

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 2005 and 2006. 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 6,442 live births to Minneapolis residents in 2006 for a birth rate of 16.8 births per 1,000 population. The number and rate of resident births for 2006 were higher than 2005. The birth rate in 2006 was the highest since 2001.

Minneapolis Resident Live Births, 1986–2006

Year	Number	Rate per 1000 residents
2006	6,442	16.8
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

Live Births by Mother's Race/Ethnicity, 2005-2006

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 2006, almost three out of five resident births were to women of color. Compared with 2005, the number of resident births in 2006 increased among all race/ethnic groups.

	2005		2006	
	Number	Percent	Number	Percent
White	2,605	42.5	2,677	41.6
African American	1,746	28.5	1,769	27.5
American Indian	178	2.9	227	3.5
Asian/Pac Islander	418	6.8	446	6.9
Hispanic	1,115	18.2	1252	19.4
Other/Missing	63	1.0	71	1.1
Total	6,125	100.0	6,442	100.0

Live Births by Mother's Age, 2005-2006

In 2006, 9.3 percent of births were to women less than 20 years old, 48.5 percent were to women between 20 and 29 years, and 42.2 percent were to women 30 years and older. The proportion of births to women 30 years and older has almost tripled since 1975 when the rate was 14.2 percent.

Live Births by Mother's Age				
Age of Mother	2005		2006	
	Number	Number	Number	Percent
Under 15 years	12	0.2	17	0.3
15 – 17 years	196	3.2	226	3.5
18 – 19 years	372	6.1	355	5.5
20 – 24 years	1320	21.6	1425	22.1
25 – 29 years	1559	25.5	1700	26.4
30 – 34 years	1531	25.0	1553	24.1
35 – 39 years	906	14.8	967	15.0
40 and older	228	3.7	199	3.1
Total	6,125	100.0	6,442	100.0

Proportion of Live Births to Mothers Under 18 Years of Age by Mother's Race/Ethnicity, 2005-2006

The percentage of births to women less than 18 years of age was 3.8 percent in 2006, which is higher than the percentage in 2005. There is a substantial difference in proportions of births to adolescent women for different racial groups. In 2006, the proportion of births to adolescents was 8.8 percent for American Indians, 6.5 percent for Asian/Pacific Islander, 6.4 percent for African Americans, 4.8 percent for Hispanics, and 0.6 percent for Whites.

Proportion of Live Births to Mothers under Age 18 by Mother's Race/Ethnicity				
	2005		2006	
	Number	Number	Number	Percent
White	18	0.7	17	0.6
African American	96	5.5	113	6.4
American Indian	22	12.4	20	8.8
Asian/Pac Islander	21	5.0	29	6.5
Hispanic	50	4.5	60	4.8
Total	208	3.4	243	3.8

Proportion of Live Births to Unmarried Women by Mother's Race/Ethnicity, 2005-2006

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 45.6 percent of total births in 2006, but varied greatly by racial/ethnic group: 87.2 percent for American Indians, 66.6 percent for African Americans, 64.5 percent for Hispanics, 31.7 percent for Asian/Pacific Islanders, and 21.2 percent for Whites.

Proportion of Live Births to Unmarried Mothers by Mother's Race/Ethnicity

	2005		2006	
	Number	Percent	Number	Percent
White	535	20.5	568	21.2
African American	1,165	66.8	1,176	66.6
American Indian	158	89.3	197	87.2
Asian/Pac Islander	131	31.4	141	31.7
Hispanic	645	58.0	807	64.5
Total	2,667	43.5	2,932	45.6

Proportion of Live Births to Mothers with Less Than a High School Education by Race/Ethnicity, 2005-2006

Mothers with less than a high school education accounted for 26 percent of resident births in 2006. The proportion is highest for Hispanics (70 percent), followed by American Indians (46.6 percent), African Americans (29.4 percent), Asian/Pacific Islanders (22.8 percent), and Whites (3.8 percent). These proportions increased among all race/ethnic groups in 2006 compared with 2005. Data on mother's educational level were not recorded for 4.7 percent of resident births (303 cases) in 2006.

