

Health and Safety

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

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 is monitoring the city's progress toward meeting these nationwide goals.

BIRTHS

This section presents selected characteristics on births to Minneapolis residents in 2004 and 2005. There are several factors that influence the health status of mothers and infants. Some of these factors include the mother's age and education level, her marital status, and her 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.

There were 6,125 live births to Minneapolis residents in 2004 for a birth rate of 15.9 births per 1,000 population. The number and rate of resident births for 2005 were lower than 2004. The birth rate in 2005 was the lowest since 1997.

Minneapolis Resident Live Births, 1985–2005		
Year	Number	Rate per 1000 residents
2005	6,125	15.9
2004	6,367	16.6
2003	6,366	16.6
2002	6,244	16.3
2001	6,444	16.8
2000	6,507	17.0
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

Live Births by Mother's Race/Ethnicity, 2004-2005

The following birth statistics reflect mother's race, as reported on the birth certificate. The racial/ethnic distribution of resident live births has changed substantially over the last 25 years. In 2005, almost three out of five resident births were to women of color. Compared with 2004, the number of resident births in 2005 decreased among Whites, American Indians, Asian/Pacific Islanders, and Hispanics while increasing among African Americans.

	2004		2005	
	Number	Percent	Number	Percent
White	2,693	42.3	2,605	42.5
African American	1,704	26.8	1,746	28.5
American Indian	214	3.4	178	2.9
Asian/Pac Islander	449	7.1	418	6.8
Hispanic	1,204	18.9	1,115	18.2
Other/Missing	103	1.7	63	1.0
Total	6,367	100.0	6,125	100.0

Live Births by Mother's Age, 2004-2005

In 2005, 9.5 percent of births were to women less than 20 years old, 47.1 percent were to women between 20 and 29 years, and 43.5 percent were to women 30 years and older. The proportion of births to women 30 years and older has tripled since 1975 when the rate was 14.2 percent.

Live Births by Mother's Age				
Age of Mother	2004		2005	
	Number	Number	Number	Percent
Under 15 years	16	0.3	12	0.2
15 – 17 years	218	3.4	196	3.2
18 – 19 years	419	6.6	372	6.1
20 – 24 years	1431	22.5	1320	21.6
25 – 29 years	1616	25.4	1559	25.5
30 – 34 years	1584	24.9	1531	25.0
35 – 39 years	895	14.1	906	14.8
40 and older	188	3.0	228	3.7
Total	6,367	100.0	6,125	100.0

Proportion of Live Births to Mothers Under 18 Years of Age by Mother's Race/Ethnicity, 2004-2005

The percentage of births to women less than 18 years of age was 3.4 percent in 2005, which is lower than the percentage in 2004. There is a substantial difference in proportions of births to adolescent women for different racial groups. In 2005, the proportion of births to adolescents was 12.4 percent for American Indians, 5.5 percent for African Americans, 5.0 percent for Asian/Pacific Islander, 4.5 percent for Hispanics, and 0.7 percent for Whites.

Proportion of Live Births to Mothers under Age 18 by Mother's Race/Ethnicity				
	2004		2005	
	Number	Number	Number	Percent
White	18	0.7	18	0.7
African American	103	6.0	96	5.5
American Indian	18	8.4	22	12.4
Asian/Pac Islander	32	7.1	21	5.0
Hispanic	59	4.9	50	4.5
Total	234	3.7	208	3.4

Proportion of Live Births to Unmarried Women by Mother's Race/Ethnicity, 2004-2005

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 is also expected to remain high. Births to unmarried women accounted for 43.5 percent of total births in 2005, but varied greatly by racial/ethnic group: 89.3 percent for American Indians, 66.8 percent for African Americans, 58 percent for Hispanics, 31.4 percent for Asian/Pacific Islanders, and 20.5 percent for Whites.

Proportion of Live Births to Unmarried Mothers by Mother's Race/Ethnicity				
	2004		2005	
	Number	Percent	Number	Percent
White	535	19.9	535	20.5
African American	1,103	64.7	1,165	66.8
American Indian	183	85.5	158	89.3
Asian/Pac Islander	155	34.5	131	31.4
Hispanic	723	60.0	645	58.0
Total	2,770	43.5	2,667	43.5

Proportion of Live Births to Mothers with Less Than a High School Education by Race/Ethnicity, 2004-2005

Mothers with less than a high school education accounted for 23.1 percent of resident births in 2005. The proportion is highest for Hispanics (60 percent), followed by American Indians (43.3 percent), African Americans (28.8 percent), Asian/Pacific Islanders (22.6 percent), and Whites (3.4 percent). These proportions decreased among Whites, African Americans, and American Indians in 2005 compared with 2004, while increasing among Asian/Pacific Islanders and Hispanics. Data on mother's educational level were not recorded for 5 percent of resident births (307 cases) in 2005.

