - 1997		1998 – 2000	
	No.	Rate ¹	No.	Rate ¹
All Causes	183	10.4	130	6.7
Certain conditions				
Originating in the				
Perinatal Period	72	4.1	55	2.8
Congenital Anomalies	43	2.4	33	1.7
Symptoms & Ill				
Defined Causes	27	1.5	11	0.6
All Other Causes	41	2.3	31	1.6

Deaths

This section presents the leading causes of death among Minneapolis residents in 1999 and 2000. Leading causes of death by age groups among Minneapolis residents during the period 1998 – 2000 are also present in this section.

Total deaths among Minneapolis residents decreased from 3,151 in 1999 to 2,990 in 2000. The number of deaths per 1,000 population was 7.8 in 2000.

**MINNEAPOLIS RESIDENT DEATHS
1980 - 2000**

Year	Number	Rate ³
2000	2,990	7.8
1999	3,151	8.7
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

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

Heart disease, malignant neoplasm (cancer), and cerebrovascular disease are the leading causes of death in Minneapolis, accounting for 48.1 percent of deaths in the year 2000.

LEADING CAUSES OF DEATH – MINNEAPOLIS RESIDENTS NUMBER AND PERCENT OF TOTAL DEATHS 1999 AND 2000

	1999		2000	
	Number	Percent	Number	Percent
All Causes	3,151	100.0	2,990	100.0
Diseases of the Heart	601	19.1	574	19.2
Malignant Neoplasms (Cancer)	685	21.7	653	21.8
Cerebrovascular Diseases	196	6.2	209	7.0
Chronic Obstructive Pulmonary Disease	172	5.5	147	4.9
Unintentional Injury	129	4.1	113	4.1
Motor Vehicle	25	0.8	33	1.1
Influenza and Pneumonia	70	2.2	80	2.7
Diabetes Mellitus	102	3.2	104	3.5
HIV Related	29	0.9	29	1.0
Homicide	45	1.4	37	1.2
Suicide	44	1.4	49	1.6
Chronic Liver Disease & Cirrhosis	30	1.0	46	1.5
All Other Causes	1,024	32.5	916	30.6

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 the proportions of Minneapolis and Hennepin County adults who are at high risk from hypertension, smoking, obesity and acute drinking. As seen in the table, Minneapolis adults are at higher risk than adults of Hennepin County as a whole.

BEHAVIORAL RISK FACTORS OF MINNEAPOLIS AND HENNEPIN COUNTY ADULTS 1998

Percent at Risk of Premature Death due to:	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.

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.

The tables given below list the leading causes of death by age group for the three-year period 1998 – 2000.

LEADING CAUSES OF DEATH BY AGE GROUPS MINNEAPOLIS RESIDENT DEATHS 1998 – 2000

1 – 4 Years	Number	Percent
All Causes	81	100.0
Diseases of Early Infancy	21	25.9
Congenital anomalies	10	12.3
Heart Disease	8	9.9
Symptoms and ill defined conditions	7	8.6
Others	35	43.3

5 – 14 Years	Number	Percent
All Causes	50	100.0
Unintentional Injury	8	16.0
Congenital anomalies	6	12.0
Diseases of the Heart	4	8.0
Diseases of Early Infancy	4	8.0
Motor Vehicle	3	6.0
Others	25	50.0

15 – 24 Years	Number	Percent
All Causes	119	100.0
Homicide	54	45.4
Unintentional Injury	16	13.4
Motor Vehicle	15	12.6
Suicide	13	10.9
Malignant Neoplasms	7	5.9
Others	14	11.8

25 – 44 Years	Number	Percent
All Causes	617	100.0
Malignant Neoplasms	85	13.8
Suicide	76	12.3
Diseases of the heart	67	10.9
Unintentional Injuries	64	10.4
HIV Related	56	9.1
Homicide	55	8.9
Motor Vehicle	39	6.3
Chronic Liver Disease and Cirrhosis	18	2.9
Diabetes Mellitus	15	2.4
Cerebrovascular Disease	8	1.3
Others	132	21.7

45 – 64 Years	Number	Percent
All Causes	1,427	100.0
Malignant Neoplasms	461	32.3
Diseases of the Heart	262	18.4
Chronic Obstructive Pulmonary Disease	69	4.8
Chronic Liver Disease and Cirrhosis	66	4.6
Unintentional Injuries	58	4.1
Diabetes Mellitus	52	3.6
Cerebrovascular Disease	51	3.6
Suicide	29	2.0
HIV Related	27	1.9
Influenza & Pneumonia	18	1.3
Motor Vehicle	13	0.9
Homicide	8	0.6
Others	313	22.0

