

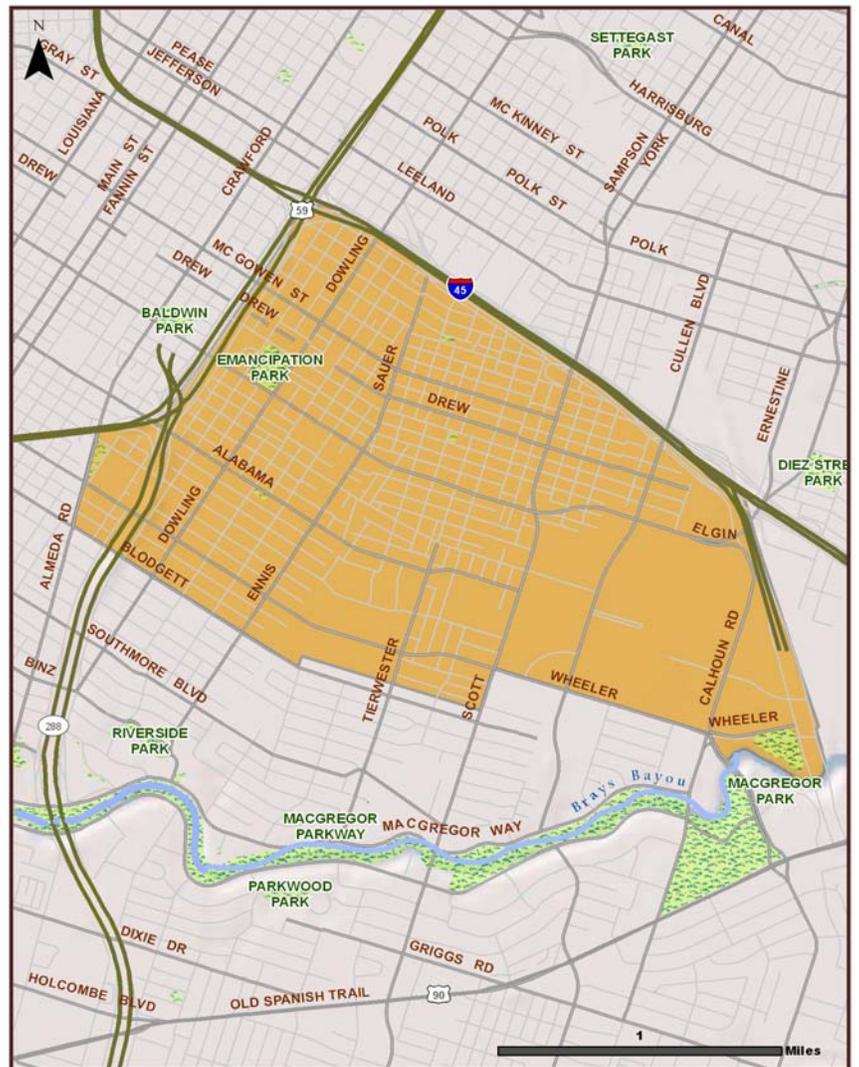
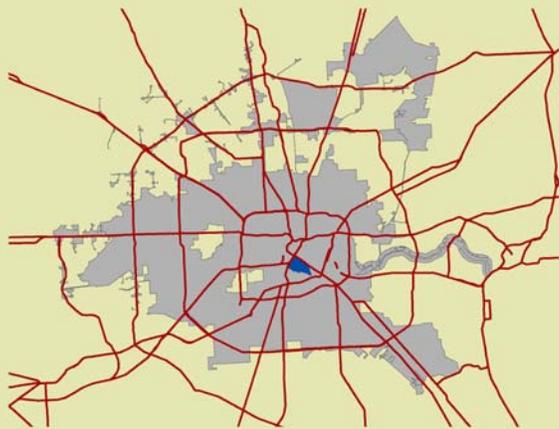
**1999-2003**



# Community Health Profiles



**Greater Third  
Ward  
Super Neighborhood**



*Providing Health Information  
for Community Action*

# Introduction



This community health profile highlights important health issues facing the residents of the Greater Third Ward Super Neighborhood.

In Houston, a “super neighborhood” is a geographically defined area where residents, civic organizations, institutions and businesses work together to identify, plan, and set priorities to address the needs and concerns of their community. The boundaries of each super neighborhood rely on major physical features such as bayous or freeways to group together contiguous communities that share common physical characteristics, identity or infrastructure. Greater Third Ward Super Neighborhood will hereinafter be referred to as “Greater Third Ward.”

It is the intention of the Houston Department of Health and Human Services (HDHHS), in developing health profiles such as this, to promote a better understanding by local residents, community-based organizations, community leaders, medical providers, and the public health community of the unique character and circumstances of our various communities, and to draw attention to those matters that contribute to the greatest of health disparities among the citizens of our growing, culturally and ethnically diverse city.

This profile also represents an effort on the part of HDHHS to provide a “baseline” of indicators of health in our communities, against which future trends in conditions can be measured and monitored, and appropriate public health actions, taken.

We hope that this health profile will support these efforts in Greater Third Ward and across the city of Houston.

**Stephen L. Williams, M.Ed., M.P.A.**  
**Director**  
**Houston Department of Health and Human Services**

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# Community Resources

The health of a community depends to a great extent upon the availability and accessibility of its resources.

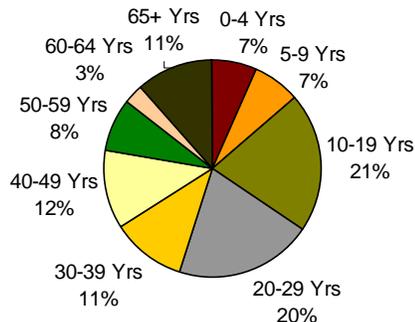


# Greater Third Ward at a Glance

The total population of Greater Third Ward was 15,429, according to the 2000 census.\*

## Age

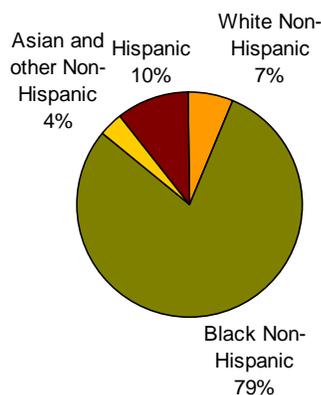
At the time of the 2000 census, more than one-third (35%) of Greater Third Ward residents were under the age of 20. More than half (54%) were between 20 and 64 years of age, and 11% were 65 or older.



## Race, Ethnicity, National Origin

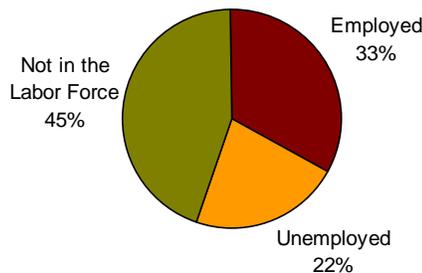
The majority of residents in Greater Third Ward were Black. Hispanics were the second largest ethnic group, though they comprised only 10% of the population. Eleven percent of the population were other races.

Of the total population, a majority (77%) were native Texans; 5% were foreign born.



## Employment

A large proportion (67%) of Greater Third Ward residents, ages 16 and over, were either unemployed or were not in the labor force in 1999.