Proportion of Live Births to Mothers with Less Than a High School Education by Mother's Race/Ethnicity				
	2004		2005	
	Number	Percent	Number	Percent
White	102	3.8	87	3.4
African American	457	28.9	466	28.8
American Indian	107	53.0	71	43.3
Asian/Pac Islander	85	20.1	87	22.6
Hispanic	648	57.1	622	60.0
Total	1,422	23.4	1,342	23.1

Proportion of Mothers Receiving Prenatal Care in the First trimester of Pregnancy

The national goal for Year 2010 is that 90 percent of women receive prenatal care in the first trimester of pregnancy. In 2005, the proportion for Minneapolis was 78.4 percent. The percentages for specific population groups were 91.5 percent for Whites, 70.9 percent for African Americans, 57.0 percent for American Indians, 70.6 percent for Asian/Pacific Islanders, and 64.5 percent for Hispanics. Data on prenatal care were not recorded for 6.3 percent (386 cases) of resident births in 2005.

Proportion of Mothers Receiving Prenatal Care in Their First trimester of Pregnancy by Race/Ethnicity				
	2004		2005	
	Number	Percent	Number	Percent
White	2,333	90.0	2,295	91.5
African American	1111	71.6	1117	70.9
American Indian	101	51.8	94	57.0
Asian/Pac Islander	267	65.4	257	70.6
Hispanic	728	63.1	690	64.5
Total	4,601	76.8	4,501	78.4

Birth Data by Community

For the following three tables, three years of data for the period 2003 through 2005 are combined for a comparison of birth characteristics by community. Neighborhood summary data are available from the Department of Health and Family Support upon request.

Minneapolis Resident Live Births by Age of Mother by Community, 2003-2005

Community	Less than 18 years		18 – 19 years		20 years and older	
	Number	Percent	Number	Percent	Number	Percent
Camden	109	6.5	158	9.4	1,418	84.2
Northeast	52	2.9	110	6.1	1,642	91.0
Near North	198	9.0	259	11.8	1,741	79.2
Central	8	1.1	49	7.0	641	91.8
University	14	1.3	33	3.2	992	95.5
Calhoun Isles	5	0.6	16	2.0	795	97.4
Phillips	101	6.5	151	9.7	1,300	83.8
Powderhorn	127	3.7	248	7.2	3,064	89.1
Longfellow	25	2.0	64	5.0	1,189	93.0
Nokomis	33	1.7	64	3.3	1,840	95.0
Southwest	15	0.6	49	2.1	2,299	97.3
Minneapolis	691	3.7	1,204	6.4	16,961	89.9

Minneapolis Resident Live Births by Mother's Race by Community, 2003-2005

Community	White		African American		American Indian		Asian/PI		Hispanic	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Camden	595	35.3	567	33.3	43	2.6	283	16.8	171	10.1
Northeast	966	53.5	305	16.9	50	2.8	71	3.9	385	21.3
Near North	241	11.0	1,271	57.8	54	2.5	380	17.3	238	10.8
Central	224	32.1	323	46.3	18	2.6	50	7.2	73	10.5
University	300	28.9	500	48.1	17	1.6	146	14.1	62	6.0
Calhoun Isles	662	81.1	64	7.8	7	0.9	48	5.9	30	3.7
Phillips	128	8.2	540	34.8	178	11.5	52	3.4	637	41.0
Powderhorn	922	26.8	848	24.7	129	3.8	114	3.3	1,365	39.7
Longfellow	658	51.5	347	27.2	51	4.0	38	3.0	171	13.4
Nokomis	1,419	73.3	195	10.1	38	2.0	55	2.8	209	10.8
Southwest	1,956	82.7	181	7.7	16	0.7	90	3.8	103	4.4
Minneapolis	8,082	42.9	5,165	27.4	606	3.2	1,327	7.0	3,450	18.3

Minneapolis Resident Live Births by Selected Characteristics by Community, 2003-2005

