

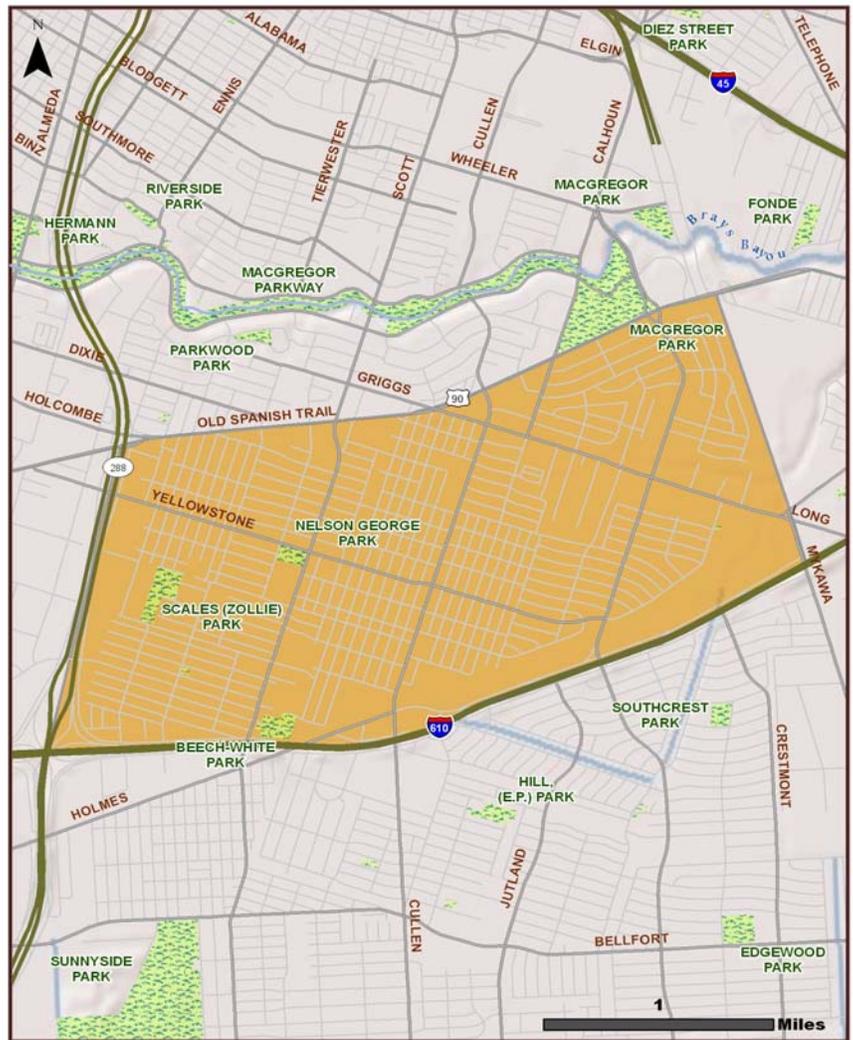
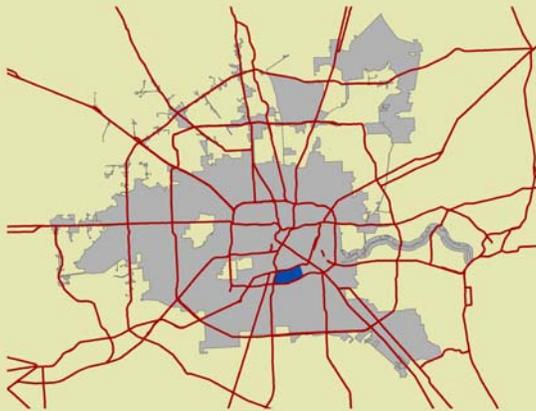
1999-2003



Community Health Profiles



OST/South Union Super Neighborhood



*Providing Health Information
for Community Action*

Introduction

This community health profile highlights important health issues facing the residents of the OST/South Union 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. The OST/South Union Super Neighborhood will hereinafter be referred to as “OST/South Union.”



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 OST/South Union and across the city of Houston.

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Houston Department of Health and Human Services

Community Resources

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

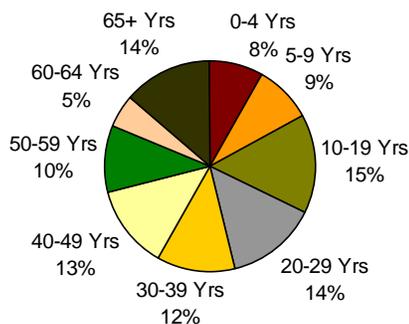


OST/South Union at a Glance

The total population of OST/South Union was 19,523, according to the 2000 census.*

Age

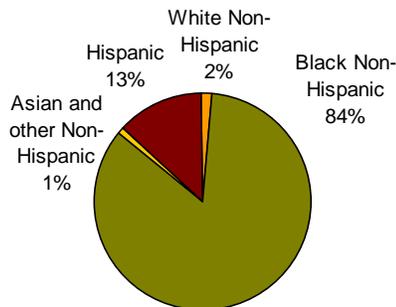
At the time of the 2000 census, approximately one-third (32%) of OST/South Union residents were under the age of 20. Slightly more than half (54%) were between 20 and 64 years of age, and the remaining 14% were 65 and older.