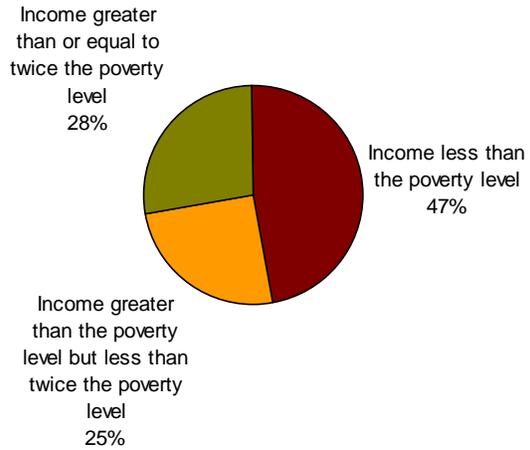


\* Data Source: U.S. Census 2000. Total population was calculated from census block-level data using Summary File 1. For purposes of describing demographics using Summary File 3, the super neighborhood is defined by the following census geographies: Tracts 3121, 3122, 3123, 3124, 3127 and 3128.

### Poverty

Nearly half (47%) of the population in Greater Third Ward lived below the poverty level in 1999. Seventy-two percent of all residents in the super neighborhood had incomes less than twice the poverty level.

Of those living below the poverty level, 37% were children under 18 years of age; 10% were adults 65 and older.

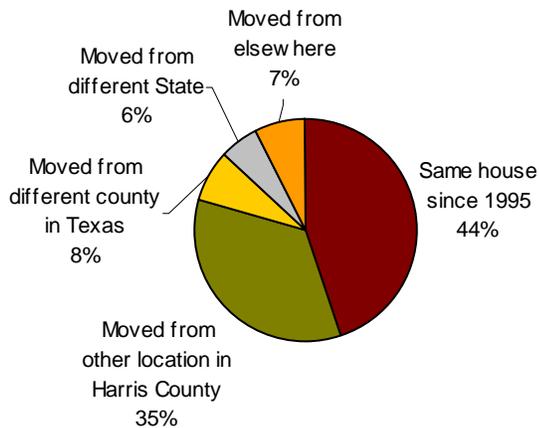
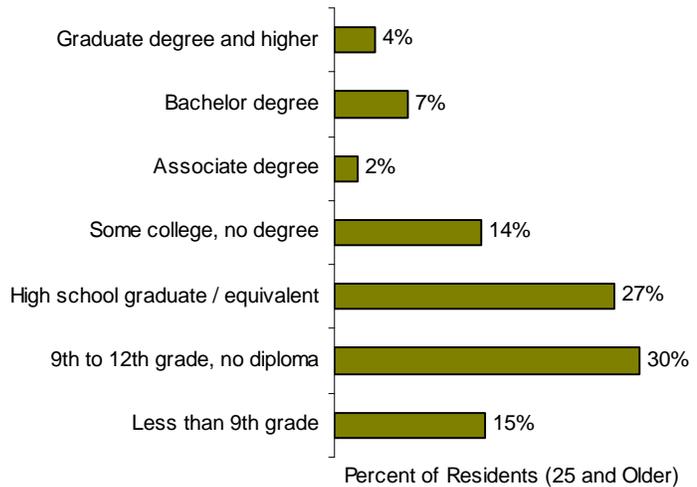


### Education

Forty-five percent of Greater Third Ward residents, ages 25 and over, reported that they had not graduated from high school.

Twenty-seven percent of residents reported a high school diploma (or the equivalent) as their highest level of educational attainment.

Twenty-seven percent of residents had attained education beyond the high school level, with 13% earning a college degree.



### Population Stability

Forty-four percent of the residents of Greater Third Ward had lived in the same house since 1995. Approximately one-third (35%) moved to Greater Third Ward from other locations in Harris County between 1995 and 1999.

Twenty-one percent of residents moved to the area from outside Harris County between 1995 and 1999.

Data Source: U.S. Census 2000, Summary File 3

## Major Causes of Death

During the years 1999-2003, the residents of the super neighborhood had higher overall and cause-specific annual average mortality rates than those of Houston as a whole.

### Leading Causes of Mortality, Greater Third Ward, Houston, Texas, 1999-2003

Rank	Cause of Death	Greater Third Ward		Houston	Greater Third Ward - Houston
		Deaths	Rates*	Rates*	Rates
	All Causes	913	1373.1	898.2	474.9
1	Heart Disease	306	455.4	262.0	193.4
2	Cancer	183	278.0	197.6	80.4
3	Stroke	75	112.6	76.0	36.6
4	HIV/AIDS	39	66.3	13.7	52.6
5	Accidents	33	47.8	34.8	13.0
6	Septicemia	29	43.8	18.1	25.7
7	Chronic Lower Respiratory Disease	24	--	31.9	--
8	Influenza and Pneumonia	21	--	20.0	--
9	Diabetes Mellitus	15	--	28.0	--
10	Chronic Liver Disease-Cirrhosis	14	--	12.7	--

### Other Causes of Death of Particular Interest, Greater Third Ward, Houston, Texas, 1999-2003

Cause of Death	Greater Third Ward		Houston	Greater Third Ward - Houston
	Deaths	Rates*	Rates*	Rates
Coronary Heart Disease	196	293.1	174.1	119.0
Bronchus-Lung Cancer	57	86.5	52.8	33.7
Drug-Induced Cause	12	--	8.2	--
Motor Vehicle Accident	9	--	13.2	--
Firearm Related	6	--	7.4	--
Cervical Cancer	5	--	2.2	--

\*Age-adjusted mortality rates: annual average deaths per 100,000 population; census 2000 populations as the denominators; age-adjusted to the 2000 US Standard Million; deaths with known age and disease information.  
 -- Numbers of deaths were too small for rate calculation.

# Years of Potential Life Lost (YPLL)

Years of Potential Life Lost (YPLL) is an indicator of premature mortality. This indicator suggests social and economic loss owing to premature death. It also gives information on the specific causes of deaths affecting younger age groups.

Leading Causes of Premature Death	YPLL Rate*	YPLL Rate**	Houston YPLL Rate**
Heart Disease	1626.1	2146.7	689.3
Accidents	1179.7	1201.8	779.0
HIV/AIDS	1146.0	1528.0	335.1
Cancer	992.3	1336.7	816.3
Homicide	560.6	--	-
Congenital Disorders	553.2	--	-
Conditions Originating in the Perinatal Periods	553.2	--	-
Stroke	317.6	--	-
Suicide	226.9	--	-
Chronic Liver Disease-Cirrhosis	163.9	--	-
<b>Specific Causes of Interest</b>			
Coronary Heart Disease	819.6	1121.8	376.1
Drug-Induced Cause	440.5	--	-
Motor Vehicle Accident	430.3	--	-
Firearm Related	282.5	--	-
Bronchus-Lung Cancer	215.1	--	-

NOTE: Special cause of death categories may not be mutually exclusive.  
 \* Crude annual average YPLL per 100,000 population under age 65 years.  
 \*\* Age-adjusted annual average YPLL per 100,000 population under age of 65, standardized for 2000 US Standard Million.  
 -- Number of deaths too small for age-adjustment.  
 - Houston data not presented because comparison data were not available for the community.

## Differences in YPLL rates between Men and Women, 1999-2003

Premature deaths from heart disease and drug-induced cause had markedly higher impact on YPLL rates among males than females in this community.

## Rate of Years of Potential Life Lost (YPLL Rate)

At every age of death, there is a certain number of years of "expected life" that are not lived, and are therefore "lost." The amount of lost years of life often differ by cause of death. Many people consider death before the age of 65 years as premature. More years of life were lost prematurely due to heart disease, accidents, HIV/AIDS, cancer, and homicide in this community than any other causes.