Community	Low Birth Weight		Less than High School Education for Mother		First Trimester Prenatal Care		Unmarried Mother	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Camden	150	8.9	361	22.4	1,128	76.2	871	51.7
Northeast	142	7.9	390	22.4	1,322	77.1	689	38.9
Near North	264	12.0	669	32.8	1,293	68.5	1,498	68.1
Central	76	10.9	132	20.2	472	72.0	350	50.1
University	73	7.0	226	22.9	753	76.7	301	29.8
Calhoun Isles	49	6.0	26	3.3	705	89.0	173	21.2
Phillips	137	8.8	690	48.2	914	62.0	989	63.4
Powderhorn	251	7.3	1,198	36.6	2,333	71.4	1,977	55.4
Longfellow	81	6.3	198	16.1	1,011	82.8	438	34.3
Nokomis	109	5.6	173	9.1	1,635	87.8	463	24.0
Southwest	150	6.4	106	4.5	2,115	92.3	352	14.8
Minneapolis	1,490	7.9	4,181	23.2	13,707	77.6	8,145	43.2

Proportion of Live Births for Which the Mother Received Only Third Trimester Prenatal Care or No Prenatal Care, 2004-2005

The percentage of women receiving late or no prenatal care decreased from 4.6 percent in 2004 to 4.4 percent in 2005. However, longer-term comparisons reflect greater improvement, and this improvement is seen among all racial groups. From 1990 to 2005, the proportions declined from 5.4 percent to 2.0 percent for Whites, from 17.2 to 6.2 percent for African Americans, from 28.0 percent to 15.8 percent for American Indians, and from 13.7 percent to 4.9 percent for Asian/Pacific Islander women. For Hispanics comparison data was not available for 1990. Interpretation of prenatal care trends should be viewed cautiously due to the number of cases for which no prenatal care information is available.

Proportion of Live Births to Mothers Who Received Prenatal Care in the Third Trimester or Not at All, by Race/Ethnicity				
	2004		2005	
	Number	Percent	Number	Percent
White	44	1.7	51	2.0
African American	100	6.4	97	6.2
American Indian	22	11.3	26	15.8
Asian/Pac Islander	28	6.9	18	4.9
Hispanic	70	6.1	62	5.8
Total	275	4.6	254	4.4

Low Birth Weight

The national goal for reducing low birth weight, defined as 5.5 pounds or less, by the Year 2010, is that low birth weight babies constitute no more than five percent of all births. The proportion of low-weight births among Minneapolis residents was 8.2 percent in 2005. The proportions of low-weight births in 2005 were 12 percent for African Americans, 11.8 percent for American Indians, 10.3 percent for Asian/Pacific Islanders and 6.0 percent for Whites as well as Hispanics.

Low-Weight Live Births by Mother's Race/Ethnicity				
	2004		2005	
	Number	Percent	Number	Percent
White	167	6.2	157	6.0
African American	205	12.0	210	12.0
American Indian	22	10.3	21	11.8
Asian/Pac Islander	34	7.4	43	10.3
Hispanic	72	6.0	67	6.0
Total	504	7.9	502	8.2

Induced Abortions

During 2005, there were 2,228 reported induced abortions, reflecting a ratio of 363.8 abortions per 1,000 live births. The number of abortions decreased by 6.2 percent from 2004 to 2005. Abortions among Minneapolis residents have generally been declining since 1990.

Reported Induced Abortions, 1990-2005		
Year	Number	Ratio per 1000 Live Births
2005	2,228	363.8
2004	2,374	372.9
2003	2,520	395.9
2002	2,703	434.3
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

Induced Abortions by Age

The table below gives the number of abortions and the rates by various age groups during 2004 and 2005. Most of the abortions during 2004 and 2005 occurred in the age groups 20-24 and 25-29.

Reported Induced Abortions by Age						
Age	2004			2005		
	No.	%	Ratio per 1000 Live Births	No.	%	Ratio per 1000 Live Births
Under 15	9	0.4	562.5	13	0.6	1083.5
15 – 17	93	3.9	426.6	85	3.8	433.7
18 – 19	175	7.4	417.7	191	8.6	513.4
20 – 24	878	37.0	613.6	819	36.8	620.5
25 – 29	623	26.2	385.5	565	25.4	362.4
30 – 34	361	15.2	227.9	328	14.7	214.2
35 – 39	179	7.5	200.0	171	7.7	188.7
40+	56	2.4	297.9	56	2.5	245.6
Total	2374	100.0	372.9	2,228	100.0	363.8

Infant Mortality

Infant mortality is defined as a death occurring before the first birthday. Efforts to reduce infant mortality are guided by a national goal for the Year 2010 to reduce the national infant mortality rate to no more than 4.5 deaths per 1,000 live births.