Proportion of Live Births to Mothers with Less Than a High School Education by Mother's Race/Ethnicity

	2005		2006	
	Number	Percent	Number	Percent
White	87	3.4	100	3.8
African American	466	28.8	484	29.4
American Indian	71	43.3	103	46.6
Asian/Pac Islander	87	22.6	92	22.8
Hispanic	622	60.0	811	70.0
Total	1,342	23.1	1,597	26.0

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 2006, the proportion for Minneapolis was 79.5 percent. The percentages for specific population groups were 91.6 percent for Whites, 72.3 percent for African Americans, 56.3 percent for American Indians, 73.5 percent for Asian/Pacific Islanders, and 68.7 percent for Hispanics. Data on prenatal care were not recorded for 6.3 percent (406 cases) of resident births in 2006.

Proportion of Mothers Receiving Prenatal Care in Their First trimester of Pregnancy by Race/Ethnicity

	2005		2006	
	Number	Percent	Number	Percent
White	2,295	91.5	2,358	91.6
African American	1117	70.9	1164	72.3
American Indian	94	57.0	116	56.3
Asian/Pac Islander	257	70.6	283	73.5
Hispanic	690	64.5	824	68.7
Total	4,501	78.4	4,799	79.5

Birth Data by Community

For the following three tables, three years of data for the period 2004 through 2006 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, 2004-2006

Community	Less than 18 years		18 – 19 years		20 years and older	
	Number	Percent	Number	Percent	Number	Percent
Camden	101	6.0	147	8.7	1,437	85.3
Northeast	47	2.5	97	6.1	1,716	92.3
Near North	197	8.7	270	11.9	1,794	79.3
Central	13	1.8	44	6.1	662	92.1
University	13	1.3	30	2.9	978	95.8
Calhoun Isles	3	0.4	13	1.8	726	97.8
Phillips	100	6.3	143	9.0	1,346	84.7
Powderhorn	135	3.9	215	6.3	3,077	89.8
Longfellow	21	1.6	63	4.8	1,222	93.6
Nokomis	38	2.0	69	3.6	1,827	94.5
Southwest	13	0.6	53	2.3	2,274	97.2
Minneapolis	685	3.6	1,146	6.1	17,102	90.3

Minneapolis Resident Live Births by Mother's Race by Community, 2004-2006

Community	White		African American		American Indian		Asian/PI		Hispanic	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Camden	595	35.3	585	34.7	46	2.7	256	15.2	185	11.0
Northeast	973	52.3	325	17.5	47	2.5	66	3.5	415	22.3
Near North	267	11.8	1,310	57.9	45	2.0	383	16.9	240	10.6
Central	244	33.9	316	43.9	18	2.5	68	9.5	62	8.6
University	288	28.2	490	48.0	20	2.0	158	15.5	56	5.5
Calhoun Isles	585	78.8	74	10.0	8	1.1	44	5.9	25	3.4
Phillips	129	8.1	534	33.6	199	12.5	46	2.9	661	41.6
Powderhorn	931	27.2	811	23.7	131	3.8	108	3.2	1385	40.4
Longfellow	667	51.1	367	28.1	39	3.0	42	3.2	181	13.9
Nokomis	1,389	71.8	191	9.9	39	2.0	61	3.2	230	11.9
Southwest	1,896	81.0	190	8.1	21	0.9	80	3.4	127	5.4
Minneapolis	7,975	42.1	5,219	27.6	619	3.3	1,313	6.9	3,571	18.9

Minneapolis Resident Live Births by Selected Characteristics by Community, 2004-2006

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	162	9.6	371	23.2	1,148	77.1	874	52.0
Northeast	144	7.7	421	23.5	1,380	78.2	760	40.9
Near North	265	11.7	680	32.4	1,356	69.9	1,568	69.6
Central	73	10.2	125	18.9	502	73.5	340	47.6
University	62	6.1	219	22.6	750	78.3	318	31.2
Calhoun Isles	38	5.1	21	2.9	649	90.1	153	20.6
Phillips	133	8.4	735	50.1	960	63.7	1060	66.9
Powderhorn	256	7.5	1,233	38.2	2,330	71.3	1,891	55.3
Longfellow	83	6.4	244	19.4	1,054	84.5	463	35.5
Nokomis	115	5.9	189	10.0	1,639	87.7	522	27.0
Southwest	155	6.6	112	4.9	2,104	92.4	388	16.6
Minneapolis	1,494	7.9	4,361	24.2	13,901	78.2	8,369	44.2