65 and Older	Number	Percent
All Causes	6,995	100.0
Diseases of the Heart	1,475	21.1
Malignant Neoplasms	1,443	20.6
Cerebrovascular Disease	562	8.0
Chronic Obstructive Pulmonary Disease	398	5.7
Influenza and Pneumonia	241	3.4
Diabetes Mellitus	233	3.3
Unintentional Injuries	230	3.3
Chronic Liver Disease and Cirrhosis	37	0.5
Arteriosclerosis	36	0.5
Motor Vehicle	20	0.3
Suicide	16	0.2
Homicide	7	0.1
Others	2,297	32.8

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 about half of all deaths to persons 1-24 years of age during the period of 1998 – 2000. Homicide was the major cause of death for residents 15-24 years of age.

Malignant neoplasms, suicide and diseases of the heart are the major causes of death in the 25-44 age

group. The other causes of death in this age group are unintentional injury, homicide, human immunodeficiency virus infection (HIV), and motor vehicle accidents.

The leading causes of death in the 45-64 age group are cancer and heart disease. In the age group 65 years and older, 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 infections (STIs) including chlamydia, gonorrhea and syphilis continue to be the most frequently occurring of those reported.

The national objectives for the Year 2010, as stated in the Health Communities 2010 Model Standards, sets a goal of reducing gonorrhea to an incidence of no more than 19 cases per 100,000 population. In 2000, there were 1,544 reported cases for a rate of 403 per 100,000 population.

AIDS is another reported communicable disease. In Minneapolis, 65 new AIDS cases were reported in 2000. Minneapolis continues to have the majority of the reported statewide cases.

SELECTED REPORTABLE DISEASES MINNEAPOLIS 1998 – 2000

	1998	1999	2000
AIDS	78	56	65
Amebiasis	21	6	13
Campylobacter	95	66	92
Chlamydia	2,563	2,481	2,547
Encephalitis	0	0	0
Giardiasis	183	217	147
Gonorrhea	1,572	1,513	1,544
Hemophilus Influenzae Invasive Disease	14	6	3
Hepatitis A	14	55	40
Hepatitis B	22	19	19
Hepatitis; Unspecified	1	0	0
Lyme Disease	11	12	33
Malaria	17	13	9
Meningococcal Disease	6	8	2
Mumps	0	0	0
Pertussis	45	21	32
Rabies (Animal)	1	3	0
Rubella	0	3	0
Rubeola	0	1	0
Salmonellosis	58	55	43
Shigellosis	35	53	84
Syphilis (all forms)	34	25	34
Tetanus	0	0	0
Toxic Shock Syndrome	0	1	0
Tuberculosis	63	85	80
Yersiniosis	2	3	0

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 teen 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 major preventable diseases. Minneapolis school district records indicate the percent of students who are fully immunized against diphtheria, pertussis and tetanus (DPT) (96.9 percent), polio (98.2 percent), and measles, mumps and rubella (MMR) (98.6 percent). All these percentages include children in public and non-public schools throughout the city. The percentage 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 2010 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 the kindergarten population had been decreasing in the past several years. The Immunization Action Plan (IAP) 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 kindergartners in the 1999-2000 school year significantly increased as compared to the rates for kindergartners in the previous school year.

IMMUNIZATION STATUS BY GRADE LEVEL REPORTED FOR MINNEAPOLIS 1999-2000 SCHOOL YEAR

	Percent Fully Immunized		
	DPT	Polio	MMR ¹
Kindergarten	91.8	95.8	97.8
1 – 12	97.5	98.4	98.6
Total	96.9	98.2	98.6

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%. 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% immunization compliance rate by the first week of school. The same program provided a 98.6% compliance rate in September 2000.

Insurance

Over 20% 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, 425 20th Ave. S. (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, 1305 E. 24th St. (Phillips)
- Powderhorn Family Network, 310 E. 38th St. (Powderhorn)
- Southwest Family Room, 500 8th 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.

- 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)

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 New Family Center as a way to register incoming students for school. In addition, the New Family 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 New Family Center served 8,000 to 9,000 new students.

New Family 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, 425 20th Ave. 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 (641) 489-CARE.

For more information on children's dental clinics,
call (651) 489-CARE.



Police

The total of all crimes reported in Minneapolis decreased by 3.6 percent from 1999 to 2000. Part I Crimes are generally more serious offenses and are followed more closely as an indicator of crime trends. Overall, these offenses decreased 10.6 percent from last 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 2000, Part I offenses (generally more serious crimes) decreased by 10.6 percent from 1999, with a 7.2 percent decrease in arrests for these offenses. Part II offenses (generally less serious crimes) increased 1.2 percent over 2000, with a 5.9 percent decrease in arrests for these offenses.