The age-adjusted annual average YPLL rates for heart disease, HIV/AIDS, cancer, and accidents were higher in the super neighborhood than those in Houston. Comparison of other age-adjusted YPLL rates is not possible because of the relatively small number of deaths occurring before age 65 in Greater Third Ward. YPLL is not reported where fewer than 5 deaths occurred.

Leading Causes of Premature Death §	Male YPLL Rates (number of deaths)	Female YPLL Rates (number of deaths)
Heart Disease	2155.0(56)	1115.7(31)
Accidents	1341.3(15)	1023.7(12)
HIV/AIDS	1174.4(18)	1118.6(18)
Cancer	1001.5(32)	983.5(24)
Homicide	840.5(9)	

Specific Causes of Interest		
Coronary Heart Disease	1084.9(33)	563.6(22)
Motor Vehicle Accidents	566.3(5)	
Drug-Induced Cause	485.8(6)	396.8(6)

§ Ranked by Male YPLL Rate  
 Note: YPLL rate might be unstable due to small number of premature deaths.

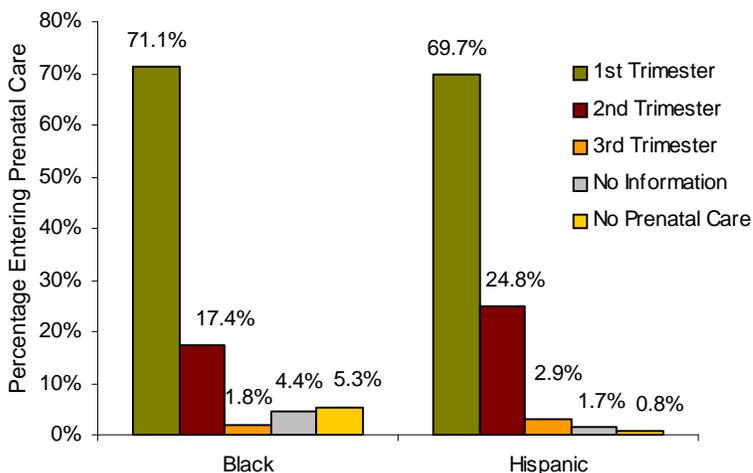
Data Sources: Texas Department of State Health Services, Vital Statistics; US Census, 2000

## Maternal and Child Health

Prenatal care is the care a woman gets during pregnancy. Both prenatal care and birth weight are good indicators of a newborn's chances of survival, growth, long term health, and psycho-social development.

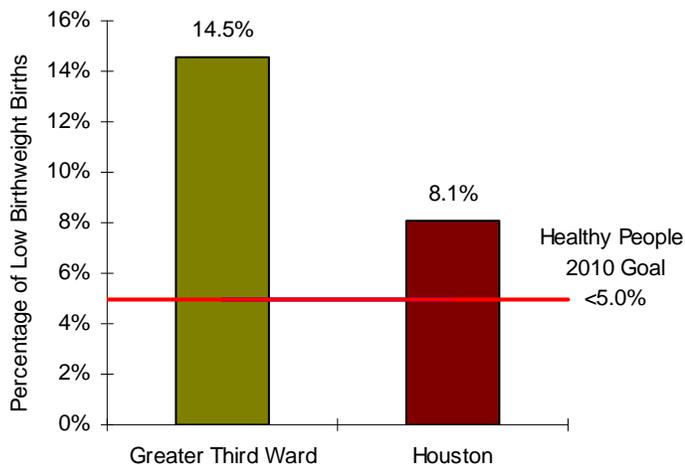
### Entry into Prenatal Care by Trimester of Pregnancy, 1999-2003

Similar proportions of pregnant Hispanic (69.7%) and Black (71.1%) women reported entering prenatal care in the first trimester. A small proportion of women in all groups entered prenatal care very late in their pregnancy, or received no care at all.



### Low Birth Weight Births (LBWB), 1999-2003

Approximately 15% of live births in Greater Third Ward were of low birth weight (2500 grams or less). This was almost twice the Houston proportion. Both were far higher than the Healthy People 2010 goal of less than 5% of live births being low weight.

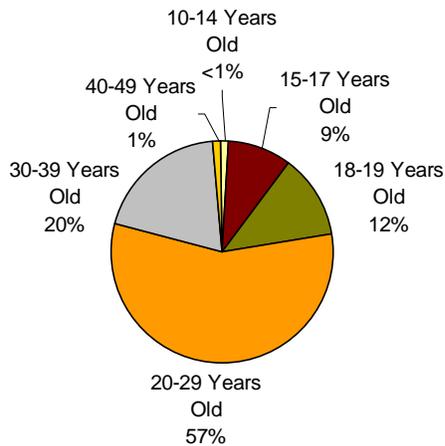


Low birth weight is a factor significantly related to infant mortality. Infants born with low birth weights are at increased risk for serious health problems and long term disabilities such as mental retardation, cerebral palsy, and respiratory, vision, and hearing problems. Low birth weight and infant mortality are therefore among the most important indicators of a community's health.

Data Source: Texas Department of State Health Services, Vital Statistics, 1999-2003

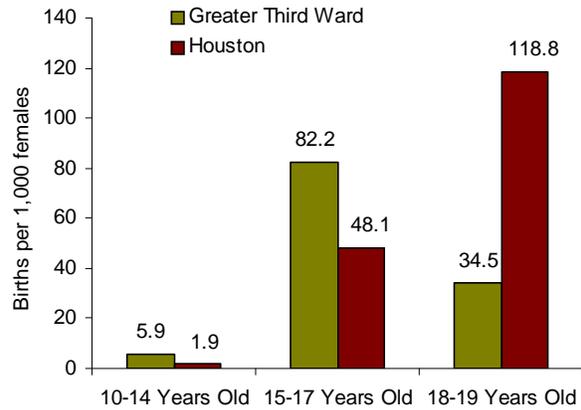
## Births to Teen Mothers

Teenage childbearing is associated with negative consequences for the children born of teen mothers. In addition, there are important social and economic costs to individuals as well as the society as a result of births to teenage mothers.



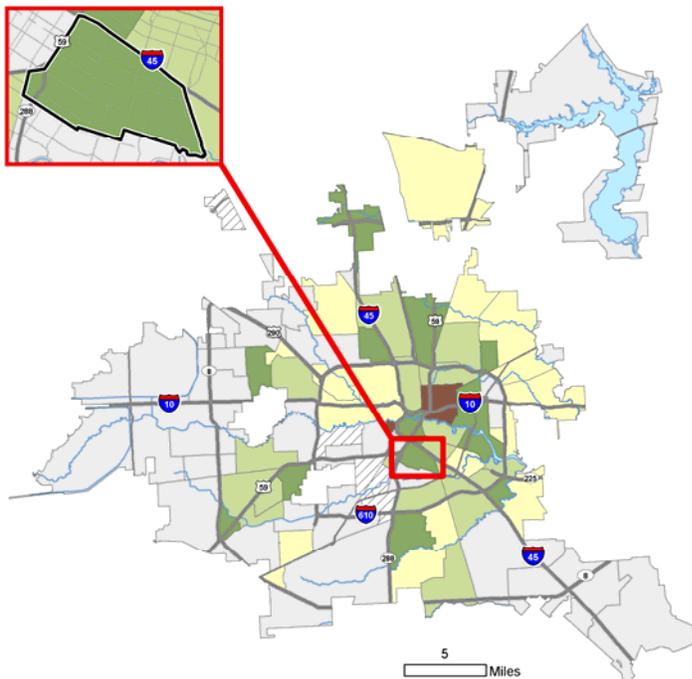
### Births by Age of Mother, 1999-2003

A total of 1,244 births were recorded over the period among mothers in Greater Third Ward. Approximately 1 out of every 5 of these births was to a young mother (10-19 years of age).



