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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 1999 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 1999 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 1998 and 1999. 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 1979 – 1999

Year	Number	Rate ¹
1999	6,308	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
1979	5,625	15.2

¹ Births per 1,000 population.

There were 6,308 live births to Minneapolis residents in 1999 for a birth rate of 17.5 births per 1,000 population. The number of resident births and birth rate in 1999 decreased as compared to 1998. 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, from 1996 to 1998, the number of resident births and birth rates were 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 1999, 42 percent of resident births were to women of color, compared to 20.5 percent in 1980. The resident births in 1999 increased among African Americans and American Indians while decreasing for whites and Asian/Pacific Islanders in comparison to the numbers in 1998.

MINNEAPOLIS RESIDENT LIVE BIRTHS BY MOTHER'S RACE 1998 AND 1999

	1998		1999	
	Number	Percent	Number	Percent
White	3,569	56.3	3,563	56.5
African American	1,731	27.3	1,838	29.1
American Indian	236	3.7	273	4.3
Asian/Pac. Islander	621	9.8	540	8.6
Unknown/Missing	184	2.9	65	1.0
Total	6,341	100.0	6,308	100.0

In 1999, 13.2 percent of births were to women less than 20 years old. 49.7 percent were to women between 20 and 29 years, and 37 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 1999, 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 1999 was 13.2 percent.

MINNEAPOLIS RESIDENT LIVE BIRTHS BY AGE OF MOTHER 1998 AND 1999

Age Group Of Mother	1998		1999	
	Number	Percent	Number	Percent
Under 15 years	24	0.4	26	0.4
15 – 17 years	305	4.8	349	5.5
18 – 19 years	550	8.7	459	7.3
20 – 24 years	1,573	24.8	1,527	24.2
25 – 29 years	1,570	24.8	1,611	25.5
30 – 34 years	1,451	22.9	1,489	23.6
35 – 39 years	682	10.8	696	11.0
40 years +	186	2.9	151	2.4
Total	6,341	100.0	6,308	100.0

The percentage of births to women less than 18 years of age was 5.9 percent in 1999, up from 5.2 percent in 1998. There is a substantial difference in proportions of births to women of different racial groups. The proportion was 14.3 percent for American Indians, 11.3 percent for Asian/Pacific Islanders, 9.6 percent for African Americans, and 2.6 percent for Whites.

**MOTHER'S AGE LESS THAN 18 YEARS
BY MOTHER'S RACE
1998 AND 1999**

	1998		1999	
	Number	Percent	Number	Percent
White	87	2.4	91	2.6
African American	155	8.9	177	9.6
American Indian	28	11.9	39	14.3
Asian/Pac. Islander	47	7.6	61	11.3
Total	329	5.2	375	5.9

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 43.4 percent of total births in 1999, relatively constant in the last six years after significant increases in the two decades prior. The proportions by racial group are 88.3 percent for American Indians, 65.7 percent for African Americans, 30.5 percent for Whites, and 28.3 percent for Asian/Pacific Islanders.

**MINNEAPOLIS RESIDENT LIVE BIRTHS TO UNMARRIED
WOMEN BY MOTHER'S RACE
1998 AND 1999**

	1998		1999	
	Number	Percent	Number	Percent
White	1,078	30.2	1,088	30.5
African American	1,198	69.2	1,207	65.7
American Indian	198	83.9	241	88.3
Asian/Pac. Islander	159	25.6	153	28.3
Total	2,744	43.3	2,737	43.4

Mothers with less than a high school education accounted for 26 percent of resident births in 1999. The proportion is highest for American Indians (50.9 percent), followed by Asian/Pacific Islanders (36.1 percent), African Americans (33.3 percent), and Whites (18.9 percent). The proportions of mothers with less than a high school education increased across all races in 1999 as compared to the proportions in 1998. It should be noted that a significant number of births, 3.8 percent of total resident births (237 cases) in 1999, did not report mother's education level.

**MOTHER'S EDUCATION LESS THAN HIGH SCHOOL
BY MOTHER'S RACE
1998 AND 1999**

	1998		1999	
	Number	Percent	Number	Percent
White	614	17.2	673	18.9
African American	557	32.2	612	33.3
American Indian	110	46.6	139	50.9
Asian/Pac. Islander	186	29.9	195	36.1
Total	1,523	24.0	1,640	26.0

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 1999, the city's proportion of women receiving prenatal care in the first trimester was 72.2 percent overall as compared to 71.4 percent in 1998. The percentages for specific population groups were 80.2 for Whites, 64.3 percent for African Americans, 50.6 percent for American Indians and 53.7 percent for Asian/Pacific Islanders. Eleven percent (692 cases) of resident births in 1999 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
1998 AND 1999**

	1998		1999	
	Number	Percent	Number	Percent
White	2,645	74.1	2,611	80.2
African American	999	57.7	1,030	64.3
American Indian	96	40.7	118	50.6
Asian/Pac. Islander	292	47.0	244	53.7
Total	4,110	71.4	4,055	72.2

**MINNEAPOLIS RESIDENT LIVE BIRTHS
BY AGE OF MOTHER AND COMMUNITY
1997 – 1999**

Community	Less than 18 years		18 – 19 years		20 years and over	
	Number	Percent	Number	Percent	Number	Percent
Camden	149	8.7	163	9.5	1,401	81.8
Northeast	66	4.0	88	5.3	1,494	90.7
Near North	292	11.7	350	14.0	1,859	74.3
Central	21	3.4	79	12.8	517	83.8
University	27	3.1	43	4.9	800	92.0
Calhoun Isles	10	1.3	23	2.9	760	95.8
Phillips	144	9.7	196	13.2	1,148	77.2
Powderhorn	252	7.6	329	9.9	2,745	82.5
Longfellow	35	3.0	65	5.6	1,059	91.4
Nokomis	50	2.9	83	4.7	1,620	92.4
Southwest	17	0.7	38	1.6	2,264	97.6
Minneapolis	1,085	5.8	1,504	8.0	16,122	86.2