Race, Ethnicity, National Origin

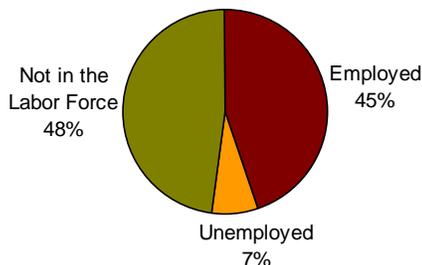
The majority of residents in OST/South Union were Black. Hispanics were the second largest ethnic group, comprising 13% of the population. Three percent of the population were of other races.

Of the total population, a majority (78%) were native Texans. Eight percent were foreign born.



Employment

A large proportion (55%) of OST/South Union residents, ages 16 and over, were either unemployed or were not in the labor force in 1999.

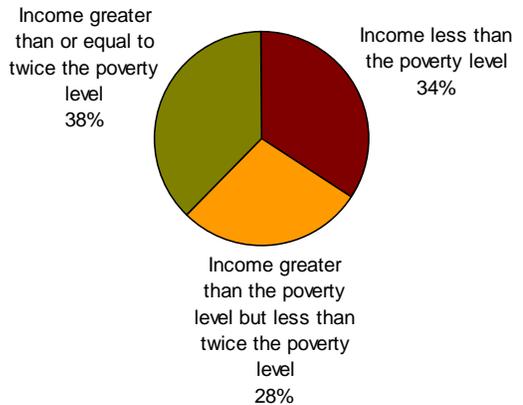


* Data Source: U.S. Census 2000. Total population was calculated from census block-level data using Summary File 1. For purposes of describing demographics using Summary File 3, the super neighborhood is defined by the following census geographies: Tracts 3133 through 3138.

Poverty

Slightly more than one-third (34%) of the population in OST/South Union lived below the poverty level in 1999. Sixty-two percent of all residents in the super neighborhood had incomes less than twice the poverty level.

Of those living below the poverty level, 38% were children under 18 years of age; 10% were adults 65 and older.



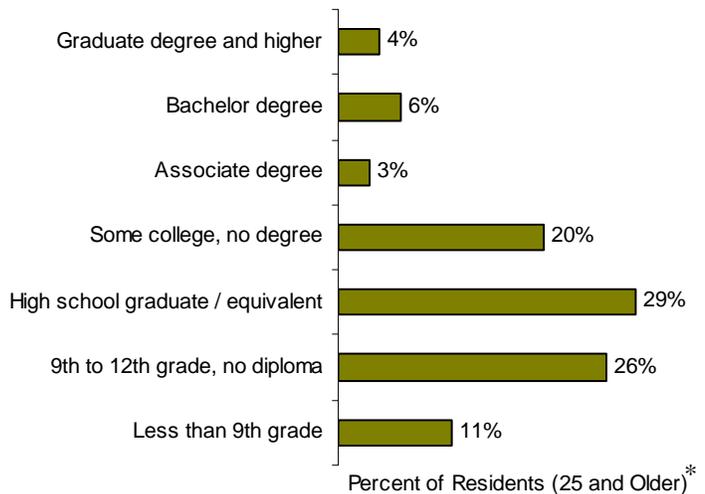
Education

More than one-third (37%) of OST/South Union residents, ages 25 and over, reported that they had not graduated from high school.

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

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

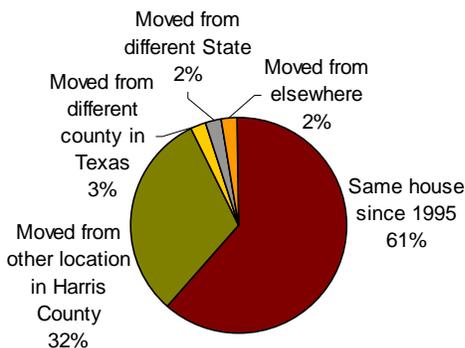
*Due to rounding, the total percentages may not be equal to 100.



Population Stability

More than half (61%) of the residents of OST/South Union had lived in the same house since 1995. Nearly one-third (32%) moved to the super neighborhood from other locations in Harris County between 1995 and 1999.

Seven 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 super neighborhood had a higher overall mortality rate than that of Houston as a whole. Mortality rates from the leading causes were also higher in the community, except the rate of chronic lower respiratory disease, which was lower in the community than it was in Houston.

Leading Causes of Mortality, OST/South Union, Houston, Texas, 1999-2003

Rank	Cause of Death	OST/South Union		Houston	OST/South Union- Houston
		Deaths	Rates*	Rates*	Rates
	All Causes	1181	1256.2	898.2	358.0
1	Heart Disease	315	333.1	262.0	71.0
2	Cancer	291	294.7	197.6	97.0
3	Stroke	82	90.4	76.0	14.4
4	Accidents	47	51.6	34.8	16.8
5	Diabetes Mellitus	46	48.2	28.0	20.2
6	Septicemia	38	40.8	18.1	22.8
7	HIV/AIDS	34	40.5	13.7	26.7
8	Chronic Lower Respiratory Disease	27	29.2	31.9	-2.6
9	Kidney Disease	24	--	15.8	--
10	Influenza and Pneumonia	24	--	20.0	--

Other Causes of Death of Particular Interest, OST/South Union, Houston, Texas, 1999-2003

Cause of Death	OST/South Union		Houston	OST/South Union- Houston
	Deaths	Rates*	Rates*	Rates
Coronary Heart Disease	208	220.8	174.1	46.7
Bronchus-Lung Cancer	84	83.6	52.8	30.8
Motor Vehicle Accident	15	--	13.2	--
Drug-Induced Cause	12	--	8.2	--
Firearm Related	9	--	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.