In 2005, there were 35 deaths to children under the age of one year, for an infant mortality rate of 5.7 per 1,000 live births. The infant mortality rate decreased to 5.7 per 1,000 live births from a rate of 6.9 per 1,000 live births in 2004. The numbers and rates of infant deaths have been declining over time, despite some fluctuations. These fluctuations should be interpreted cautiously as the city rate is based on a small number of events. The three-year infant mortality rate for 2003-2005 was 6.0 deaths per 1,000 live births, compared to 6.1 deaths per 1,000 live births for the period from 2000-2002. Three-year averages provide more stable trend rates than annual figures.

Infant Mortality, 1985 – 2005

Year	Number	Rate per 1000 Live Births
2005	35	5.7
2004	44	6.9
2003	34	5.3
2002	40	6.4
2001	36	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

Infant Mortality by Race/Ethnicity

American Indians have the highest infant mortality rate (13.2 infant deaths per 1,000 live births) among all racial groups for the three-year period from 2003-2005. The second-highest rate occurs in African Americans (10.1 infant deaths per 1,000 live births). The rate among Asian/Pacific Islanders is 2.3 per 1,000 live births, the lowest among all racial groups, while the rate among Hispanics is 5.2 per 1,000 live births, and the rate among whites is 3.7 per 1,000 live births.

The infant mortality rates decreased for Asian/Pacific Islanders, Hispanics, and Whites while increasing among African Americans and American Indians during the

period 2003-2005 when compared to the preceding 3-year period. However, because of the small numbers of American Indians, their rates may change substantially even with an increase or decrease of a single death.

Infant Mortality by Race/Ethnicity

	2000-2002		2003-2005	
	Number	Rate per 1000 Live Births	Number	Rate per 1000 Live Births
All Races	117	6.1	113	6.0
White	32	3.9	30	3.7
African American	50	9.5	52	10.1
American Indian	5	7.0	8	13.2
Asian/Pac Islander	12	7.9	3	2.3
Hispanic	14	4.8	18	5.2

Infant Mortality by Area of Residence, 2003-2005

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

Infant Mortality by Area of Residence, 2003-2005

	Number of Deaths	Rate per 1000 Live Births
Camden	8	4.7
Northeast	13	7.2
Near North	20	9.1
Central	4	5.7
University	4	3.8
Calhoun Isles	2	2.5
Phillips	19	12.2
Powderhorn	24	7.0
Longfellow	5	3.9
Nokomis	7	3.6
Southwest	7	3.0
Minneapolis	113	6.0

Neonatal and Postneonatal Mortality Rates, 1985–2005

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 is no more than 2.9 deaths per 1,000 live births. During the three-year period from 2003 to 2005, the average neonatal death rate in Minneapolis was 3.9. Inadequate prenatal care is among the factors that 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 2003-2005 was 2.1 deaths per 1,000 live births. Postneonatal deaths have declined substantially since the 1990s and 1980s.

Neonatal and Postneonatal Mortality Rates		
Three Year Period	Neonatal Rate per 1000 Live Births	Postneonatal Rate per 1000 Live Births
2003-2005	3.9	2.1
2002-2004	4.2	2.1
2001- 2003	3.8	2.0
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

Infant Deaths by Cause

Two major causes of death accounted for most infant deaths. Conditions originating in the prenatal period and congenital anomalies are the major causes of neonatal deaths.

Major Causes of Infant Deaths	2000-2002		2003-2005	
	No.	Rate per 1000 Live Births	No.	Rate per 1000 Live Births
All Causes	117	6.1	113	6.0
Certain conditions originating in the perinatal period	59	3.0	51	2.7
Congenital anomalies	21	1.1	33	1.7
Symptoms and ill-defined causes	3	0.2	4	0.2
All other causes	34	1.8	25	1.4

DEATHS AMONG ALL AGE GROUPS

This section presents the leading causes of death among Minneapolis residents in 2004 and 2005. Leading causes of death by age groups during the period 2003-2005 are also presented in this section.

Total deaths among Minneapolis residents decreased from 2,557 in 2004 to 2,497 in 2005. The number of deaths per 1,000 population was 6.5 in 2005.