**MINNEAPOLIS RESIDENT LIVE BIRTHS
BY MOTHER'S RACE AND COMMUNITY
1997 – 1999**

	White		African American		American Indian		Asian / Pacific Islander	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Camden	793	46.3	560	32.7	49	2.9	281	16.4
Northeast	1,268	76.9	186	11.3	74	4.5	80	4.9
Near North	390	15.6	1,506	60.2	53	2.1	506	20.2
Central	265	42.9	260	42.1	25	4.1	45	7.3
University	378	43.4	294	33.8	23	2.6	145	16.7
Calhoun Isles	675	85.1	57	7.2	8	1.0	35	4.4
Phillips	442	29.7	595	40.0	273	18.3	116	7.8
Powderhorn	1,769	53.2	1,022	30.7	152	4.6	226	6.8
Longfellow	787	67.9	221	19.1	60	5.2	45	3.9
Nokomis	1,466	83.6	172	9.8	27	1.5	61	3.5
Southwest	2,063	89.0	157	6.8	15	0.6	63	2.7
Minneapolis	10,584	56.6	5,191	27.7	776	4.1	1,650	8.8

**MINNEAPOLIS RESIDENT LIVE BIRTHS
BY SELECTED CHARACTERISTICS AND COMMUNITY
1997 – 1999**

	Low Weight		Less than High School Education		First Trimester Prenatal Care		Births to Unmarried Women	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Camden	136	7.9	431	25.2	1,092	71.8	880	51.4
Northeast	111	6.7	318	19.3	1,135	75.0	592	35.9
Near North	291	11.6	981	39.2	1,360	61.9	1,685	67.4
Central	52	8.4	168	27.2	367	65.2	316	51.2
University	56	6.4	172	19.8	562	71.8	275	31.6
Calhoun Isles	55	6.9	34	4.3	640	87.3	171	21.6
Phillips	136	9.1	725	48.7	708	52.6	938	63.0
Powderhorn	255	7.7	1,230	37.0	1,803	60.0	1,904	57.2
Longfellow	85	7.3	160	13.8	796	76.3	419	36.2
Nokomis	106	6.0	140	8.0	1,365	85.8	411	23.4
Southwest	130	5.6	97	4.2	1,929	89.8	328	14.1
Minneapolis	1,457	7.8	4,576	24.5	12,077	71.4	8,182	43.7

The percent of women receiving late or no prenatal care decreased from 6.5 percent in 1998 to 5 percent in 1999. The decrease occurred across racial groups except American Indians, where the percentage was similar to 1998.

From 1990 to 1999 the proportions declined from 5.4 percent to 2.9 percent for Whites, from 17.2 to 7 percent for African Americans, from 28.0 percent to 14.6 percent for American Indians, and from 13.7 percent to 7.7 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 1998 AND 1999

	1998		1999	
	Number	Percent	Number	Percent
White	146	4.1	94	2.9
African American	140	8.1	112	7.0
American Indian	31	13.1	34	14.6
Asian/Pac. Islander	43	6.9	35	7.7
Total	375	6.5	279	5.0

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 7.5 percent overall in 1999. For various racial groups, the proportions of low weight births in 1999 were African American 11.7 percent; Asian/Pacific Islander 8.7 percent; American Indian 7.7 percent; and Whites 5.0 percent.

LOW WEIGHT LIVE BIRTHS¹ TO MINNEAPOLIS RESIDENTS BY MOTHER'S RACE 1998 AND 1999

	1998		1999	
	Number	Percent	Number	Percent
White	216	6.0	180	5.0
African American	211	12.2	215	11.7
American Indian	20	8.5	21	7.7
Asian/Pac. Islander	37	6.0	47	8.7
Total	500	7.9	473	7.5

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 1997 through 1999 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 2001.

Induced Abortions

During 1999, there were 2,708 reported induced abortions, reflecting a ratio of 429.3 abortions per 1,000 live births. The number of abortions decreased by 7.7 percent from 1998 to 1999.

MINNEAPOLIS RESIDENTS REPORTED INDUCED ABORTIONS 1984 – 1999

Year	Number	Ratio ²
1999	2,708	429.3
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

² Induced abortions per 1,000 live births.

A decrease in the number of abortions from 1998 to 1999 occurred in age groups under 15, 15 – 17, 18-19, 20 – 24, 25 – 29 and 40+ with the age group 40+ the most significant. The proportion of decrease for the age group 40+ was 11.8 percent. Abortions in the rest of the age groups of women increased from 1998 to 1999.

**INDUCED ABORTIONS REPORTED FOR MINNEAPOLIS RESIDENTS
1998 AND 1999**

Age Group	1998			1999		
	No.	%	Ratio ¹	No.	%	Ratio ¹
Under 15	19	0.6	791.7	11	0.4	423.1
15 – 17	133	4.5	436.1	120	4.4	343.9
18 – 19	282	9.6	512.7	260	9.6	566.4
20 – 24	1,013	34.5	644.0	920	34.0	602.5
25 – 29	804	27.4	512.1	741	27.4	460.0
30 – 34	384	13.1	264.6	395	14.6	265.3
35 – 39	199	6.8	291.8	201	7.4	288.8
40 +	68	2.3	365.6	60	2.2	397.3
Total	2,934	100.0	462.7	2,708	100.0	429.3

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 1999, there were 50 deaths to children under the age of one year, for an infant mortality rate of 7.9 per 1,000 live births. The infant mortality rate increased to 7.9 per 1,000 live births from a rate of 6.1 per 1,000 live births in 1998. 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 1997 – 1999 was 7.6 deaths per 1,000 live births, compared to 10.8 deaths per 1,000 live births for the period of 1994 – 1996.

