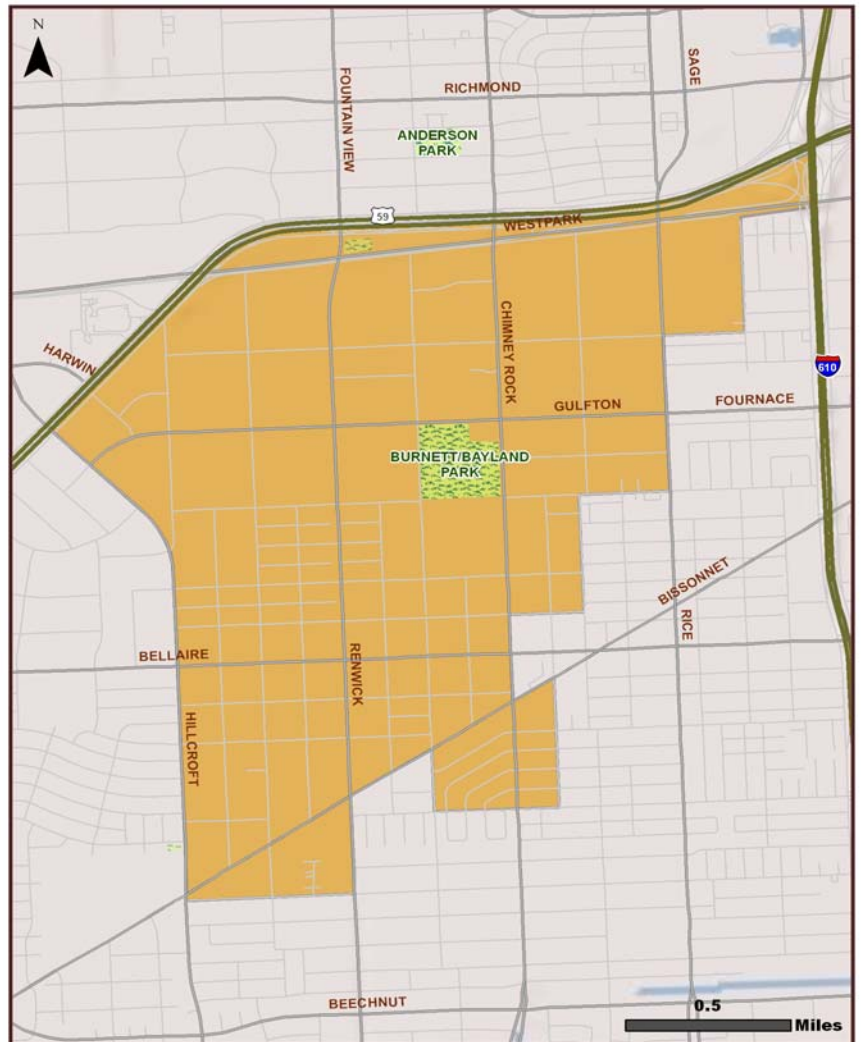
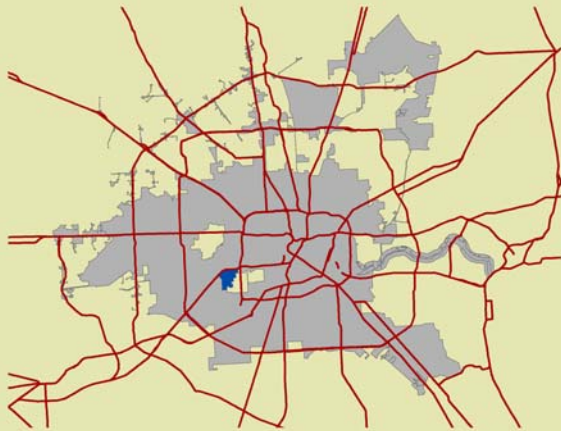


1999-2003



Community Health Profiles

Gulfton Super Neighborhood



*Providing Health Information
for Community Action*

Introduction



This community health profile highlights important health issues facing the residents of the Gulfton 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. Gulfton Super Neighborhood will hereinafter be referred to as “Gulfton.”

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 Gulfton and across the City of Houston.

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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.

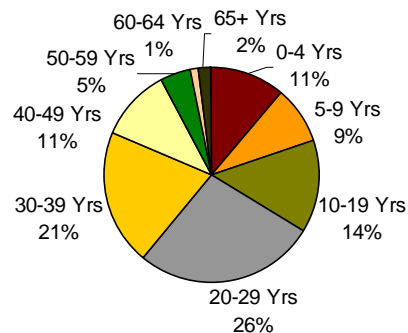


Gulfton at a Glance

The total population of Gulfton was 46,369, according to the 2000 census.*

Age

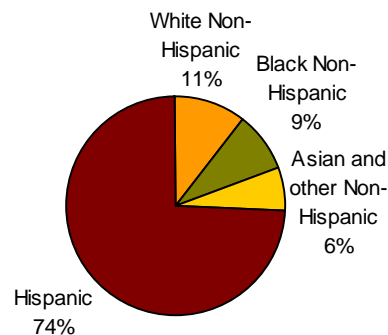
At the time of the 2000 census, approximately one-third (34%) of Gulfton residents were under the age of 20. Nearly two-thirds (64%) were between 20 and 64 years of age, and the remaining 2% were 65 and older.



Race, Ethnicity, National Origin

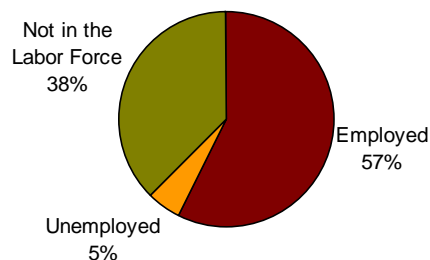
The majority of residents in Gulfton were Hispanic. Whites were the second largest ethnic group, though they comprised only 11% of the population. Fifteen percent of the population were of other races.

