



# THE CITY OF HOUSTON HEALTH DISPARITIES DATA REPORT

MARCH 2008



Houston Department of  
Health and Human Services

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2008

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Dear Fellow Houstonians:

The Houston Department of Health and Human Services (HDHHS) is committed towards eliminating health disparities for vulnerable populations as defined by race/ethnicity, socio-economic status, geography, gender, age, disability status, and risk status related to sex and gender. Health disparities are defined as differences in health conditions which exist between specific population groups, resulting in one group having a disproportionate burden of disease, disability, or premature death.

The purpose of the HDHHS is to protect and promote the health and well-being of all Houston residents through advocacy, education, and community-based health services. Houston is both the largest city in Texas and fourth largest city in the United States; a growing, diverse city with a vibrant economy in industries of energy, production, processing, science, medicine, and technology. The Texas Medical Center is one of the largest concentrations of hospitals and medical teaching facilities in the nation, and is renowned as a leader in research, education, and medical treatment. Despite the gains in overall health care and public health, not all Houstonians have seen the same benefits in improved health advances.

The HDHHS, in conjunction with local, statewide, and national efforts, is committed to eliminating health disparities among vulnerable populations. Mayor Bill White and other community and health care leaders are working to address this important social justice issue. Eliminating health disparities will require efforts to address the persistent racial, economic, and other social challenges that lead to inequitable health outcomes. Investing in the health of Houstonians must begin with improving access to quality preventive health services, creating conditions for socially and physically healthy communities, reducing poverty and other social inequities, and promoting healthy lifestyles. This requires an understanding of the vulnerable groups in Houston and the risk factors which affect each group.

This report is the first in a series designed to foster concrete and actionable change. We hope it will promote coordinated efforts amongst all our health and community partners to highlight and help address the glaring social health inequities uncovered in this report.

Respectfully,

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



## Introduction and Highlights

“The future health of the nation will be determined to a large extent by how effectively we work with communities to reduce and eliminate health disparities between non-minority and minority populations experiencing disproportionate burdens of disease, disability, and premature death.”

— Centers for Disease Control and Prevention, Office of Minority Health & Health Disparities

### Overview

Health disparities are differences in health conditions that exist between specific population groups, resulting in one group having a disproportionate burden of disease, disability, or premature death. These population groups can be defined through different demographic measures, such as geography, gender, age, sexual orientation, socio-economic status, or race/ethnicity. Since evidence shows that health disparities among race/ethnic groups correlate with differences in other socio-economic factors, in this report, we will focus on health disparities based on race/ethnicity.

Since race is a social construct rather than a biological one, health disparities are not the result of differences in genetic factors either. Instead, racial disparities in health are the result of social factors that create inequalities among different racial/ethnic groups. These factors include poverty, unemployment, education, safe and affordable housing, health care access, transportation, discrimination, and racism.

Health disparities affect everyone, not just populations which are economically and socially disadvantaged. Not only are health disparities unjust, they affect economic productivity and drive up the cost of health care for everyone. Therefore, eliminating health disparities will help to create healthy, productive, and economically viable communities. Moreover, demographic trends show that racial/ethnic groups which experience poorer health will continue to grow and make up a larger proportion of the total Houston and U.S. population in the future. Thus, addressing health disparities has become both a local and national priority, as the inter-connection affects us all.

### Purpose of this Report

This health disparities data report is not intended to be a definitive explanation of how social inequities such as poverty or racism lead to differences in health outcomes. However, it is meant to highlight some factors related to the health of racial/ethnic groups and identify potential underlying causes.

To understand the health disparities which exist among different racial/ethnic groups in Houston, this report begins with a look at Houston’s demographic makeup. Next, it examines differences in some social factors that influence health outcomes, otherwise known as health determinants, among different racial/ethnic groups in Houston. Finally, a “health profile” is given for each racial/ethnic group, providing a closer look at some health burdens which disproportionately affect these populations.

Addressing health disparities requires a shift in thinking: rather than focusing on changing individual behaviors, the focus will shift to altering conditions at the community level that influence health. The elimination of health disparities requires multidisciplinary action and partnerships to address social and environmental factors in order to create safe and healthy neighborhoods in Houston.

The Houston Department of Health and Human Services (HDHHS) hopes this report can be used to highlight and identify disparities which exist and also serve as a useful planning tool. The idea is to help guide the creation of public policies and efficient use of resources to transform living conditions in order to build healthier communities benefiting everyone.

## Other Efforts on Health Disparities

This report builds upon the work of many others, in both public and private sectors. The U.S. Department of Health and Human Services (HHS) includes eliminating health disparities as one of its main goals, as featured in its *Healthy People 2010* program focused on disease prevention and health promotion. The Office of Minority Health & Health Disparities (OMHD) of the Centers for Disease Control and Prevention (CDC) also targets eliminating health disparities for vulnerable populations. Many other state and local health departments, including Boston, New York City, Alameda County, Indiana, and Minnesota have produced reports documenting health disparities which exist in their respective localities. Various strategies used by different states to address disparities have included creating state-wide task forces, holding community forums, and offering grants to fund new initiatives to reduce health disparities. Major research institutions have also prioritized health disparity reduction.

Recently, RAND Health<sup>1</sup> created the Center for Population Health and Health Disparities to study how neighborhood environments influence health.

Other efforts toward reducing health disparities have focused, in particular, on reducing gaps in health care access and improving health care quality. The federal Agency of Healthcare Research and Quality has released a series of reports on national health care disparities. Major health insurers, including Aetna, CIGNA, Kaiser Permanente, and United-Health Group, have also focused their attention on decreasing health care disparities through various activities such as forming a collaboration to share new strategies, gathering and analyzing data, cultural-competency trainings, and targeted education, outreach, and interventions. A more detailed table of areas in health disparities identified by various organizations can be found in Appendix A. More information on health care disparities can be found in the section on health care access.

## Highlights of this Report

- Houston is a diverse city with a large, growing minority population. Over 60% of the population is made up of Hispanic or Latino, Black or African American, and Asian residents.
- Socio-economic status affects health; hence, minorities in Houston experience greater disparities in socio-economic factors. The Hispanic or Latino population in Houston has lower levels of educational attainment and experience greater poverty than other racial/ethnic groups in Houston.
- Access to health care services affects health outcomes. Hispanics or Latinos and Asians in Houston experience the greatest obstacles to health care access. A larger percentage of Hispanics or Latinos lack health insurance or a regular source of care and are unable to afford health services.
- The Black or African American population in Houston experiences worse health for a wide-range of health indicators than any other racial/ethnic groups in Houston. These include greater rates of overweight/obesity, infant mortality, diabetes, HIV/AIDS and other sexually transmitted diseases, and mortality for numerous conditions including heart disease, cancer, stroke, and diabetes.
- The Hispanic or Latino population in Houston experiences worse outcomes for some health indicators than the White population (non-Hispanic or Latino). These include higher mortality rates from diabetes, obesity, tuberculosis, and kidney disease. They also have lower levels of health care access for preventive services.
- The White population (non-Hispanic or Latino) in Houston has worse outcomes for some health indicators than other racial/ethnic groups. These include higher rates of mortality from chronic lower respiratory disease, Alzheimer's, and suicide, as well as higher rates of breast cancer and heart disease.
- There is a lack of information and data on the health status of the Asian population in Houston. Although some efforts are being made to obtain data, more collaboration and resources are needed. The little information that is available indicates that Asians have less access to cancer screening, experience higher rates of tuberculosis and hepatitis B, and engage in lower rates of physical activity.
- Improved data collection and standardization are needed to correctly identify all high-risk populations and monitor the effectiveness of interventions.

<sup>1</sup> RAND Health is a research division within RAND Corporation (the name initially derived from a contraction of the term *research and development*), the first organization to be called a "think tank" and a leading nonprofit institution focused over 50 years on improving policy and decision-making through research and analysis. RAND Health continues that tradition, advancing understanding of health and health behaviors, and examining how the organization and financing of care affect costs, quality, and access. More information may be found at [www.rand.org/health](http://www.rand.org/health)

# Demographics

## The difference between Race and Ethnicity

The standards of Race and Ethnicity are officially established by the Executive Office of the President, Office of Management and Budget (OMB), with five minimum categories for data on race: American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, and White; and, two categories on ethnicity: “Hispanic or Latino” and “Not Hispanic or Latino.”<sup>1</sup>

Race is a social construct and does not conform to any biological, anthropological, or genetic criteria or similarities. Ethnicity is defined as the heritage, nationality group, lineage, or country of birth of the person or the person’s parents or ancestors before their arrival to the United States.<sup>2</sup>

The race and ethnicity categories set forth in the standards should not be interpreted as being primarily biological or genetic in reference. Race and ethnicity may be thought of in terms of social and cultural characteristics as well as ancestry.<sup>1</sup>

The ethnic term “Hispanic” was officially adopted by the U.S. Census Bureau in the 1970’s to categorize people’s origin or descent from Mexico, Puerto Rico, Cuba, Central or South America, Caribbean, and Spain who they deemed shared common cultural values. In 2000, the ethnic term “Latino” first appeared on the census form with additional space to write Hispanic origins, such as Salvadoran or Dominican, a practice started in the 1990 census.<sup>3</sup>

The federal government considers Race and Hispanic or Latino origin to be two separate and distinct concepts. Hispanics or Latinos may be of any race, including White, Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and Some Other Race.<sup>4</sup>

For persons who consider themselves to be multi-racial, biracial, or mixed race, Census 2000 first allowed the opportunity for survey respondents to self-identify more than one race to indicate their racial identity.

In public health, race categories can be used to provide consistent data to measure the glaring health disparities and risks of different populations. Race and ethnicity categories in this report

follow those used in the U.S. Census, which allows people to self-designate the racial/ethnicity categories they identify most closely with. These groups include White (non-Hispanic or Latino), Black or African American, Asian, and Hispanic or Latino. Other racial categories used in the Census, such as American Indian/Alaska Native and Native Hawaiian/Other Pacific Islander do not appear in this report since there were not enough Houston residents that self-identified in these categories.

*Although racial/ethnicity categories have been clearly defined per the official standards of the U.S. Census Bureau, the HDHHS does not assume all data collectors (used in this report) followed the same criteria.*

### How Race and Ethnicity categories are defined in this report.

- **“White”** refers to people having origins in any of the original peoples of Europe, the Middle East, or North Africa. It includes people who indicated their race or races as “White” or wrote in entries such as Irish, German, Italian, Lebanese, Near Easterner, Arab, or Polish.
- **“Black or African American”** refers to people having origins in any of the Black racial groups of Africa. It includes people who indicated their race or races as “Black, African American or Negro,” or wrote in entries such as African American, Afro American, Nigerian, or Haitian.
- **“Asian”** refers to people having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent. It includes people who indicated their race or races as “Asian Indian,” “Chinese,” “Filipino,” “Korean,” “Japanese,” “Vietnamese,” or “Other Asian,” or wrote in entries such as Burmese, Hmong, Pakistani, or Thai.
- **“Other”** refers to people having origins of American Indian/Alaska Native, Native Hawaiian/Other Pacific Islander, and individuals belong to two or more racial groups.
- **“Hispanic or Latino”** ethnicity refers to a person of Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin regardless of race.

SOURCE: U.S. Census Bureau, *Overview of Race and Hispanic Origin*, 2001.

<sup>1</sup> *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity*, Federal Register Notice, October 30, 1997, Office of Management and Budget (OMB).

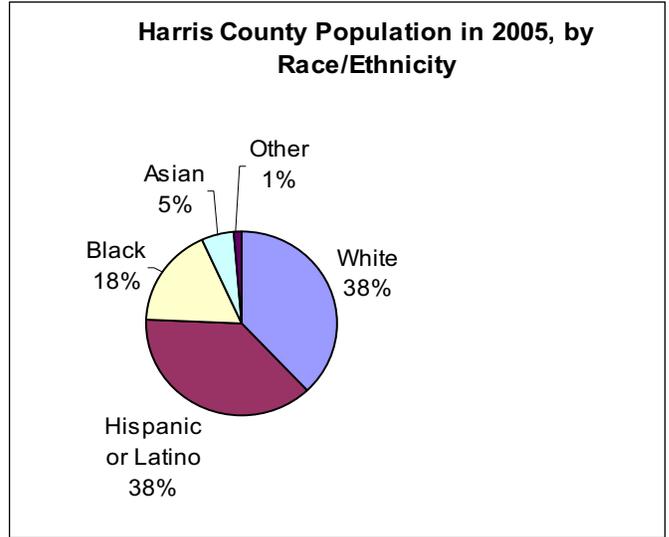
<sup>2</sup> *Questions and Answers for Census 2000 Data on Race*, U.S. Census Bureau, March 14, 2001.

<sup>3</sup> *The Hispanic Population*, Census 2000 Brief, U.S. Census Bureau.

<sup>4</sup> *Racial and Ethnic Classifications Used in Census 2000 and Beyond*, U.S. Census Bureau, April 12, 2000.

### Houston/Harris County's Demographic Makeup

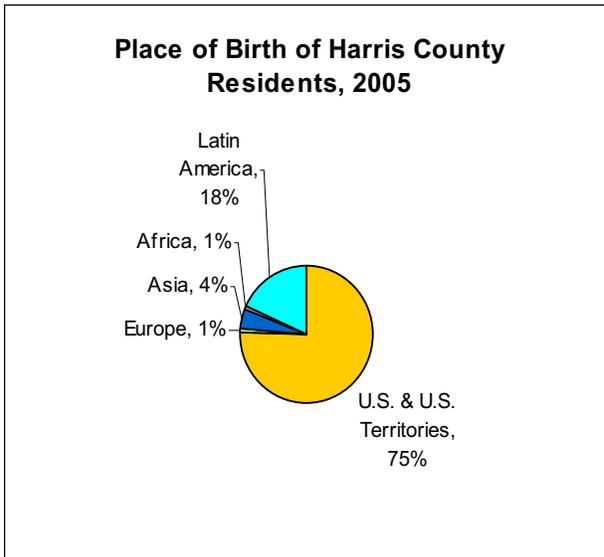
Like many other large cities in the United States, Houston is a diverse city with a large, growing minority population. In 2005, Houston/Harris County's total estimated population was about 3.6 million. Of these residents, 38% were White. The Hispanic or Latino population was the largest minority group at 38%, representing over one out of every three Houston residents. The Black or African American population was about half that size at 18%, and Asians made up the smallest minority group at 6%. Other racial groups included American Indian/Alaska Native, Native Hawaiian/Pacific Islander, and individuals belonging to two or more racial groups.