American Indians have the highest infant mortality rate (18 infant deaths per 1,000 live births) among all racial groups for the three-year period of 1997 – 1999. The second highest rate occurs in African Americans (12.7 infant deaths per 1,000 live births). The rate among Asian/Pacific Islanders is 6.1 per 1,000 live births, and the rate among whites is 4.9 per 1,000 live births.

The infant mortality rates among all races except Asian/Pacific Islanders decreased in 1997 – 1999 when compared to the period 1994 – 1996. However, the Asian/Pacific Islanders group experienced an increase in infant mortality rate in 1997– 1999 when compared to the three-year period 1994 - 1996.

**MINNEAPOLIS RESIDENT INFANT MORTALITY
1979 – 1999**

Year	Number	Rate ²
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
1979	75	13.3

MINNEAPOLIS RESIDENT INFANT MORTALITY BY RACE

	1994 - 1996		1997 - 1999	
	Number	Rate ²	Number	Rate ²
All Races	188	10.8	142	7.6
White	71	7.1	52	4.9
African American	87	19.4	66	12.7
American Indian	19	24.1	14	18.0
Asian/Pac. Islander	9	5.6	10	6.1

² Infant deaths per 1,000 live births.

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

**MINNEAPOLIS INFANT MORTALITY BY AREA OF RESIDENCE
1997 – 1999**

	Number	Rate ¹
Camden	17	9.9
Northeast	13	7.9
Near North	28	11.2
Central	4	6.5
University	4	4.6
Calhoun Isles	5	6.3
Phillips	11	7.4
Powderhorn	28	8.4
Longfellow	4	3.4
Nokomis	10	5.7
Southwest	9	3.9
Minneapolis	142	7.6

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
1979 – 1999**

Three Year Period	Neonatal Mortality Rate ²	Postneonatal Mortality Rate ²
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
1979 – 81	8.2	4.9

Three major causes of death accounted for 78.9 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

	1994 - 1996		1997 – 1999	
	No.	Rate ¹	No.	Rate ¹
All Causes	188	10.8	142	7.6
Certain conditions				
Originating in the				
Perinatal Period	77	4.4	61	3.3
Congenital Anomalies	37	2.1	35	1.9
Symptoms & Ill				
Defined Causes	25	1.4	16	0.9
All Other Causes	49	2.8	30	1.6

Deaths

This section presents the leading causes of death among Minneapolis residents in 1998 and 1999. Leading causes of death by age groups among Minneapolis residents during the period 1997 – 1999 are also present in this section.

Total deaths among Minneapolis residents decreased from 3,241 in 1998 to 3,151 in 1999. The number of deaths per 1,000 population was 8.7 in 1999.

**MINNEAPOLIS RESIDENT DEATHS
1979 - 1999**

Year	Number	Rate ³
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
1979	4,238	11.5

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 percent of 1999 deaths.

LEADING CAUSES OF DEATH – MINNEAPOLIS RESIDENTS NUMBER AND PERCENT OF TOTAL DEATHS 1998 AND 1999

	1998		1999	
	Number	Percent	Number	Percent
All Causes	3,241	100.0	3,151	100.0
Diseases of the Heart	647	20.0	601	19.1
Malignant Neoplasms (Cancer)	664	20.5	685	21.7
Cerebrovascular Diseases	222	6.8	196	6.2
Chronic Obstructive Pulmonary Disease	155	4.8	172	5.5
Unintentional Injury	145	4.5	129	4.1
Motor Vehicle	33	1.0	25	0.8
Influenza and Pneumonia	120	3.7	69	2.2
Influenza	0	0.0	1	0.0
Pneumonia	120	3.7	68	2.2
Diabetes Mellitus	94	2.9	102	3.2
HIV Related	25	0.8	29	0.9
Homicide	49	1.5	45	1.4
Suicide	41	1.3	44	1.4
Chronic Liver Disease & Cirrhosis	46	1.4	30	1.0
All Other Causes	1,000	30.9	1,024	32.5

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, 118

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 1998

Percent at Risk of Premature Death for:	1998	
	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% in 1984 to 12.3 percent in 1998 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 1997 – 1999 rate was 2.3 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 1997 – 1999.

LEADING CAUSES OF DEATH BY AGE GROUPS MINNEAPOLIS RESIDENT DEATHS 1997 – 1999

Age Group	Number	Percent
1 – 4 Years		
All Causes	28	100.0
Congenital Anomalies	5	17.9
Homicide	4	14.3
Unintentional Injury	3	10.7
Motor Vehicle	2	7.1
Others	14	50.0
5 – 14 Years		
All Causes	28	100.0
Malignant Neoplasms	7	25.0
Homicide	4	14.3
Unintentional Injury	4	14.3
Motor Vehicle	2	7.1
Diseases of the Heart	2	7.1
Others	9	32.2

15 – 24 Years	Number	Percent
All Causes	112	100.0
Homicide	56	50.0
Unintentional Injury	14	12.5
Suicide	11	9.8
Motor Vehicle	9	8.0
Malignant Neoplasms	8	7.1
Others	14	12.6

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 almost two-thirds of all deaths to persons 1-24 years of age during the period of 1997 – 1999. Homicide was the major cause of death for resident's 15-24 years of age. This is a reflection of the stress and violence experienced by many young adults in our community.

