

## **Health and Family Support, Public 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 2002 data.

The statistics regarding public safety were compiled by the Minneapolis Police Department, as reported in their 2002 Annual Report, and by the Minneapolis Fire Department. Information on crime prevention activity was provided by the Minneapolis Office of Community Crime Prevention/SAFE (CCP/SAFE).

## Health

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 monitors the City's progress toward meeting these nationwide goals.

### Births

This section presents selected characteristics on resident births in 2001 and 2002. There were several factors that were used to consider the health status of mothers and infants. Some of these factors were related to pregnancy outcome and reflect health status, and included the mother's age and education level, her marital status, and her use of prenatal care. Birth data indicated the need for continued efforts to improve the health of mothers and children in Minneapolis. Substantial differences in health status existed among population groups.

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

### **Minneapolis Resident Births 1982 to 2002**

<b>Year</b>	<b>Number</b>	<b>Rate</b>
2002	6,376	16.7
2001	6,598	17.2
2000	6,645	17.4
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

*Births per 1,000 population.*

There were 6,376 live births to Minneapolis residents in 2002 for a birth rate of 17 births per 1,000 population, a decrease in 2002 as compared with 2001.

In this report, birth statistics presented by race reflect the mother's race, as reported on the birth certificate. The racial distribution of resident live births changed significantly over the last 20 years. In 2002, almost 40% of resident births were to women of color, compared to 21% in 1980. Compared with 2001, the number of resident births in 2002 increased among American Indians while decreasing for all other races.

**Minneapolis Resident Live Births by Mother's Race  
2001 and 2002**

	2001		2002	
	Number	%	Number	%
White	3,947	59.8	3,824	60.0
African American	1,761	26.7	1,720	27.0
American Indian	211	3.2	239	3.7
Asian/Pacific Islander	499	7.6	475	7.4
Other Race/Missing	180	2.7	118	1.9
Total	6,598	100.0	6,376	100.0

In 2002, 12% of births were to women less than 20 years old, 47% were to women between 20 and 29 years, and 42% were to women 30 years and older. The proportion of births to women 30 years and older increased significantly over the past 27 years. In 1975, 14% of resident births were to women 30 years and older; by 2002, this percent had increased to 42%.

**Minneapolis Resident Live Births by Mother's Age  
2001 and 2002**

Age Group Of Mother	2001		2002	
	Number	%	Number	%
Under 15 years	18	0.3	22	0.3
15 – 17 years	276	4.2	268	4.2
18 – 19 years	486	7.4	462	7.2
20 – 24 years	1603	24.3	1457	22.9
25 – 29 years	1578	23.9	1515	23.8
30 – 34 years	1642	24.9	1644	25.8
35 – 39 years	784	11.9	817	12.8
40 and above	210	3.2	191	3.0
Total	6,598	100.0	6,376	100.0

The percent of births to women less than 18 years of age was 5% in 2002, the same as in 2001. There was a substantial difference in proportions of births to adolescent women for different racial groups. The proportion of births to adolescents was 10% for American Indians, 8% for Asian/Pacific Islanders, 7% for African Americans, and 3% for Whites.

**Mother's Age Less than 18 Years  
By Mother's Race  
2001 and 2002**

	2001		2002	
	Number	%	Number	%
White	95	2.4	94	2.5
African American	125	7.1	128	7.4
American Indian	28	13.3	24	10.0
Asian/Pac Islander	33	6.6	37	7.8
Total	294	4.5	290	4.5

Births to unmarried women often resulted 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 is expected to remain high. Births to unmarried women accounted for 44% of total births in 2002 but varied greatly by racial group: 88% for American Indians, 66% for African Americans, 33% for Whites, and 32% for Asian/Pacific Islanders.

**Minneapolis Resident Live Births to Unmarried Women  
By Mother's Race  
2001 and 2002**

	2001		2002	
	Number	%	Number	%
White	1,220	30.9	1,260	32.9
African American	1,072	60.9	1,130	65.7
American Indian	173	82.0	210	87.9
Asian/Pac Islander	147	30.6	150	31.6
Total	2,722	41.3	2,815	44.1

Mothers with less than a high school education accounted for 26% of resident births in 2002. The proportion was highest for American Indians at 50%, followed by African Americans 31%, Asian/Pacific Islanders 27%, and Whites 22%. The proportions of mothers with less than a high school education decreased among Asian/Pacific Islanders while increasing among all other races in 2002 when compared to the proportions in 2001. Data on mother's educational level was not recorded for 4% of resident births (227 cases) in 2002.