Of the total population, a majority (61%) were foreign born. Approximately one-third (31%) were native Texans.



Employment

More than half (57%) of Gulfton residents, ages 16 and over, were employed in 1999; 5% were unemployed and nearly 40% were not in the labor force.

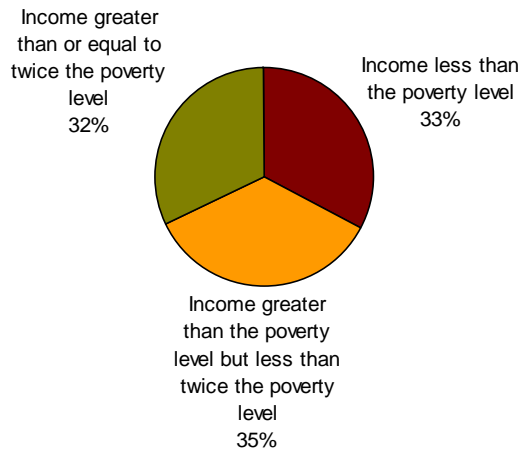


* Data Source: U.S. Census 2000. Total population was calculated from census block-level data using Summary File 1. For purposes of describing demographics using Summary File 3, the super neighborhood is defined by the following census geographies: Tracts 4211, 4212, 4214, 4215, 4216; and Tract 4217, Block Group 1.

Poverty

One-third of the population in Gulfton was below the poverty level in 1999. Approximately one-third (32%) had incomes that were twice the poverty level or higher.

Of those living below the poverty level, 38% were children under 18 years of age; 2% were adults 65 and older.

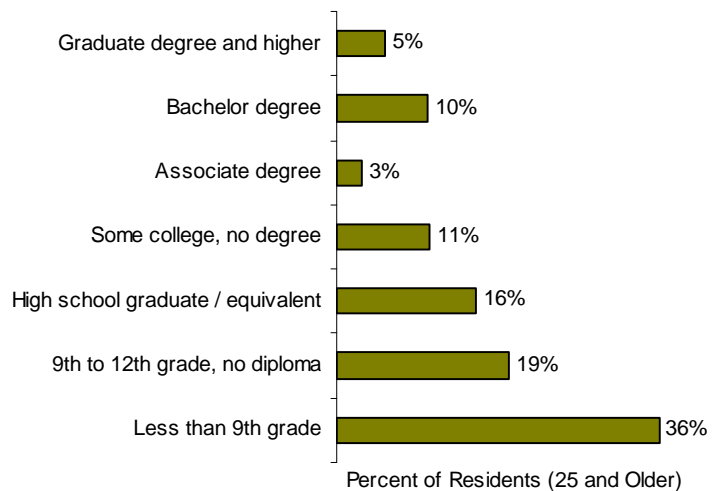


Education

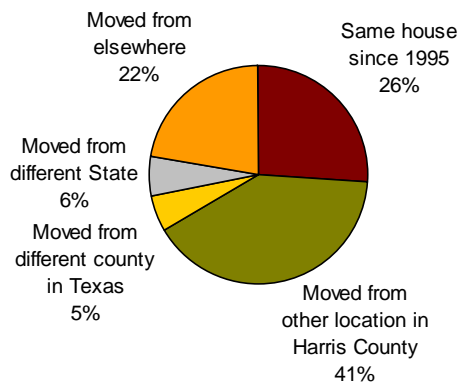
More than half (55%) of Gulfton residents, ages 25 and over, reported that they had not graduated from high school.

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

Less than one-third (29%) of residents had attained education beyond the high school level, with 18% earning a college degree.



Population Stability



Approximately one-quarter (26%) of the residents of Gulfton had lived in the same house since 1995. Forty-one percent moved to the super neighborhood from other locations in Harris County between 1995 and 1999.

One-third 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 a lower overall annual average mortality rate than that of Houston as a whole. However, the mortality rate from heart disease was higher in Gulfton than it was in Houston.

Leading Causes of Mortality, Gulfton, Houston, Texas, 1999-2003

Rank	Cause of Death	Gulfton		Houston	Gulfton-Houston
		Deaths	Rates*	Rates*	Rates
	All Causes	513	853.2	898.2	-45.0
1	Heart Disease	104	278.4	262.0	16.4
2	Cancer	86	165.7	197.6	-31.9
3	Stroke	25	59.0	76.0	-17.0
4	Accidents	56	34.7	34.8	-0.1
5	Diabetes Mellitus	17	--	28.0	--
6	Chronic Lower Respiratory Disease	7	--	31.9	--
7	Septicemia	10	--	18.1	--
8	Alzheimer's Disease	<5	--	20.5	--
9	Influenza and Pneumonia	6	--	20.0	--
10	Parkinson's Disease	<5	--	5.5	--

Other Causes of Death of Particular Interest, Gulfton, Houston, Texas, 1999-2003

Cause of Death	Gulfton		Houston	Gulfton-Houston
	Deaths	Rates*	Rates*	Rates
Coronary Heart Disease	66	174.8	174.1	0.7
Firearm Related	32	13.0	7.4	5.6
Motor Vehicle Accident	20	--	13.2	--
Bronchus-Lung Cancer	17	--	52.8	--
Drug-Induced Cause	8	--	8.2	--
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.