25 – 44 Years	Number	Percent
All Causes	634	100.0
Malignant Neoplasms	88	13.9
Diseases of the Heart	78	12.3
Unintentional Injury	74	11.7
Suicide	65	10.3
Homicide	62	9.8
HIV Related	60	9.5
Motor Vehicle	29	4.6
Chronic Liver Disease and Cirrhosis	20	3.2
Diabetes Mellitus	17	2.7
Cerebrovascular Disease	10	1.6
Others	131	20.7

Violence is a major public health problem for our community. The Youth Violence 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 youth 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.

45 – 64 Years	Number	Percent
All Causes	1,407	100.0
Malignant Neoplasms	473	33.6
Diseases of the Heart	258	18.3
Chronic Obstructive Pulmonary Disease	59	4.2
Unintentional Injury	54	3.8
Diabetes Mellitus	53	3.8
Cerebrovascular Disease	52	3.7
Chronic Liver Disease and Cirrhosis	52	3.7
Suicide	31	2.2
HIV Related	23	1.6
Motor Vehicle	18	1.3
Influenza and Pneumonia	16	1.1
Homicide	12	0.9
Others	306	21.8

Malignant neoplasms 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, Suicide, Homicide and Human Immunodeficiency Virus Infection (HIV).

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 1999, there were 1,513 reported cases for a rate of 419 per 100,000 population.

AIDS is another frequently reported communicable disease. In Minneapolis, 56 new AIDS cases were reported in 1999. Minneapolis continues to have the majority of the reported cases, when compared to the remainder of the state.

65 and Older	Number	Percent
All Causes	7,290	100.0
Diseases of the Heart	1,577	21.6
Malignant Neoplasms	1,470	20.2
Cerebrovascular Disease	596	8.2
Chronic Obstructive Pulmonary Disease	419	5.7
Influenza and Pneumonia	297	4.1
Unintentional Injury	264	3.6
Diabetes Mellitus	212	2.9
Arteriosclerosis	44	0.6
Chronic Liver Disease and Cirrhosis	35	0.5
Motor Vehicle	22	0.3
Suicide	15	0.2
Homicide	10	0.1
Others	2,329	31.9

**SELECTED REPORTABLE DISEASES
MINNEAPOLIS
1997 – 1999**

	1997	1998	1999
AIDS	82	78	56
Amebiasis	13	21	63
Campylobacter	127	95	66
Chlamydia	2,389	2,563	2,481
Encephalitis	1	0	0
Giardiasis	231	183	217
Gonorrhea	1,379	1,572	1,513
Hemophilus Influenzae	7	14	6
Invasive Disease			
Hepatitis A	47	14	55
Hepatitis B	19	22	19
Hepatitis; Unspecified	0	1	0
Lyme Disease	97	11	12
Malaria	10	17	13
Meningococcal Disease	0	6	8
Mumps	1	0	0
Pertussis	55	45	21
Rabies (Animal)	0	1	3
Rubella	0	0	3
Rubeola	0	0	1
Salmonellosis	65	58	55
Shigellosis	29	35	53
Syphilis (all forms)	48	34	25
Tetanus	0	0	0
Toxic Shock Syndrome	0	0	1
Tuberculosis	67	63	85
Yersiniosis	4	2	3

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 of the 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 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 kindergartners in the 1999-2000 school year significantly increased as compared to the rates for kindergartners in the 1998-1999 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, 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% 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 (641) 489-CARE.

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



The total of all crimes reported in Minneapolis decreased by 5.7 percent from 1998 to 1999. Part I Crimes are generally more serious offenses and are followed more closely as an indicator of crime trends. Overall, these offenses decreased 11.4 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 1999, Part I offenses (generally more serious crimes) decreased by 11.4 percent from 1998, with a 5.8 percent decrease in arrests for these offenses. Part II offenses (generally less serious crimes) decreased 1.3 percent over 1999, with a 2.2 percent decrease in arrests for these offenses.

Homicides

Minneapolis recorded 47 homicides during 1999, down from peak of 97 reported during 1995. This is a 19 percent decrease from 1998 to 1999.

Criminal Sexual Conduct

There were 480 reports of forcible rape during 1999. This is 1.9 percent lower than the 489 offenses reported in 1998. Reports of prostitution decreased 18.6 percent in 1999 with 1,039 reported offenses in 1999 and 1,276 reported offenses in 1998. Other sex offenses totaled 693 during 1999, up 2.2 percent from 1998. Arrests for prostitution decreased by 28.2 percent while arrests for forcible rape decreased by 1.2 percent but increased for other sex offenses by 6.1 percent.

Robbery

There were 2,123 reports of robbery during 1999, down 11.5 percent from 1998. Arrests for robbery in 1999 decreased by 6.2 percent compared to 1998.

Assault

There were 2,388 reports of aggravated assault during 1999, a decrease of 11.3 percent compared to 1998. Reports of simple assaults totaled 11,936 in 1999, a decrease of 5.9 percent over the 1998 total. Arrests for aggravated assault decreased by 8.1 percent from 1998 to 1999, with arrests for simple assault decreasing by 11.0 percent.

Burglary

Burglary offenses (both residential and non-residential) decreased 14.1 percent between 1998 and 1999. There were 5,632 burglary offenses reported in 1999, compared to 6,560 in 1998. Arrests for burglary decreased by 3.1 percent from 1998 to 1999.

Motor Vehicle Theft

A total of 3,941 motor vehicle thefts were reported during 1999. This is a decrease of 13.2 percent from 1998. Arrests for motor vehicle theft showed a decrease of 1.3 percent over the same period.

Vandalism

The number of vandalism offenses totaled 7,596 in 1999, a 3.4 percent decrease from the 1998 total. Vandalism arrests remained nearly constant over the previous year.

The following tables show 1995-1999 data and compare the number of reported UCR offenses and arrests for 1998 and 1999.