**Mother's Education Less Than High School  
By Mother's Race  
2001 and 2002**

	2001		2002	
	Number	%	Number	%
White	809	21.0	832	22.2
African American	489	30.0	505	31.1
American Indian	84	42.2	113	49.3
Asian/Pac Islander	142	31.1	117	26.5
Total	1,577	25.1	1,604	26.1

*Prenatal Care*

The national goal for prenatal care by the year 2010 is that at least 90% of women receive prenatal care in the first trimester of pregnancy. In 2002, the City's proportion of women receiving prenatal care in the first trimester was 75.3% as compared to 71.0% in 2001. The percentages for specific population groups were 81.4% for Whites, 67.8% for African Americans, 50.5% for American Indians and 62.8% for Asian/Pacific Islanders. Data on prenatal care were not recorded for 6.0% (393 cases) of resident births in 2002. The percentage of women receiving late or no prenatal care decreased from 5.5% in 2001 to 4.7% in 2002.

**Minneapolis Resident Live Births by Mother's Race  
With First Trimester Prenatal Care  
2001 and 2002**

	2001		2002	
	Number	%	Number	%
White	2,837	76.7	2,987	81.4
African American	997	62.6	1,066	67.8
American Indian	106	58.2	106	50.5
Asian/Pacific Islander	279	61.3	265	62.8
Total	4,327	71.0	4,505	75.3

**Minneapolis Resident Live Births My Mother's Race  
With Third Trimester Prenatal Care or No Care  
2001 and 2002**

	2001		2002	
	Number	%	Number	%
White	133	3.6	105	2.9
African American	135	8.5	117	7.4
American Indian	27	14.8	33	15.4
Asian/Pacific Islander	25	5.5	25	5.9
Total	335	5.5	284	4.7

**Minneapolis Resident Live Births  
By Age of Mother and Community of Residence  
2000 - 2002**

Community	Less than 18 years		18 – 19 years		20 years and over	
	Number	%	Number	%	Number	%
Camden	164	9.4	172	9.8	1,414	80.8
Northeast	68	3.9	114	6.6	1,544	89.5
Near North	224	9.7	316	13.7	1,769	76.6
Central	18	2.6	59	8.4	623	89.0
University	17	1.8	38	4.0	900	94.2
Calhoun Isles	11	1.4	17	2.2	761	96.5
Phillips	123	7.7	174	10.9	1,293	81.3
Powderhorn	185	5.2	313	8.9	3,028	85.9
Longfellow	36	2.9	68	5.5	1,126	91.5
Nokomis	41	2.2	67	3.6	1,778	94.3
Southwest	20	0.9	38	2.0	2,271	97.1
Minneapolis	943	4.8	1,456	7.4	17,218	87.8

**Minneapolis Resident Live Births  
By Mother's Race and Community of Residence  
2000 - 2002**

Community	White		African American		American Indian		Asian/Pacific Islander	
	Number	%	Number	%	Number	%	Number	%
Camden	749	43.4	616	35.7	41	2.4	292	16.9
Northeast	1,320	78.1	216	12.8	76	4.5	67	4.0
Near North	420	18.4	1,293	56.8	54	2.4	477	20.9
Central	290	42.0	350	50.7	17	2.5	28	4.1
University	347	37.6	443	47.9	20	2.2	111	12.0
Calhoun Isles	665	85.0	59	7.5	12	1.5	40	5.1
Phillips	717	45.9	544	34.8	195	12.5	83	5.3
Powderhorn	2,220	64.2	887	25.6	138	4.0	167	4.8
Longfellow	796	66.4	294	24.5	57	4.8	40	3.3
Nokomis	1,556	83.5	194	10.4	37	2.0	63	3.4
Southwest	2,076	89.4	165	7.1	25	1.1	53	2.3
Minneapolis	11,598	59.1	5,323	27.1	699	3.6	1,484	7.6