Homicides

Minneapolis recorded 50 homicides during 2000, down from peak of 97 reported during 1995. This is a 6.4 percent increase from 1999 to 2000.

Criminal Sexual Conduct

There were 445 reports of forcible rape during 2000. This is 7.1 percent lower than the 479 offenses reported in 1999. Reports of prostitution increased 24.4 percent in 2000 with 1,292 reported offenses in 2000 and 1,039 reported offenses in 1999. Other sex offenses totaled 621 during 2000, down 10.3 percent from 1999. Arrests for prostitution increased by 25.2 percent while arrests for forcible rape decreased by 22.2 percent but decreased for other sex offenses by 2.9 percent.

Robbery

There were 1,980 reports of robbery during 2000, down 6.7 percent from 1999. Arrests for robbery in 2000 increased by 6.3 percent compared to 1999.

Assault

There were 2,017 reports of aggravated assault during 2000, a decrease of 15.5 percent compared to 1999. Reports of simple assaults totaled 11,278 in 2000, a decrease of 5.6 percent over the 1999 total. Arrests for aggravated assault decreased by 9.6 percent from 1999 to 2000, with arrests for simple assault decreasing by 10.4 percent.

Burglary

Burglary offenses (both residential and non-residential) decreased 19.0 percent between 1999 and 2000. There were 4,566 burglary offenses reported in 2000, compared to 5,634 in 1999. Arrests for burglary decreased by 13.3 percent from 1999 to 2000.

Motor Vehicle Theft

A total of 3,897 motor vehicle thefts were reported during 2000. This is a decrease of 1.1 percent from 1999. Arrests for motor vehicle theft showed no change over the same period, remaining at 709 arrests.

Vandalism

The number of vandalism offenses totaled 9,591 in 2000, a 26.3 percent increase from the 1999 total. Vandalism arrests rose slightly over the previous year, 1.3 percent.

The following tables show 1996-2000 data and compare the number of reported UCR offenses and arrests for 1999 and 2000.

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.

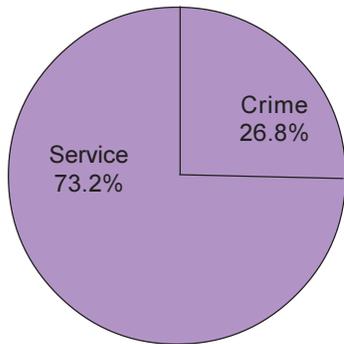
MAJOR OFFENSES REPORTED TO THE POLICE, 1996 - 2000
UNIFORM CRIME REPORTS BASIS

Major Offenses UCR (Part I)						% Change
Offense Classification	1996	1997	1998	1999	2000	1999-00
Criminal Homicide	83	58	58	47	50	+6.4
Forcible Rape	560	575	489	479	445	-7.1
Robbery	3,268	3,325	2,400	2,122	1,980	-6.7
Aggravated Assault	2,999	2,860	2,691	2,387	2,017	-15.5
Burglary	7,717	8,302	6,560	5,634	4,566	-19.0
Larceny-Theft	20,789	20,942	18,322	16,552	14,911	-9.9
Motor Vehicle Theft	5,694	5,834	4,540	3,941	3,897	-1.1
Arson	496	391	427	298	268	-10.1
Total Major Offenses Reported	41,606	42,287	35,487	31,460	28,134	-10.6
Other Offenses UCR (Part II)						
Simple Assault	13,541	13,564	12,679	11,945	11,278	-5.6
Vandalism	7,845	8,297	7,864	7,596	9,951	+26.3
Weapons Violation	940	914	850	780	628	-12.6
Prostitution	678	1,116	1,276	1,039	1,292	+24.4
Sex Offenses	748	846	678	692	621	-10.3
Narcotic Drug Laws	2,794	3,260	4,204	4,032	3,825	-5.1
Driving Under Influence	1,362	1,315	1,435	1,344	1,096	-18.5
All Other Part II	10,727	12,736	16,556	17,509	17,106	-2.3
Total Part II	38,635	42,048	45,542	44,937	45,491	+1.2
Total All Crimes	80,241	84,335	81,029	76,397	73,625	-3.6