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

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**
Accidents	750.6	687.1	779.0
Homicide	601.4	491.0	407.5
Congenital Disorders	374.0	--	-
Cancer	339.2	573.1	816.3
Conditions Originating in the Perinatal Period	332.6	--	-
Heart Disease	222.6	419.2	689.3
HIV/AIDS	144.8	--	-
Suicide	114.4	--	-
Stroke	99.4	--	-
Diabetes Mellitus	91.5	--	-

Specific Causes of Interest			
Firearm Related	489.7	396.1	287.2
Motor Vehicle Accident	280.3	--	-
Coronary Heart Disease	125.0	--	-
Drug-Induced Cause	100.8	--	-
Bronchus-Lung Cancer	33.0	--	--

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

In this community, premature deaths from accidents, homicide, firearm-related causes and coronary heart disease had disproportionately higher impact on annual average YPLL rates among males than females.

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 accidents, homicide, congenital disorders, cancer and conditions originating in perinatal period in this community than any other causes.

The age-adjusted annual average YPLL rate for homicide was higher in the super neighborhood than it 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 the Gulfton.

Leading Causes of Premature Death §	Male YPLL Rates (number of deaths)	Female YPLL Rates (number of deaths)
Accidents	1163.4(44)	244.0(8)
Homicide	883.1(32)	255.8(7)
Conditions Originating in the Perinatal Period	452.7(9)	
Cancer	427.2(30)	231.3(17)
Heart Disease	285.1 (24)	146.0 (13)

Specific Causes of Interest		
Firearm Related	775.3(27)	
Coronary Heart Disease	180.5(17)	56.8(6)
Motor Vehicle Accident	453.5(16)	

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

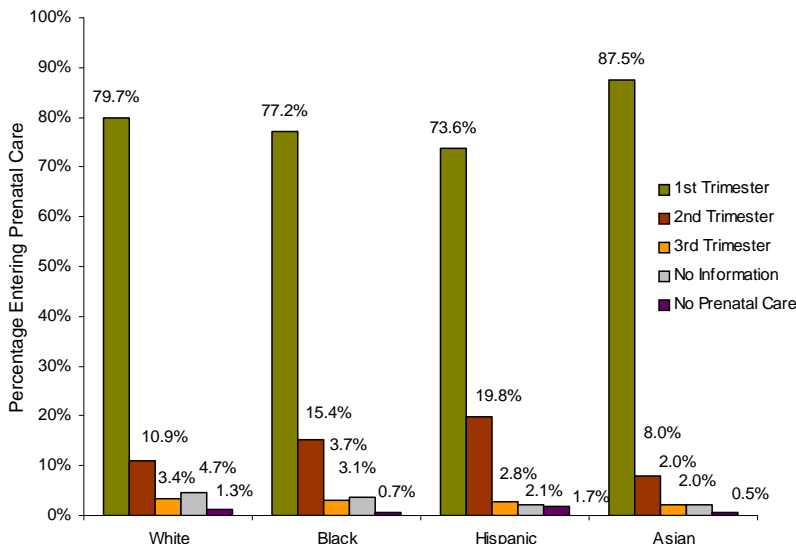
Data Sources: Texas Department of State Health Services, Vital Statistics; US Census, 2000

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.

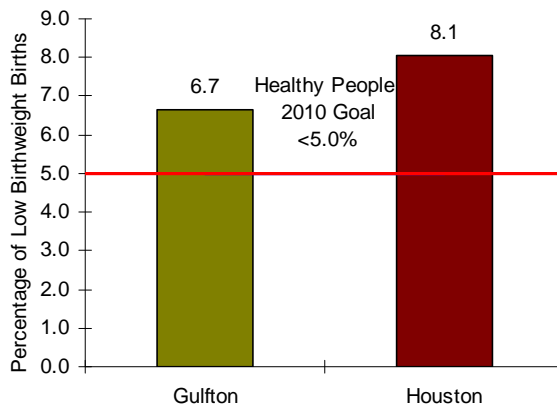
Entry into Prenatal Care by Trimester of Pregnancy, 1999-2003

The percentages of Black and Hispanic women entering prenatal care in the second trimester were higher than those of White and Asian women. A small proportion of all women entered prenatal care very late in their pregnancy, or received no care at all.



Low Birth Weight Births (LBWB), 1999-2003

Approximately 7% of live births in Gulfton were of low birth weight (2500 grams or less), which was lower than that for Houston as a whole. Both were higher than the Healthy People 2010 goal of reducing this outcome to less than 5% of live births being low weight.

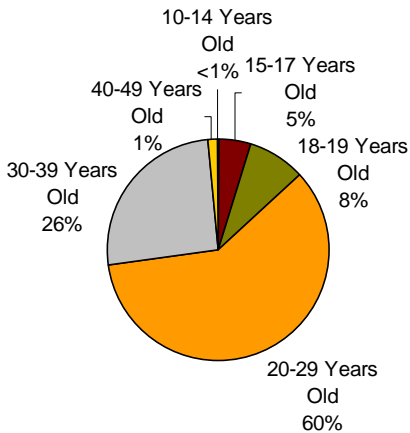


Low birth weight is a factor significantly related to infant mortality. Infants born with low birth weights are at increased risk for serious health problems and long term disabilities such as mental retardation, cerebral palsy, and respiratory, vision, and hearing problems. Low birth weight and infant 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

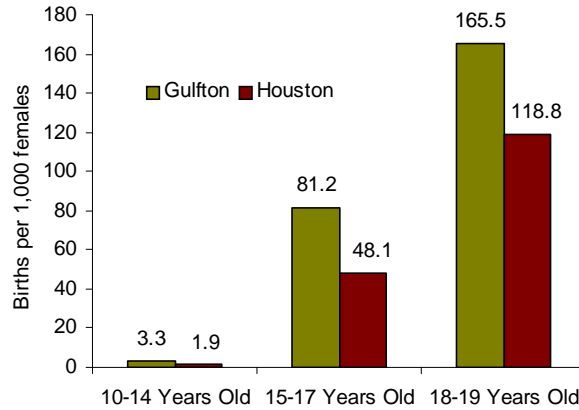
Births to Teen Mothers

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.