Minneapolis Resident Deaths (All Ages), 1985-2005		
Year	Number	Rate per 1000 residents
2005	2,497	6.5
2004	2,557	6.7
2003	2,691	7.0
2002	2,749	7.2
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

Leading Causes of Death

Heart Disease, Malignant Neoplasm (Cancer), and Cerebrovascular Disease are the leading causes of death in Minneapolis, accounting for about 44 percent of all 2005 deaths.

Leading Causes of Death	2004		2005	
	Number	Percent	Number	Percent
All Causes	2,557	100.0	2,497	100.0
Diseases of the heart	450	17.6	426	17.1
Malignant neoplasms (cancer)	573	22.4	542	21.7
Cerebrovascular disease	171	6.7	131	5.2
Chronic obstructive pulmonary disease	129	5.0	105	4.2
Unintentional injury	126	4.9	118	4.7
Motor vehicle	25	1.0	32	1.3
Influenza and pneumonia	47	1.5	55	2.2
Diabetes mellitus	68	2.7	87	3.5
HIV-related	20	0.8	17	0.7
Homicide	47	1.8	34	1.4
Suicide	32	1.3	40	1.6
Chronic liver disease and cirrhosis	31	1.2	34	1.4
All other causes	838	32.8	876	35.1

Leading Causes of Death by Age Group, 2003-2005

The tables below list the leading causes of death by age group for the three-year period from 2003-2005.

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 70 % of all deaths to persons 1-24 years of age during the period of 2003-2005. Homicide was the leading cause of death for residents 15-24 years of age.

Unintentional injuries, 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 suicide, homicide, motor vehicle accidents, and Human Immunodeficiency Virus (HIV) infection.

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.

Leading causes of Death by Age, 2003-2005		
Age: 1 – 4 Years	Number	Percent
All Causes	7	100.0
Unintentional injuries	2	28.6
Malignant neoplasms	1	14.3
Others	4	57.1
Age: 5 – 14 Years	Number	Percent
All Causes	16	100.0
Malignant neoplasms	4	25.0
Unintentional injuries	3	18.8
Motor Vehicle injuries	2	12.5
Congenital anomalies	2	12.5
Homicide	1	6.3
Others	4	25.0
Age: 15 – 24 Years	Number	Percent
All Causes	131	100.0
Homicide	61	46.6
Suicide	17	13.0
Motor vehicle	11	8.4
Unintentional injuries	11	8.4
Diseases of the Heart	7	5.3
Others	24	18.4
Age: 25 – 44 Years	Number	Percent
All Causes	520	100.0
Unintentional injuries	71	13.7
Malignant neoplasms	68	13.1
Diseases of the heart	58	11.2
Homicide	46	8.8
Suicide	45	8.7
Motor vehicle	37	7.1
HIV-related	33	6.3
Motor vehicle	30	5.8
Chronic liver disease and cirrhosis	18	3.5
Cerebrovascular disease	17	2.7
Diabetes mellitus	12	2.3
Others	115	22.2

Leading causes of Death by Age, 2003-2005		
Age: 45 – 64 Years	Number	Percent
All Causes	1,566	100.0
Malignant neoplasms	502	32.1
Diseases of the heart	275	17.6
Unintentional injuries	82	5.2
Chronic obstructive pulmonary disease	62	4.0
Diabetes mellitus	58	3.7
Cerebrovascular disease	56	3.6
Chronic liver disease and cirrhosis	52	3.3
Suicide	32	2.0
HIV-related	27	1.7
Motor vehicle	19	1.2
Influenza and pneumonia	12	0.8
Homicide	12	0.8
Others	377	24.1
Age: 65 and Older	Number	Percent
All Causes	5,392	100.0
Malignant neoplasms	1,099	20.4
Diseases of the heart	1,022	19.0
Cerebrovascular disease	387	7.2
Chronic obstructive pulmonary disease	281	5.2
Unintentional injuries	176	3.3
Diabetes mellitus	173	3.2
Influenza and pneumonia	148	2.7
Chronic liver disease and cirrhosis	22	0.4
Atherosclerosis	15	0.3
Motor vehicle	13	0.2
Suicide	8	0.1
Others	2,048	38.0

Selected Reportable Diseases

Minnesota Statutes require 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 set a goal of reducing gonorrhea to an incidence of no more than 19 cases per 100,000 population. In 2005, there were 1,201 reported cases in Minneapolis, for a rate of 313.9 per 100,000 population.

AIDS is another reported communicable disease. In Minneapolis, 50 new AIDS cases were reported in 2005. Minneapolis continues to have the majority of the reported statewide cases. This may reflect both a higher rate of risk behavior in the city as well as the possibility that HIV-infected individuals move to the city because of the greater availability of HIV/AIDS health services and programs located here.