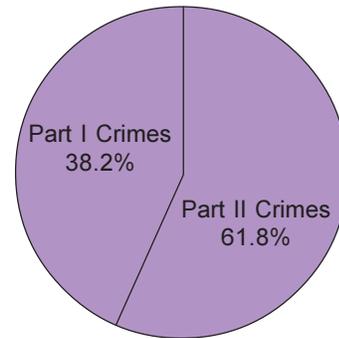
TOTAL PERSONS ARRESTED 1996 - 2000

Major Offenses (UCR Part I)						% Change
	1996	1997	1998	1999	2000	1999-00
Criminal Homicide	71	41	60	40	37	-7.5
Forcible Rape	191	170	166	168	131	-22.0
Robbery	623	593	453	426	453	+6.3
Aggravated Assault	1,079	1,086	1,133	1,041	941	-9.6
Burglary	503	549	488	474	411	-13.3
Larceny	2,052	2,072	2,137	2,023	1,850	-8.6
Motor Vehicle Theft	844	894	700	709	709	0.0
Arson	31	17	55	25	23	-8.0
Total Part I Arrests	5,394	5,422	5,192	4,906	4,555	-7.2
Other Offenses (UCR Part II)						
Simple Assault	4,784	4,621	4,608	4,100	3,673	-10.4
Vandalism	1,337	1,314	1,204	1,203	1,219	+1.3
Weapons Violations	939	891	847	800	690	-13.75
Prostitution	1,020	1,719	2,032	1,458	1,825	+25.2
Other Sex Offenses	95	111	99	105	102	-2.9
Narcotic/Drug Laws	2,811	3,050	4,526	4,282	4,140	-3.3
Driving Under Influence	1,369	1,319	1,438	1,384	1,124	-18.8
Other Part II Offenses	11,320	14,136	19,738	20,379	18,950	-7.0
Total Part II Arrests	23,675	27,161	34,470	33,711	31,723	-5.9
Total Arrests	29,069	32,583	39,641	38,617	36,278	-6.1

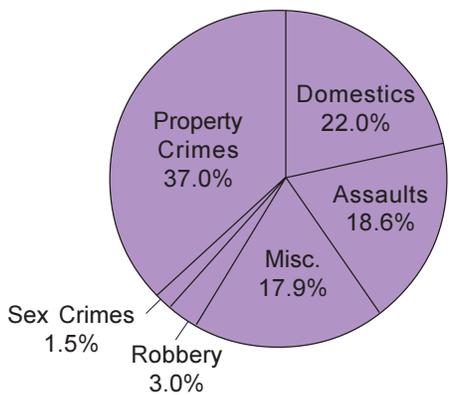
2000 CALL BREAKDOWN: SERVICE VS CRIME



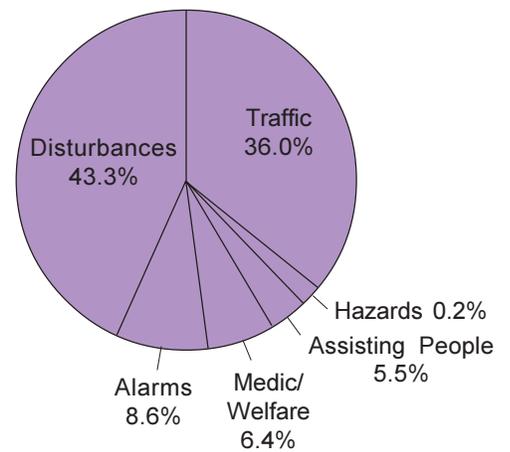
SUMMARY OF 2000 PART I & PART II CRIME CALLS