**Minneapolis Resident Live Births  
By Selected Characteristics and Community of Residence  
2000 - 2002**

Community	Low Weight		Less than High School Education		First Trimester Prenatal Care		Births to Unmarried Women	
	Number	%	Number	%	Number	%	Number	%
Camden	136	7.8	461	27.6	1,137	74.0	934	53.4
Northeast	120	7.0	369	22.0	1,221	77.0	648	37.6
Near North	272	11.8	807	37.1	1,266	63.7	1,471	63.7
Central	56	8.0	201	30.5	428	66.0	339	48.6
University	60	6.3	186	20.6	650	73.1	251	26.3
Calhoun Isles	46	5.8	44	5.8	653	87.9	186	23.6
Phillips	156	9.8	763	51.0	797	55.0	928	58.4
Powderhorn	246	7.0	1,237	37.0	2,094	64.1	1,937	55.0
Longfellow	75	6.1	200	16.9	898	79.0	428	34.9
Nokomis	116	6.2	180	9.8	1,523	86.1	447	23.7
Southwest	151	6.5	105	4.6	1,992	90.4	343	14.7
Minneapolis	1,515	7.7	4,757	25.3	13,171	73.4	8,328	42.5

*For the previous tables, three years of data for the period 2000 through 2002 were combined for a comparison of birth characteristics by community. Neighborhood summary data are available from the Department of Health and Family Support on request.*

**Low Weight Births**

The national goal for reducing low birth weight in babies states that by the year 2010, low birth weight babies should constitute no more than 5% of all births. The proportion of low weight births among all Minneapolis residents was 8% overall in 2002. The proportions of low weight births in 2002 were 12.4% for African Americans, 10.0% for American Indians, 8.4% for Asian/Pacific Islanders, and 5.9% for Whites.

**Low Weight Live Births to Minneapolis Residents  
By Mother's Race  
2000 and 2001**

	2001		2002	
	Number	%	Number	%
White	230	5.8	226	5.9
African American	176	10.0	213	12.4
American Indian	19	9.0	23	9.6
Asian/Pacific Islander	31	6.2	40	8.4
Total	473	7.2	508	8.0

### *Induced Abortions*

During 2002, there were 2,703 reported induced abortions, reflecting a ratio of 423.9 abortions per 1,000 live births. The number of abortions in Minneapolis decreased by 0.3% from 2001 to 2002.

### **Minneapolis Residents Reported Induced Abortions**

<b>Year</b>	<b>Number</b>	<b>Ratio</b>
2002	2,703	423.9
2001	2,784	421.9
2000	2,859	430.3
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

An increase in the number of abortions from 2001 to 2002 occurred in age groups under 15, 18-19, and 40 and above. Abortions in the rest of the age groups of women decreased from 2001 to 2002.

### **Minneapolis Residents Reported Induced Abortions 2001 and 2002**

<b>Age Group</b>	<b>#</b>	<b>2001</b>			<b>2002</b>		
		<b>%</b>	<b>Ratio</b>	<b>#</b>	<b>%</b>	<b>Ratio</b>	
Under 15	14	0.5	777.8	16	0.6	727.3	
15 – 17	105	3.8	380.4	100	3.7	373.1	
18 – 19	226	8.1	465.0	277	10.2	599.6	
20 – 24	992	35.6	618.8	965	35.7	662.3	
25 – 29	713	25.6	451.8	629	23.3	415.2	
30 – 34	432	15.5	263.1	424	15.7	257.9	
35 – 39	227	8.2	289.5	210	7.8	257.0	
40 +	75	2.7	355.5	82	3.0	429.3	
Total	2,784	100.0	421.9	2,784	100.0	423.9	

### *Infant Mortality*

Efforts to reduce infant mortality were 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 5 deaths per 1,000 live births.

In 2002, there were 41 deaths to children under the age of one year, for an infant mortality rate of six per 1,000 live births. The numbers and rates of infant deaths have been declining over time, 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 2000-2002 was six deaths per 1,000 live births, compared to eight deaths per 1,000 live births for the period from 1997 to 1999.