Proportion of Live Births for Which the Mother Received Only Third Trimester Prenatal Care or No Prenatal Care, 2005-2006

The percentage of women receiving late or no prenatal care decreased from 4.4 percent in 2005 to 4.3 percent in 2006. However, longer-term comparisons reflect greater improvement, and this improvement is seen among all racial groups. From 1990 to 2006, the proportions declined from 5.4 percent to 1.7 percent for Whites, from 17.2 to 6.1 percent for African Americans, from 28.0 percent to 14.1 percent for American Indians, and from 13.7 percent to 5.2 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				
	2005		2006	
	Number	Percent	Number	Percent
White	51	2.0	44	1.7
African American	97	6.2	98	6.1
American Indian	26	15.8	29	14.1
Asian/Pac Islander	18	4.9	20	5.2
Hispanic	62	5.8	70	5.8
Total	254	4.4	262	4.3

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 7.6 percent in 2006. The proportions of low-weight births in 2006 were 11.3 percent for African Americans, 9.3 percent for American Indians, 7.2 percent for Asian/Pacific Islanders, 6.1 percent for Whites and 5.3 percent for Hispanics.

Low-Weight Live Births by Mother's Race/Ethnicity				
	2005		2006	
	Number	Percent	Number	Percent
White	157	6.0	162	6.1
African American	210	12.0	200	11.3
American Indian	21	11.8	21	9.3
Asian/Pac Islander	43	10.3	32	7.2
Hispanic	67	6.0	66	5.3
Total	502	8.2	488	7.6

Induced Abortions

During 2006, there were 2,207 reported induced abortions, reflecting a ratio of 342.6 abortions per 1,000 live births. The number of abortions decreased by 0.9 percent from 2005 to 2006. Abortions among Minneapolis residents have generally been declining since 1991.

Reported Induced Abortions, 1991-2006		
Year	Number	Ratio per 1000 Live Births
2006	2,207	342.6
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

Induced Abortions by Age

The table below gives the number of abortions and the rates by various age groups during 2005 and 2006. Most of the abortions during 2005 and 2006 occurred in the age groups 20-24 and 25-29.

Reported Induced Abortions by Age						
Age	2005			2006		
	No.	%	Ratio per 1000 Live Births	No.	%	Ratio per 1000 Live Births
Under 15	13	0.6	1083.5	9	0.4	529.4
15 – 17	85	3.8	433.7	106	4.8	469.0
18 – 19	191	8.6	513.4	187	8.5	526.8
20 – 24	819	36.8	620.5	772	35.0	541.8
25 – 29	565	25.4	362.4	590	26.7	347.1
30 – 34	328	14.7	214.2	321	14.5	206.7
35 – 39	171	7.7	188.7	172	7.8	177.9
40+	56	2.5	245.6	50	2.3	251.3
Total	2,228	100.0	363.8	2,207	100.0	342.6

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 2006, there were 44 deaths to children under the age of one year, for an infant mortality rate of 6.8 per 1,000 live births. The infant mortality rate increased to 6.8 per 1,000 live births from a rate of 5.7 per 1,000 live births in 2005. 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 2004-2006 was 6.5 deaths per 1,000 live births, compared to 5.7 deaths per 1,000 live births for the period from 2001-2003. Three-year averages provide more stable trend rates than annual figures.

Infant Mortality, 1986 – 2006

Year	Number	Rate per 1000 Live Births
2006	44	6.8
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

Infant Mortality by Race/Ethnicity

American Indians have the highest infant mortality rate (12.9 infant deaths per 1,000 live births) among all racial groups for the three-year period from 2004-2006. The second-highest rate occurs in African Americans (10.0 infant deaths per 1,000 live births). The rate among Asian/Pacific Islanders is 3.0 per 1,000 live births, the lowest among all racial groups, while the rate among Hispanics is 5.6 per 1,000 live births, and the rate among whites is 4.5 per 1,000 live births.