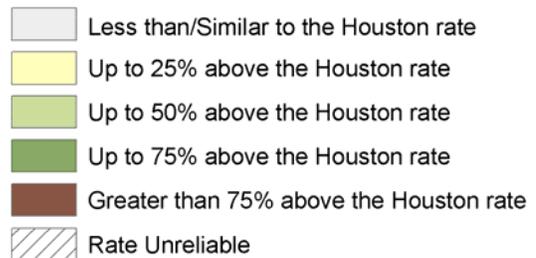
### Births to Teen Mothers, 1999-2003

The annual average rate of births to 15-17 year-olds in Greater Third Ward (82.2 per 1,000 females aged 15 to 17 years) was 71% higher than that for girls the same age in Houston, overall. However, the rate among 18-19 year-old females in Greater Third Ward was one-third the Houston rate for the same age group.



### Births to Teen Mothers by Super Neighborhood, 1999-2003

Greater Third Ward was among the neighborhoods in Houston with high annual average rates of births to teen mothers (15-17 years of age).



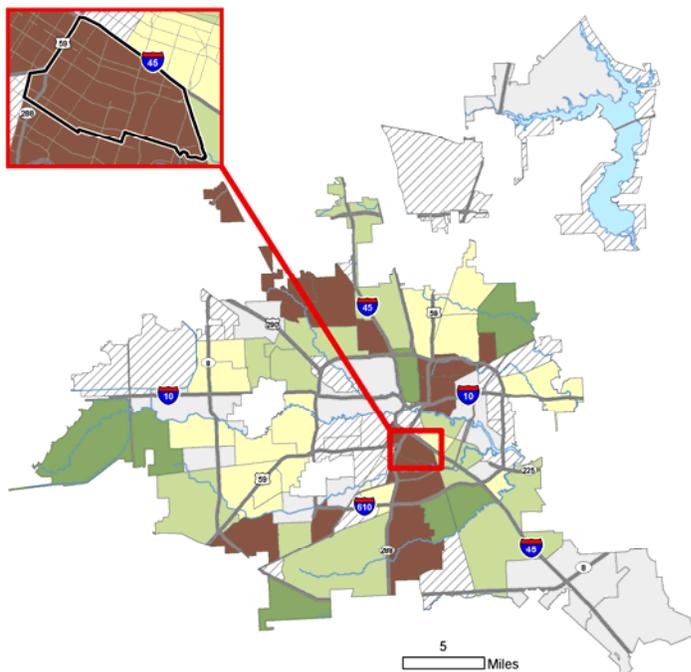
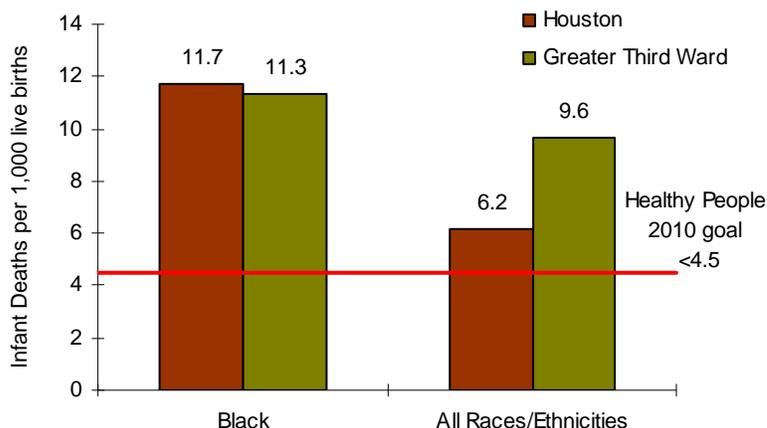
Data Sources: Texas Department of State Health Services, Vital Statistics; US Census 2000

# Infant Mortality

Infant mortality rate is the death of infants in the first year of life. It is one of the most important indicators of the health of a community. The Healthy People 2010 goal is to eliminate disparities among racial and ethnic groups with infant mortality rates (IMR) above the national average. The targeted groups are African American, American Indian, Alaskan Native and Puerto Rican populations.

## Infant Mortality Rate, 1999-2003

The annual average infant mortality rate in Greater Third Ward was 55% higher than Houston's IMR and more than twice the Healthy People 2010 goal of 4.5 infant deaths per 1,000 live births. Ninety-two percent (92%) of all infant deaths were among Blacks. The annual average IMR among Blacks in Greater Third Ward was approximately equal to that of Blacks in Houston as a whole. Infant mortality among other groups is not presented due to small numbers of infant deaths.



## Infant Mortality Rate by Super Neighborhood 1999-2003

Greater Third Ward was among the neighborhoods with the highest annual average infant mortality rates in the city.

- Less than/Similar to the Healthy People 2010 goal
- Up to 25% above Healthy People 2010 goal
- Up to 50% above Healthy People 2010 goal
- Up to 75% above Healthy People 2010 goal
- Greater than 75% above Healthy People 2010 goal
- Rate Unreliable

Data Source: Texas Department of State Health Services, Vital Statistics

# Leading Causes of Hospitalization

Much information on the health issues that the super neighborhood residents face on a daily basis is not readily available. The leading causes of hospitalization provide a partial picture of those conditions.

Principal Diagnosis, Multiple Level Clinical Classification of ICD 9	Counts
<b>1 Diseases of the circulatory system</b>	<b>1345</b>
Diseases of the heart	833
Cerebrovascular disease	224
Hypertension	175
<b>2 Complications of pregnancy; childbirth; and the puerperium</b>	<b>839</b>
Complications mainly related to pregnancy	279
Indications for care in pregnancy; labor; and delivery	179
Complications during labor	148
<b>3 Certain conditions originating in the perinatal period</b>	<b>783</b>
Liveborn	757
Other perinatal conditions	15
Hemolytic jaundice and perinatal jaundice	5
<b>4 Mental disorders</b>	<b>600</b>
Schizophrenia and related disorders	212
Affective disorders	188
Alcohol and substance-related mental disorders	57
<b>5 Diseases of the respiratory system</b>	<b>569</b>
Respiratory infections	256
Asthma	98
Chronic obstructive pulmonary disease and bronchiectasis	96
<b>6 Diseases of the digestive system</b>	<b>542</b>
Lower gastrointestinal disorders	148
Gastrointestinal hemorrhage	82
Pancreatic disorders (not diabetes)	69
<b>7 Injury and poisoning</b>	<b>496</b>
Complications	228
Fractures	107
Open wounds	32

In Greater Third Ward, during the years 1999-2002, the most common causes of hospitalization were related to issues of cardiovascular and cerebrovascular diseases, child birth and perinatal period conditions, mental disorders, and respiratory diseases.

Note that only the most common conditions are listed under each major category of diagnosis, and that the sum of these counts may not equal the total counts for the category.