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**
Cancer	1496.4	1602.3	816.3
Heart Disease	1379.1	1514.4	689.3
Accidents	1264.2	1279.8	779.0
HIV/AIDS	1009.5	1174.8	335.1
Homicide	759.5	--	-
Conditions Originating in the Perinatal Period	671.8	--	-
Congenital Disorders	517.8	--	-
Stroke	394.5	439.7	141.9
Suicide	350.7	--	-
Diabetes Mellitus	261.8	--	-
Specific Causes of Interest			
Coronary Heart Disease	741.7	819.3	376.1
Motor Vehicle Accident	466.8	--	-
Bronchus-Lung Cancer	399.3	441.0	153.2
Firearm Related	375.6	--	-
Drug-Induced Cause	356.6	--	-

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 accidents, HIV/AIDS, and coronary heart disease had 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 cancer, heart disease, accidents, HIV/AIDS, and homicide in this community than any other causes.

The age-adjusted annual average YPLL rates for cancer, heart disease, accidents, HIV/AIDS, and stroke 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 the super neighborhood. YPLL rates are 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)
Accidents	1699.1(22)	876.4(12)
Heart Disease	1676.5(54)	1114.0(39)
Cancer	1500.6(54)	1492.8(57)
HIV/AIDS	1334.7(22)	719.5(12)
Conditions Originating in the Perinatal Period	1266.8(8)	
Specific Causes of Interest		
Coronary Heart Disease	1015.5(38)	497.6(24)
Motor Vehicle Accident	842.0(10)	
Firearm Related	497.7(6)	

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

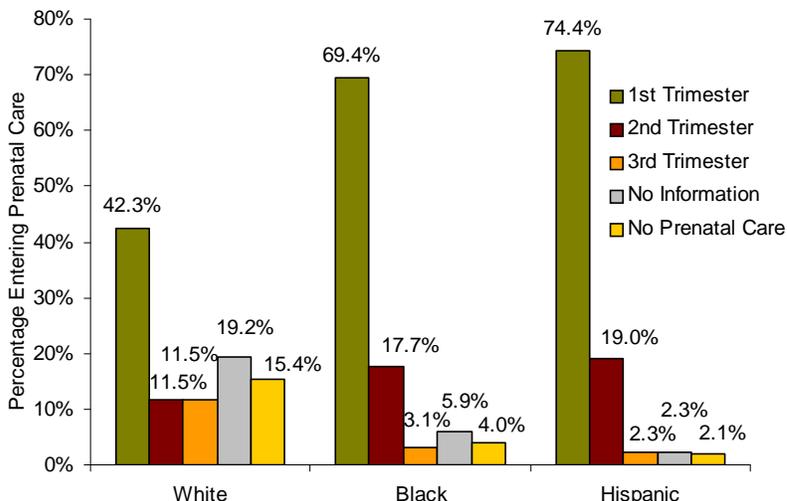
Data Sources: Texas Department of State Health Services, Vital Statistics; US Census, 2000

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.

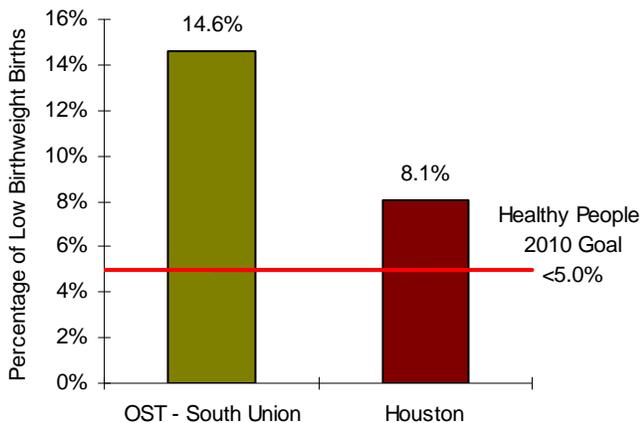
Entry into Prenatal Care by Trimester of Pregnancy, 1999-2003

The percentage of Hispanic women entering prenatal care in the first trimester was slightly more than that of Black women. Approximately one-fifth of White women did not report their prenatal care status, and 15% reported no prenatal care at all.



Low Birth Weight Births (LBWB), 1999-2003

Approximately 15% of live births in OST/South Union were of low birth weight (2500 grams or less), which was higher than the proportion in Houston. Both were far higher than the Healthy People 2010 goal of reducing this outcome to less than 5% of live births.

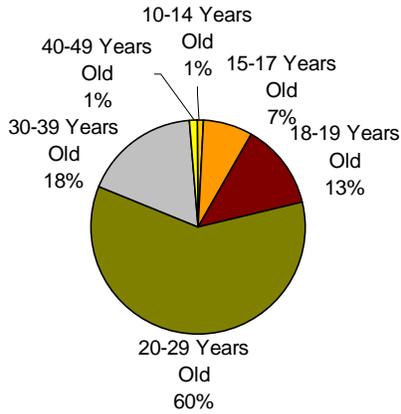


Low birth weight is a factor significantly related to infant mortality. Infants born with low birth weights are at increased risk for serious health problems and long term disabilities such as mental retardation, cerebral palsy, and respiratory, vision, and hearing problems. Low birth weight and infant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

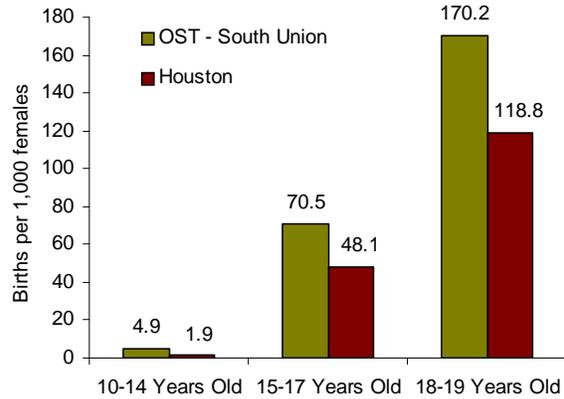
Births to Teen Mothers

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.