SOURCE: U.S. Census Bureau, *American Community Survey*, 2005.

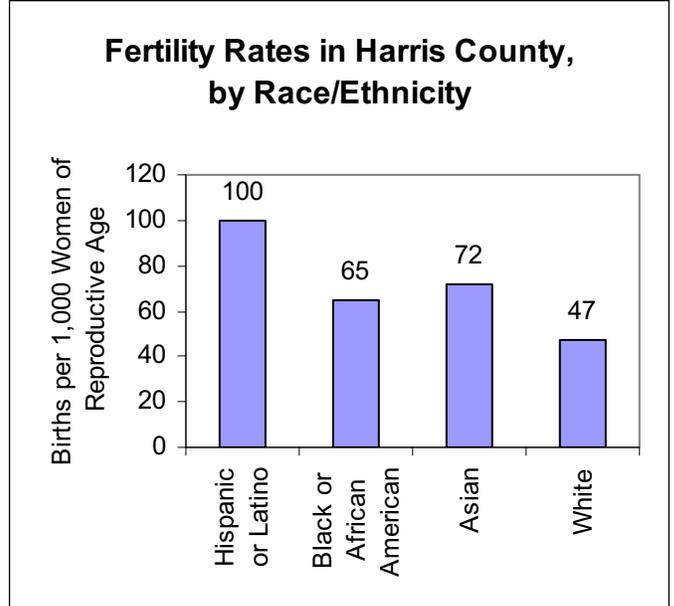
### Immigration

In 2004, almost one in every four Houston residents was born outside the U.S. These immigrants came largely from Latin America, with 4% from Asia, and 1% each from Europe and Africa. Of the minority groups, the Hispanic or Latino and Asian populations have the largest percentages of foreign-born. The breakdown of these subgroups can be seen on the following pages.



SOURCE: U.S. Census Bureau, *American Community Survey*, 2005.

### Fertility



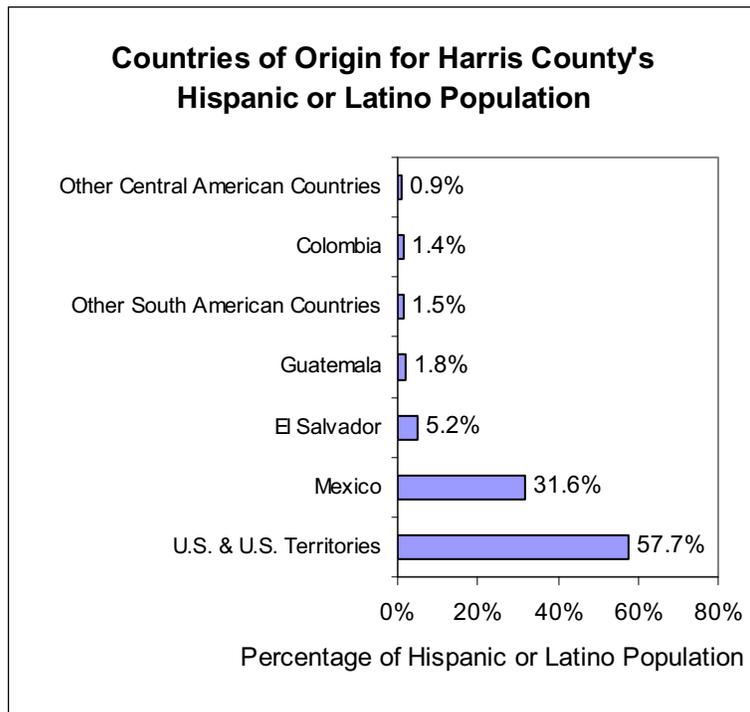
SOURCE: U.S. Census Bureau, *American Community Survey*, 2005.

Another factor which influences demographics is the number of births in a population. The Hispanic or Latino population in Houston has the highest general fertility rate.

## Demographics of Houston's Hispanic or Latino Population

The Hispanic or Latino population is the largest minority group in Houston/Harris County. Approximately 42% of this population is foreign-born. Although Hispanic or Latino immigrants come from many different countries, the largest percentage is from Mexico. The Hispanic or Latino population is the youngest of all race/ethnic groups in Houston: 83% of this group is under the age of 45.

Within the Hispanic or Latino population group, there are differences depending on one's country of origin. For example, immigrants from Cuba and South America usually arrive in Houston with higher levels of education and professional training than U.S.-born Hispanics or Latinos.<sup>1</sup> Immigrants from Mexico and Central America usually come to the U.S. with less formal education and economic resources, and fill lower-skilled occupations. They are at higher risk of poverty.<sup>1</sup>

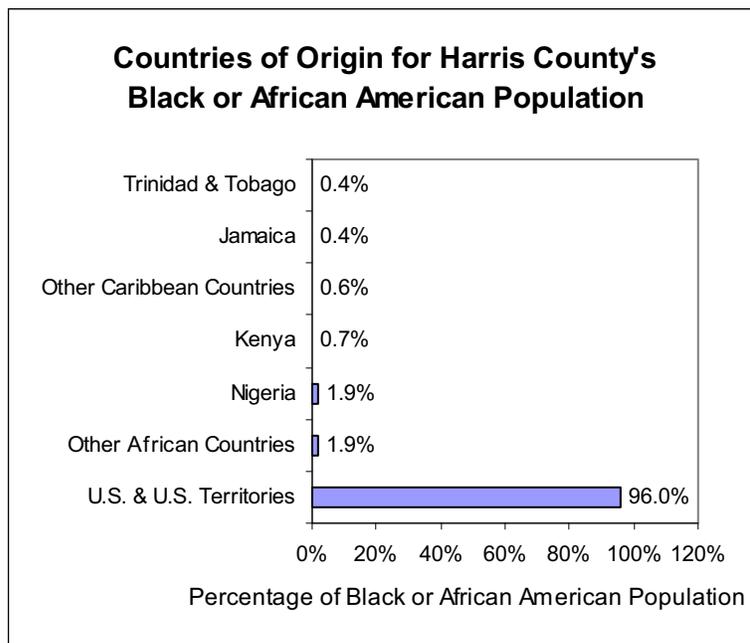


SOURCE: U.S. Census Bureau, *American Community Survey*, 2004.

## Demographics of Houston's Black or African American Population

The Black or African American population is the second largest minority group in Houston. Of all minorities, they have the longest history in Houston. In fact, only 11% of the Black population is foreign-born. The immigrants in this group come largely from Nigeria, Kenya, and Jamaica, with a few from other African and Central American/Caribbean countries.

Distinctions exist among the Black or African American population group depending, again, on the country of origin. Immigrants from Africa, largely Nigeria, have higher levels of education than any other immigrant group, whereas those from Latin America and the Caribbean, largely Jamaica, come with educational levels comparable to U.S.-born Blacks or African Americans.<sup>1</sup>



SOURCE: U.S. Census Bureau, *American Community Survey*, 2004.

<sup>1</sup>Klineberg SL. *The Houston Area Survey 1982-2005: Public Perceptions in Remarkable Times*.

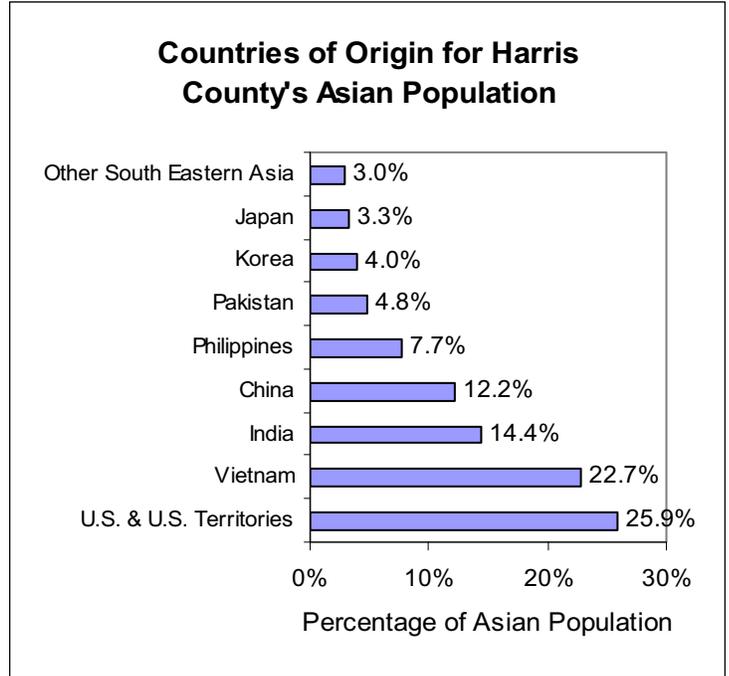
<sup>2</sup>Department of Labor, Occupational Safety and Health Administration (OSHA).

### Demographics of Houston’s Asian Population

The Asian population is the smallest minority group in Houston, yet the most diverse. It has the largest proportion of immigrants with approximately 74% of the Asian population foreign-born. The largest percentage of Asian immigrants come from Vietnam, followed closely by India, then China.

The Asian population is not homogeneous and includes many groups who differ in language, culture, and length of residence in the United States. Asian refers to people having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent. Asian groups are not limited to nationalities but include ethnic terms as well, such as Hmong.<sup>1</sup>

The Vietnamese face greater socio-economic challenges than other Asians. A greater percentage of Vietnamese do not have high school diplomas, compared with the other Asian groups.<sup>2</sup> Most of the Vietnamese immigrants in Houston who arrived after the 1980s came to escape political persecution or war.<sup>2</sup> They generally have lower formal education and speak little English.<sup>2</sup>

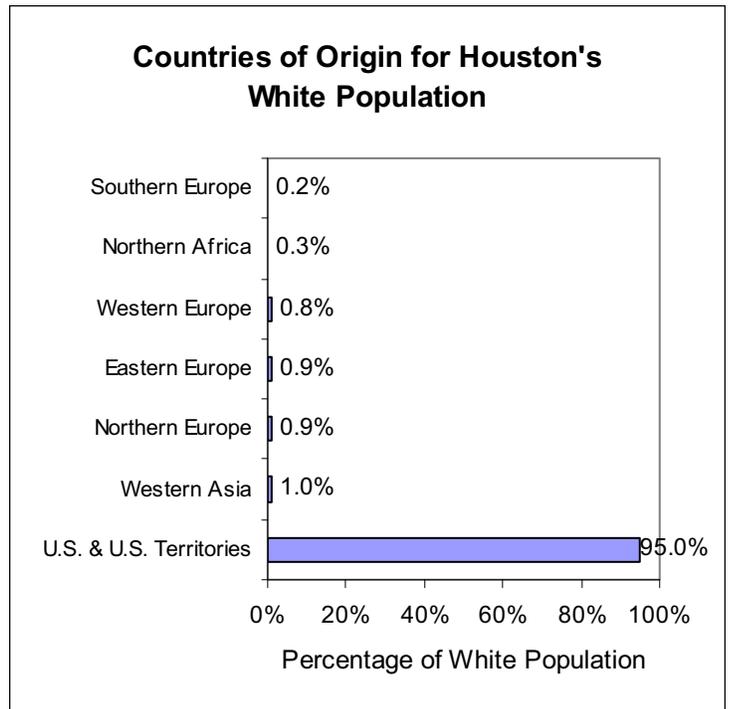


SOURCE: U.S. Census Bureau, *American Community Survey*, 2004.

### Demographics of Houston’s White Population

The White population (non-Hispanic or Latino) is currently the largest population group in Houston, but is experiencing little growth. This population is older, on average, than the other race/ethnic groups. In Houston, like other cities in the U.S., the White population is “aging” more rapidly: 41% of the White population is 45 and older. Unlike the other racial/ethnic groups in Houston, this group does not have a continuous influx of younger immigrants. Only 5% of this group is foreign-born. These immigrants come largely from Iran, the U.K., Russia, and other European countries.

The chart on the right shows Western Asia including Lebanon, Israel, Turkey, Iran, etc. Northern Europe includes the U.K., Ireland, etc. Eastern Europe includes Russia, Hungary, Romania, Ukraine, etc. Western Europe includes France, Germany, etc. Northern Africa includes Egypt, and Southern Europe includes Greece, Italy, etc.



SOURCE: U.S. Census Bureau, *American Community Survey*, 2004.

<sup>1</sup>We the People: Asians in the United States, U.S. Census Bureau, December 2004.

<sup>2</sup>Klineberg SL. *The Houston Area Survey 1982-2005: Public Perceptions in Remarkable Times.*

## Socioeconomic Status and Health

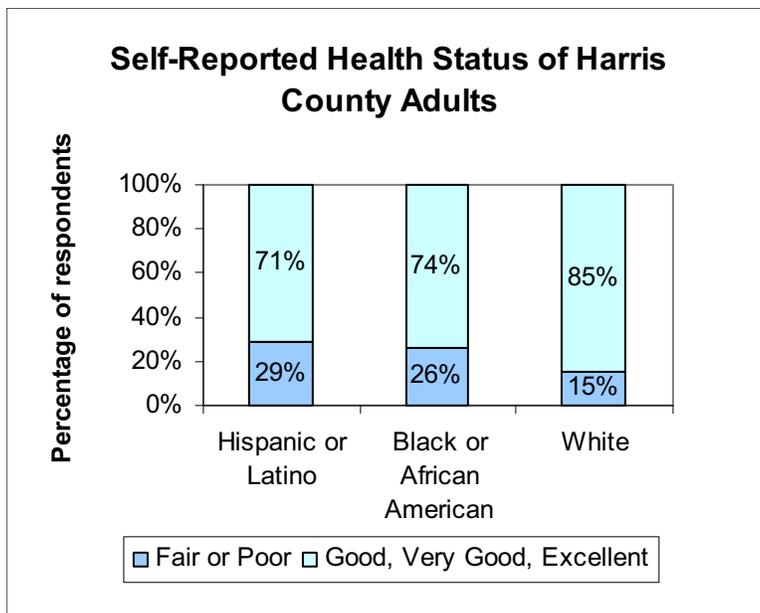
### How does socio-economic status affect health?