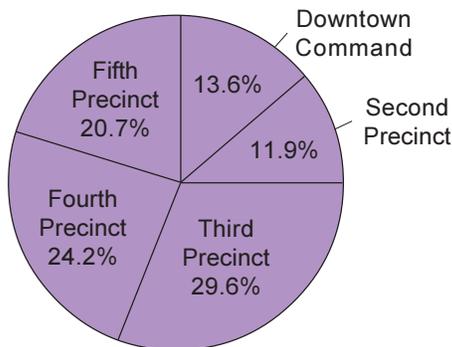
SUMMARY OF 2000 CRIME CALLS



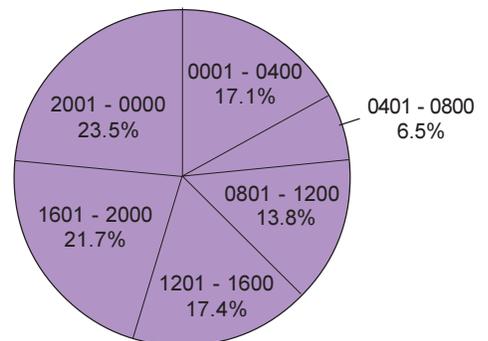
SUMMARY OF 2000 SERVICE CALLS



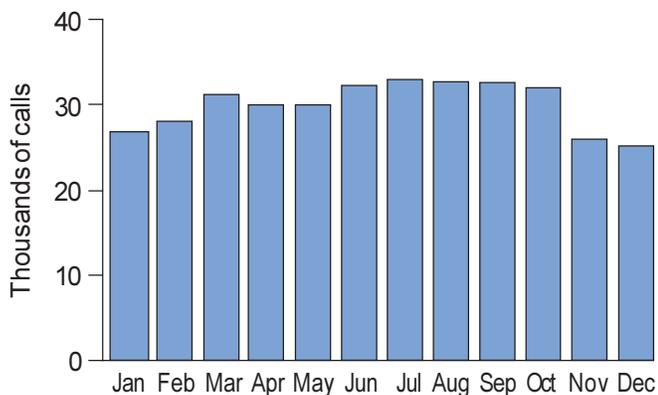
POLICE CALLS FOR SERVICE DISPATCHED BY PRECINCT, 2000



POLICE CALLS FOR SERVICE DISPATCHED BY TIME OF DAY, 2000

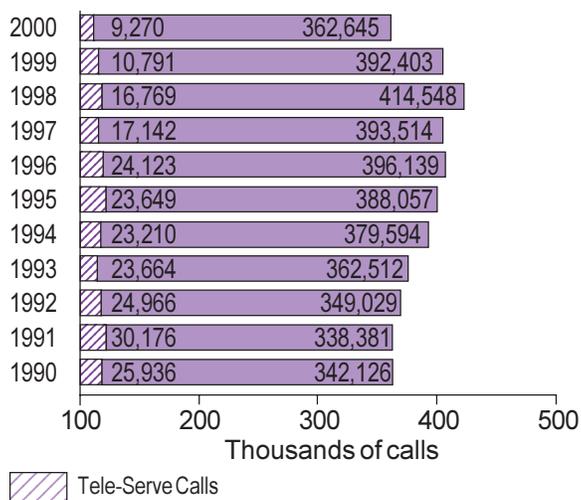


CALLS FOR SERVICE DISPATCHED BY MONTH, 2000



January	7.5%	July	9.1%
February	7.8%	August	9.1%
March	8.7%	September	9.1%
April	8.3%	October	8.9%
May	8.3%	November	7.2%
June	9.0%	December	7.0%

TOTAL CALLS FOR POLICE SERVICE PROCESSED BY THE MINNEAPOLIS EMERGENCY COMMUNICATIONS CENTER 1990 - 2000



Crime Prevention and Problem Solving Programs

Overview

The Police Department offers people who live or work in Minneapolis a variety of crime prevention programs through the Community Crime Prevention/SAFE (CCP/SAFE) Unit. CCP/SAFE pairs specially trained police officers with civilian crime prevention specialists. Together, they work in partnership with the community to reduce crime, resolve livability problems, build community and reduce fear.

In 2000, staff was involved in 2,969 community meetings on a wide variety of topics with 57,291 citizens attending. (These figures do not include National Night Out events.)

Health and Safety

Programs

• Block/Apartment Club Organizing (Neighborhood Watch)

Block and apartment clubs are made up of neighbors working together to be alert and to watch out for each other. They take responsibility for the quality of life in their area and work to build a sense of community through various group activities. They also distribute crime prevention material, educate residents, and take action to deter crime. Each club is coordinated by one or more trained volunteer leaders. Training for new block leaders is offered frequently throughout the city. In 2000 there were 20 block leader training offered with 261 persons attending. There were 77 new block and apartment clubs organized with 906 participants. During this period, there were 505 additional activities by existing block and apartment clubs - attendance totaled 8,625.

• Neighborhood Problem Solving (SAFE Program)

Staff assists residents in addressing issues that affect the quality of life in the city, such as drug dealing, loud parties, 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. In 2000, 176 problem locations were addressed by CCP/SAFE and documented in CAPRS. Staff also dealt with many other livability problems that were not formally tracked.

• National Night Out (NNO)

National Night Out highlights the strength of citizen involvement in crime prevention. Residents gather with their neighbors on the first Tuesday in August at 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. Our 2000 NNO included 830 events with a total attendance of 39,227; for 2001 there were 812 events with 34,855 attending encompassing 1,606 blocks. In 2000, Minneapolis was ranked second in the nation among large cities for the quality of its NNO campaigns.

• McGruff Houses

McGruff Houses are homes where children can get temporary assistance in emergency situations (lost, hurt, locked out, crime victim, etc.). McGruff signs identify these homes where screened and trained volunteers live. People who are regularly home during the day and who could occasionally help children are encouraged to volunteer. In 2000, CCP/SAFE trained 35 new McGruff Houses; there were 578 McGruff Houses participating in the program at the end of the year.