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.

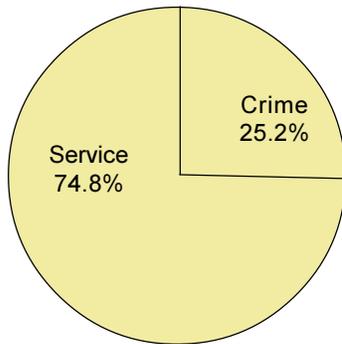
MAJOR OFFENSES REPORTED TO THE POLICE, 1995 - 1999
UNIFORM CRIME REPORTS BASIS

Major Offenses UCR (Part I)						% Change
Offense Classification	1995	1996	1997	1998	1999	1998-99
Criminal Homicide	97	83	58	58	47	-19.0
Forcible Rape	604	560	575	489	480	-1.9
Robbery	3,577	3,268	3,325	2,400	2,123	-11.5
Aggravated Assault	2,873	2,999	2,860	2,691	2,388	-11.3
Burglary	8,071	7,717	8,302	6,560	5,632	-14.1
Larceny-Theft	21,816	20,789	20,942	18,322	16,545	-9.7
Motor Vehicle Theft	5,441	5,694	5,834	4,540	3,941	-13.2
Arson	449	496	391	427	298	-30.2
Total Major Offenses Reported	42,936	41,606	42,287	35,487	31,454	-11.4
Other Offenses UCR (Part II)						
Simple Assault	11,989	13,541	13,564	12,679	11,936	-5.9
Vandalism	8,183	7,845	8,297	7,864	7,596	-3.4
Weapons Violation	1,049	940	914	850	780	-8.2
Prostitution	555	678	1,116	1,276	1,039	-18.6
Sex Offenses	808	748	846	678	693	2.2
Narcotic Drug Laws	2,737	2,794	3,260	4,204	4,030	-4.1
Driving Under Influence	1,680	1,362	1,315	1,435	1,343	-6.4
All Other Part II	11,176	10,727	12,736	16,556	17,511	5.8
Total Part II	38,177	38,635	42,048	45,542	44,928	-1.3
Total All Crimes	81,113	80,241	84,335	81,029	76,382	-5.7

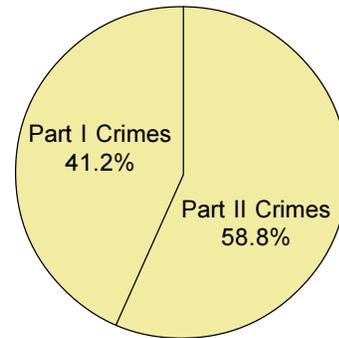
TOTAL PERSONS ARRESTED 1995 - 1999

Major Offenses (UCR Part I)						% Change
Offense Classification	1995	1996	1997	1998	1999	1998-99
Criminal Homicide	131	71	41	60	38	-36.7
Forcible Rape	213	191	170	166	164	-1.2
Robbery	634	623	593	453	425	-6.2
Aggravated Assault	1,172	1,079	1,086	1,133	1,041	-8.1
Burglary	532	503	549	488	473	-3.1
Larceny	2,242	2,052	2,072	2,137	2,017	-5.6
Motor Vehicle Theft	1,605	844	894	700	709	1.3
Arson	22	31	17	55	25	-54.5
Total Part I Arrests	6,551	5,394	5,422	5,192	4,892	-5.8
Other Offenses (UCR Part II)						
Simple Assault	4,955	4,784	4,621	4,608	4,099	-11.0
Vandalism	724	1,337	1,314	1,204	1,203	-0.1
Weapons Violations	1,285	939	891	847	800	-5.5
Prostitution	901	1,020	1,719	2,032	1,458	-28.2
Other Sex Offenses	112	95	111	99	105	6.1
Narcotic/Drug Laws	3,150	2,811	3,050	4,526	4,272	-5.6
Driving Under Influence	1,443	1,369	1,319	1,438	1,384	-3.8
Other Part II Offenses	10,516	11,320	14,136	19,738	20,375	3.2
Total Part II Arrests	23,086	23,675	27,161	34,470	33,696	-2.4
Total Arrests	29,637	29,069	32,583	39,641	38,588	-2.8

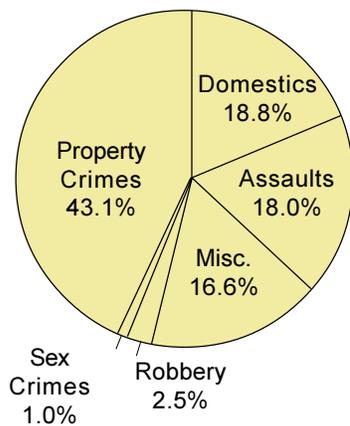
1999 CALL BREAKDOWN: SERVICE VS CRIME



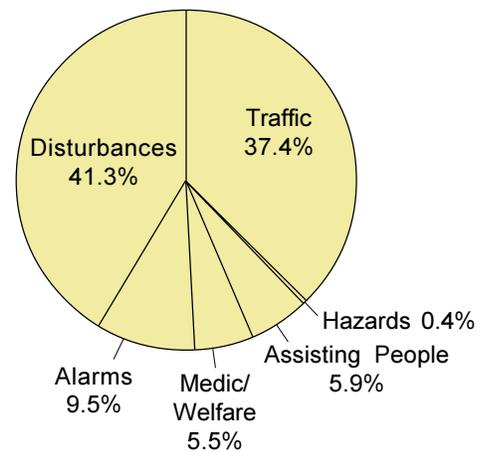
SUMMARY OF 1999 PART I & PART II CRIME CALLS