Studies have shown that socio-economic status, measured in terms of education and income, affect health status in many ways. People with lower socio-economic status have worse health outcomes because of their limited ability to afford basic necessities such as nutritious food, safe, quality housing, medical care, and health insurance. Socio-economic status also determines educational and employment opportunities and affects the context in which people live, such as the availability of resources within communities, and exposure to various health risks. Disparities in socio-economic status affect people's health status across all racial groups.

### The Whitehall Study: Socio-economic Status Affects Health

The well-known Whitehall Study<sup>1</sup> followed the same population of civil servants who worked white-collar jobs in London over a period of time, and revealed disparities in health outcomes resulting from differences in socio-economic status. The subjects all had the same national health service and were from the educated middle-class, yet those in lower civil service positions had higher mortality rates, and those in higher civil service positions had lower rates for many different health conditions and diseases. Health status improved with increasing levels of socio-economic status. This study showed that there were factors operating at a broader societal level that determined health, rather than merely individual factors that caused disease.

### Self-reported Health Status



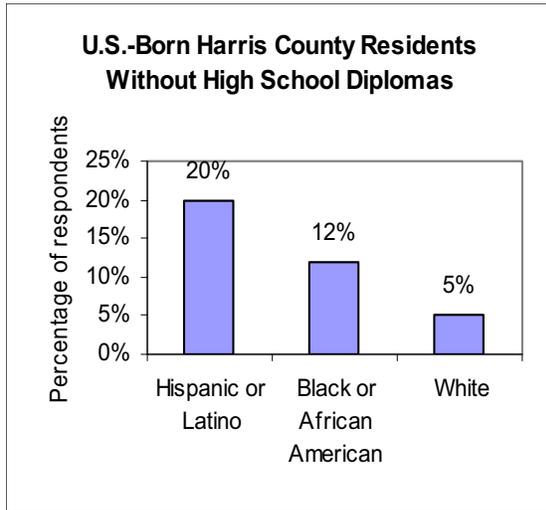
In 2005, the Texas Department of State Health Services asked adults in Houston to rate their health as "Excellent," "Very Good," "Good," "Fair," or "Poor." Over a quarter of Hispanics or Latinos in Houston rate their health as "Fair" or "Poor," nearly twice that of Whites.

**Black or African American and Hispanic or Latino persons were more likely to report their health as "Fair" or "Poor" than Whites.**

SOURCE: Texas Department of State Health Services, *Behavioral Health and Risk Factor Survey*, Harris County, 2005.

<sup>1</sup> Marmot MG, Smith, GD, Stansfeld S, et al. Health Inequalities Among British Civil Servants: The Whitehall II Study. *Lancet*. 1991;337:1387-93.

## Education



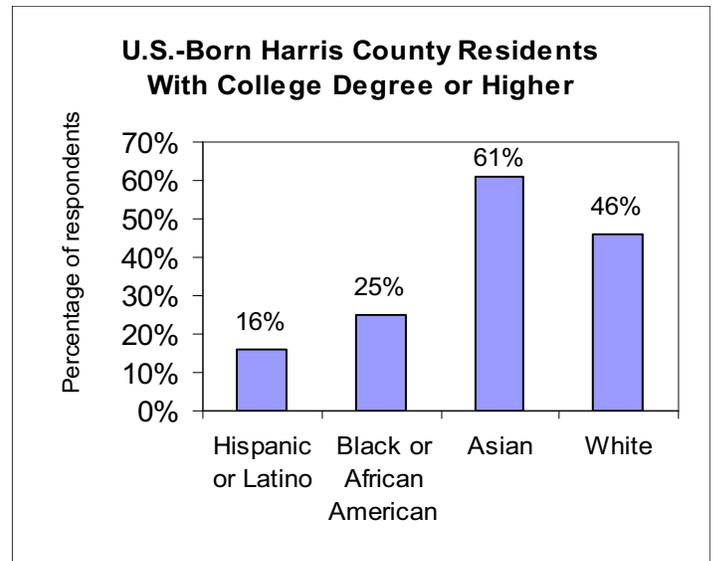
SOURCE: Rice University Houston Area Survey 2005, Data from 1994-2005. \*Data not available for Asians.

A greater percentage of Blacks or African Americans and Hispanics or Latinos do not have a high school diploma. In fact, the percentage of U.S.-born Hispanic or Latino adults who do not have a high school diploma is more than three times greater than that of Whites.

The same pattern holds for adults who attain a college degree or higher. Again, a lower percentage of Blacks or African Americans and Hispanics or Latinos have a bachelor's degree. **The disparity in educational attainment is greatest for the Hispanic or Latino population in Houston, followed by Blacks or African Americans.**

Educational attainment is a socio-economic indicator because people with higher levels of education tend to have greater income potential and better health outcomes, such as lower mortality and fewer illnesses and disabilities.<sup>1</sup>

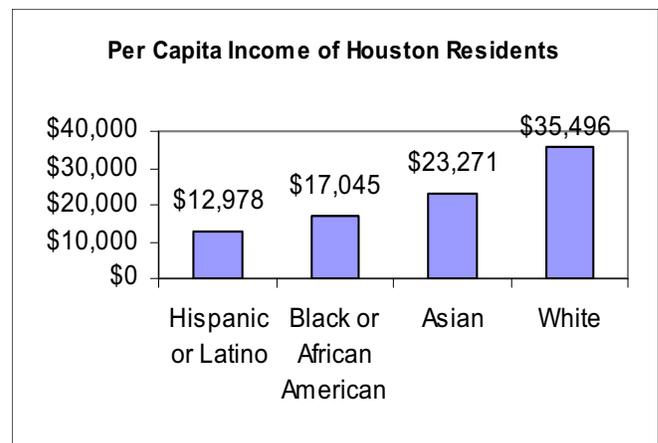
Educational attainment is not equivalent across race/ethnic groups in Houston. Whites and Asians have the largest levels of education.



SOURCE: Rice University Houston Area Survey 2005, Data from 1994-2005.

## Income

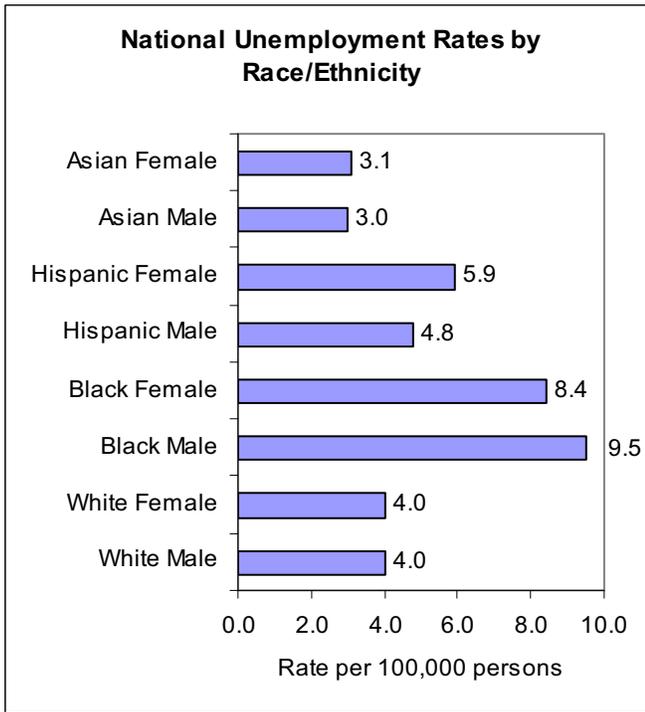
Racial disparities in income and wealth are significant factors which underlie racial disparities in health status. **Minorities are significantly more likely to have lower incomes than their White counterparts.** According to the U.S. Census Bureau, the average income for a White person in Houston in 2004 was \$35,496. Hispanics or Latinos and Blacks or African Americans had average incomes of less than half this amount.



SOURCE: U.S. Census Bureau, American Community Survey, 2004.

<sup>1</sup> Lahelma E, Martikainen P, Laaksonen M, Aittomaki A. Pathways between socioeconomic determinants of health. *J Epidemiol Community Health*. 2004;58:327-32.

## Occupation and Employment

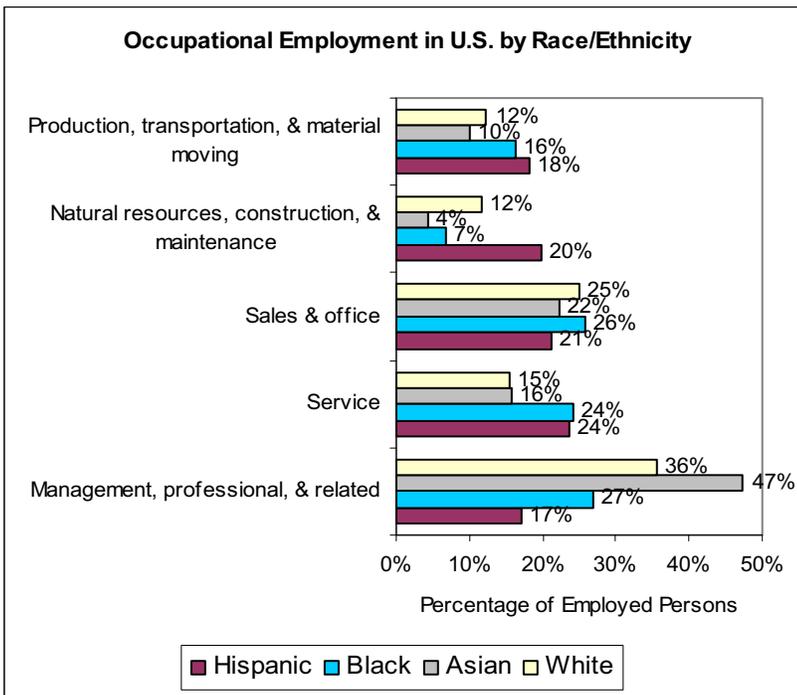


SOURCE: U.S. Department of Labor, Bureau of Labor Statistics, Current Population Survey, 2006

### The Working Poor

The U.S. Department of Labor released the report "A Profile of the Working Poor" in 2004.<sup>1</sup> Highlights from this national report include

- Black or African American and Hispanic or Latino workers were more likely to be among the working poor than Whites, at all levels of educational attainment.
- Workers with lower educational attainment had a higher risk of being poor. For instance, in 2004, 15.2% of workers with less than a high school diploma were among the working poor, compared to 1.7% of college graduates.
- Those employed in management and professional related occupations had the lowest probability of being among the working poor, whereas those in service occupations had the highest probability.
- Black or African American and Hispanic or Latino teenage workers were more likely to be in poverty.
- Among families, those with children under 18 years old were more likely to live in poverty or be among the working poor.



SOURCE: U.S. Department of Labor, Bureau of Labor Statistics, Current Population Survey, 2006

The working poor are more likely to experience labor market problems such as unemployment, low earnings, and involuntary part-time employment.<sup>1</sup> National labor statistics show that unemployment rates are higher among Blacks or African Americans and Hispanics or Latinos.

This chart shows the distribution of workers in different occupational categories by race/ethnicity. Nationally, nearly a quarter of Hispanic or Latino and Black or African American workers are employed in service occupations. Hispanics or Latinos are least represented in management and professional related occupations.

In Harris County, the lower educational levels of Blacks or African Americans and Hispanics or Latinos may preclude them from certain occupational categories, increasing their risk of being poor, uninsured, and living in poverty.

<sup>1</sup> An individual is classified as "working poor" if he/she was in the labor force for over half the year with an income below poverty level. U.S. Department of Labor, U.S. Bureau of Labor Statistics. "A Profile of the Working Poor, 2004." May 2006, Report 994.

**Poverty Threatens Houston’s Prosperity:**

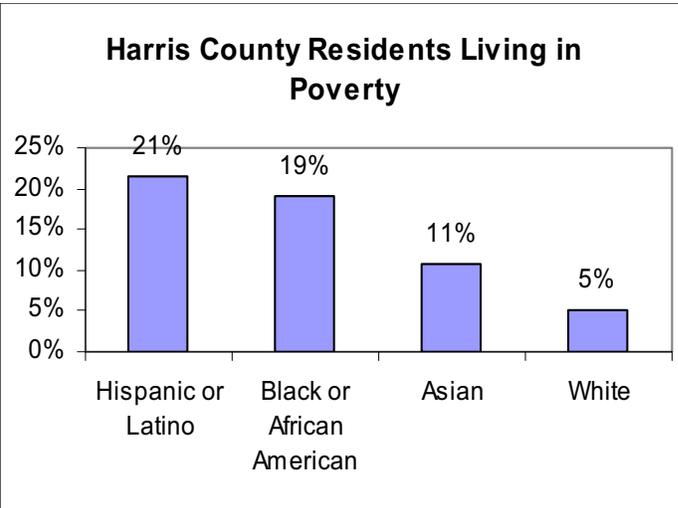
“Thus we find ourselves at a remarkable hinge in history, a time when 75% of everyone in the region is 60 years or older is Anglo, and close to 75% of everyone under the age of 30 is either Black or Hispanic. These are the two populations that are by far the most likely to be living in poverty and that have been the least well served historically by the region’s educational and social service institutions.

Clearly, if the socio-economic disparities are not substantially reduced, if too many of Houston’s “minority” youth remain unprepared to succeed in the knowledge economy of the twenty-first century, it is difficult to envision a prosperous future for the region.”