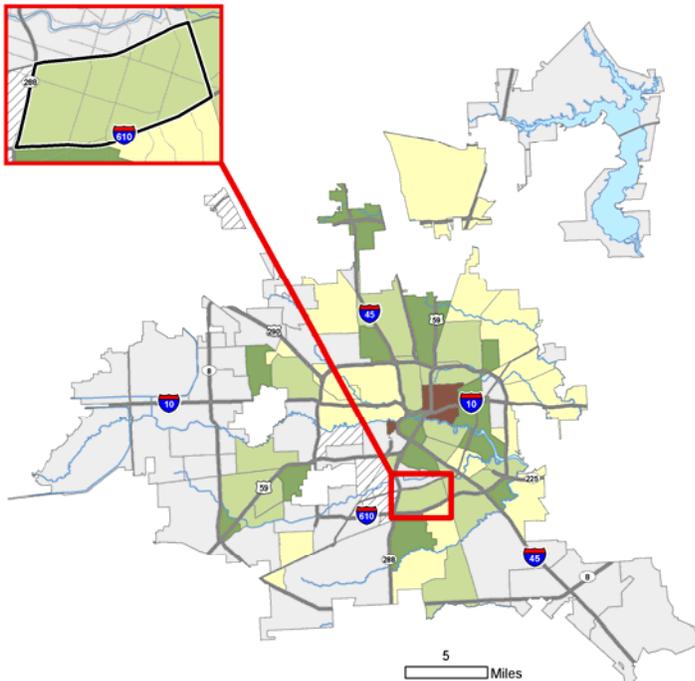
Births by Age of Mother, 1999-2003

A total of 1,940 births were recorded over the period among mothers in OST/South Union. Approximately 1 out of every 5 of these births was to a young mother (10-19 years of age).



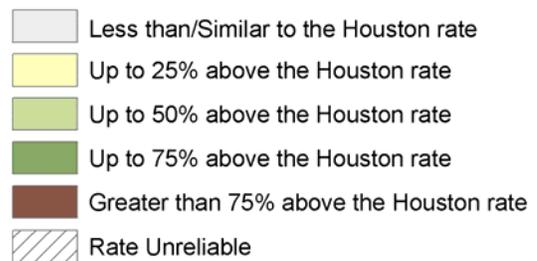
Births to Teen Mothers, 1999-2003

The annual average rate of births to 15-17 year-old teens in OST/South Union (70.5 per 1,000 females aged 15 to 17 years) was 47% higher than that for teens the same age in Houston, overall. The rate among 18-19 year-old females in OST/South Union was 43% higher than that for the same age group in Houston.



Births to Teen Mothers by Super Neighborhood, 1999-2003

OST/South Union 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

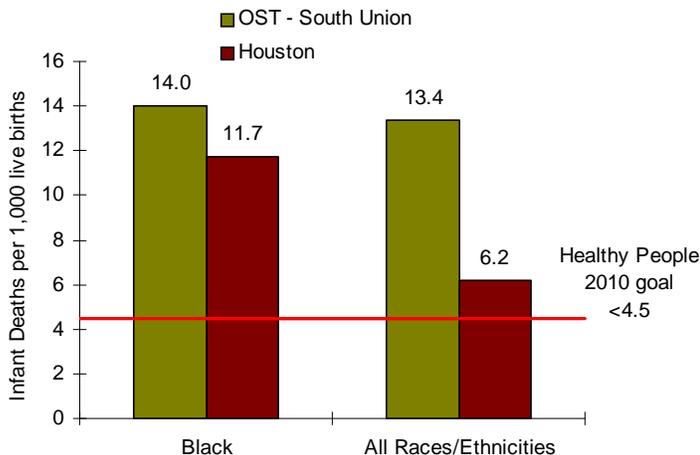
Infant Mortality

Infant mortality 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 mortality rate among infants in OST/South Union was more than twice Houston's IMR and almost three times the 2010 goal (4.5 infant deaths per 1,000 live births). Eighty-one percent of infant deaths were among Blacks. The annual average IMR among Blacks in OST/South Union was also 20% higher than that of Blacks in Houston as a whole.

Data for other racial/ethnic groups are not presented due to small numbers of infant deaths in those groups.



Infant Mortality Rate by Super Neighborhood, 1999-2003

OST/South Union was among the neighborhoods with the highest annual average infant mortality rates.