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

period 2004-2006 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

	2001-2003		2004-2006	
	Number	Rate per 1000 Live Births	Number	Rate per 1000 Live Births
All Races	109	5.7	123	6.5
White	28	3.4	36	4.5
African American	41	8.1	52	10.0
American Indian	4	6.2	8	12.9
Asian/Pac Islander	8	5.7	4	3.0
Hispanic	25	7.2	20	5.6

Infant Mortality by Area of Residence, 2004-2006

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

Infant Mortality by Area of Residence, 2004-2006

	Number of Deaths	Rate per 1000 Live Births
Camden	8	4.7
Northeast	9	4.8
Near North	25	11.1
Central	4	5.6
University	6	5.9
Calhoun Isles	2	2.7
Phillips	16	10.1
Powderhorn	25	7.3
Longfellow	8	6.1
Nokomis	13	6.7
Southwest	7	3.0
Minneapolis	123	6.5

Neonatal and Postneonatal Mortality Rates, 1987-2006

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 2004 to 2006, the average neonatal death rate in Minneapolis was 4.1. 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 2004-2006 was 2.4 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
2004-2006	4.1	2.4
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

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	2001-2003		2004-2006	
	No.	Rate per 1000 Live Births	No.	Rate per 1000 Live Births
All Causes	109	5.7	123	6.5
Certain conditions originating in the perinatal period	56	2.9	57	3.0
Congenital anomalies	24	1.3	28	1.5
Symptoms and ill-defined causes	7	0.4	3	0.2
All other causes	22	1.2	35	1.8

DEATHS AMONG ALL AGE GROUPS

This section presents the leading causes of death among Minneapolis residents in 2005 and 2006. Leading causes of death by age groups during the period 2004-2006 are also presented in this section.

Total deaths among Minneapolis residents decreased from 2,497 in 2005 to 2,378 in 2006. The number of deaths per 1,000 population was 6.2 in 2006.

Minneapolis Resident Deaths (All Ages), 1986-2006		
Year	Number	Rate per 1000 residents
2006	2,378	6.2
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

Leading Causes of Death

Heart Disease, Malignant Neoplasm (Cancer), and Cerebrovascular Disease are the leading causes of death in Minneapolis, accounting for about 43 percent of all 2006 deaths.

Leading Causes of Death	2005		2006	
	Number	Percent	Number	Percent
All Causes	2,497	100.0	2,378	100.0
Diseases of the heart	426	17.1	365	15.3
Malignant neoplasms (cancer)	542	21.7	532	22.4
Cerebrovascular disease	131	5.2	121	5.1
Chronic obstructive pulmonary disease	105	4.2	105	4.4
Unintentional injury	118	4.7	131	5.5
Motor vehicle	32	1.3	17	0.7
Influenza and pneumonia	55	2.2	43	1.8
Diabetes mellitus	87	3.5	81	3.4
HIV-related	17	0.7	20	0.8
Homicide	34	1.4	44	1.9
Suicide	40	1.6	50	2.1
Chronic liver disease and cirrhosis	34	1.4	28	1.2
All other causes	876	35.1	841	35.3

Leading Causes of Death by Age Group, 2004-2006

The tables below list the leading causes of death by age group for the three-year period from 2004-2006.

Unintentional injuries and violent deaths continue to be the leading causes of death for children and young adults under the age of 25. Accidents, homicides and suicides accounted for about 68 % of all deaths to persons 1-24 years of age during the period of 2004-2006. Homicide was the leading cause of death for residents 15-24 years of age.