-Stephen Klineberg, Ph.D., Rice University<sup>1</sup>

**Poverty**

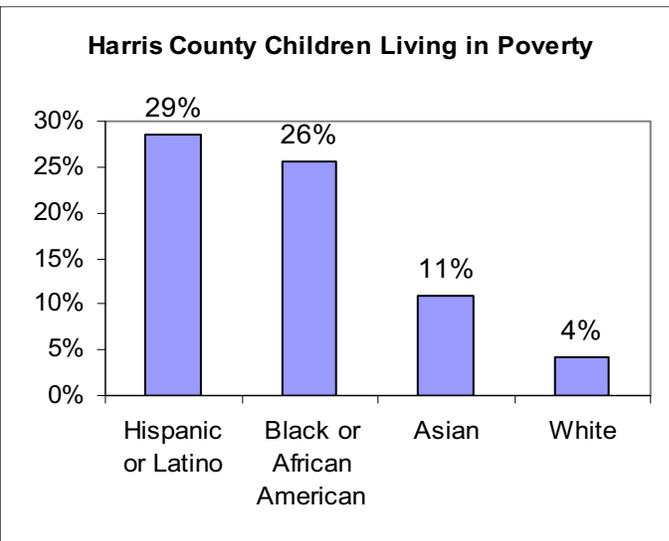
The United States government determines the federal poverty level yearly. In 2004, the federal poverty level was \$18,850 in yearly income for a family of four according to the U.S. Census Bureau. Approximately 20% of Hispanics or Latinos and 20% of Blacks or African Americans in Houston had incomes below the poverty level in 2004. Whites had the smallest percentage of persons with incomes below the poverty level (5.2%).



**More minorities, both children and adults, live in poverty.**

SOURCE: U.S. Census Bureau, *American Community Survey*, 2004.

Poverty places children at risk for lower educational achievement, inadequate nutrition, and poor health outcomes in childhood and adulthood. Hispanic or Latino and Black or African American children in Houston are more likely to live at or below the poverty level than children of any other race/ethnic group. In 2004, 28.5% of Hispanic or Latino children and 25.5% of Black or African American children lived in households at or below the poverty level, compared with 4.2% of White children.



**More Black or African American and Hispanic or Latino Houston residents live in poverty than Whites.**

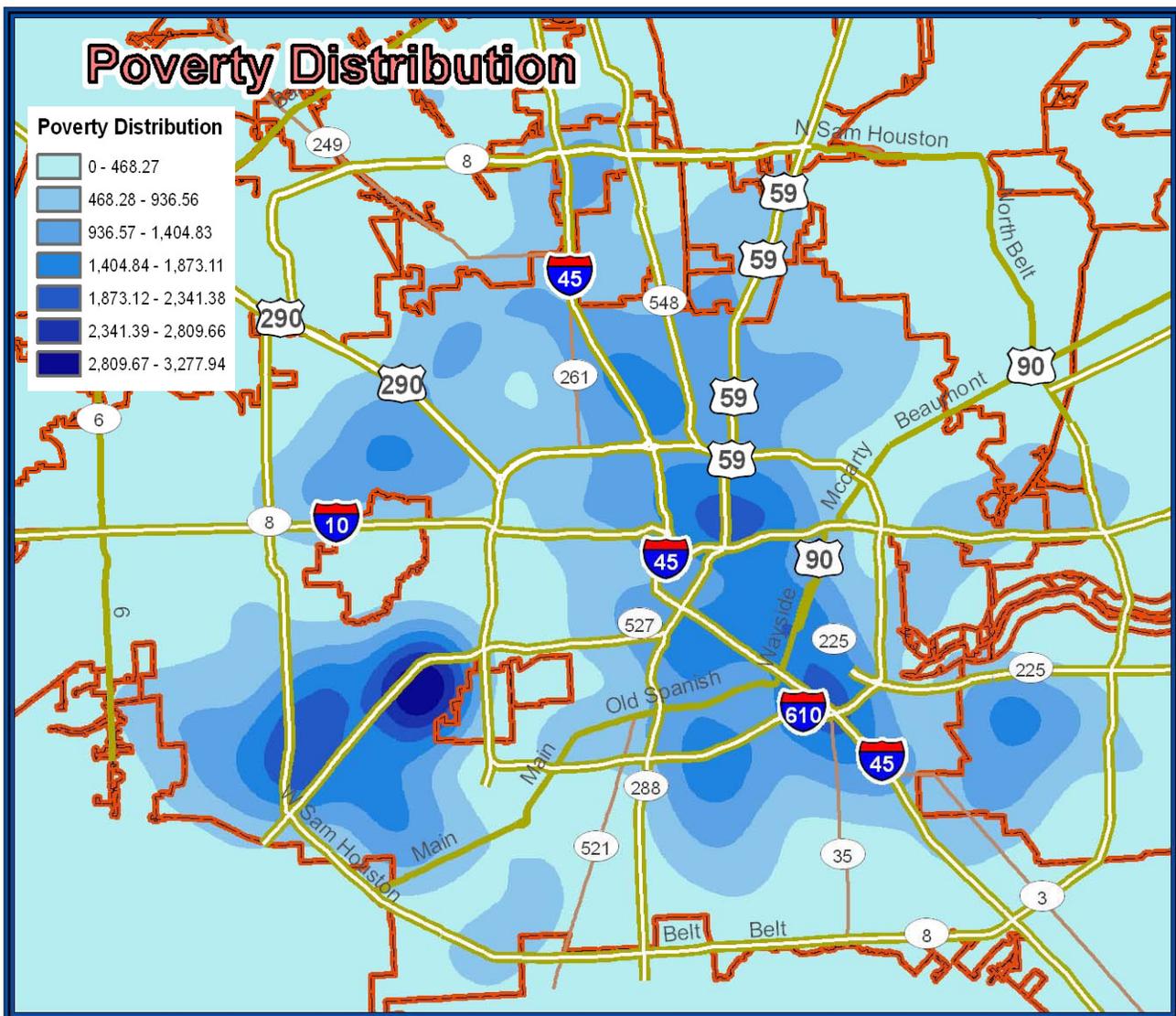
SOURCE: US Census Bureau, *American Community Survey*, 2004.

<sup>1</sup> Klineberg SL. *The Houston Area Survey 1982-2005: Public Perceptions in Remarkable Times*, Rice University.

### Geographic Distribution of Poverty in Houston

In 2000, the neighborhoods in Houston with the highest concentrations of poverty were Greater Third Ward, Greater Fifth Ward, Downtown, and Settegast. These areas had over 40% of their population below the federal poverty level.<sup>1</sup> Unfortunately, many Houston residents struggle with poverty; in 2000, in half of Houston’s Super Neighborhoods, 20-40% of the population fell below poverty level.<sup>1</sup> These areas were mostly concentrated in the eastern half of the City, with a few areas in the northwest and southwest as well.

Approximately 16% of Houston families were below the poverty level in 2000.<sup>1</sup> The highest concentration of poverty among Houston families was also in the eastern half of Houston. The greatest number of families experiencing poverty were in the southwest outside the 610 Loop and north of downtown.<sup>1</sup>



SOURCE: Houston Department of Health and Human Services, Community Health Statistics– GIS.

<sup>1</sup> Houston Housing and Households 2000, City of Houston Planning and Development Department, Long Range Planning Division.



Section

## Racism and Discrimination

### How does Race/Ethnicity affect health?

Racism and discrimination can cause poor health in minority groups, indirectly or directly. Institutionalized racism affects the educational, employment, housing, and social opportunities of minorities.

These inequities in social structure and class can cause minority groups to become marginalized and have less access to quality education and higher-paying jobs. They may be forced to live in communities and housing that pose greater environmental hazards, such as lead paint or hazardous waste sites, and fewer resources, such as political capital or public transit. Living in higher crime areas and unsafe neighborhoods also make it more difficult to maintain a healthy lifestyle. Parks, or other areas for recreation/physical activity, may not be available or safe and food options can become more limited with fewer grocery stores and a greater concentration of fast food restaurants. Ultimately, inequitable policies can result.

For example, in Houston's Third Ward (which had one of the highest poverty rates in 2000), property values have increased and attracted developers.<sup>1</sup> Higher tax rates and rent could lead to displacement of the area's poor residents. In health care settings, racism leads to differences in health care treatment for minorities, and can cause mistrust of the health care system, delaying patients from seeking timely medical attention.

Racism also can have a direct impact on the mental and physical health of individuals, causing increased stress, hypertension, heart disease, depression, smoking, and alcohol use in minority populations. Researchers have observed that discrimination also has long-term consequences over a person's life, and can even contribute to low birth weight in infants, particularly for the Black or African American population.<sup>2</sup>

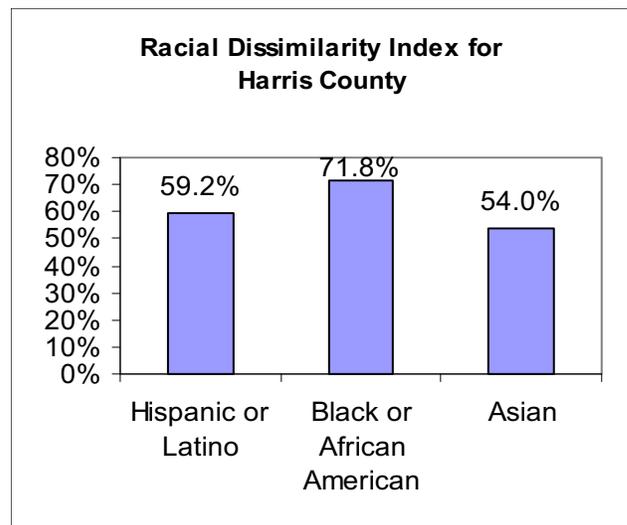
### Environmental and Neighborhood Segregation

In Houston, racial and ethnic groups are unevenly distributed throughout the city, as in most metropolitan areas. Residents tend to live near others of the same racial or ethnic group. While there are some advantages to having similar racial and ethnic communities, the level of racial segregation can negatively affect health outcomes.

Segregation masks concentrated poverty levels, exposure to environmental risks, and poor employment and educational opportunities. Residents of highly segregated cities have higher rates of illness and mortality than residents of more integrated cities.<sup>3</sup>

The Racial Dissimilarity Index is often used to measure the level of segregation within communities, showing the percentage of residents in a census tract who are of a given racial/ethnic group who would theoretically have to move in order to have the same number of residents as a comparison racial/ethnic group within the same census tract (usually Whites).

For Houston, the Racial Dissimilarity Index is 71.8 for Blacks or African Americans and Whites. This means that 71.8% of Blacks or African Americans would have to move to another neighborhood for Blacks or African Americans and Whites to be evenly distributed across all neighborhoods in Houston. **The highest level of segregation in Houston exists between White and Black or African American residents.**



SOURCE: U.S. Census Bureau, Census Scope 2000

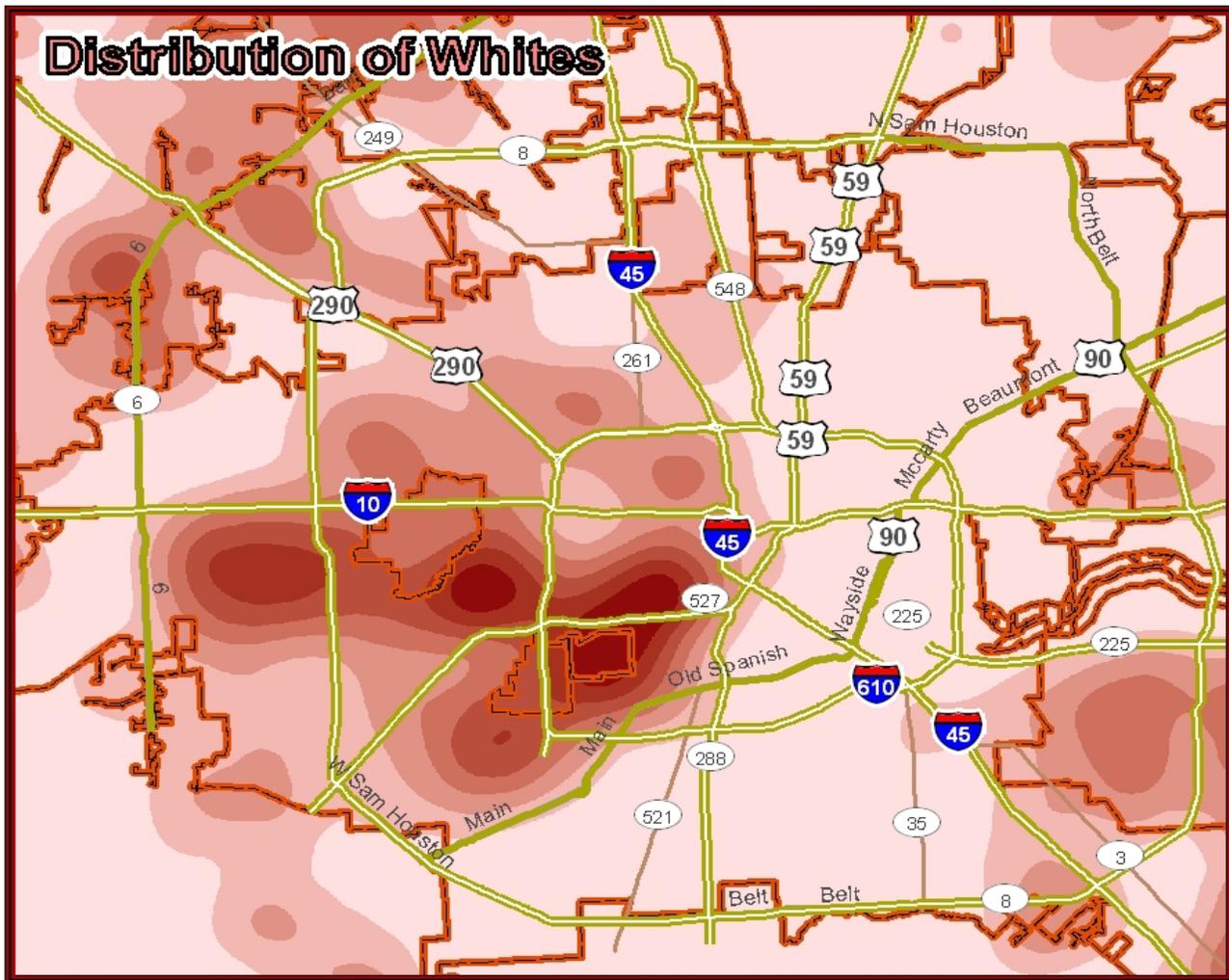
<sup>1</sup> Madere M., Third Ward property values are soaring, joint study says. *Houston Chronicle*. May 17, 2006.

<sup>2</sup> Lu MC, Halfon N. Racial and ethnic disparities in birth outcomes: a life-course perspective. *Maternal and Child Health Journal*. 2003;7:13-30.

<sup>3</sup> Berkman LF, Kawachi I. *Social Epidemiology*. 1st ed. New York, NY: Oxford University Press; 2000.