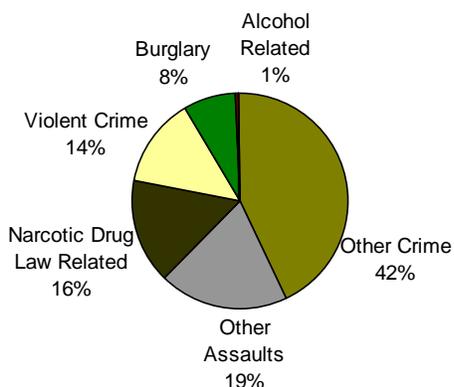
<b>8 Neoplasms</b>	<b>373</b>
Benign neoplasms	81
Cancer of bronchus; lung	47
Secondary malignancies	46
<b>9 Endocrine; nutritional; and metabolic diseases and immunity disorders</b>	<b>341</b>
Diabetes mellitus with complications	183
Fluid and electrolyte disorders	109
Other nutritional; endocrine; and metabolic disorders	15
<b>10 Symptoms; signs; and ill-defined conditions and factors influencing health status</b>	<b>322</b>
Factors influencing health care	222
Symptoms; signs; and ill-defined conditions	100

Data Source: Texas Department of State Health Services, Texas Health Care Information Collection

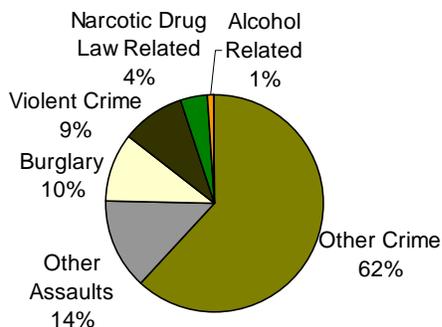
# Crime

The crime rate in urban areas is of concern to the residents, law enforcement and the local government. Crimes place stress on the residents of neighborhoods and affect their well-being. Of particular concern are violent crimes that threaten residents' lives, such as those involving firearms.

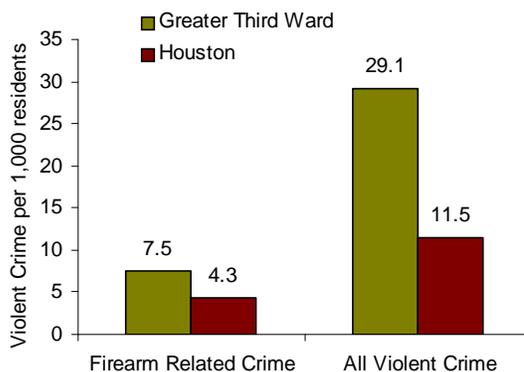
## Overview of Crime, 1999-2003



**Crime In Greater Third Ward**

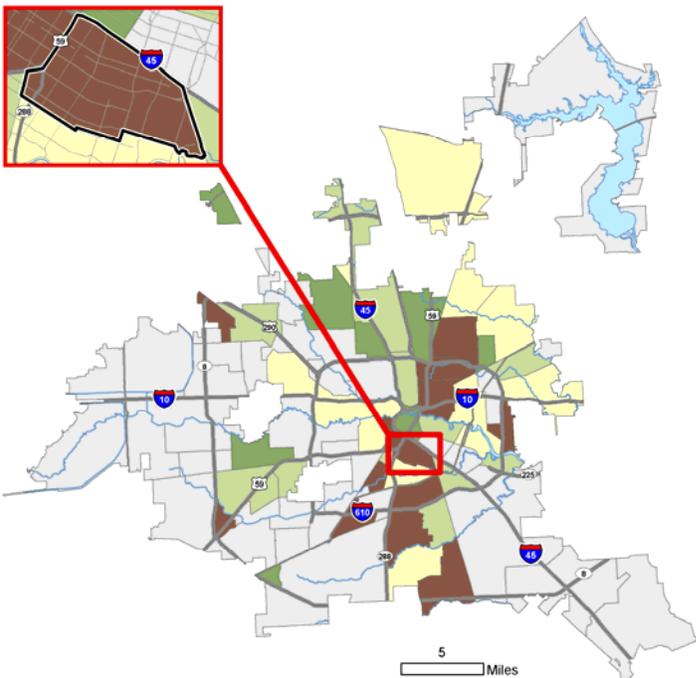


**Crime in Houston**



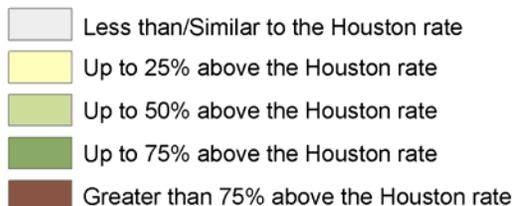
**Violent Crime, 1999-2003**

The annual average rate of violent crime in Greater Third Ward was 29.1 per 1,000 population, two and a half times that of Houston as a whole. The firearm-related violent crime rate in Greater Third Ward was 7.5 per 1,000 population, 74% higher than the Houston rate.



**Rate of Violent Crime by Super Neighborhood, 1999-2003**

Greater Third Ward was among the neighborhoods with the highest annual average rates of violent crime in the city.



Data Source: Houston Police Department

## Tuberculosis

Tuberculosis (TB) is caused by a specific type of bacteria that spreads from person to person through the air. TB typically affects the lungs but can also affect the brain and other organs. If this disease is left untreated it can be fatal.

From 1999 to 2003, 25 newly-acquired cases of tuberculosis were identified among residents of Greater Third Ward, representing 1.9% of all cases diagnosed in Houston in that period. The average annual rate in Greater Third Ward was 32.4 per 100,000 population, compared to 13.6 per 100,000 in Houston as a whole. Both rates appeared higher than the national 2010 Healthy People target of 1 case per 100,000 population.

The majority (80%) of these cases were Black between 20 to 64 years of age, of whom, more than half (55%) were male.

Data Source: HDHHS, Bureau of TB Control

## Drowning and Submersion

Drowning and submersion injuries are often unintentional and are preventable through increased awareness of precautions that can be taken in and around bodies of water.

Fewer than 5 drowning or submersion cases were reported among Greater Third Ward residents from 1999-2003.

Data Source: HDHHS, Bureau of Epidemiology

## Food-borne Diseases

Many food-related diseases are easily preventable. Eating well-cooked foods, keeping cooking areas free of contamination by thoroughly cleaning surfaces touched by raw meats and poultry, hand washing before handling food, and avoiding unpasteurized products are some of the measures that people can take to lower their risk of food-related disease.

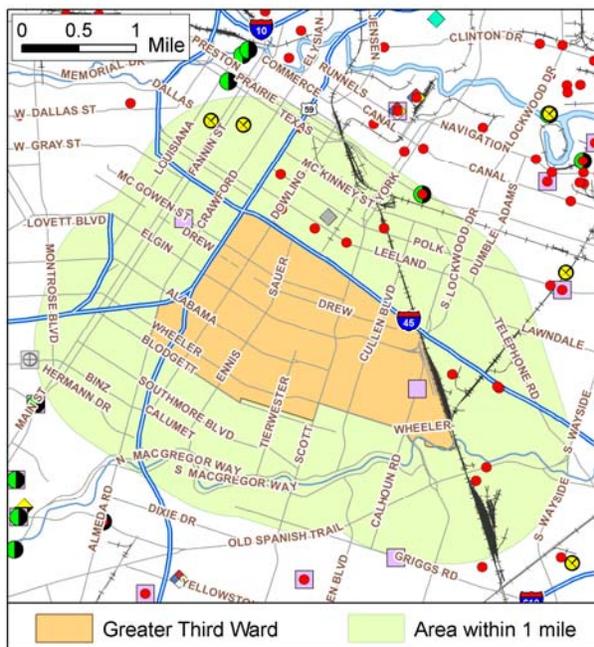
Food-related diseases are typically under-reported. It is likely that many more cases occurred from 1999 to 2003 than were actually reported to health officials.