- 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 Diseases of the circulatory system	2218
Diseases of the heart	1408
Cerebrovascular disease	393
Hypertension	226
2 Complications of pregnancy; childbirth; and the puerperium	1469
Complications mainly related to pregnancy	503
Indications for care in pregnancy; labor; and delivery	321
Complications during labor	246
3 Certain conditions originating in the perinatal period	1337
Liveborn	1276
Other perinatal conditions	34
Short gestation; low birth weight; and fetal growth retardation	15
4 Diseases of the respiratory system	952
Respiratory infections	454
Asthma	175
Chronic obstructive pulmonary disease and bronchiectasis	123
5 Diseases of the digestive system	932
Lower gastrointestinal disorders	290
Upper gastrointestinal disorders	122
Pancreatic disorders (not diabetes)	105
6 Injury and poisoning	865
Complications	379
Fractures	211
Poisoning	62
7 Mental disorders	844
Schizophrenia and related disorders	354
Affective disorders	222
Other psychoses	78

In OST/South Union, during the years 1999-2002, the most common causes of hospitalization were related to cardiovascular and cerebrovascular diseases, childbirth and perinatal period conditions, and digestive 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.

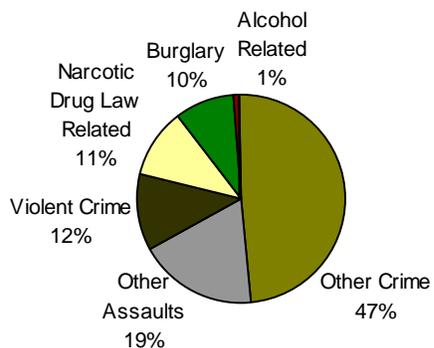
8 Neoplasms	661
Benign neoplasms	188
Secondary malignancies	90
Cancer of bronchus; lung	67
9 Symptoms; signs; and ill-defined conditions and factors influencing health status	610
Factors influencing health care	404
Symptoms; signs; and ill-defined conditions	206
10 Endocrine; nutritional; and metabolic diseases and immunity disorders	547
Diabetes mellitus with complications	289
Fluid and electrolyte disorders	154
Other nutritional; endocrine; and metabolic disorders	28

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

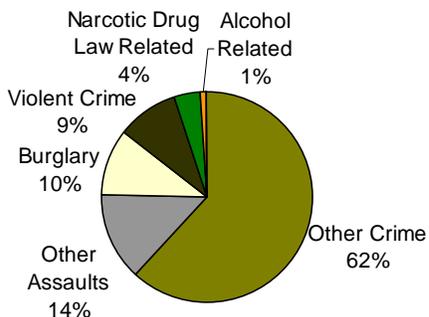
Crime

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.

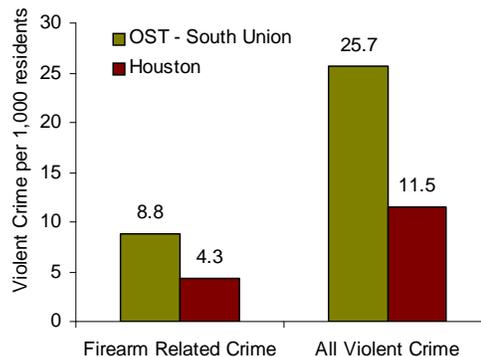
Overview of Crime, 1999-2003



Crime in OST/ South Union



Crime in Houston



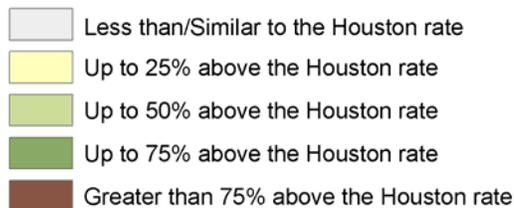
Violent Crime, 1999-2003

The annual average rate of violent crime in OST/South Union was 25.7 per 1,000 population, more than twice that of Houston. The rate of firearm-related violent crime in the community was 8.8 per 1,000 population, twice the Houston rate.



Rate of Violent Crime by Super Neighborhood, 1999-2003

OST/South Union was among those 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, 31 newly-acquired cases of tuberculosis were identified among residents of OST/South Union, representing 2.3% of all cases diagnosed in Houston in the same period. The annual average rate in this super neighborhood was 31.8 compared to 13.6 per 100,000 population in Houston. Both rates are higher than the 2010 Healthy People target of 1 case per 100,000 population.

Blacks represented 87% of these cases, most of whom were adults between 25 and 64 years of age.

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 OST/South Union 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.

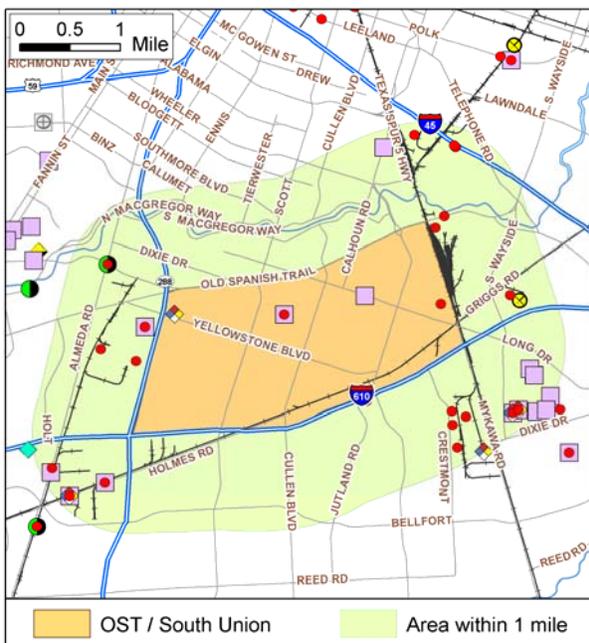
Food-related diseases are typically under-reported. It is likely that many more cases occurred from 1999 to 2003 than were actually reported to health officials.