### Residences of the White Population in Houston

In 2000, more than 50% of Houston residents in Super Neighborhoods west of downtown were White.<sup>1</sup> The largest concentration of Whites was in Kingwood, Clear Lake, Memorial, Greater Uptown, and Alief.<sup>1</sup>



**White Race**

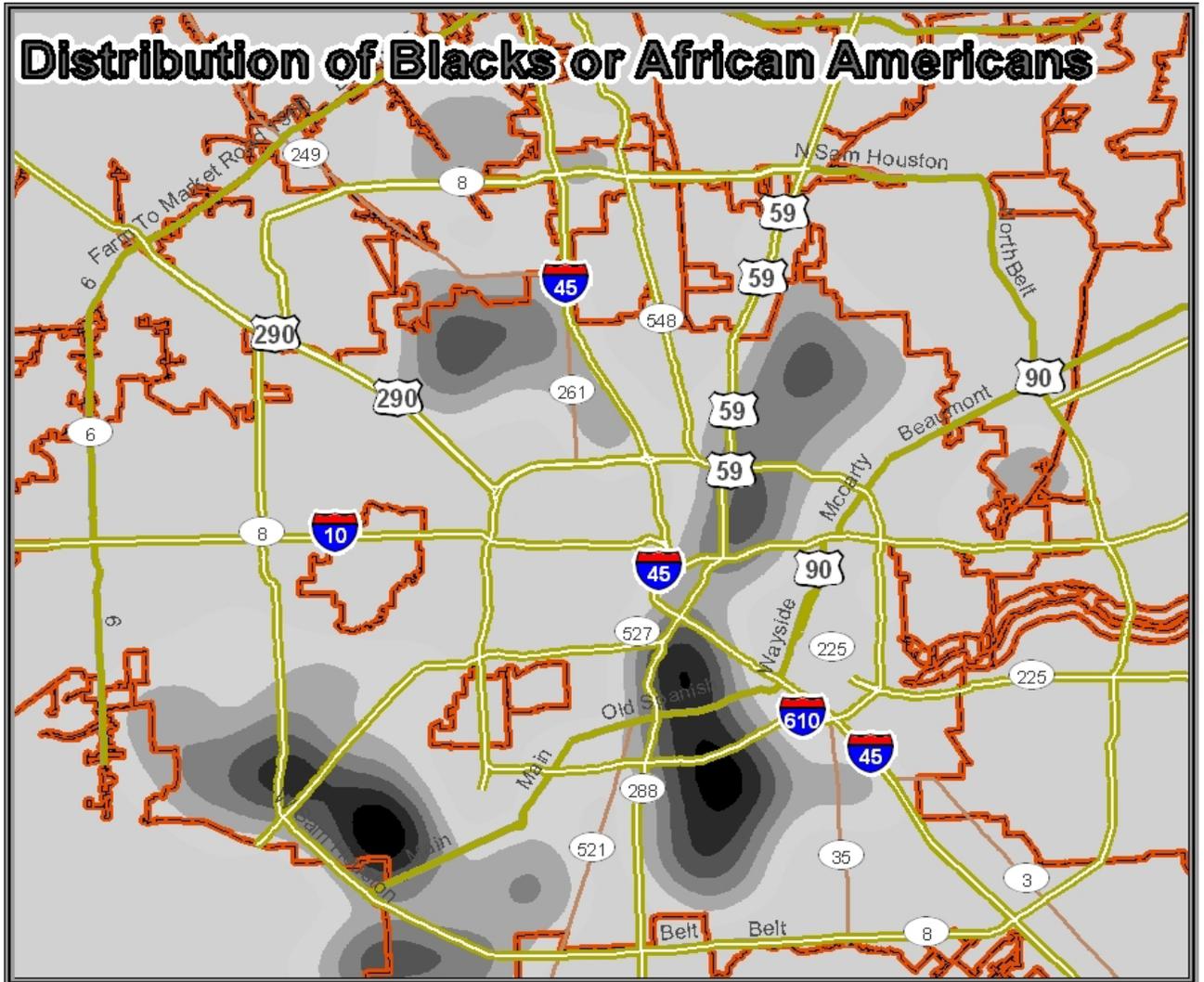
0 - 713.20
713.21 - 1,426.38
1,426.39 - 2,139.58
2,139.59 - 2,852.60
2,852.61 - 3,565.96
3,565.97 - 4,279.16
4,279.17 - 4,992.35

SOURCE: HDHHS Office of Surveillance & Public Health Preparedness, Community Health Statistics, 2007

<sup>1</sup> Houston Housing and Households 2000, City of Houston Planning and Development Department, Long Range Planning Division.

### Residences of the Black or African American Population in Houston

In 2000, Black or African American residents made up the majority of residents in Super Neighborhoods to the south and northeast.<sup>1</sup> The largest populations of Blacks or African Americans were in Alief, Greater Fondren Southwest, and Central Southwest, with large percentages in Alief, Braeburn, Greater Inwood, and Greater Greenspoint as well.<sup>1</sup>



**Black Race**

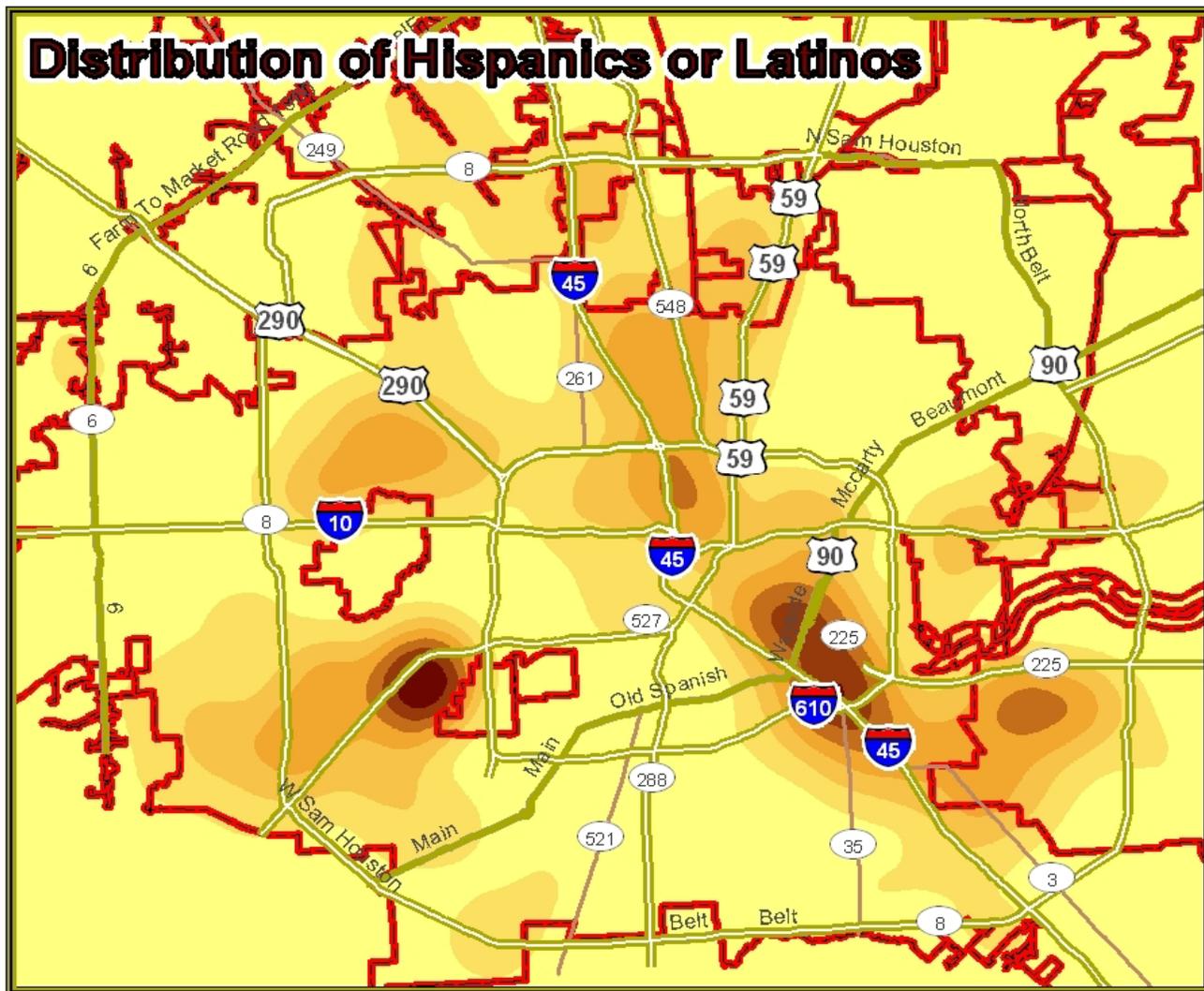
0 - 616.62
616.63 - 1,233.24
1,233.25 - 1,849.86
1,849.87 - 2,466.48
2,466.49 - 3,083.10
3,083.11 - 3,699.73
3,699.74 - 4,316.35

SOURCE: HDHHS Office of Surveillance & Public Health Preparedness, Community Health Statistics, 2007.

<sup>1</sup> Houston Housing and Households 2000, City of Houston Planning and Development Department, Long Range Planning Division.

### Residences of the Hispanic or Latino Population in Houston

In 2000, Hispanic or Latino residents were the majority in Super Neighborhoods in the southeast and north, with large percentages in the northwest as well.<sup>1</sup> The largest populations of Hispanics were located in Northside/Northline, East End, Sharpstown, Gulfton, and Alief.<sup>1</sup>



**Hispanic Race**

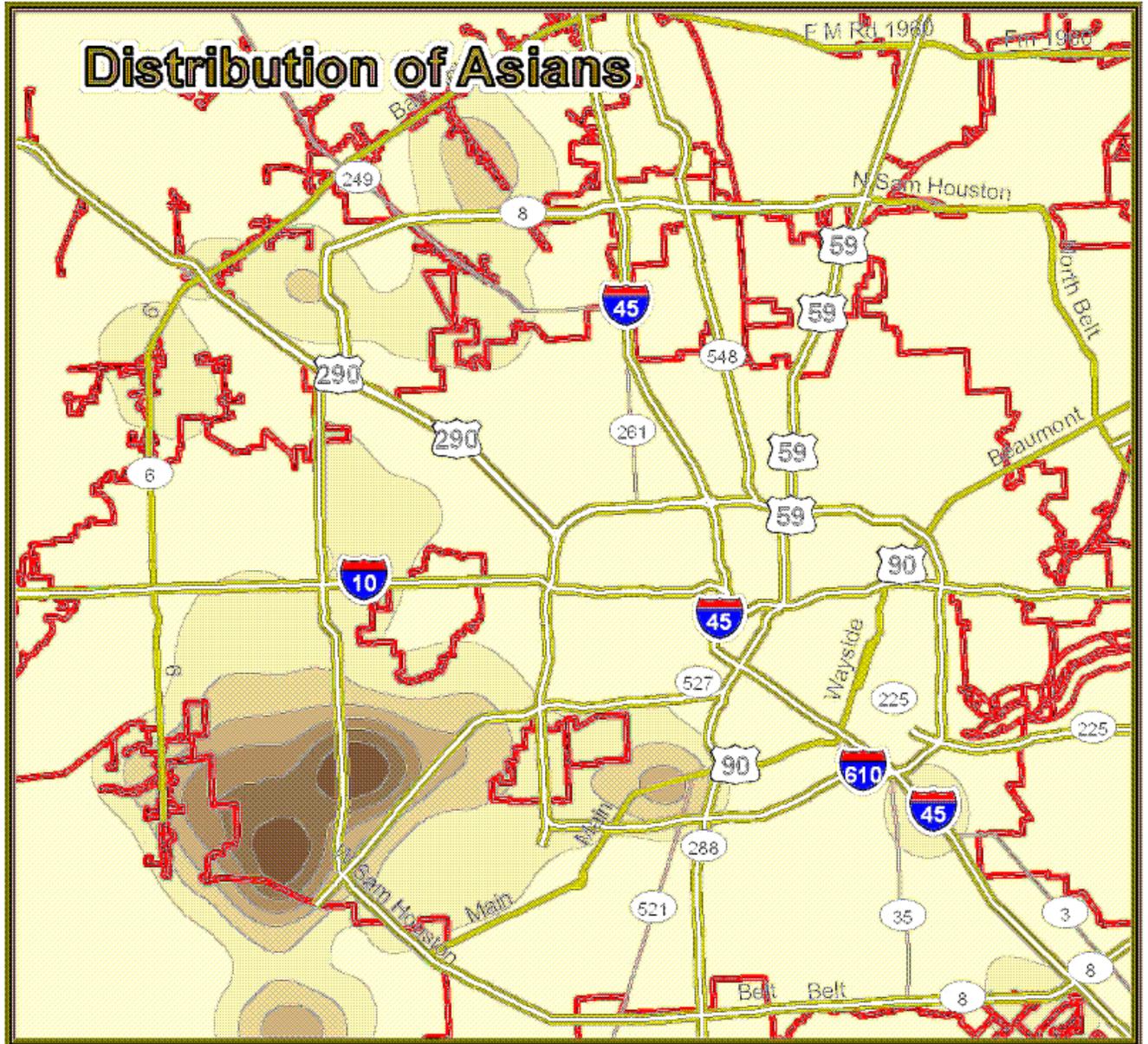
0 - 1,038.99
1,039.00 - 2,077.98
2,077.99 - 3,116.97
3,116.98 - 4,155.96
4,155.97 - 5,194.95
5,194.96 - 6,233.94
6,233.95 - 7,272.93

SOURCE: HDHHS Office of Surveillance & Public Health Preparedness, Community Health Statistics, 2007.

<sup>1</sup> Houston Housing and Households 2000, City of Houston Planning and Development Department, Long Range Planning Division.