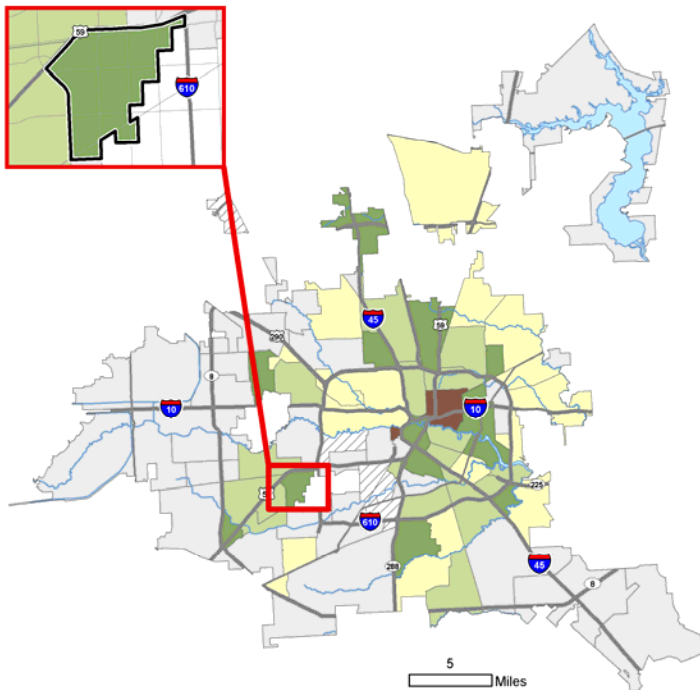
Births by Age of Mother, 1999-2003

A total of 6,925 births were recorded over the period among mothers in Gulfton. Approximately 14% of these births were 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-old teens in Gulfton (81.2 per 1,000 females aged 15 to 17 years) was 69% higher, and among 18-19 year-old females, 39% higher, than that of girls of their respective age groups in Houston, overall.



Births to Teen Mothers by Super Neighborhood, 1999-2003

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

- Less than/Similar to the Houston rate
- Up to 25% above the Houston rate
- Up to 50% above the Houston rate
- Up to 75% above the Houston rate
- Greater than 75% above the Houston rate
- Rate Unreliable

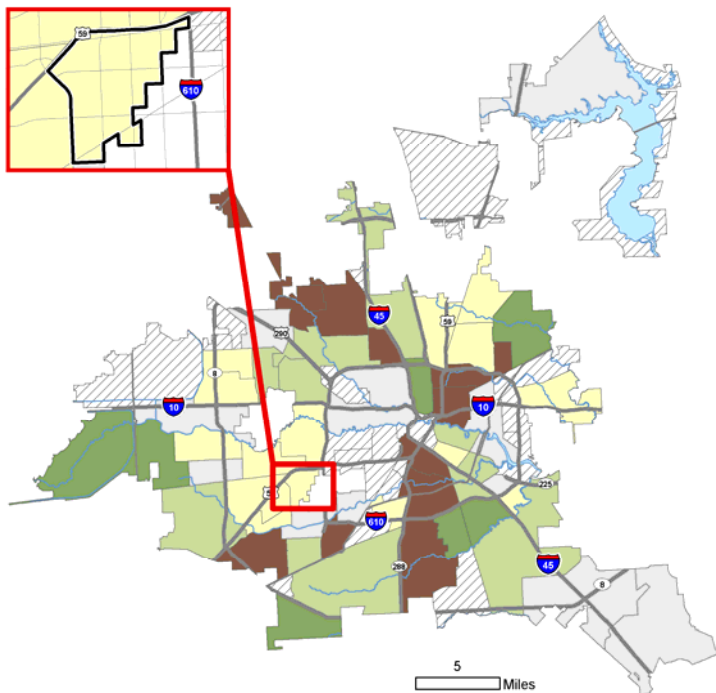
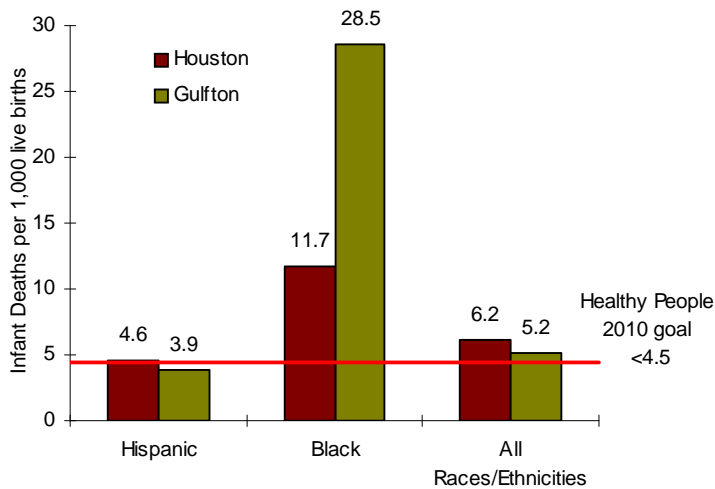
Data Sources: Texas Department of State Health Services, Vital Statistics; US Census 2000

Infant Mortality

Infant mortality is the death of infants in the first year of life. Infant mortality rate (IMR) is one of the most important indicators of the health of a community. The Healthy People 2010 goal is to eliminate disparities in infant mortality among racial and ethnic groups. 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 Gulfton was 16% lower than Houston's IMR, but still higher than the Healthy People 2010 goal (4.5 infant deaths per 1,000 live births). There were no White or Asian infant deaths reported in this period in Gulfton. The IMR among Blacks was more than twice that of Blacks in Houston as a whole. The IMR among Hispanics in this community was slightly lower than that found in Houston overall.



Infant Mortality Rate by Super Neighborhood 1999-2003

Gulfton was among the neighborhoods with high annual average rates of infant mortality.