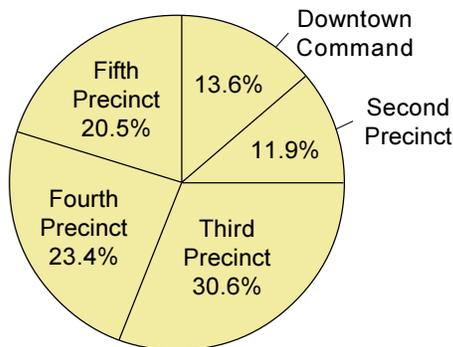
SUMMARY OF 1999 CRIME CALLS



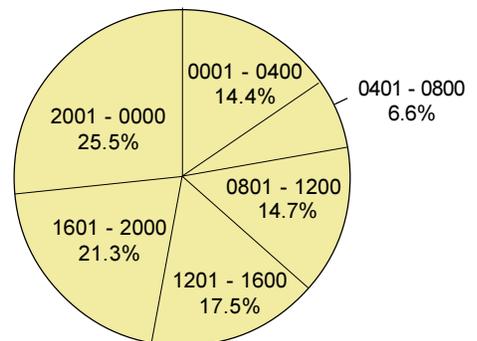
SUMMARY OF 1999 SERVICE CALLS



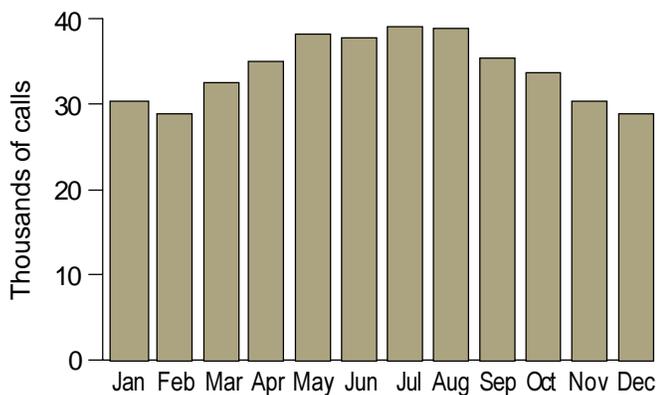
POLICE CALLS FOR SERVICE DISPATCHED BY PRECINCT, 1999



POLICE CALLS FOR SERVICE DISPATCHED BY TIME OF DAY, 1999

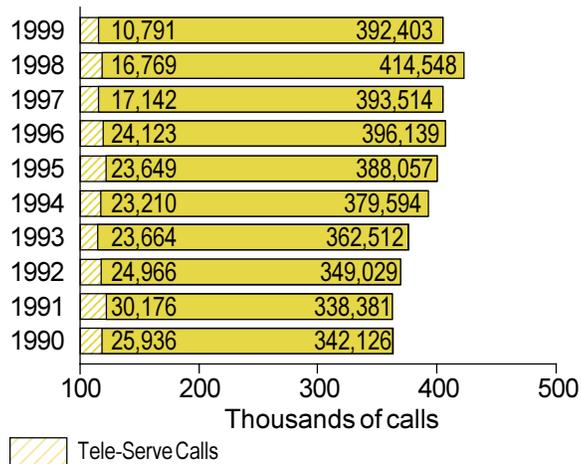


CALLS FOR SERVICE DISPATCHED BY MONTH, 1999



January	7.30%	July	9.47%
February	7.10%	August	9.43%
March	8.11%	September	8.90%
April	8.53%	October	8.39%
May	9.20%	November	7.44%
June	9.13%	December	7.00%

TOTAL CALLS FOR POLICE SERVICE PROCESSED BY THE MINNEAPOLIS EMERGENCY COMMUNICATIONS CENTER 1990 - 1999



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 1999, staff were involved in 3,138 community meetings on a wide variety of topics with 76,671 citizens attending. (These figures do not include National Night Out events.)

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 1999 there were 20 block leader trainings offered with 196 attending. There were 127 new block and apartment clubs organized with 1,663 participants. During this period, there were 934 additional activities by existing block and apartment clubs; attendance totaled 13,768.

• Neighborhood Problem Solving (SAFE program)

Staff assist residents in addressing issues which 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 1999, 304 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 1999 NNO included 838 events with a total attendance of 42,117; for 2000 there were 829 events with 39,242 attending. In both 1999 and 2000, Minneapolis was ranked second in the nation among large cities for the quality of its NNO campaigns.

• McGruff Houses

McGruff Houses are 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 1999, CCP/SAFE trained 49 new McGruff Houses; there were 611 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 67 Block Connections projects completed in 1999, involving 1,625 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 1999, CCP/SAFE offered 207 community meetings related to personal safety for adults and youth. Total attendance was 6,265.

• **Home Security Information**

Staff offer 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 17 meetings related to home security in 1999, with 215 attending. In addition, CCP/SAFE staff conducted 374 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 1999, there were 1,475 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 1999, CCP/SAFE teams issued 68 Crime Alert announcements and updates, with a total of 76,205 flyers printed. Attention Resident notices were issued 37 times, with a total of 27,285 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 169 business-related crime prevention meetings in 1999 with 2,849 in attendance.