### Residences of the Asian Population in Houston

In 2000, the largest concentrations of Asians lived in the southwest and Northside/Northline areas. Ninety percent of the Asian population lived in the Medical Center, Westbranch, and Alief.<sup>1</sup>



**Asian Race**

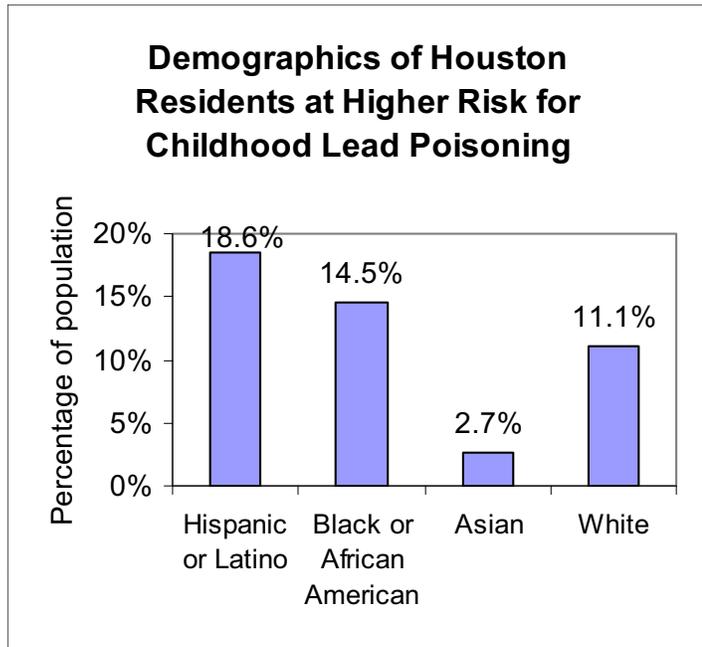
0 - 243.37
243.38 - 486.73
486.74 - 730.11
730.12 - 973.47
973.48 - 1,216.84
1,216.85 - 1,460.21
1,460.22 - 1,703.57

SOURCE: HDHHS Office of Surveillance & Public Health Preparedness, Community Health Statistics, 2007.

<sup>1</sup> Houston Housing and Households 2000, City of Houston Planning and Development Department, Long Range Planning Division.

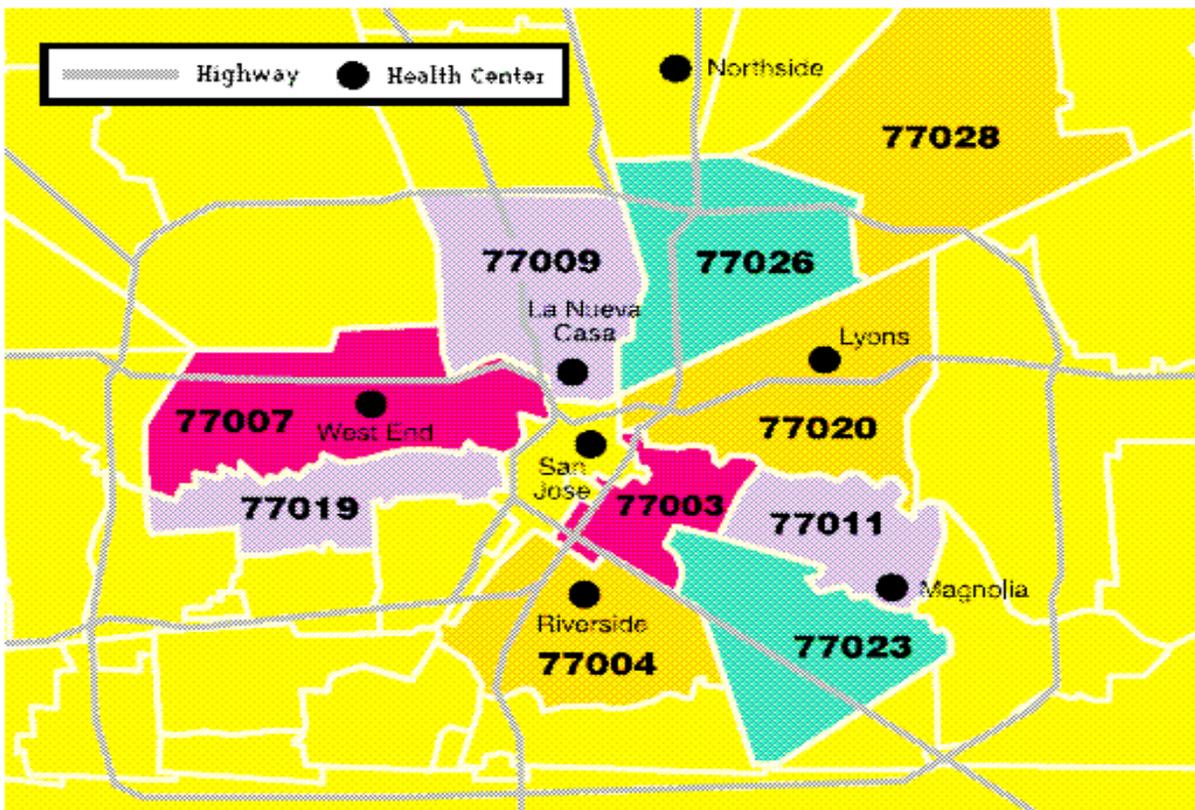
### Lead Poisoning: A Case Study

Childhood lead poisoning is an environmental health problem which can be an indicator of poorer quality housing or lower socio-economic status communities. The Childhood Lead Poisoning Prevention Program at HDHHS identified risk factors for childhood lead poisoning. Some of these factors are socio-economic, such as families that live in older homes built before 1970 or families with children who receive publicly funded medical or social services. Other risk factors are cultural practices, such as cooking/storing food in lead glazed pottery or using home remedies which may contain lead. Target ZIP codes were identified in which children were at greater risk for lead poisoning. Demographics for these ZIP codes show that over half of the residents in those areas are Hispanic or Latino, and almost 43% are White. However, looking at Houston as a whole, we see that a greater percentage of Hispanics or Latinos and Blacks or African Americans live in these high risk areas, compared with Whites.



SOURCE: U.S. Census Bureau, American Community Survey, 2000.

### Houston Areas at High Risk for Childhood Lead Poisoning

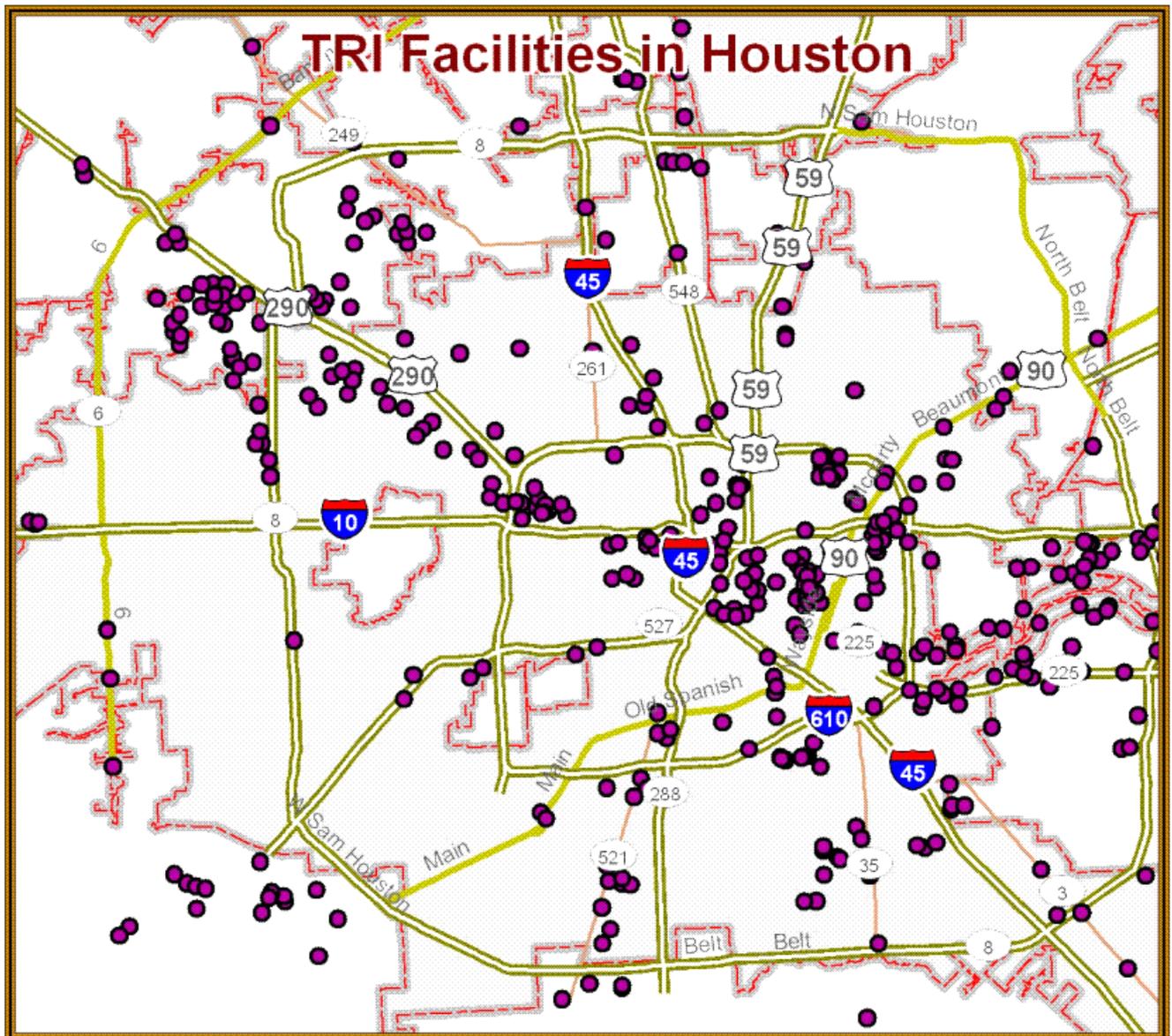


SOURCE: HDHHS Childhood Lead Poisoning Prevention Program. "The ABC's of Lead Screening for Children: A Quick Reference for Medical Providers."

## Other Environmental Inequities: TRI Facilities

The U.S. Environmental Protection Agency's (EPA) database Toxics Release Inventory (TRI) lists facilities that have reported toxic releases into the environment. TRI facilities are industry groups that use, manufacture, treat, transport, store, or release toxic chemicals.

Many of these facilities are concentrated in southeast and northwest Houston, along U.S. Highway 290.

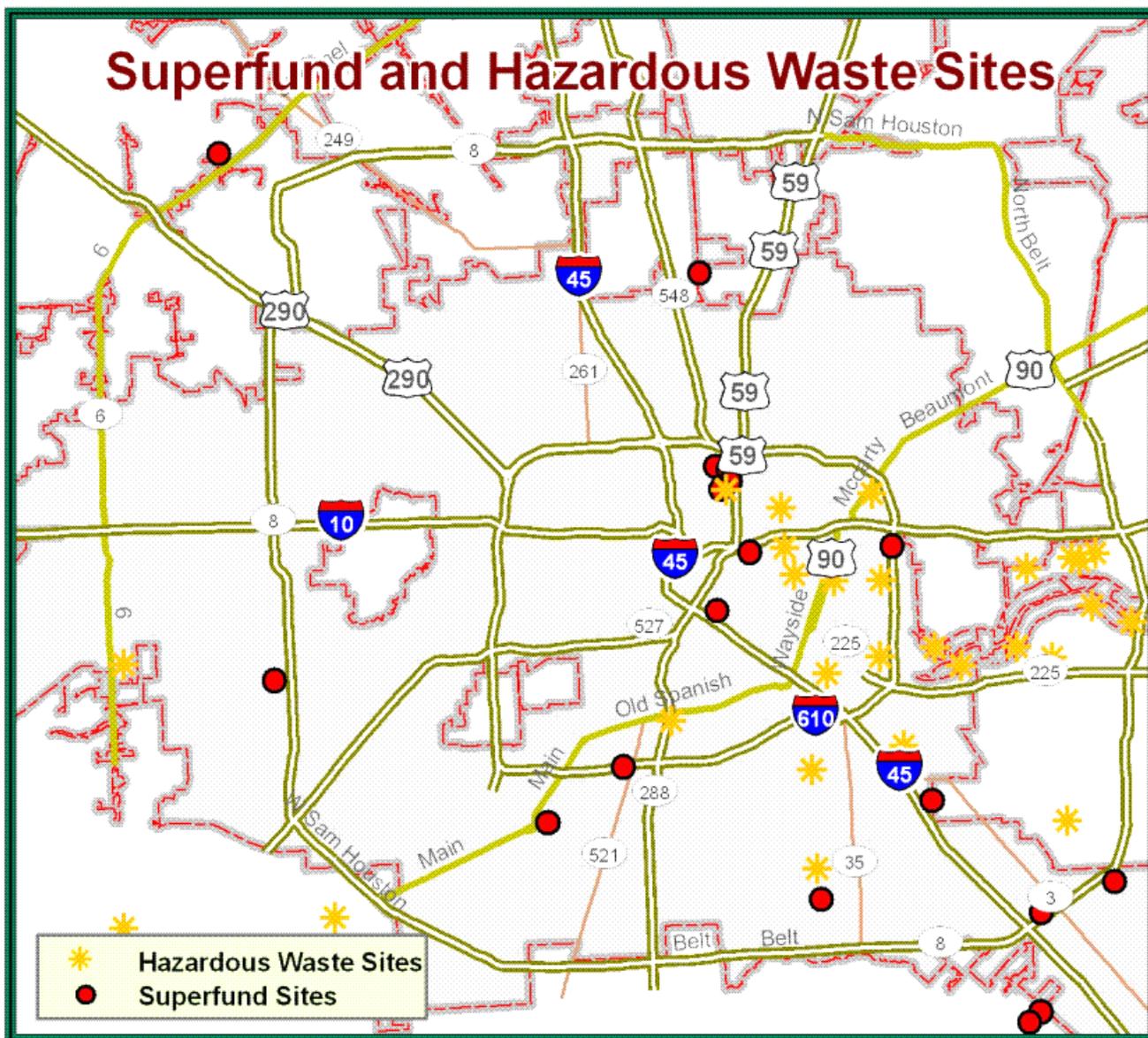


SOURCE: HDHHS Office of Surveillance & Public Health Preparedness, Community Health Statistics, 2007.

### Other Environmental Inequities: Superfund & Hazardous Waste Sites

Superfund is a program established by the federal government to clean up uncontrolled hazardous waste sites. These sites involve abandoned, accidentally spilled, or illegally dumped hazardous waste that threaten the environment or human health.