Typically Reported Diseases	Number of Cases
Hepatitis A	<5
Shigellosis	6
Salmonellosis	<5

Data Source: HDHHS, Bureau of Epidemiology

# Environmental Health and Safety

Chemical emissions and waste released into the air, soil, and water can affect everyone. Knowing the locations and types of potential polluters allows residents to better monitor the potential environmental impact on their communities.



- Toxic Release Inventory (TRI) Facility
- ⊗ Major Storm Water Runoff Facility
- ◆ Hazardous Waste Treatment, Storage, or Disposal (TSD) Facility
- Large Quantity Generator (LQG) of Hazardous Waste
- Major Discharger of Air Pollutants
- Highway
- Major Roadway
- ◆ Radioactive Waste Site
- ◆ Current Superfund Site
- ◆ Former Superfund Site
- ⊕ Active Landfill
- ⊕ Inactive Landfill
- ⊕ Closed Landfill
- Railroad
- Bayou

## Regulated Facilities

The Environmental Protection Agency (EPA) and the Texas Commission on Environmental Quality (TCEQ) administer programs which monitor and regulate facilities with the potential to release significant amounts of hazardous chemicals to the environment.

Within one mile of Greater Third Ward, there are 12 Toxic Release Inventory (TRI) reporting facilities, 2 Large Quantity Generators (LQG) of hazardous waste, 1 major discharger of air pollutants, 2 major storm water discharging facilities, and 1 former Superfund site.

These facilities are regulated under one or more of the following federal statutes: the Emergency Planning and Community Right-to-Know Act (EPCRA), the Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA), the Resource Conservation and Recovery Act (RCRA), the Clean Air Act, and the Clean Water Act.

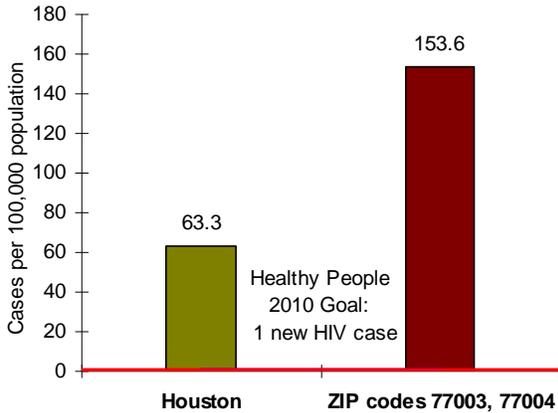
The EPA provides reports concerning federally regulated facilities through an online application called Envirofacts ([www.epa.gov/enviro/index.html](http://www.epa.gov/enviro/index.html)).

Type of Regulated Facility	Houston Count	Type of Regulated Facility	Houston Count
Toxic Release Inventory (TRI) Facilities (all reporting years)	302	Major Dischargers of Air Pollutants	71
Major Storm Water Runoff Facilities	56	Radioactive Waste Sites	4
Hazardous Waste Treatment, Storage, or Disposal (TSD) Facilities	35	Current Superfund Sites	12
Large Quantity Generators (LQG) of Hazardous Waste	132	Former Superfund Sites	5
		Active Landfills	9
		Inactive Landfills	2
		Closed Landfills	18

Data Sources: Environmental Protection Agency; Texas Commission on Environmental Quality

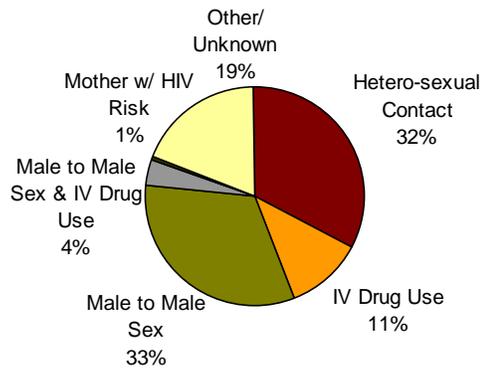
# HIV/AIDS

HIV (Human Immunodeficiency virus) attacks the immune system and can progress to Acquired Immune Deficiency Syndrome (AIDS). HIV is primarily transmitted through unprotected sex or sharing needles with someone infected with the virus. It can also be transmitted before or during birth and from breast milk from mother to child. Many of those infected are unaware of their HIV status, and therefore can transmit the disease unknowingly.



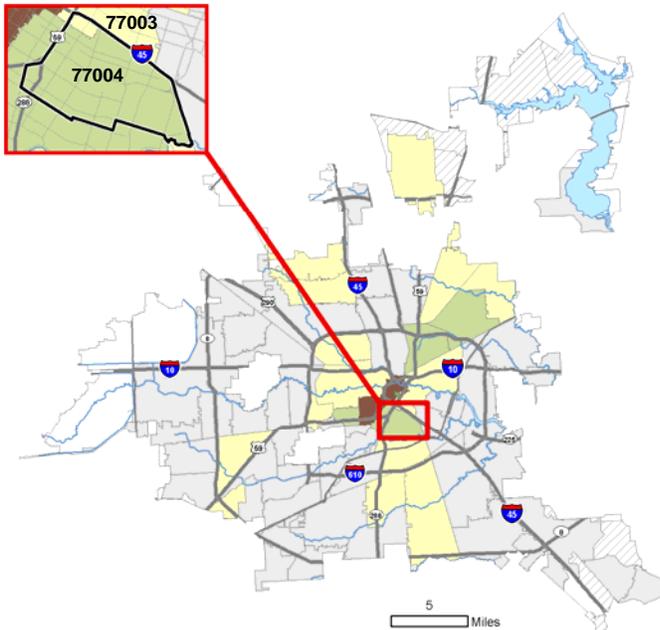
**New HIV Diagnosis Rate, 1999-2003**

The annual average rate of new HIV diagnosis in zip codes 77003 and 77004 (which include Greater Third Ward) was more than twice the Houston-wide rate during the period; it was far above the 2010 Healthy People goal of reducing infections to less than 1 new case per 100,000 population.



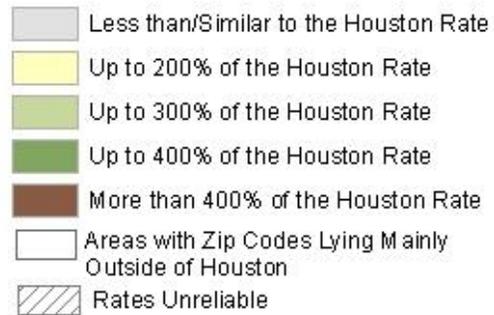
**HIV Risk Factors, 1999-2003**

Seventy percent of new HIV infections occurred in males in Greater Third Ward. In nearly one-fifth of all reported cases, the mode of transmission was unknown. Thirty-two percent of cases reported hetero-sexual contact; 33% reported male-to-male sex; 11% reported IV drug use. Male-to-male sex and IV drug use was reported in 4% of new cases.



**Rates of New HIV Diagnosis by Zip Code\*, 1999-2003**

The annual average rates of new HIV diagnosis in zip codes 77003 and 77004, which overlap Greater Third Ward, were higher than that of many other zip codes in the city.



\* Rates are calculated only for those zip codes that lie predominantly within the boundaries of the city of Houston.

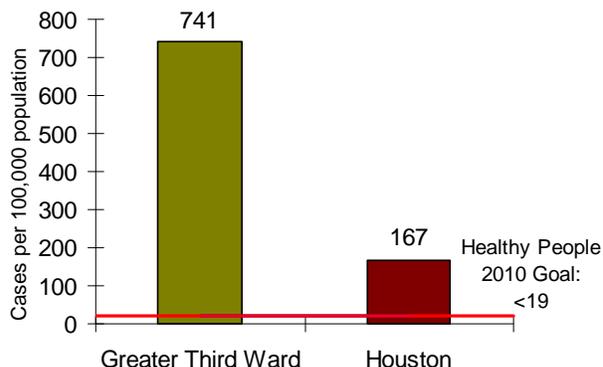
Data Source: HDHHS, Bureau of Epidemiology

# Gonorrhea

Gonorrhea is a sexually transmitted disease (STD) caused by bacteria. If untreated, it can cause serious and permanent health problems in both women and men. It also places infected persons at greater risk for HIV. Though rare, it can result in death if untreated.