• **Rental Property Owner Education**

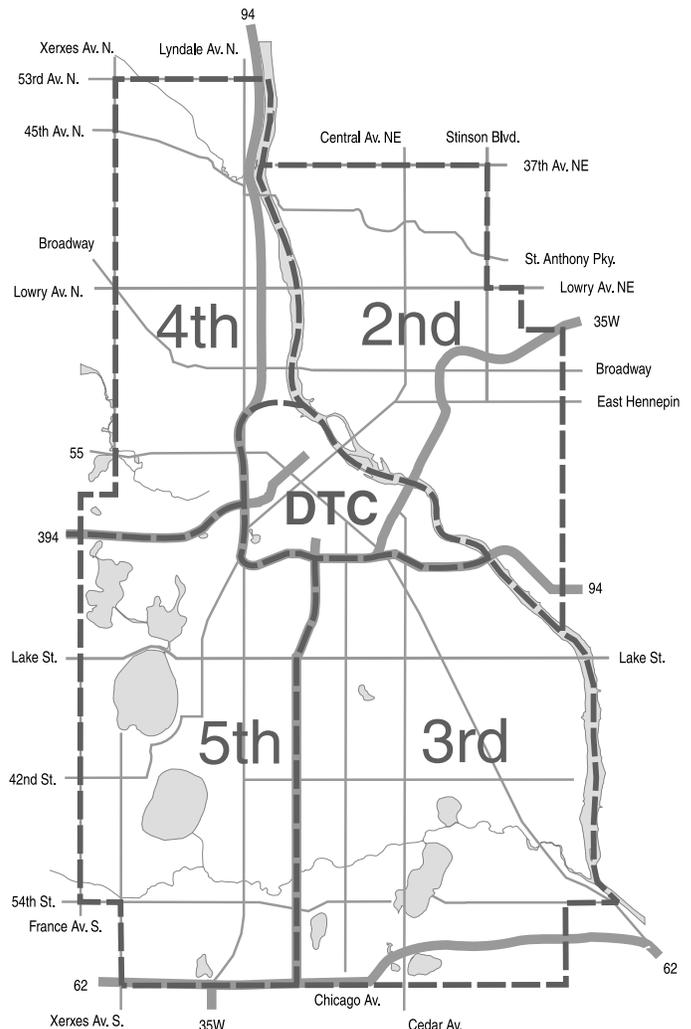
Owners and managers of rental property learn management techniques, how to deal with illegal activities, and how to organize for crime prevention. Staff offer individual meetings with property owners,

managers and owner associations as well as eight-hour workshops that are the first phase of the Crime Free Multi-Housing Program. In 1999 there were two rental property owner workshops offered by CCP/SAFE; 105 owners and managers attended. In addition, there were 67 property owner/landlord meetings held with 483 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**

PRECINCT MAP





Fire

The Minneapolis Fire Department responded to 1,154 fires in 1999. This represents a 1 percent decrease in fires compared to 1998. Fire loss in 1999 was placed at \$10.1 million, a 4 percent decrease from 1998. The Minneapolis Fire Department responded to 23,680 calls for Emergency Medical Service (EMS) in 1999, an average of 65 EMS calls per day.

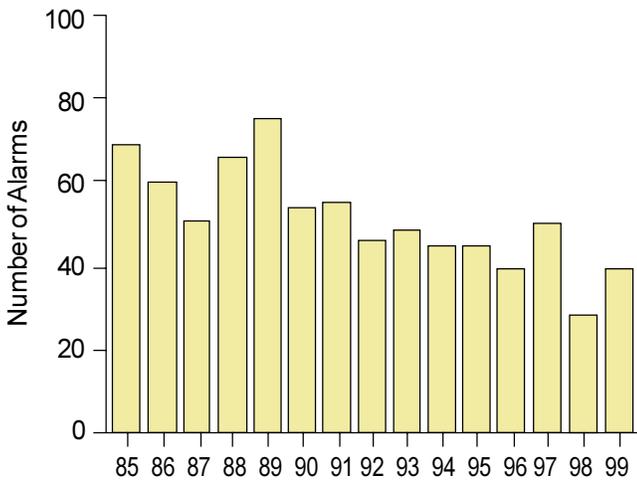
Fires and Alarms

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 10,483 alarms during 1999, a 2 percent decrease from the previous year. There were 40 multiple alarms in 1999, a 42 percent increase from 1998.

Civilian deaths due to fires increased to 6 during 1999. Civilian injuries from fires decreased 21 percent in 1999.