- 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 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
1 Complications of pregnancy; childbirth; and the puerperium	5748
Complications during labor	1436
Complications mainly related to pregnancy	1283
Indications for care in pregnancy; labor; and delivery	1197
2 Certain conditions originating in the perinatal period	5530
Liveborn	5433
Other perinatal conditions	55
Hemolytic jaundice and perinatal jaundice	23
3 Mental disorders	1829
Affective disorders	675
Alcohol and substance-related mental disorders	661
Schizophrenia and related disorders	291
4 Diseases of the digestive system	1170
Lower gastrointestinal disorders	368
Biliary tract disease	176
Pancreatic disorders (not diabetes)	133
5 Diseases of the circulatory system	1083
Diseases of the heart	679
Hypertension	170
Cerebrovascular disease	132
6 Injury and poisoning	1018
Fractures	333
Complications	269
Poisoning	146
7 Diseases of the respiratory system	872
Respiratory infections	525
Asthma	127
Chronic obstructive pulmonary disease and bronchiectasis	60

In Gulfton, during the years 1999-2002, the most common causes of hospitalization were related to conditions occurred in pregnancy, childbirth, and perinatal period, followed by mental disorders, gastro-digestive diseases, and cardiovascular 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.

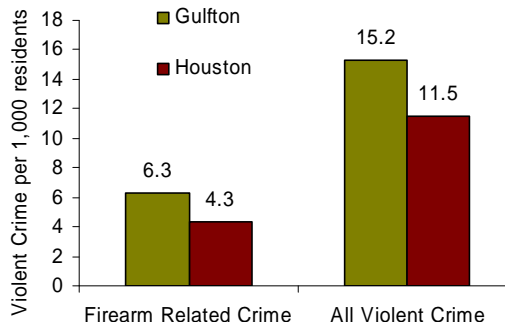
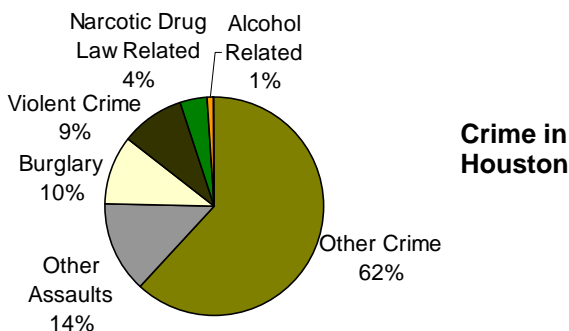
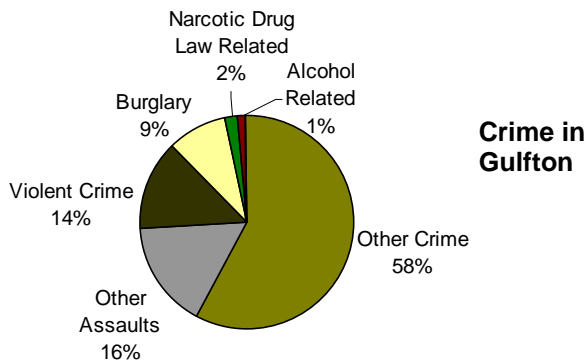
8 Diseases of the genitourinary system	500
Diseases of the urinary system	296
Diseases of female genital organs	184
Diseases of male genital organs	20
9 Neoplasms	460
Benign neoplasms	125
Maintenance chemotherapy; radiotherapy	89
Cancer; other primary	51
10 Endocrine; nutritional; and metabolic diseases and immunity disorders	353
Diabetes mellitus with complications	145
Fluid and electrolyte disorders	133
Other nutritional; endocrine; and metabolic disorders	35

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

Crime

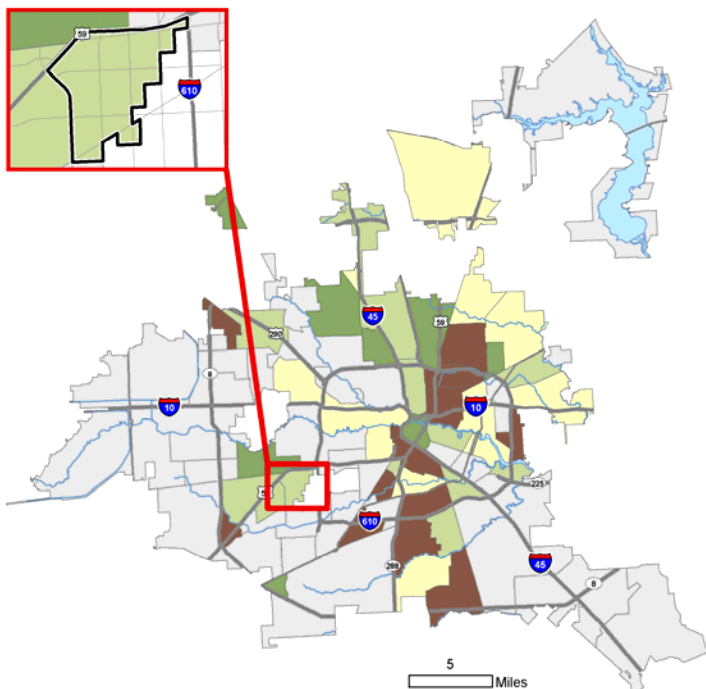
The crime rate in urban areas is of concern to the residents, law enforcement and the local government. Crimes place stress on the residents of neighborhoods and affect their well-being. Of particular concern are violent crimes that threaten residents' lives, such as those involving firearms.