Typically Reported Diseases	Number of Cases
Hepatitis A	<5
Shigellosis	12
Salmonellosis	6
Campylobacteriosis	<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 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 OST/South Union, there are 22 Toxic Release Inventory (TRI) reporting facilities, 14 Large Quantity Generators (LQG) of hazardous waste, 4 facilities that treat, store, or dispose of hazardous waste, and 1 major discharger of air pollutants.

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).

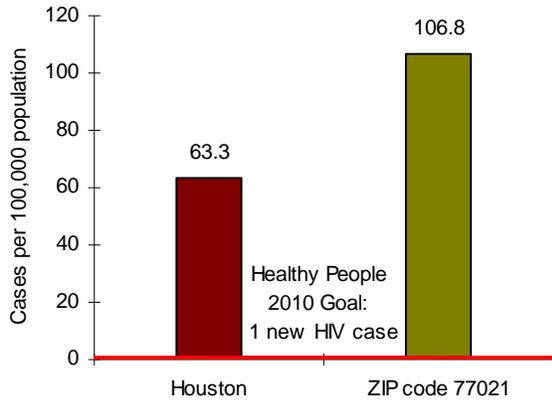
Type of Regulated Facility	Houston Count
Toxic Release Inventory (TRI) Facilities (all reporting years)	302
Major Storm Water Runoff Facilities	56
Hazardous Waste Treatment, Storage, or Disposal (TSD) Facilities	35
Large Quantity Generators (LQG) of Hazardous Waste	132

Type of Regulated Facility	Houston Count
Major Dischargers of Air Pollutants	71
Radioactive Waste Sites	4
Current Superfund Sites	12
Former Superfund Sites	5
Active Landfills	9
Inactive Landfills	2
Closed Landfills	18

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

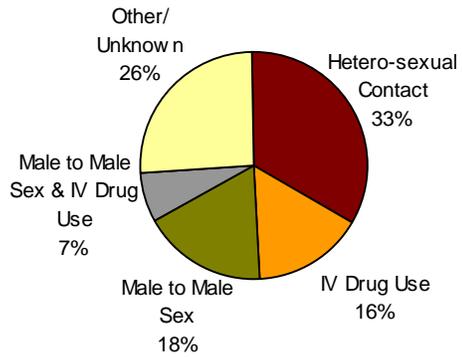
HIV/AIDS

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.



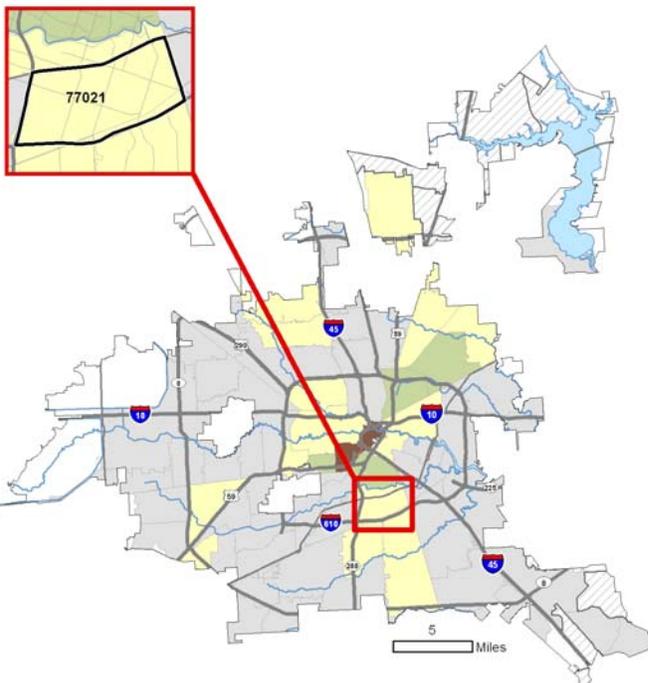
New HIV Diagnosis Rate, 1999-2003

The annual average rate of new HIV case diagnosis in zip codes 77021 (which includes OST/South Union) was 69% above 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.



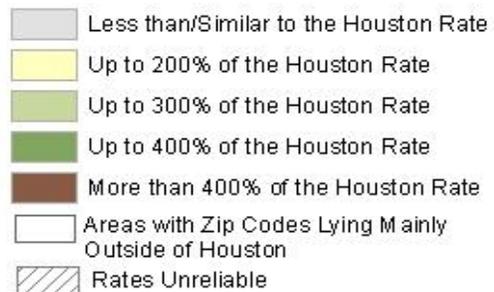
HIV Risk Factors, 1999-2003

Risk factors for more than one-quarter of all reported cases in OST/South Union were unknown. Eighteen percent of cases reported male-to-male sexual contact as a risk factor; 33% of cases reported hetero-sexual contact; and 16% reported IV drug use.



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

The annual average rate of new HIV diagnosis in zip code 77021, which overlaps OST/South Union, was higher than that of most other zip codes in the city.