• 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. There were 46 Block Connections projects completed in 2000, involving 1,550 people.

• Personal Safety Information

Staff educate residents and people who work in Minneapolis about personal safety in a variety of venues from large company employee presentations to informal talks with residents. More in-depth personal safety workshops are also offered in partnership with self-defense experts. In 2000, CCP/SAFE offered 189 community meetings related to personal safety for adults and youth. Total attendance was 5,441.

• 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. There were 10 meetings related to home security in 2000, with 219 attending. In addition, CCP/SAFE staff conducted 154 individual home security checks for residents.

• Operation Identification (OPID)

This nation-wide program is designed to deter theft and aid in recovering stolen items. Participants receive a personal identification code to mark on their property. In 2000, there were 47 new participants in Minneapolis OPID.

• Information about Crimes and Crime Patterns

Crime Alerts are produced by staff and distributed by residents when certain crime patterns arise. These alerts outline the facts, give available suspect information, and provide prevention information. An “Attention Residents” flyer is used to inform people in a small area of a particularly serious crime or people in a larger area of a general increase in crime. Both types of documents are available on the city’s web page. In 2000, CCP/SAFE teams issued 19 Crime Alert announcements and updates, with a total of 26,810 flyers printed. Attention Resident notices were issued 14 times, with a total of 18,625 copies distributed.

• Crime Prevention for Businesses

Staff regularly meets with business representatives to discuss their unique crime concerns such as robbery, shoplifting, and employee theft. There were 122 business-related crime prevention meetings in 2000 with 1,986 in attendance.

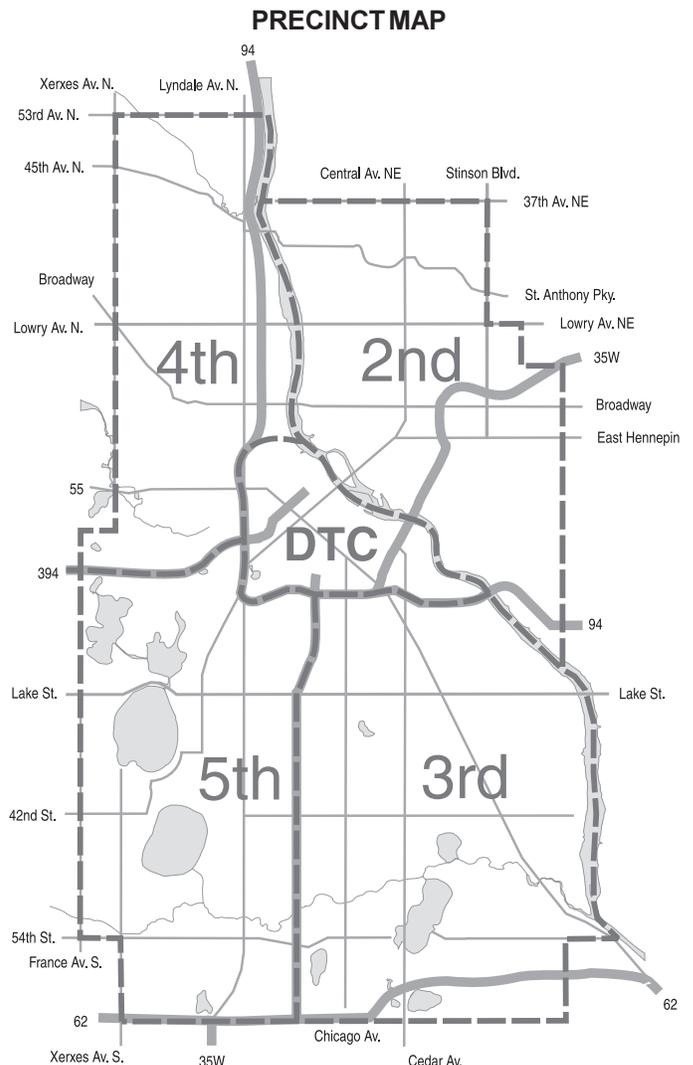
• Rental Property Owner Education

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, managers and owner associations as well as eight-hour workshops that are the first phase of the Crime

Free Multi-Housing Program. In 2000 there was one rental property owner workshops offered by CCP/SAFE; 38 owners and managers attended. In addition, there were 87 property owner/landlord meetings held with 486 attending.

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**





Fire

The Minneapolis Fire Department responded to 1,022 fires in 2000. This represents an 11 percent decrease in fires compared to 1999. Fire loss in 2000 was placed at \$13.1 million, a 30 percent increase from 1999. The Minneapolis Fire Department responded to 24,131 calls for Emergency Medical Service (EMS) in 2000, an average of 66 EMS calls per day.