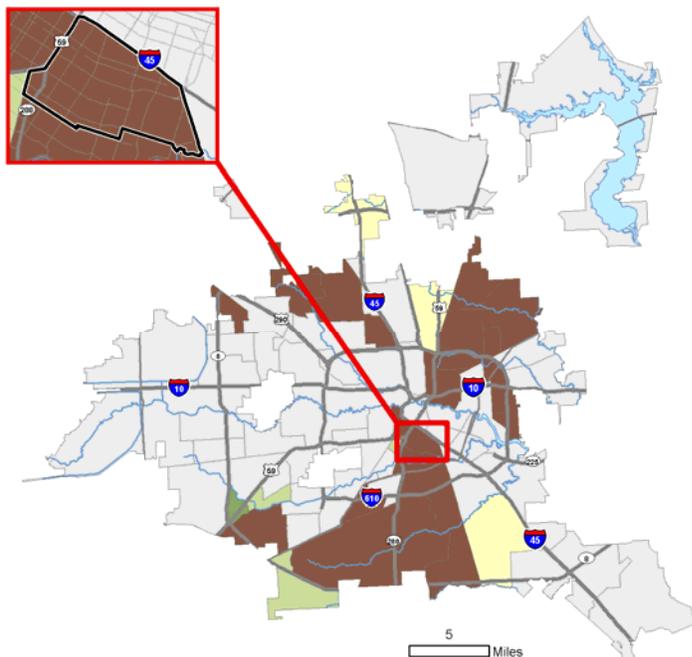
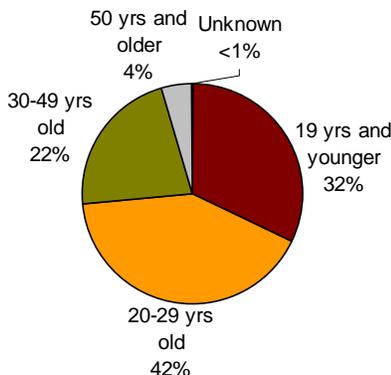
## New Gonorrhea Infection in Greater Third Ward, 1999-2003

The annual average rate of new gonorrhea infection in Greater Third Ward was more than four times that of Houston; both rates were much greater than the 2010 Healthy People goal of less than 19 cases per 100,000 population.



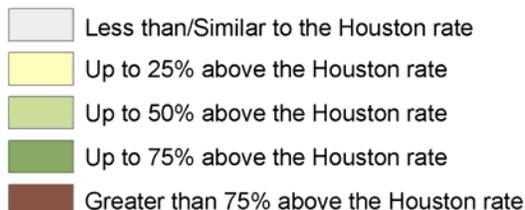
## Gonorrhea infection by Age, Sex, Race/Ethnicity

Blacks, who represent 79% of Greater Third Ward residents, accounted for 91% of new cases. Slightly more than half (55%) of all cases occurred in males, and persons aged 20-29 years were the most affected age group.



## Rates of Gonorrhea Infection by Super Neighborhood, 1999-2003

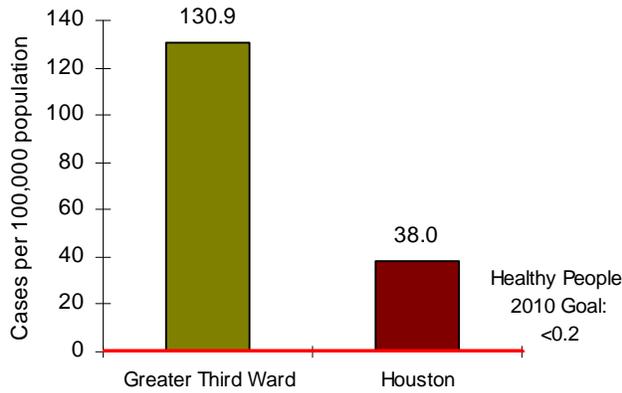
Greater Third Ward was among those super neighborhoods with the highest annual average rates of infection in the city.



Data Source: HDHHS, Bureau of Epidemiology

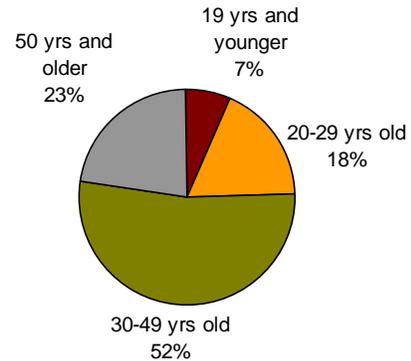
# Syphilis

Syphilis is a sexually transmitted disease (STD) and is passed from person to person through direct contact with a syphilis sore. Sores occur mainly on the external genitals, vagina, anus, or in the rectum. Transmission occurs due to unprotected sex. The sores may also occur in lips and mouth. Untreated syphilis can progress into more serious conditions affecting the nervous system, heart and other organs, seriously impairing health.



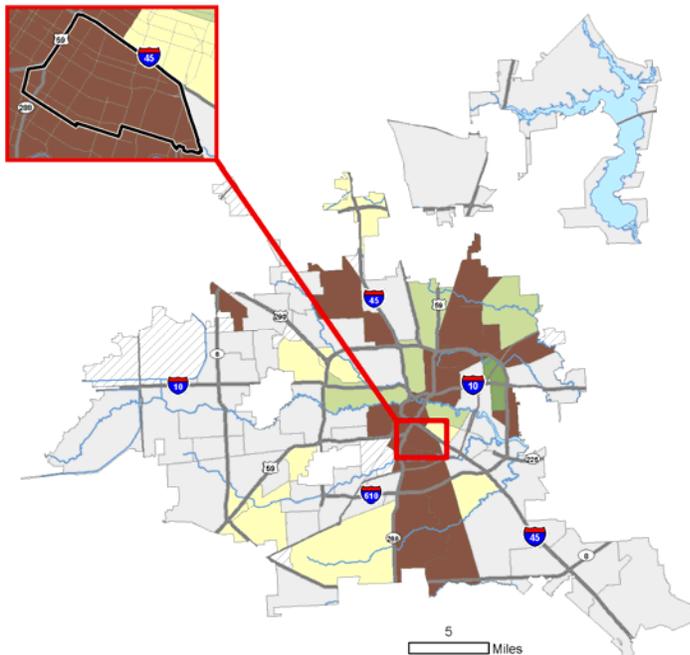
**Rates of New Syphilis Infection, 1999-2003**

The annual average rate of new syphilis infection in Greater Third Ward was more than three times the Houston rate; both were far higher than the Healthy People 2010 goal.



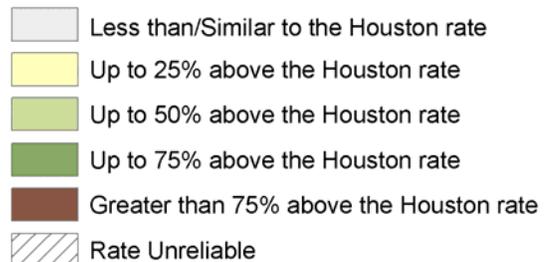
**Syphilis Cases by Age, Sex, Race/Ethnicity**

Eighty-nine percent of new cases in Greater Third Ward occurred among Blacks. The distribution among other race groups ranged from 3-7%. Thirty to forty-nine year-olds were the most affected age group. Males were more affected than females, accounting for 56% of new cases.