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

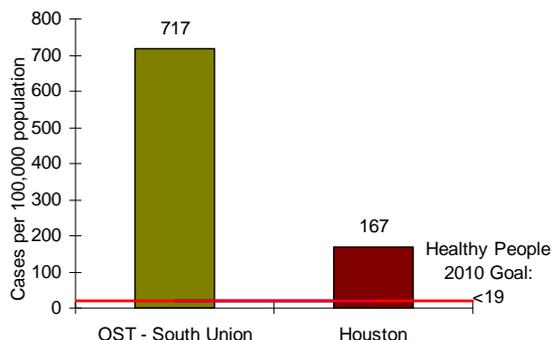
Data Source: HDHHS, Bureau of Epidemiology

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.

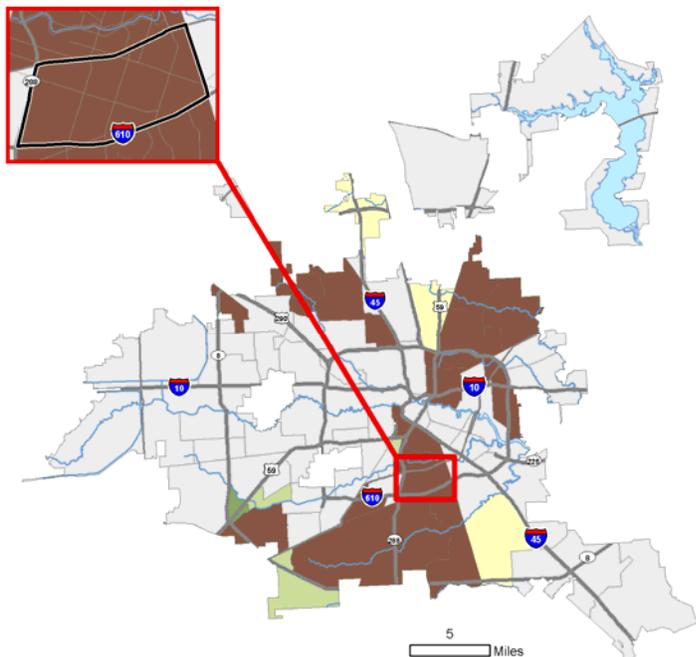
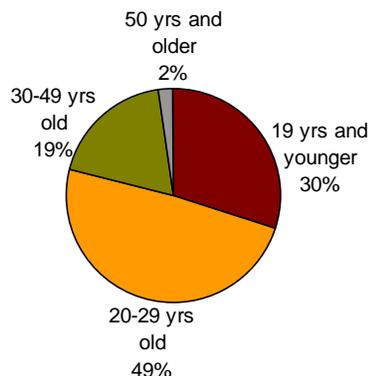
New Gonorrhea Infection, 1999-2003

The annual average rate of new gonorrhea infection in OST/South Union was more than four times that of Houston. Both rates were much higher than the 2010 Healthy People goal of less than 19 cases per 100,000 population.



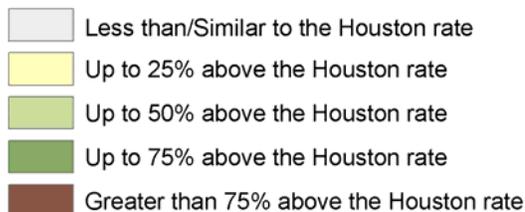
Gonorrhea infection by Age, Sex, Race/Ethnicity

Blacks, who represented 84% of OST/South Union residents, accounted for 92% of the new cases. Persons aged 20-29 years were almost half of all affected age groups. More males (57%) were affected than females (43%).



Rates of Gonorrhea Infection by Super Neighborhood, 1999-2003

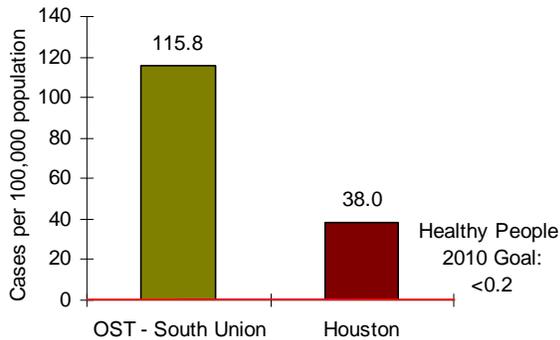
OST/South Union was among those super neighborhoods with the highest annual average rates of infection in the city.



Data Source: HDHHS, Bureau of Epidemiology

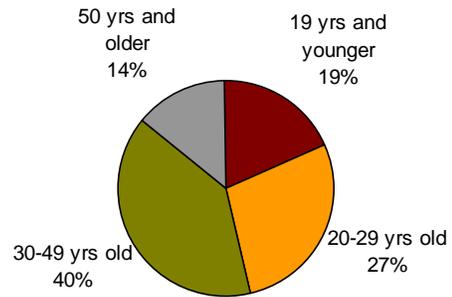
Syphilis

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.