Selected Reportable Diseases, 2003-2005			
	2003	2004	2005
AIDS	54	76	50
Amebiasis	0	41	31
Campylobacter	82	71	79
Chlamydia	2,692	2,504	2,562
Encephalitis	0	0	0
Giardiasis	86	224	204
Gonorrhea	1,317	1,010	1,201
Hemophilus influenzae	3	3	6
Hepatitis A	13	7	6
Hepatitis B	16	11	6
Hepatitis; unspecified	0	0	0
Lyme disease	16	40	32
Malaria	3	4	2
Meningococcal disease	4	2	3
Mumps	0	0	0
Pertussis	19	59	60
Rabies (animal)	0	0	0
Rubella	0	0	0
Rubeola	0	0	0
Salmonellosis	49	41	44
Shigellosis	22	17	12
Syphilis (all forms)	69	55	98
Tetanus	0	0	0
Toxic shock syndrome	2	2	0
Tuberculosis	81	63	54
Yersiniosis	1	1	1

Health Insurance

Almost 18% of Minneapolis residents were without medical insurance sometime during the previous 12-month period, according to a 2002 survey (see *SHAPE 2002: Geographic Data Book*). 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 Minnesota Care 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.

Behavioral Risk Factors among Adults

A 2002 household survey of Hennepin County adults (Survey of the Health of Adults, the Population, and the Environment: SHAPE) provides health-related information and risk factors for Minneapolis and suburban Hennepin County. The risk factors shown in the table below are associated with the ten leading causes of premature death.

Percent of Adults at Risk of Premature Death Due to Risk Behavior		
	Minneapolis	Hennepin County
Nonuse of seatbelts	10.1	10.2
Hypertension	16.5	18.2
Current smoking	20.7	18.5
Obesity	16.6	16.8
Inadequate physical activity (failure to meet guidelines for moderate or vigorous physical activity)	39.1	40.4
Binge drinking (drinking 5 or more drinks on one occasion during the past 30 days).	8.1	7.2

Steps to a Healthier Minneapolis

Steps to a HealthierUS is an initiative of the Centers for Disease Control and Prevention which aims to help Americans live healthier, longer lives by reducing the burdens of diabetes, excess weight and obesity, and asthma by addressing three related risk factors: physical inactivity, poor nutrition, and tobacco use. The Minneapolis Department of Health and Family Support was selected along with the Minnesota Department of Health and the cities of St. Paul, Rochester, and Willmar to receive this funding, which began in December 2004 and is scheduled to continue for five years.

The *Steps to a Healthier Minneapolis* project has had multiple policy, environmental, and systems changes over the past two years, including:

- Providing two years of funding to community-based organizations to increase physical activity through walking groups; increase nutrition education among low-income community members; and increase access to healthy foods in the city's Northside and Phillips Community.
- Steps to a Healthier Minneapolis and St. Paul launched Get Fit Twin Cities, a four-month community-wide fitness campaign. 7,500 participants committed to lose weight or increase their physical activity during Spring 2007.
- Through the Breathe Free project in 15 churches during the summer of 2006, over 700 participants were educated about second-hand smoke and signed pledges to keep their homes smoke-free.

Steps to a Healthier Minneapolis funds are used to conduct the Behavioral Risk Factor Surveillance Study (BRFSS) in the city. Throughout the year, 1,500 telephone surveys are conducted among adults. Data are used to evaluate Steps to a Healthier Minneapolis efforts and to track the health and well-being of residents.

Minneapolis Department of Health and Family Support School Based Clinics

Minneapolis Department of Health and Family Support operates seven School Based Clinics offering medical assessments; treatment of minor illnesses, injuries, and diseases; immunizations; sports physicals; and counseling. Last year, there were more than 8,301 patient encounters, with slightly more than half for family planning and mental 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)

Community Clinics

Community health care centers provide medical and dental care to underserved populations, including individuals who lack health insurance/ Community clinics are located throughout the city.

Fremont Community Health Center, 3300 Fremont Ave.
N. (Camden)
Central Avenue Clinic, 2610 Central Ave. N.E. (Northeast)
Cedar-Riverside People's Center, 425 20th Avenue South
(Central)
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)
North Point Health and Wellness Center, 1313 Penn Ave.
N. (Near North)
Teen Age Medical Service (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 (651) 489-CARE.**

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