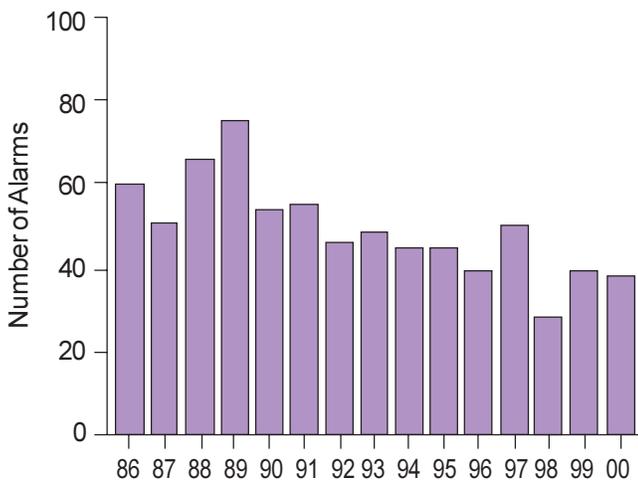
Fires and Alarms

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 10,325 alarms during 2000, a 1.5 percent decrease from the previous year. There were 39 multiple alarms in 2000, a 2.5 percent decrease from 1999.

Civilian deaths due to fires decreased to 4 during 2000. Civilian injuries from fires increased 27 percent in 2000.

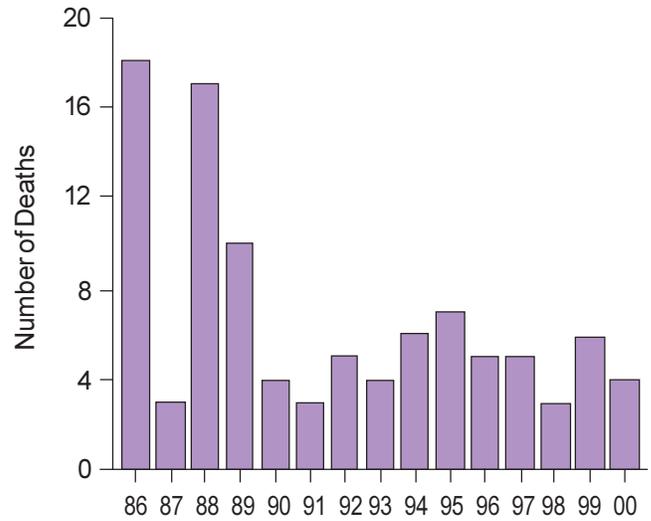
MULTIPLE ALARMS, 1986 - 2000



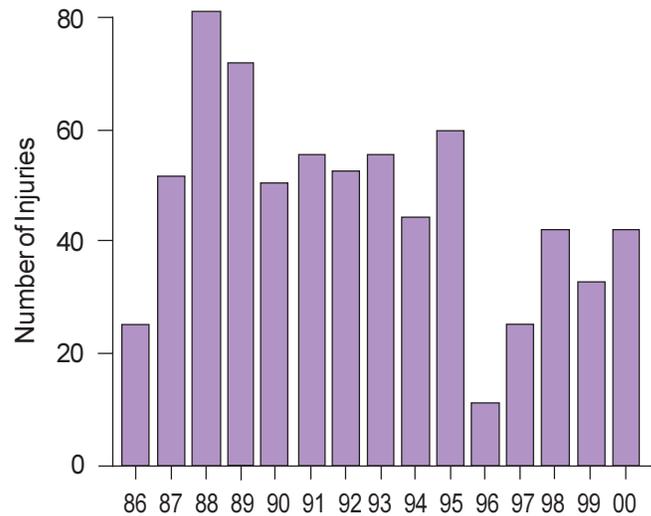
SUMMARY OF FIRES AND ALARMS, 2000

	Number	Estimated Loss
Fires in building	519	\$12,036,265
Fires in vehicles	503	\$ 1,105,048
Fires in rubbish, grass, outside buildings	1,040	
False and silent alarms	5,032	
Misc. alarms (smoke, steam, odors, faulty, lock in/out)	3,231	
Totals	10,325	\$13,141,313

CIVILIAN DEATHS DUE TO FIRE, 1986 - 2000



CIVILIAN INJURIES DUE TO FIRE, 1986 - 2000



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 2,666 in 2000, down from 2,283 in 1999.