**Minneapolis Resident Infant Mortality  
1982 to 2002**

<b>Year</b>	<b>Number</b>	<b>Rate</b>
2002	41	6.4
2001	37	5.6
2000	41	6.2
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

African Americans had the highest infant mortality rate (nine infant deaths per 1,000 live births) among all racial groups for the three-year period from 2000 to 2002; the second highest rate occurred in Asian/Pacific Islanders (seven infant deaths per 1,000 live births). The rate among American Indians was three per 1,000 live births, the lowest among all racial groups, while the rate among Whites was five per 1,000 live births.

The infant mortality rates decreased for all racial groups except Asian/Pacific Islanders when the period from 2000 to 2002 is compared with 1997 to 1999. For Asian/Pacific Islanders, the rate increased for the latter three-year period but reflects one additional death.

**Minneapolis Resident Infant Mortality By Race**

	<b>1997-1999</b>		<b>2000-2002</b>	
	<b>Number</b>	<b>Rate</b>	<b>Number</b>	<b>Rate</b>
All Races	142	7.6	119	6.1
White	52	4.9	54	4.7
African American	66	12.7	48	9.0
American Indian	14	18.0	2	2.9
Asian/Pac Islander	10	6.1	11	7.4

Infant mortality rate was the highest in the Northeast, Near North and Phillips communities, and lowest in the Calhoun Isles and Southwest communities.

**Minneapolis Infant Mortality  
By Area of Residence  
2000 to 2002**

<b>Community</b>	<b>Number</b>	<b>Rate</b>
Camden	11	6.3
Northeast	15	8.7
Near North	18	7.8
Central	3	4.3
University	6	6.3
Calhoun Isles	2	2.5
Phillips	12	7.5
Powderhorn	22	6.2
Longfellow	5	4.1
Nokomis	9	4.8
Southwest	6	2.6
Minneapolis	119	6.1

Infant deaths were 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 were 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 is no more than three deaths per 1,000 live births. During the current three-year period 2000-2002, the average neonatal death rate in Minneapolis was four deaths per 1,000 live births. Postneonatal mortality was often associated with infectious disease and physical, socioeconomic and environmental factors. The average postneonatal mortality for the period 2000-2002 was two deaths per 1,000 live births.

**Minneapolis Resident Neonatal and Postnatal  
Mortality Rates  
1982 to 2002**

<b>Three Year Period</b>	<b>Neonatal Mortality Rate</b>	<b>Postneonatal Mortality Rate</b>
2000-2002	4.0	2.1
1999 - 2001	4.2	2.3
1998 - 2000	4.6	2.1
1997 - 1999	4.9	2.7
1996 - 1998	5.3	3.0
1995 - 1997	5.2	5.2
1994 - 1996	6.1	4.7
1993 - 1995	6.1	5.0
1992 - 1994	6.7	4.3
1991 - 1993	7.2	4.9
1990 - 1992	7.0	5.3
1989 - 1991	6.6	5.3
1988 - 1990	6.7	4.7
1987 - 1989	7.0	4.6
1986 - 1988	7.2	4.9
1984 - 1986	6.0	4.4
1983 - 1985	5.6	3.9
1982 - 1984	5.9	4.5

Three major causes of death accounted for nearly 70% of all infant deaths. Conditions originating in the prenatal period and congenital anomalies were the major causes of neonatal deaths.

**Minneapolis Resident Infant Deaths  
By Cause**

	1997-1999		2000-2002	
	No.	Rate	No.	Rate
All Causes	142	7.6	119	6.1
Certain conditions originating in the perinatal period	61	3.3	59	3.0
Congenital anomalies	35	1.9	21	1.1
Symptoms and ill-defined causes	16	0.9	3	0.2
All other causes	30	1.6	36	1.8

*Deaths*

Total deaths among Minneapolis residents decreased from 3,004 in 2001 to 2,817 in 2002. The number of deaths per 1,000 population was seven in 2002.

**Minneapolis Resident Deaths  
1982 to 2002**

Year	Number	Rate
2002	2,817	7.4
2001	3,004	7.8
2000	2,989	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

Heart Disease, Malignant Neoplasm (Cancer), and Cerebrovascular Disease were the leading causes of death in Minneapolis, accounting for 46.2% of all 2002 deaths.