Unintentional injuries, diseases of the heart and suicide are the major causes of death in the 25-44 age group. The other causes of death in this age group are Malignant Neoplasms, 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, Cancer, Heart disease 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, 2004-2006		
Age: 1 – 4 Years	Number	Percent
All Causes	10	100.0
Homicide	2	20.0
Congenital Anomalies	2	20.0
Unintentional injuries	1	10.0
Others	5	50.0
Age: 5 – 14 Years	Number	Percent
All Causes	17	100.0
Malignant neoplasms	5	29.4
Unintentional injuries	3	18.8
Motor Vehicle injuries	2	12.5
Congenital anomalies	2	12.5
Homicide	1	6.3
Others	5	29.4
Age: 15 – 24 Years	Number	Percent
All Causes	109	100.0
Homicide	55	50.5
Motor vehicle	11	10.1
Unintentional injuries	9	8.3
Suicide	9	8.3
Others	25	22.9
Age: 25 – 44 Years	Number	Percent
All Causes	526	100.0
Unintentional injuries	84	16.0
Diseases of the heart	61	11.6
Suicide	60	11.4
Malignant Neoplasms	54	10.3
Homicide	52	9.9
Motor vehicle	31	5.9
HIV-related	29	5.5
Chronic liver disease and cirrhosis	15	2.9
Diabetes mellitus	13	2.5
Cerebrovascular disease	12	2.3
Others	115	21.9

Leading causes of Death by Age, 2004-2006		
Age: 45 – 64 Years	Number	Percent
All Causes	1,623	100.0
Malignant neoplasms	513	31.6
Diseases of the heart	257	15.8
Unintentional injuries	97	6.0
Diabetes mellitus	68	4.2
Chronic obstructive pulmonary disease	60	3.7
Diabetes mellitus	58	3.7
Chronic liver disease and cirrhosis	55	3.4
Cerebrovascular Disease	54	3.3
Suicide	40	2.5
HIV-related	26	1.6
Motor vehicle	18	1.1
Homicide	13	0.8
Influenza and pneumonia	12	0.7
Others	410	25.3
Age: 65 and Older	Number	Percent
All Causes	5,024	100.0
Malignant neoplasms	1,070	21.3
Diseases of the heart	919	18.3
Cerebrovascular disease	355	7.1
Chronic obstructive pulmonary disease	275	5.5
Unintentional injuries	170	3.4
Diabetes mellitus	155	3.1
Influenza and pneumonia	131	2.6
Chronic liver disease and cirrhosis	18	0.4
Atherosclerosis	13	0.3
Suicide	13	0.2
Motor vehicle	11	0.2
Others	1,894	37.7

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 2006, there were 1,196 reported cases in Minneapolis, for a rate of 312.6 per 100,000 population.

AIDS is another reported communicable disease. In Minneapolis, 61 new AIDS cases were reported in 2006. 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, 2004-2006			
	2004	2005	2006
AIDS	76	50	61
Amebiasis	41	31	5
Campylobacter	71	79	72
Chlamydia	2,504	2,562	2,676
Encephalitis	0	0	0
Giardiasis	224	204	164
Gonorrhea	1,010	1,201	1,196
Hemophilus influenzae	3	6	11
Hepatitis A	7	6	4
Hepatitis B	11	6	12
Hepatitis; unspecified	0	0	0
Lyme disease	40	32	31
Malaria	4	2	6
Meningococcal disease	2	3	0
Mumps	0	0	11
Pertussis	59	60	31
Rabies (animal)	0	0	0
Rubella	0	0	0
Rubeola	0	0	0
Salmonellosis	41	44	88
Shigellosis	17	12	49
Syphilis (all forms)	55	98	77
Tetanus	0	0	0
Toxic shock syndrome	2	0	0
Tuberculosis	63	54	62
Yersiniosis	1	1	1

Health Insurance

Almost 22% of Minneapolis residents were without medical insurance sometime during the previous 12-month period, according to a 2006 survey (see *SHAPE 2006: Adult 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 2006 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
Hypertension	20.2	20.5
Current smoking	21.1	17.1
Obesity	19.8	19.1
Inadequate physical activity (failure to meet guidelines for moderate or vigorous physical activity)	49.0	51.5
Binge drinking (drinking 5 or more drinks on one occasion during the past 30 days).	24.6	19.6

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 four 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 100 day team-based community-wide fitness campaign. About 7,000 participants committed to lose weight or increase their physical activity during Spring 2008.
- Supported the implementation of Safe Route to School in both Minneapolis and Minneapolis Public Schools to increase opportunities for students to walk and bicycle to school.

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.

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.**