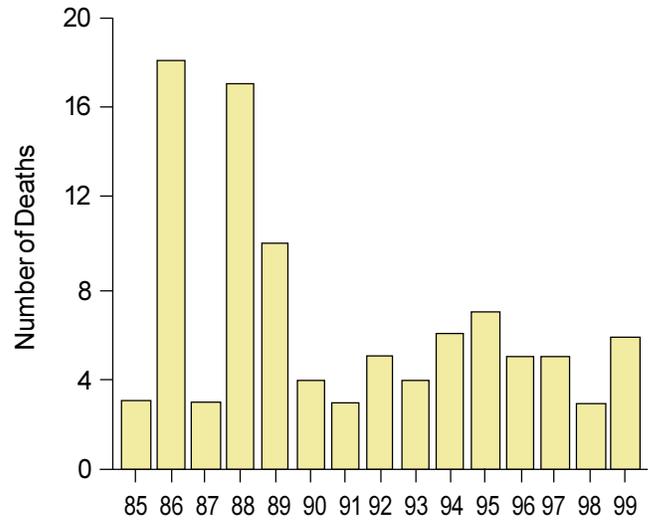
MULTIPLE ALARMS, 1985 - 1999



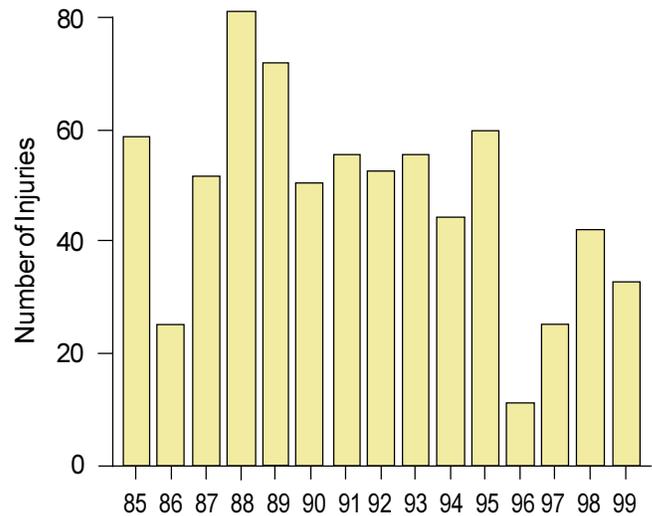
SUMMARY OF FIRES AND ALARMS, 1998

	Number	Estimated Loss
Fires in building	570	\$8,460,550
Fires in vehicles	584	\$ 1,550,837
Fires in rubbish, grass, outside buildings	1,089	
False and silent alarms	5,511	
Misc. alarms (smoke, steam, odors, faulty, lock in/out)	2,729	
Totals	10,483	\$10,011,387

CIVILIAN DEATHS DUE TO FIRE, 1985 - 1999



CIVILIAN INJURIES DUE TO FIRE, 1985 - 1999



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 2,283 in 1999, down from 2,748 in 1998.

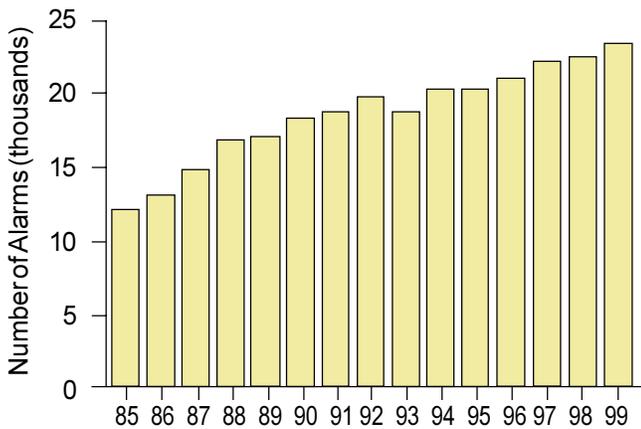
Emergency Medical Service

The Minneapolis Fire Department responded to 23,680 calls for Emergency Medical Service (EMS) in 1999, an average of 65 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.

ANNUAL MEDICAL SERVICE ALARMS, 1985 - 1999

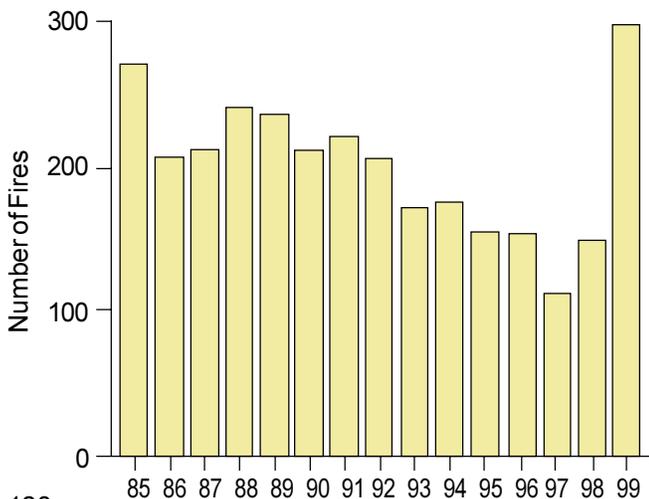


Arson

There were 297 fires in Minneapolis during 1999 for which the origin was determined to be arson. This represents a 100 percent increase 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, 1985 - 1999

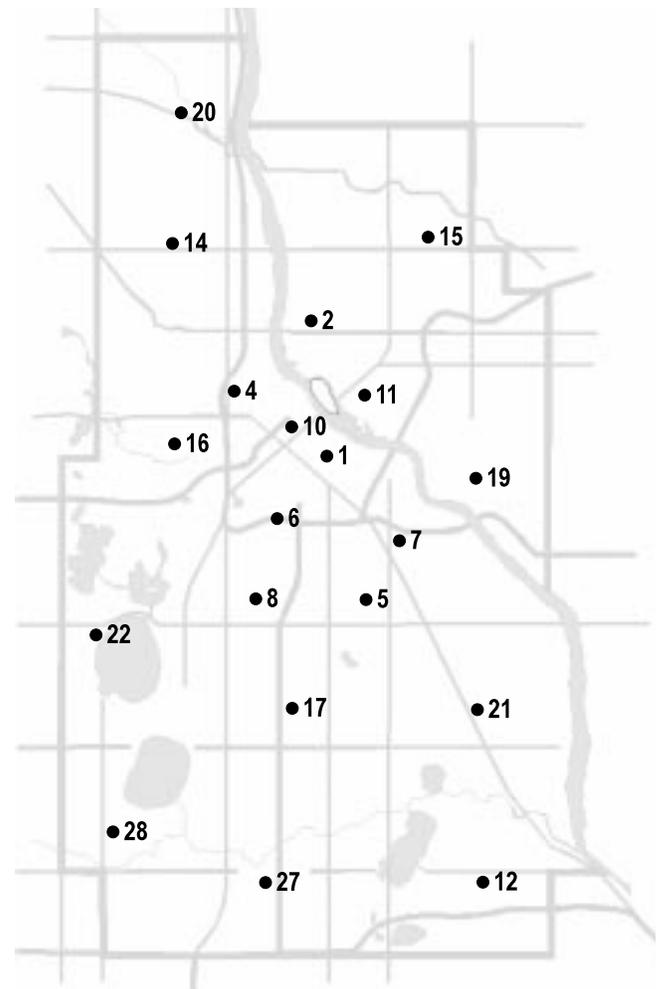


ARSON 1982 - 1999

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	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.

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. |