**Leading Causes of Death  
Minneapolis Residents Number and Percent of Total Deaths  
2000 and 2001**

	2001		2002	
	Number	%	Number	%
All Causes	3,004	100.0	2,817	100.0
Diseases of the heart	577	19.2	516	18.3
Malignant neoplasms (cancer)	629	20.9	585	20.8
Cerebrovascular disease	194	6.5	200	7.1
Chronic obstructive pulmonary disease	147	4.9	152	5.4
Unintentional injury	133	4.4	128	4.5
Motor vehicle	39	1.3	31	1.1
Influenza and Pneumonia	65	2.2	63	2.2
Diabetes mellitus	88	2.9	101	3.6
HIV-related	25	0.8	23	0.8
Homicide	40	1.3	41	1.5
Suicide	49	1.6	40	1.4
Chronic liver disease and cirrhosis	34	1.1	30	1.1
All other causes	984	32.8	907	32.2

The Minneapolis Department of Health and Family Support, together with Hennepin County Health Department conducted a household survey of almost 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)", provided health-related information and risk factors for Minneapolis and suburban Hennepin County. The risk factors shown are associated with the 10 leading causes of premature death. The results presented in the risk factor table show the proportions of Minneapolis and Hennepin County adults who were at high risk from hypertension, smoking, obesity and binge drinking.

**Behavioral Risk Factors of  
Minneapolis and Hennepin County Adults  
2002**

% at Risk of Premature Death due to:	Minneapolis	Hennepin County
Nonuse of seatbelts	10.1	10.2
Hypertension	16.5	18.2
Smoking (current smoker)	20.7	18.5
Obesity	16.6	16.8
Inadequate Physical Activity (people failing to meet guidelines for moderate or vigorous physical activity)	39.1	40.4
Binge drinking (persons who drank 5 or more drinks during the past 30 days).	8.1	7.2

Deaths and injuries due to motor vehicle accidents continued to be a health problem with many potential preventive solutions. The incidence of seat belt use in Hennepin County increased from 33% in 1984 to 90% in 2002. The tables given below list the leading causes of death by age group for the three-year period 2000-2002.

**Leading Causes of Death by Age Groups  
Minneapolis Resident Deaths 2000 to 2002**

<b>1 – 4 Years</b>	<b>Number</b>	<b>%</b>
All Causes	21	100.0
Motor vehicle	4	19.0
Congenital anomalies	3	14.3
Diseases of the heart	2	9.5
Other	12	57.2
<b>5 – 14 Years</b>	<b>Number</b>	<b>%</b>
All Causes	29	100.0
Unintentional injuries	6	20.7
Motor vehicle	5	17.2
Chronic obstructive pulmonary disease	3	10.3
Malignant neoplasms	3	10.3
Homicide	3	10.3
Congenital anomalies	2	6.9
Other	7	24.3
<b>15 – 24 Years</b>	<b>Number</b>	<b>%</b>
All Causes	124	100.0
Homicide	46	37.1
Motor vehicle	23	18.5
Suicide	14	11.3
Unintentional injuries	13	10.5
Malignant Neoplasms	6	4.8
Other	22	17.8
<b>25 – 44 Years</b>	<b>Number</b>	<b>%</b>
All Causes	584	100.0
Unintentional injuries	78	13.4
Malignant Neoplasms	69	11.8
Diseases of the heart	68	11.6
Suicide	66	11.3
Homicide	48	8.2
Motor vehicle	41	7.0
HIV-related	38	6.5
Cerebrovascular disease	15	2.6
Diabetes mellitus	15	2.6
Chronic liver disease and cirrhosis	12	2.1
Other	134	22.9
<b>45 – 64 Years</b>	<b>Number</b>	<b>%</b>
All Causes	1,508	100.0
Malignant neoplasms	458	30.4
Diseases of the heart	299	19.8
Chronic obstructive pulmonary disease	64	4.2
Unintentional injuries	64	4.2
Diabetes mellitus	63	4.2
Chronic liver disease and cirrhosis	60	4.0
Cerebrovascular disease	50	3.3
HIV-related	38	2.5
Suicide	36	2.4
Homicide	15	1.0
Influenza and pneumonia	14	0.9
Motor vehicle	11	0.7
Other	301	20.0