Overview of Crime, 1999-2003



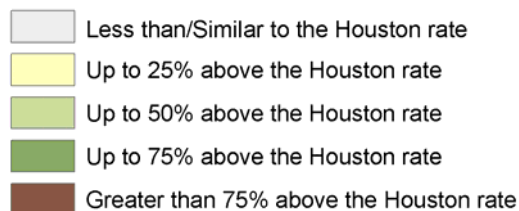
Violent Crime, 1999-2003

The annual average rate of violent crime in Gulfton was 15.2 per 1,000 population, 32% higher than that of Houston as a whole. The rate of firearm-related violent crime in Gulfton was 6.3 per 1,000 population, 47% higher than the Houston rate.



Rate of Violent Crime by Super Neighborhood, 1999-2003

Gulfton was among those neighborhoods with high annual average rates of violent crime.



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, 48 newly-acquired cases of tuberculosis were identified among residents of this super neighborhood, representing 3.6% of all cases diagnosed in Houston in that period. The annual average rate in Gulfton was 20.7 compared to 13.6 per 100,000 population in Houston as a whole. Both rates were far higher than the 2010 Healthy People target of 1 case per 100,000 population.

Hispanics between 20 and 64 years of age represented over half (54%) of the cases, among which 81% 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.

There were 8 submersion injury events among residents reported in Gulfton from 1999-2003, with most being pediatric cases.

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	22
Shigellosis	41
Salmonellosis	25
Campylobacteriosis	7

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.



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 Gulfton, there are 5 Toxic Release Inventory (TRI) reporting facilities and 2 Large Quantity Generators (LQG) of hazardous waste.

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.

- 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

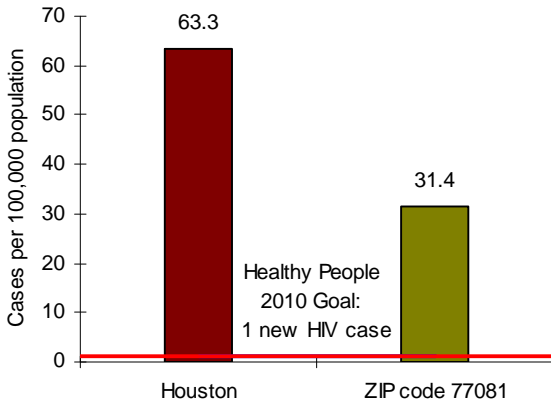
The EPA provides reports concerning federally regulated facilities through an online application called Envirofacts (www.epa.gov/enviro/index.html).

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

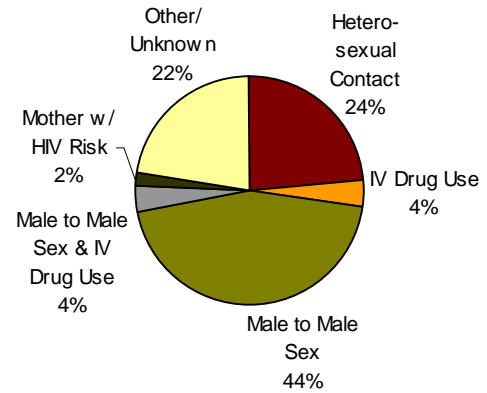
HIV/AIDS

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 from mother to child before or during birth and from breast milk. Many of those infected are unaware of their HIV status, and therefore can transmit the disease unknowingly.



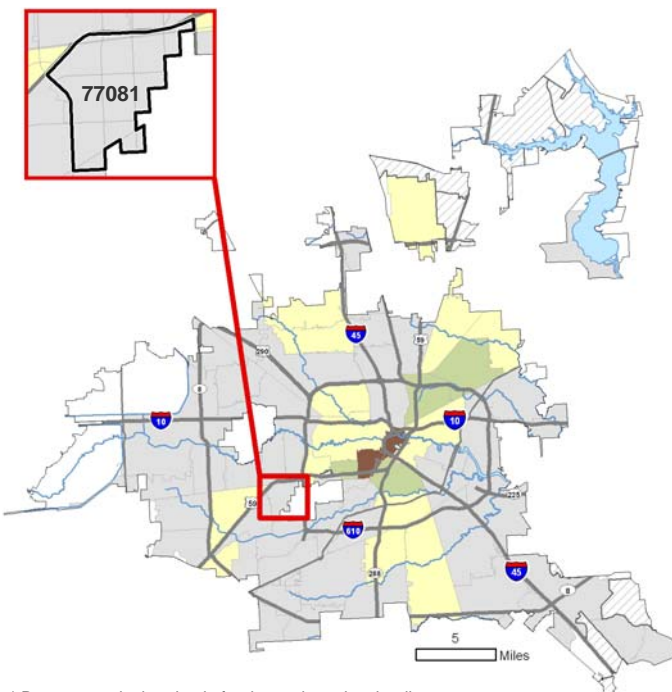
New HIV Diagnosis Rate, 1999-2003

The annual average rate of new HIV case diagnosis in zip code 77081 (which includes Gulfton) was half the Houston-wide rate during this period. It was far above the 2010 Healthy People goal of reducing infections to less than 1 new case per 100,000 population.



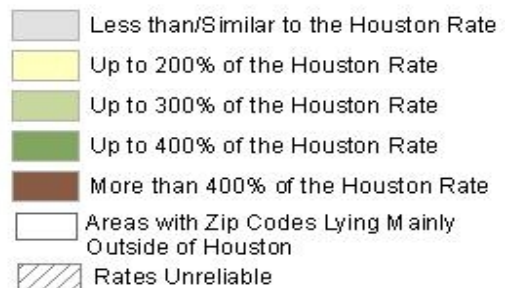
HIV Risk Factors, 1999-2003

Risk factors for 22% of all reported cases were unknown. Forty-four percent of cases reported male-to-male sexual contact as a risk factor; 24% of cases reported heterosexual contact; and 4% reported IV drug use.



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

The rate of new HIV diagnosis in zip code 77081, which overlaps Gulfton, was lower 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.