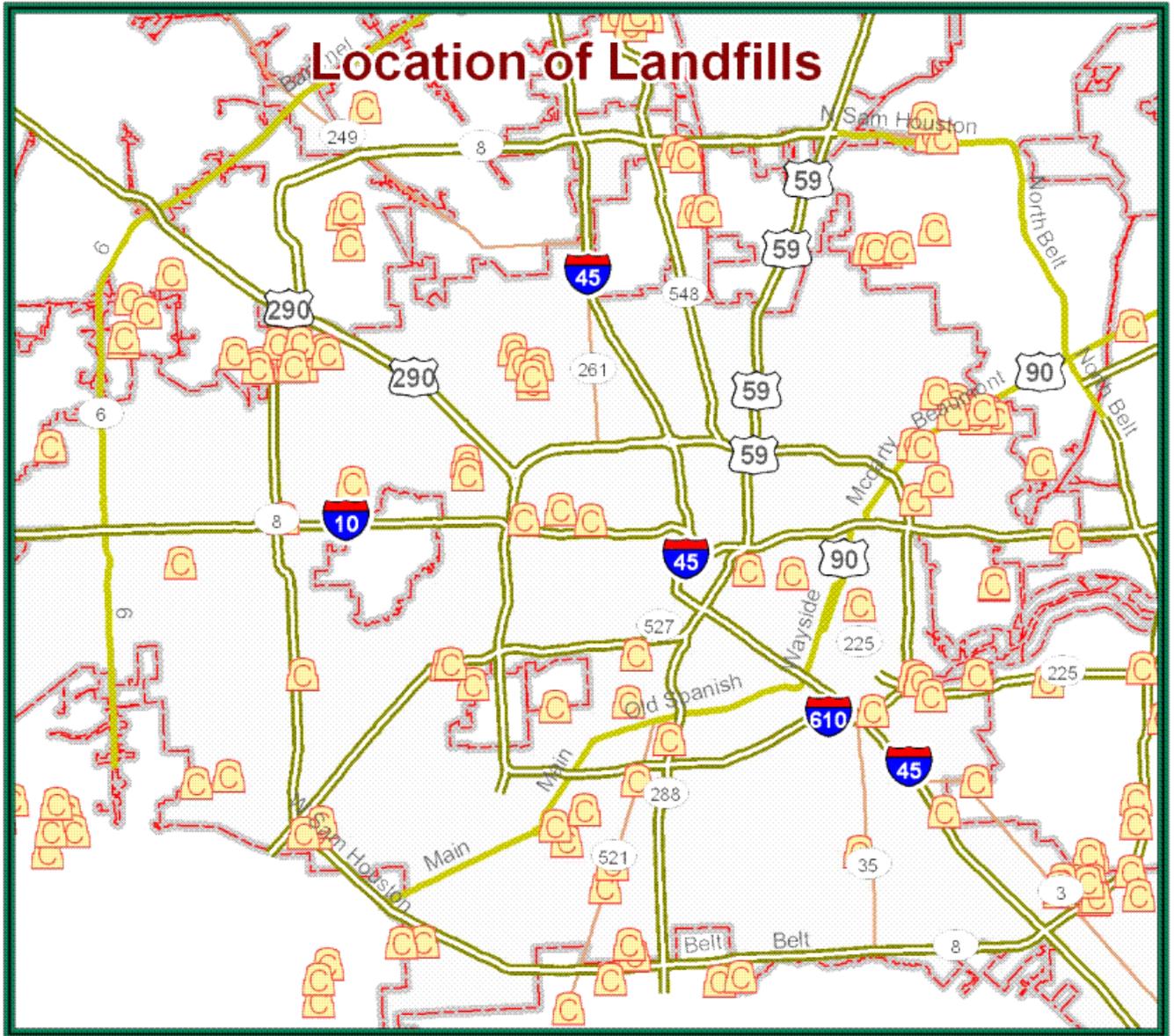
The greatest concentrations of Superfund and hazardous waste sites are located in southeast Houston.



SOURCE: HDHHS Office of Surveillance & Public Health Preparedness, Community Health Statistics, 2007.

### Other Environmental Inequities: Landfills

Landfills, both active and inactive, have a greater distribution throughout Houston than TRI facilities or hazardous waste sites. However, southeast and northwest Houston still contain many landfill sites.



SOURCE: HDHHS Office of Surveillance & Public Health Preparedness, Community Health Statistics, 2007.



## Health Care Access

A growing body of research has shown that racial/ethnic minorities are less likely than Whites to receive health care of comparable quality, irrespective of their income or health insurance coverage. At Congress' request, the Institute of Medicine assessed racial/ethnic disparities in health care in 1999 and issued their findings in a report entitled "Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare." They found that minorities were consistently less likely to receive necessary health services, including clinical procedures. They also deter-

mined that health disparities existed in many disease areas including cancer, cardiovascular disease, and diabetes, and across many clinical procedures/treatments. The Healthcare Research and Quality Act of 1999 directed the federal Agency of Healthcare Research and Quality to develop annual reports to track health care disparities in the U.S., including the National Healthcare Disparities Report. Key findings from these reports are listed below.

"The evidence of the damaging health consequences of racial and ethnic disparities in health care continues to be overwhelming."

-John W. Rowe,  
M.D., Chairman,  
President & CEO of  
Aetna.<sup>1</sup>

### Highlights: 2003 National Healthcare Disparities Report

- **Inequalities in health care quality exist.** Examples include:
  - ◇ Minorities are more likely to be diagnosed with late-stage breast cancer and colorectal cancer.
  - ◇ Patients with lower socio-economic status are less likely to receive care for diabetes and are more likely to be hospitalized for diabetes complications.
- **Health care disparities exact a heavy personal and societal price.**
- **Differential health care access may lead to disparities in health care quality.** Examples include:
  - ◇ Minorities and people of lower socio-economic status are less likely to receive recommended immunizations, have health insurance, or have a regular source of health care.
  - ◇ Asians, Hispanics or Latinos, and people of lower socio-economic status are more likely to have difficulties communicating with their physicians and accessing health care information (including prescription information).
- **Often, opportunities to provide preventive care are missed.** Examples include:
  - ◇ Blacks or African Americans and poorer patients are more likely to be hospitalized for health conditions that usually do not require hospitalization if there are appropriate preventive services.
  - ◇ Minorities and patients with lower socio-economic status are less likely to receive recommended cancer screening and are more likely to have late-stage cancer when diagnosed.
- **There is limited knowledge about why disparities exist and data limitations impede improvement, but progress is possible.** Some of the factors that lead to disparities in health care include differential access, fragmentation and inequalities in the healthcare system, cultural or linguistic barriers to care, cost-containment incentives, and health care settings where minorities obtain care.

<sup>1</sup> U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality, *National Healthcare Disparities Report*. July 2003.

“(Al)though myriad sources contribute to these disparities, some evidence suggests that bias, prejudice, and stereotyping on the part of healthcare providers may contribute to differences in care.”

-Institute of Medicine<sup>1</sup>

## Highlights: 2005 National Healthcare Disparities Report

- **Minorities and the poor receive lower quality health care and have worse access to care.**
- For most minority groups, progress has been made so disparities in quality of care and health care access are diminishing. **However, for Hispanics or Latinos, disparities in quality of care and health care access are, instead, increasing.**

### For more information, visit:

The Institute of Medicine  
<http://www.iom.edu/>

The Agency of Healthcare Research and Quality  
<http://www.ahrq.gov/>

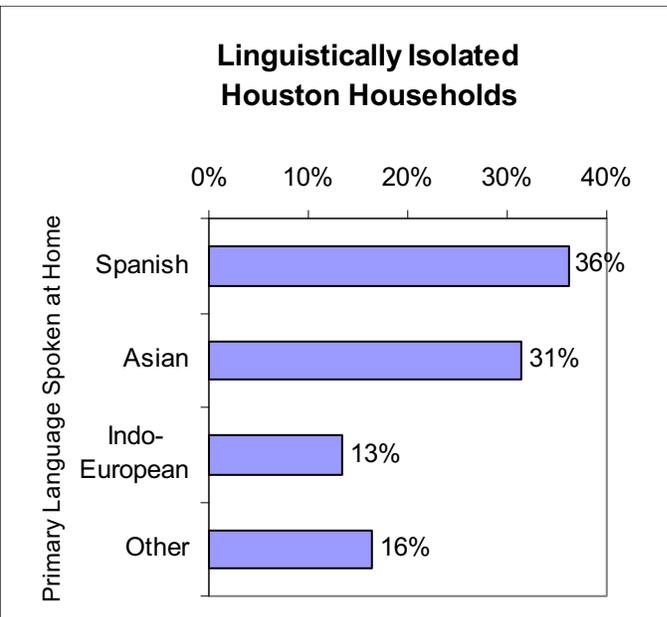
The National Healthcare Disparities Report 2005  
<http://www.ahrq.gov/qual/nhdr05/nhdr05.htm>

The National Healthcare Disparities Report 2003  
<http://www.ahrq.gov/qual/nhdr03/nhdrsum03.htm>

## Access Risk Factor: Language

Linguistic barriers can have a harmful effect on health outcomes by creating obstacles to health care access and utilization. Difficulties with English can hamper a person’s ability to seek medical services or understand the health care they are given. Persons with Limited English Proficiency (LEP) are also less likely to have a regular source of medical care or follow their doctor’s instructions.

In 2004, 36% of Houston residents spoke a language other than English at home, compared to 19% of the total U.S. population. Over one out of every ten households in Houston are linguistically isolated, meaning no member of the household aged 14 or older spoke English “very well.” **First generation Hispanic or Latino and Asian households are most likely to experience language barriers.**



SOURCE: U.S. Census Bureau, 2004.

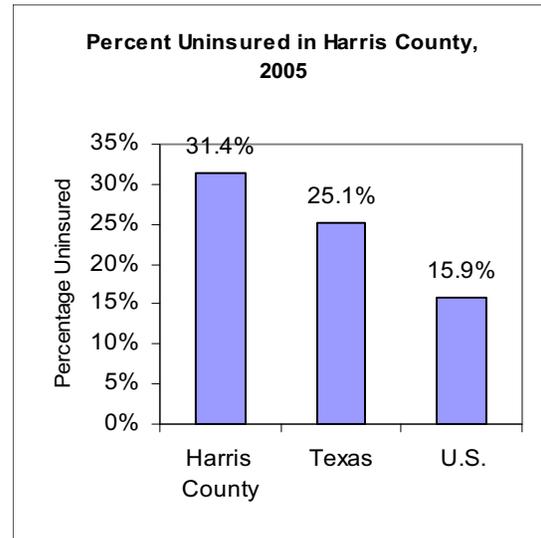
<sup>1</sup> Smedley BD, Stith AY, Nelson AR. *Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare*. Washington, DC: The National Academies Press; 2003.

### Access Risk Factor: Lack of Health Insurance

People who are uninsured have little access to primary and preventive health services. Thus, necessary treatment for health conditions is delayed, leading to worse health outcomes and higher risks of mortality. Moreover, lack of preventive care forces many uninsured residents to seek costly care in already overburdened emergency rooms. Young adults and people with lower socio-economic status are at greater risk of being uninsured.<sup>1</sup>

Texas has the largest proportion of uninsured residents in the U.S. Within Texas, **Harris County has the largest percentage of uninsured**—approximately 31% of its population lacks health insurance. The percent of uninsured in Harris County is nearly double that of the national average.

People with lower socio-economic status are more likely to lack health insurance, since those with higher educational attainment are able to earn higher incomes and receive health benefits through work or are able to afford health services.

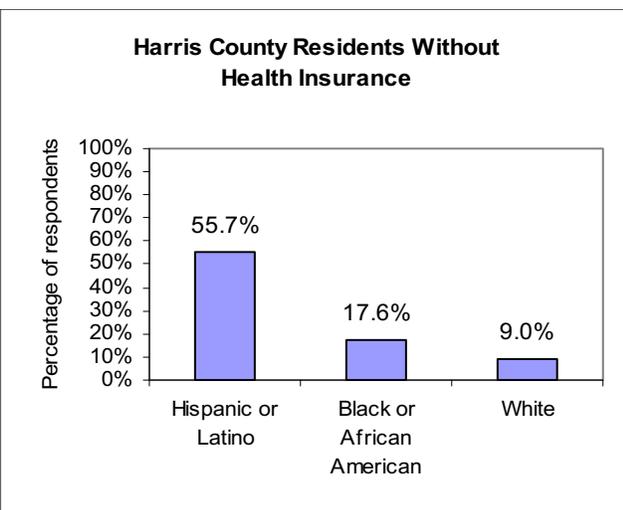


SOURCE: *Code Red: The Critical Condition of Health in Texas*. April 17, 2006. Task Force for Access to Health Care in Texas.

### Access Risk Factor: Health Insurance Disparities

There are racial/ethnic disparities among the uninsured in Harris County. **The Hispanic or Latino population is more likely to be uninsured than any other racial/ethnic group.** Nearly 56% of Hispanics or Latinos were uninsured in 2005, compared to 9% of Whites (BRFSS). A 2004 study of selected Asian groups in Harris, Fort Bend, Brazoria, and Galveston County show that 21% of Chinese and 31% of Vietnamese residents lack health insurance.<sup>1</sup> One of the *Healthy People 2010* goals is for everyone to have health insurance. Several factors

increase the risk of being uninsured for the Hispanic or Latino population: the lower average age of the population, lower income levels, and lower educational attainment. Also, a large number of Hispanics or Latinos are immigrants and work in low-wage jobs that do not provide health benefits.



\*Data for Asians not available.

SOURCE: Texas Department of State Health Services (TDSHS), *Behavioral Health & Risk Factor Survey*, Harris County, 2005.