<b>65 and Older</b>	<b>Number</b>	<b>%</b>
All Causes	6,425	100.0
Malignant neoplasms	1,330	20.7
Diseases of the heart	1,291	20.1
Cerebrovascular disease	534	8.3
Chronic obstructive pulmonary disease	375	5.8
Diabetes mellitus	214	3.3
Unintentional injuries	200	3.1
Influenza and pneumonia	186	2.9
Chronic liver disease and cirrhosis	29	0.5
Suicide	21	0.3
Arteriosclerosis	20	0.3
Motor vehicle	18	0.3
Suicide	16	0.2
Homicide	3	0.0
Other	2,188	34.0

Unintentional injuries and violent deaths continued to be the leading causes of death for children and young adults under the age of 25. Accidents, homicides and suicides accounted for two-thirds of all deaths among persons one to 24 years of age during the period of 2000-2002. Homicide was the major cause of death for residents 15 to 24 years of age.

Unintentional Injuries, malignant neoplasms, diseases of the heart and suicide were the major causes of death in the 25 to 44 age group. The other major causes of death in this age group were homicide, human immunodeficiency virus (HIV) infection, and motor vehicle accidents.

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

#### *Selected Reportable Diseases*

Minnesota State Law required the reporting of certain communicable diseases. Sexually transmitted infections (STIs) including chlamydia, gonorrhea and syphilis continued 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," set a goal of reducing gonorrhea to an incidence of no more than 19 cases per 100,000 population. In 2002, Minneapolis reported 1,324 cases for a rate of 346 per 100,000 population.

AIDS is another reported communicable disease. In Minneapolis, 67 new AIDS cases were reported in 2002. Minneapolis continued to have the majority of the reported statewide cases.

#### **Selected Reportable Diseases**

##### **Minneapolis**

##### **2000 to 2002**

	<b>2000</b>	<b>2001</b>	<b>2002</b>
AIDS	65	54	67
Amebiasis	13	43	1
Campylobacter	92	76	80
Chlamydia	2,547	2,506	2,702
Encephalitis	0	0	0
Giardiasis	147	170	79
Gonorrhea	1,544	1,251	1,324
Hemophilus influenzae	3	6	3

invasive disease			
Hepatitis A	40	9	14
Hepatitis B	19	20	8
Hepatitis; unspecified	0	0	0
Lyme disease	33	18	30
Malaria	9	7	8
Meningococcal disease	2	1	1
Mumps	0	0	0
Pertussis	32	22	31
Rabies (animal)	3	0	0
Rubella	3	0	0
Rubeola	1	2	0
Salmonellosis	55	67	72
Shigellosis	53	68	47
Syphilis (all forms)	25	64	77
Tetanus	0	0	0
Toxic shock syndrome	1	0	1
Tuberculosis	85	101	81
Yersiniosis	3	1	1

The City of Minneapolis had one of the highest rates of sexually transmitted infections (STIs) in the country, and teenagers were at the highest risk. In addition, teenage pregnancy rates were also high. As a result, the Minneapolis Department of Health and Family Support worked with the Minnesota Department of Health and community groups to address the issues around STIs and teen pregnancy.

#### *Immunization Status*

The percentage of children immunized was an important measure of a community's protection against some major preventable diseases. Minneapolis school district records indicated the percentage of students who were fully immunized against diphtheria, pertussis and tetanus (DPT 95.2%), polio (96.7%), and measles, mumps and rubella (MMR 97.2%). All these percentages included children in public and non-public schools throughout the City. The percentage of children vaccinated 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 stated that at least 95.0% of children in kindergarten or first grade should be immunized against measles, mumps, rubella, polio and diphtheria, pertussis and tetanus. Immunization rates among the kindergarten population decreased in the past several years. The "Immunization Action Plan" (IAP) targeted activities in five areas of Minneapolis defined by zip codes where immunization rates were the lowest. Outreach strategies were offered including immunization clinics, information to service providers, and assistance with status review of immunization records. The rates of immunization for kindergartners in the 2001-2002 school year significantly decreased as compared to the rates for kindergartners in the previous school year.