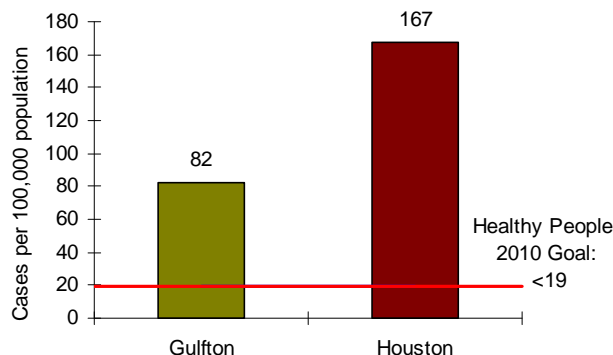
Data Source: HDHHS, Bureau of Epidemiology

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.

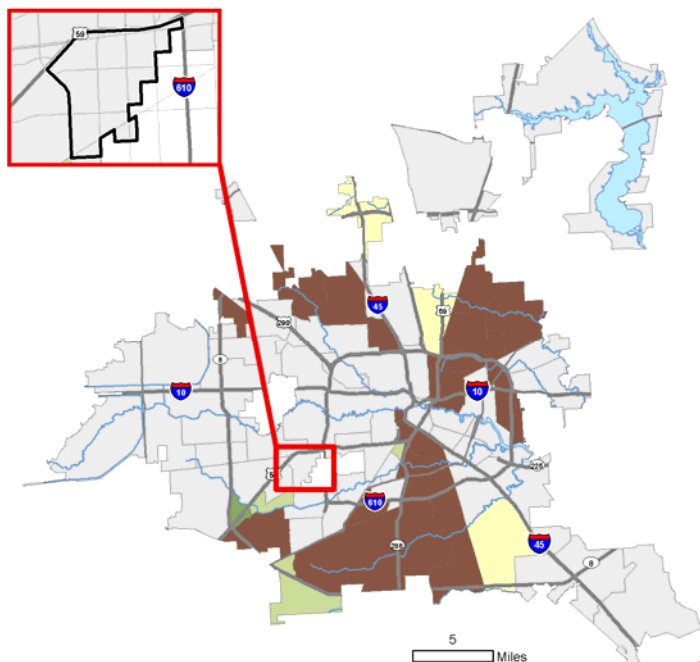
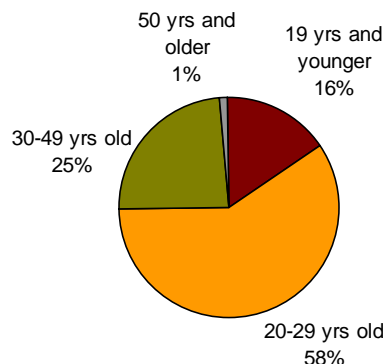
New Gonorrhea Infection in Gulfton, 1999-2003

The annual average rate of new gonorrhea cases in Gulfton was nearly half that of Houston. Both rates were much higher than the 2010 Healthy People goal of fewer than 19 cases per 100,000 population.



Gonorrhea infection by Age, Sex, Race/Ethnicity

Blacks accounted for 46% of new cases. More than half of all cases occurred among persons aged 20 to 29 years. Slightly more males were affected than females.



Rates of Gonorrhea Infection by Super Neighborhood, 1999-2003

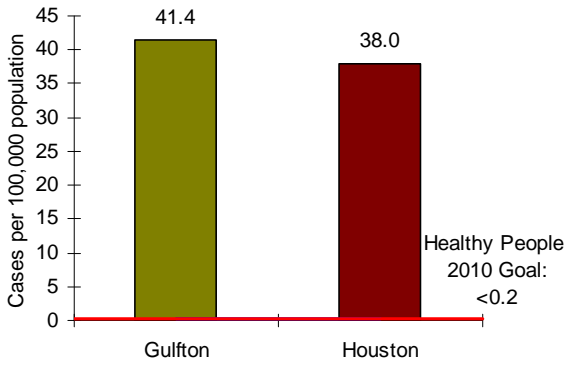
Gulfton was among those super neighborhoods with the lowest annual average rates of infection in the city.

- Less than/Similar to the Houston rate
- Up to 25% above the Houston rate
- Up to 50% above the Houston rate
- Up to 75% above the Houston rate
- Greater than 75% above the Houston rate

Data Source: HDHHS, Bureau of Epidemiology

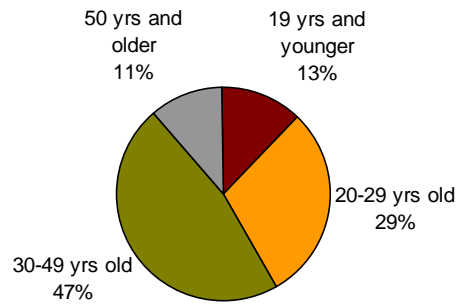
Syphilis

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.



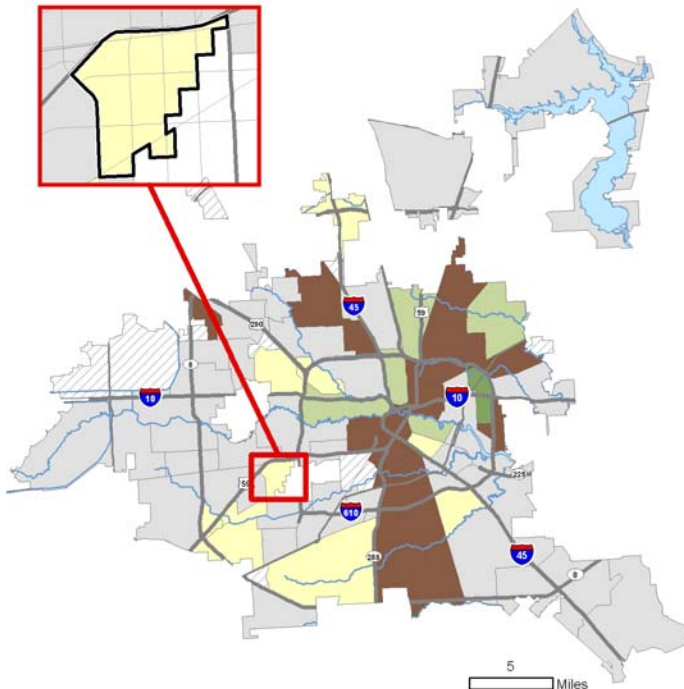
Rates of New Syphilis Infection, 1999-2003

The annual average rate of infection in Gulfton was 9% above the overall Houston rate, and more than 200 times the Healthy People 2010 goal.