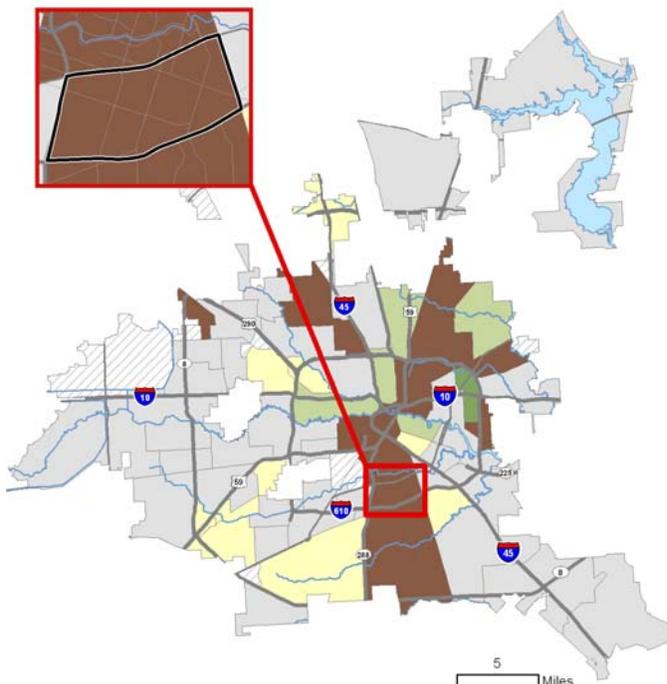
Rates of New Syphilis Infection, 1999-2003

The annual average rate of new infection in OST/South Union was three times the overall Houston rate; both were far higher than the Healthy People 2010 goal.



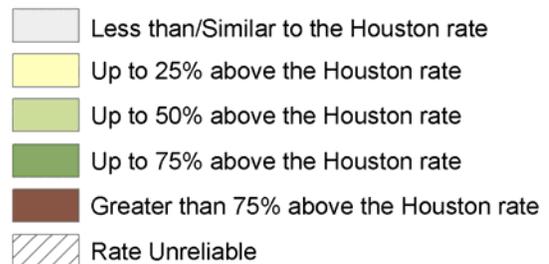
Syphilis Cases by Age, Sex, Race/Ethnicity

Ninety-two percent of new cases in OST/South Union were Black; 6% Hispanic; and 2% White. Adult males and females were almost equally affected by syphilis. Twenty to forty-nine year olds were the most affected age group, accounting for 67% of new infection.



Rates of Syphilis by Super Neighborhood, 1999-2003

OST/South Union was among the neighborhoods with the highest annual average rates of infection in the city.



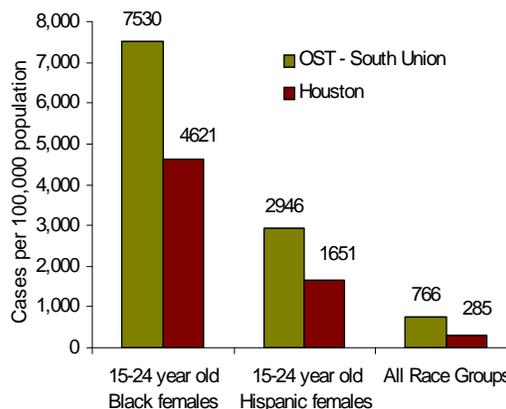
Data Source: HDHHS Bureau of Epidemiology

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.

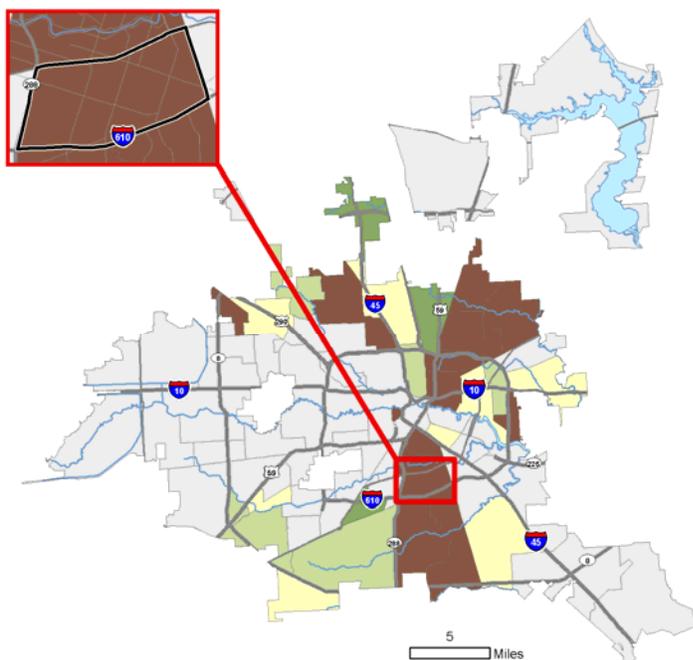
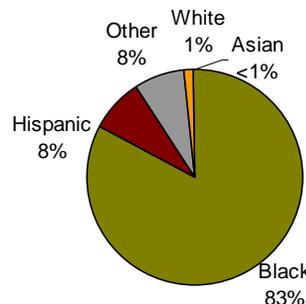
Rates of Chlamydia, 1999-2003

The annual average rate of chlamydia infection in OST/South Union was 766 cases per 100,000 population. It was nearly three times the Houston rate.



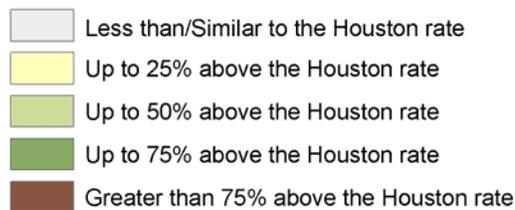
Chlamydia Infection By Age, Sex, and Race/Ethnicity, 1999-2003

Blacks were most affected in OST/South Union, accounting for 83% of new infections. Eighty-seven percent of new cases were female. The annual average rate was highest among 15-24 year-old Black females; it was 63% higher than the rate of the same group in Houston as a whole.



Rates of Chlamydia by Super Neighborhood, 1999-2003

OST/South Union was among the 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. 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



City of Houston
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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.