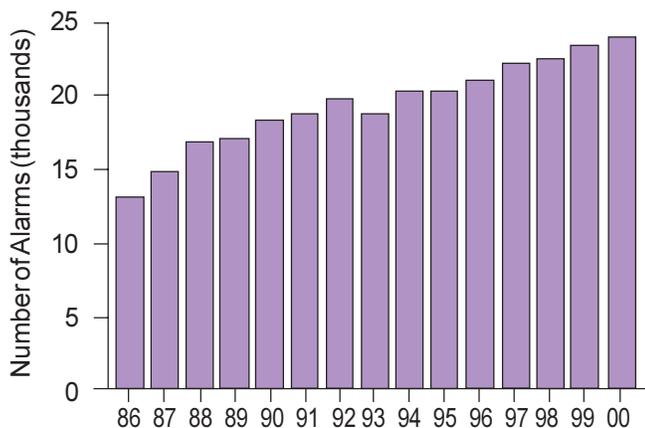
Emergency Medical Service

The Minneapolis Fire Department responded to 24,131 calls for Emergency Medical Service (EMS) in 2000, an average of 66 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 Techni-

cians. 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 allows the necessary medical care to be on the scene as quickly as possible without the need for additional ambulances, which are expensive to equip and staff.

ANNUAL MEDICAL SERVICE ALARMS, 1986 - 2000

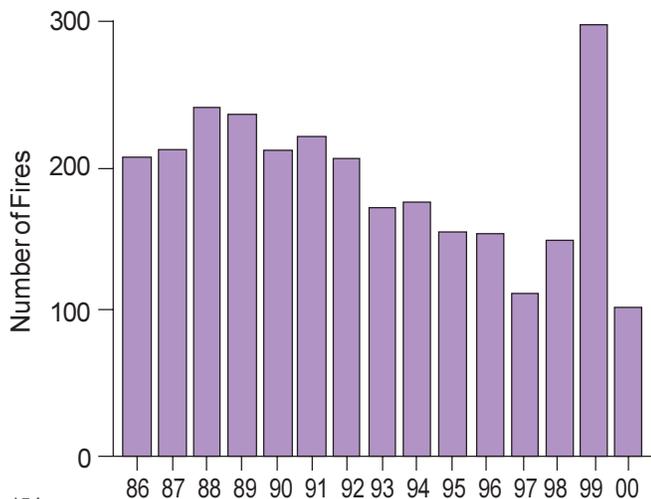


Arson

There were 102 fires in Minneapolis during 2000 for which the origin was determined to be arson. This represents a 66 percent decrease from the total number of arson fires over the previous year.

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 FIRES, 1986 - 2000

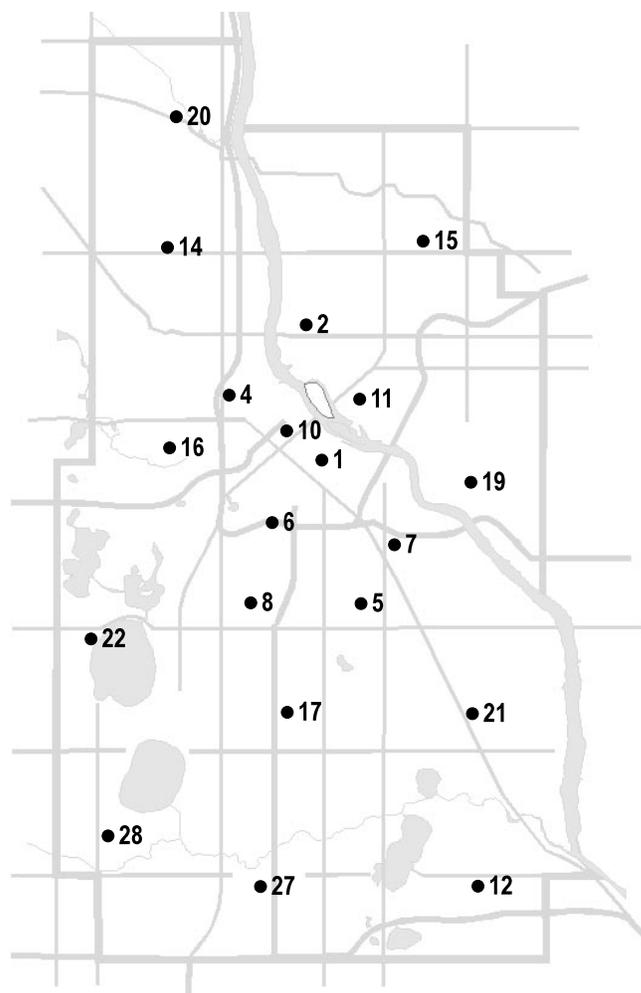


ARSON 1983 - 2000

2000	102	1999	297
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

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.

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. |