**Rates of Syphilis by Super Neighborhood, 1999-2003**

Greater Third Ward was among the neighborhoods with the highest annual average rates of syphilis in the city.



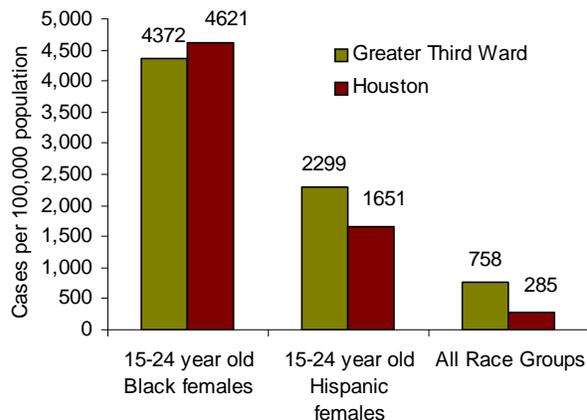
Data Source: HDHHS Bureau of Epidemiology

# Chlamydia

Chlamydia is the most frequently reported sexually transmitted disease (STD) in the nation. Women are more commonly screened for the infection than are men, and those 15 to 24 years of age appear to be the most affected, nation-wide. The symptoms are usually mild and not easily recognized, causing many with the infection not to seek treatment. If untreated, chlamydia can cause infertility in women.

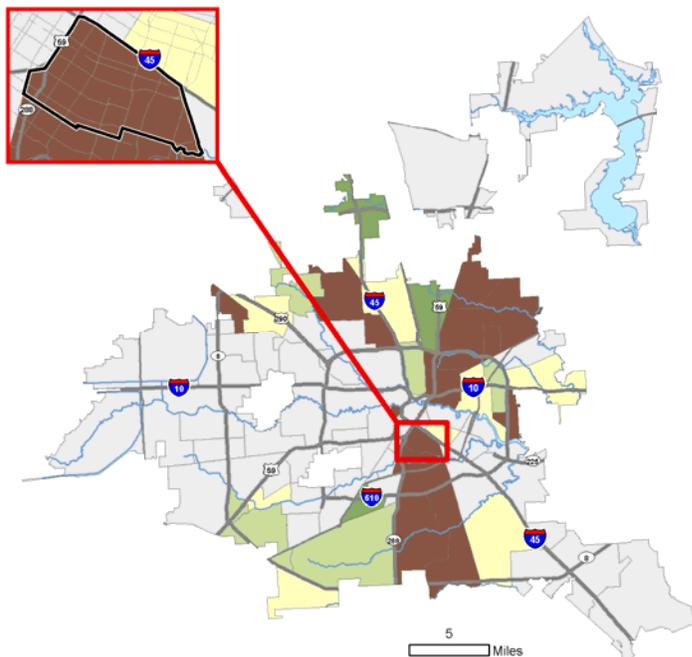
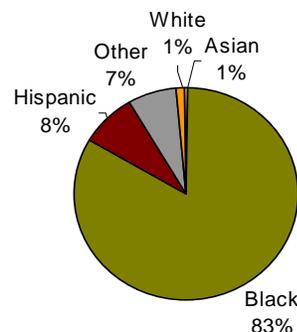
## Rates of Chlamydia, 1999-2003

The annual average rate of chlamydia infection in Greater Third Ward was 758 per 100,000 population, nearly three times the Houston rate.



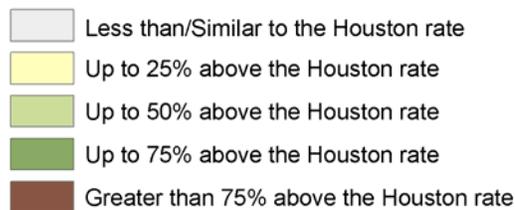
## Chlamydia Infection By Age, Sex, and Race/Ethnicity, 1999-2003

In Greater Third Ward, 83% of all new cases were Black. Ninety-two percent of new infection occurred in those 29 years of age and younger. The majority (85%) of new cases were female.



## Rates of Chlamydia by Super Neighborhood, 1999-2003

Greater Third Ward was among the super neighborhoods with the highest annual average rates of infection in the city.



Data Source: HDHHS Bureau of Epidemiology

## Technical Notes

The Community Health Profiles Project attempts to provide the most recent statistical information available on the health of communities. The 1999-2003 series represents a “baseline” against which changes in the health indicators of communities can be evaluated over time. Data used to compile this profile are derived from a variety of sources — local, state, and national. These data sources may collect information on different cycles and therefore gaps in available years of data may be observed within a single profile.

Except where noted otherwise, rates are calculated using 2000 census data for each community, including age, race, and sex distributions. Agreement between race/ethnicity classifications in the data used in this report and those derived from the census is imperfect; disease registries do not uniformly capture ethnicity along with race and categories of “Black”, “White,” “Asian,” and “Other” may overlap with “Hispanic” ethnicity. Despite potential overlap, in this profile, “Black” is meant as “non-Hispanic Black,” “White” as “non-Hispanic White,” and “Hispanic” as being persons of any race and of Hispanic/Latino culture and origin. The profiles group a range of years of data and present them, where most appropriate, as annual average incidence of the indicator. If the total number of events is less than five, the associated rate is considered unreliable and is not reported; however for Leading Causes of Death, the minimum number of deaths for reporting age-adjusted rates is set at 25. Statistics presented in profiles of super neighborhoods, medically-underserved areas (MUAs), and other geographies are based upon successful geocoding of the residence of individual cases within the boundaries of those geographic entities. The denominator in all cases is the year 2000 census, as the estimated “average” population for each year of the analysis period. Background Houston rates and Healthy People 2010 goals have been used for most indicators as a standard for comparison.

**Mortality data:** Mortality data have been obtained at the address level from the Texas Department of State Health Services for 1999-2003. The YPLL statistics are computed using 65 years of age as the end point. **Crime data:** Data for 1999-2003 have been acquired from the Houston Police Department at the address level of the site of the incident. **HIV/AIDS data:** As of this report, data were only available at the zip code level.

### Other notes

Data for a number of additional indicators considered important for a community’s assessment of its health and health planning efforts were not available at the time of printing of this document. These indicators, including various injury indicators, and more community-specific behavioral data are being collected or researched for potential inclusion in the future published version of this report.

## Community Health Profiles

Community-specific public health profiles on medically-underserved areas and the 88 super neighborhoods of Houston are available from the Houston Department of Health and Human Services at [www.houstontx.gov/health](http://www.houstontx.gov/health). Reports can also be requested by e-mail at [webadmin@cityofhouston.net](mailto:webadmin@cityofhouston.net), or by writing to:

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### **About Community Health Statistics (CHS)**

Community Health Statistics (CHS) is a program within the division of the Office of Surveillance and Public Health Preparedness of the Houston Department of Health and Human Services (HDHHS). It is comprised of epidemiologists, statisticians, and GIS analysts who acquire data through collaboration with multiple partners within and outside the department for analysis, interpretation, and sharing of information on local health issues.

Our mission is to serve the needs of HDHHS, and the needs of the scientific community, and general public as a resource for data and information on the indicators and the determinants of the health and well-being of geographically-defined communities, as well as of other distinct population groups within the city of Houston, Texas.