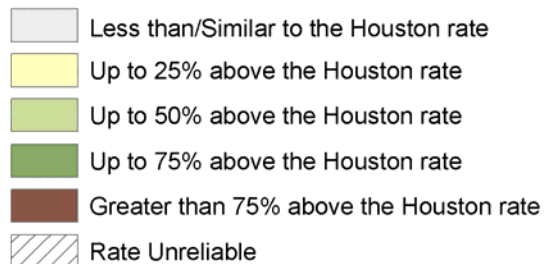
Syphilis Cases by Age, Sex, Race/Ethnicity

From 1999 to 2003, 71% of new cases in Gulfton were Hispanic; 19% Black; and 9% White. Males were more affected than females, accounting for 65% of new infection. Thirty to forty-nine year olds were the most affected age group.



Rates of Syphilis by Super Neighborhood, 1999-2003

Gulfton was among the neighborhoods in Houston with high annual average rates of syphilis infection.



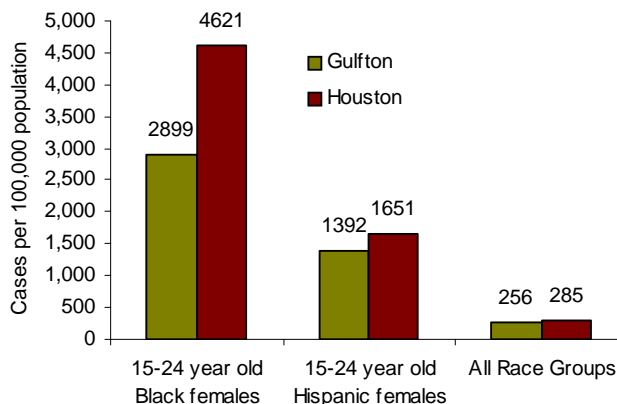
Data Source: HDHHS Bureau of Epidemiology

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.

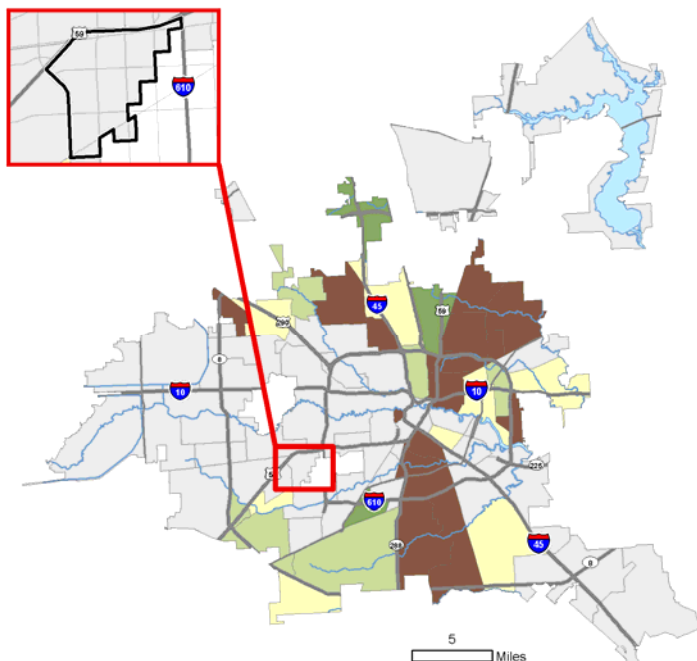
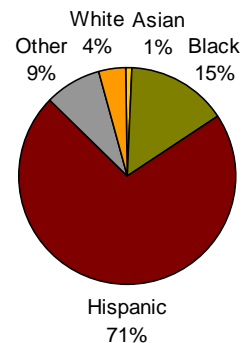
Rates of Chlamydia, 1999-2003

The annual average rate of chlamydia infection in Gulfton was 256 cases per 100,000 population. It was slightly less than the Houston rate.



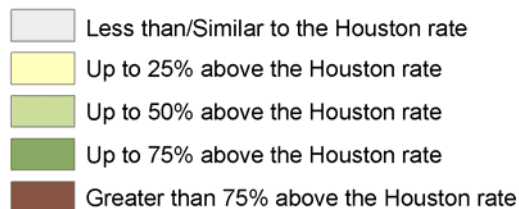
Chlamydia Infection By Age, Sex, and Race/Ethnicity, 1999-2003

Hispanics, the largest race/ethnic group in Gulfton, were the most affected, accounting for 71% of new infections. Fifteen percent of new cases were Black; 82% were female. The infection rate was highest among 15-24 year-old Black females, but it was 38% lower than that of Houston as a whole.



Rates of Chlamydia by Super Neighborhood, 1999-2003

Gulfton was among the neighborhoods with the lowest 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. Reports can also be requested by e-mail at webadmin@cityofhouston.net, or by writing to:

Community Health Statistics

Office of Surveillance & Public Health Preparedness
Houston Department of Health and Human Services
8000 N. Stadium Dr., 4th floor
Houston, Texas 77054



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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.