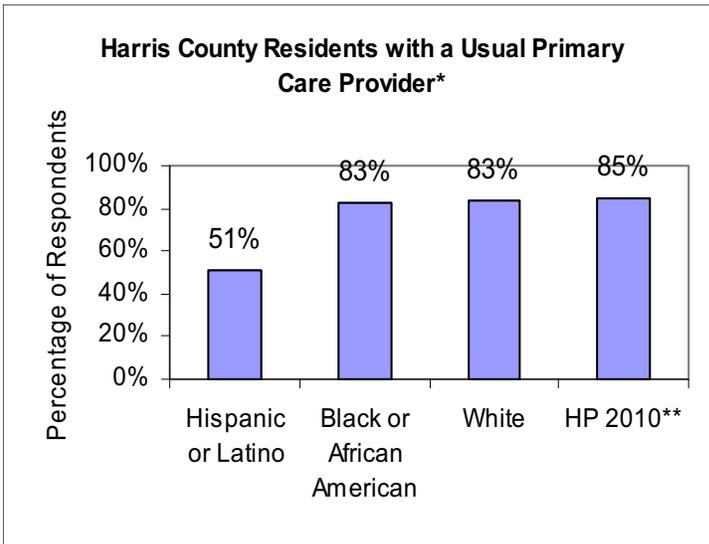
<sup>1</sup> Hoang TV, Gor BJ, Hernandez M, Liang J, Esparza A, Detry M, Yi JK, Jones LA. *Asian American Health Needs Assessment, 2006 Community Report*. Houston (TX): Center for Research on Minority Health, The University of Texas M.D. Anderson Cancer Center; 2006 Nov.

### What is Healthy People 2010?

*Healthy People 2010 (HP2010)* is a set of national health objectives which identify the most important preventable health risks for a wide-range of public health priorities. Designed by leading federal agencies with the most relevant scientific expertise to measure progress over time, it established specific, measurable objectives in disease reduction and health promotion for the U.S. to achieve by the target year of 2010. More information can be found at: [www.healthypeople.gov](http://www.healthypeople.gov)

Wherever possible, the corresponding *Healthy People 2010* goals have been included in this data report to show the progress of Harris County in comparison to these national objectives.

### Access Risk Factors: Lack of Regular Care Providers & Cultural Competency



\*Data not available for Asians. "Usual Primary Care Provider" refers to at least one personal doctor.

\*\* *Healthy People 2010*, see page 23.

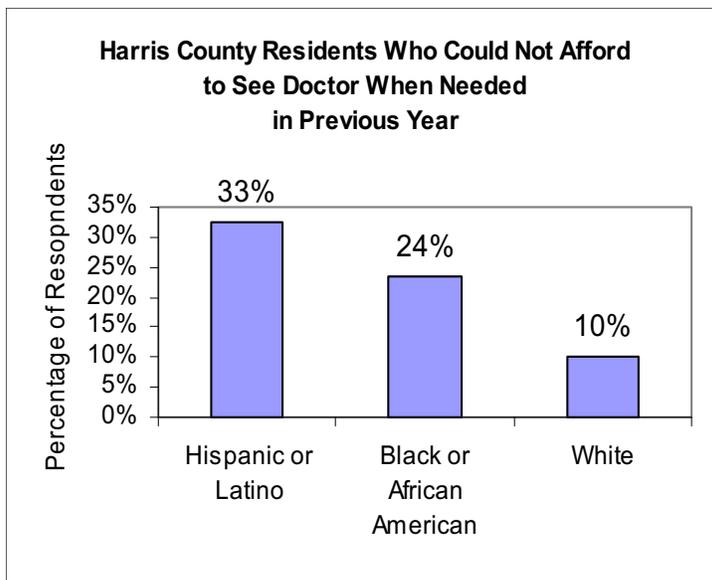
SOURCE: Texas Department of State Health Services, *Behavioral Health & Risk Factor Survey*, Harris County, 2005.

Blacks or African Americans and Whites are almost 40% more likely than Hispanics or Latinos to have at least one personal doctor, which indicates a usual primary care provider. **Hispanics or Latinos in Houston are most likely to lack a regular care provider, so opportunities to provide preventive care are often missed.**

According to a report issued by the Texas Department of State Health Services,<sup>1</sup> minorities are inequitably underrepresented in the health care workforce and in schools of higher education. For example, although Hispanics or Latinos account for more than a third of the total population in Texas, only 15% of first-year medical students and 13.7% of active primary care physicians are Hispanic or Latino.<sup>1</sup>

Minority patients are more likely to seek care from physicians of the same race/ethnicity, so ensuring a diverse healthcare workforce would increase culturally competent health services and patient compliance.<sup>2</sup> Furthermore, minority physicians are more likely to work in medically underserved areas and serve lower socioeconomic status patient populations.<sup>2</sup>

### Access Risk Factors: Disparities in Ability to Pay



\*Data not available for Asians.

SOURCE: Texas Department of State Health Services, *Behavioral Health & Risk Factor Survey*, Harris County, 2005.

**Hispanics or Latinos are more likely to forego medical care due to cost than other racial/ethnic groups.** More than three times as many Hispanics or Latinos are unable to afford care as Whites. A high percentage of Blacks or African Americans (more than twice the percentage of Whites) also go without medical care because they are unable to pay.

*Healthy People 2010* sets a target of 7% for all people experiencing difficulties or delays in obtaining needed health care, which includes the inability to afford necessary care.

<sup>1</sup> Gunn BA. *Texas Health Care Workforce Supply Trends*. Texas Department of State Health Services. May 9, 2006. E Publication NO.E25-12401. Available from <http://www.dshs.state.tx.us/chs/hprc/workbri.pdf>

<sup>2</sup> Forte GJ, McGinnis SL, Armstrong DP, Moore J. *A Profile of New York's Underrepresented Minority Physicians, 2006*. The Center for Healthcare Workforce Studies. School of Public Health, University at Albany. Available from [http://www.albany.edu/news/pdf\\_files/minority\\_physicians\\_report.pdf](http://www.albany.edu/news/pdf_files/minority_physicians_report.pdf)

## Introduction to Health Profiles

In the previous section, examination was made on how various social inequities could lead to health disparities among the various racial/ethnic groups in Houston. The following sections will explore each of these groups separately and highlight some of the health burdens which disproportionately affect each racial/ethnic group. In the process, health areas of high-risk have been identified for each racial/ethnic group and modeled after other health department reports, given available data. To begin, health outcomes for the largest minority group in Houston (Hispanics or Latinos) will be examined and continued to the other minority groups in descending demographic order. Differences in socio-economic and health status do exist within subgroups within each minority population, but this level of detail is often unavailable.

### Why are non-Hispanic Whites used as a reference group?

In identifying health disparities for each racial/ethnic group in Houston, we've used the non-Hispanic White population as a comparison group, as is the usual practice for measuring health disparities. (Note: the Hispanic or Latino ethnic group may self-identify as any race; the majority being categorized as White. This group is not included with the overall White population; thus, the term "non-Hispanic White.") Although non-Hispanic Whites, particularly those with lower socio-economic status, experience worse outcomes in some health areas, overall, their health status is better than most other racial/ethnic groups. Ideally, to see the full extent of disparities which exist, we would compare outcomes from racial/ethnic minority groups to non-Hispanic Whites with higher socio-economic status. However, again, this level of detail is unavailable.

### Effects of Racism/Discrimination

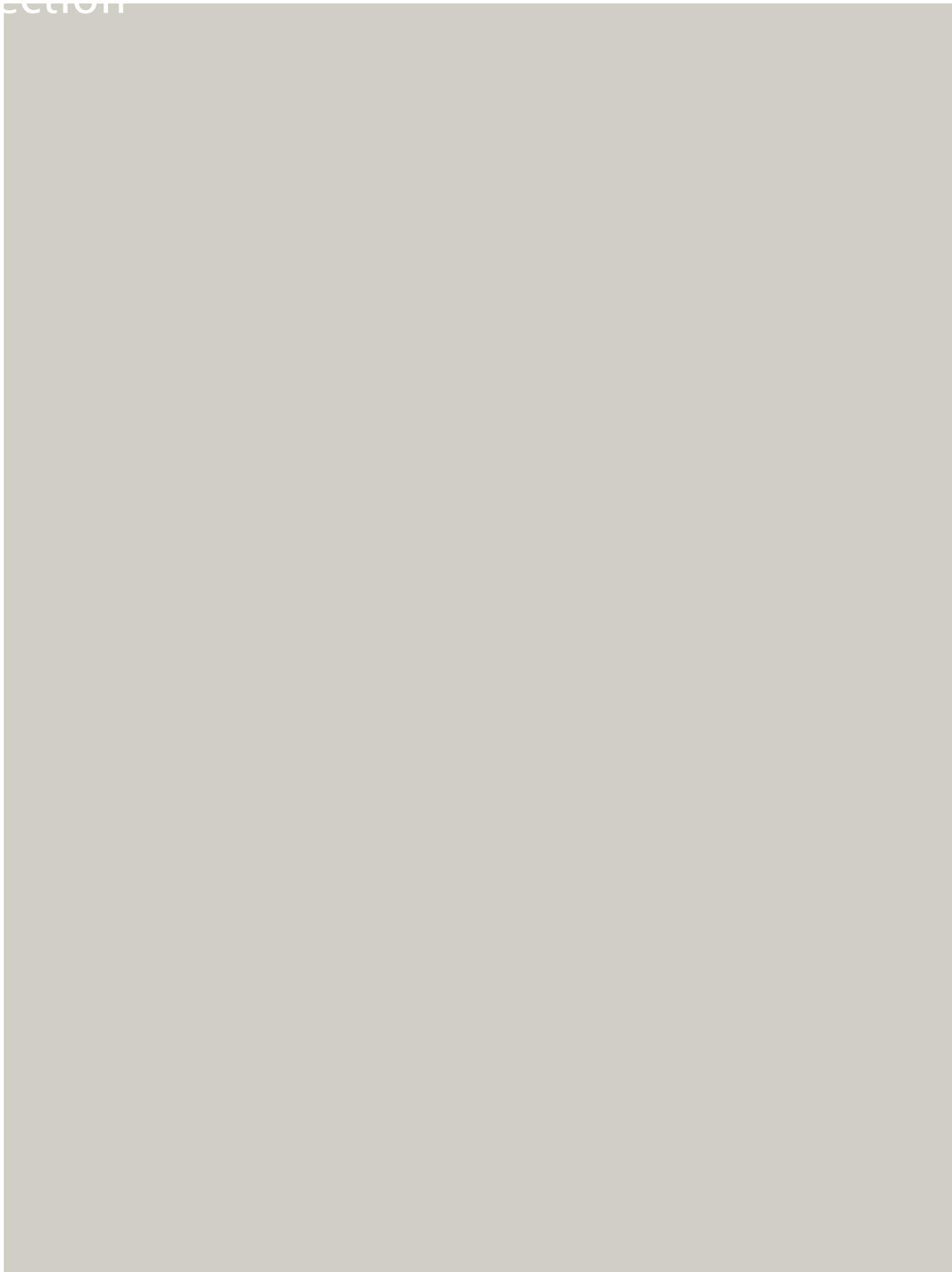
Literature shows that racism/discrimination has played a large role in the disproportionate burden of mortality among Blacks or African Americans. Blacks or African Americans in the U.S. consistently have the lowest life expectancy and greatest premature mortality. Furthermore, they have worse birth outcomes than any other group, even when comparing groups in the same socio-economic level. Research shows that the experience of racism and discrimination has a cumulative long-term effect on the health of individuals over their entire life. These adverse health effects can impact the health of the next generation as well, contributing to low birth weight and infant mortality.<sup>1</sup>

### The Hispanic Paradox

Although the Hispanic or Latino ethnic group faces large disparities in health determinants, they often appear to have better health outcomes as a group. In public health circles, this is known as the "*Hispanic Paradox*." Although there is debate surrounding this issue, researchers have observed that over time, as new Hispanic or Latino immigrants become acculturated to the diet and lifestyle in the U.S., their health outcomes become more similar to those of other ethnic groups who have a longer history in the U.S. However, some aspects of Hispanic or Latino culture do protect the health of this subgroup from certain health outcomes. For example, family values are strong in this group, and often, extended family members live together in the same household. This social support has protective effects on health outcomes for this group, resulting in higher life expectancy.

<sup>1</sup> Lu MC, Halfon N. Racial and ethnic disparities in birth outcomes: a life-course perspective. *Maternal and Child Health Journal*. 2003;7:13-30.

SECTION



## Summary Health Profile: Hispanics or Latinos

The Hispanic or Latino population is the largest and fastest growing minority group in Houston according to the U.S. Census Bureau. This group faces the greatest social inequities, but against these odds, appear to have better health outcomes in several areas. However, since Hispanics or Latinos are younger on average than their White counterparts, health statistics for this group can be misleading if differences in health outcomes naturally arising from these age discrepancies are not taken into consideration. Thus, health discrepancies for this group may be understated and could worsen as the population ages and becomes more acculturated to the U.S. Hispanics or Latinos are expected to make up a larger segment of the Houston population in the future, so health disparities for this group can be expected to have an even greater impact on the future health of all Houstonians.

### Disparities from Health Determinants

National data indicate that as a group, Hispanics or Latinos have lower incomes, lower educational levels, and less access to health care than other racial/ethnic subgroups. Local data supports this finding. In fact, Hispanic or Latino residents in Houston/Harris County face the following disparities in health determinants, compared with other racial/ethnic groups:

- On average, Hispanics or Latinos have the lowest levels of educational attainment, even among those born in the U.S.
- Hispanics or Latinos have the lowest average levels of income and highest poverty rates
- Hispanics or Latinos are most likely to face language barriers while receiving medical care because many are Limited English Proficiency (LEP) households.
- Hispanic or Latino residents face the greatest obstacles to health care access. A large majority of them lack health insurance and do not have a regular health care provider. Also, more Hispanics or Latinos were unable to seek necessary medical treatment due to cost than any other group.

### Disparities in Health Outcomes

National trends indicate that Hispanics or Latinos are disproportionately affected by health outcomes such as higher rates of asthma, diabetes, chronic obstructive pulmonary disease, HIV/AIDS, obesity, suicide, teenage pregnancy, and tuberculosis (CDC Office of Minority Health). Local data supports some of these findings.

Hispanic or Latino residents of Houston/Harris County face the following disparities in health outcomes, compared with other racial/ethnic groups:

- Higher mortality rates due to diabetes, homicide, and kidney disease.
- Lowest levels of self-assessed health status.
- Higher rates of births to adolescent mothers.
- Lowest levels of access to preventive services such as cholesterol checks, diabetes care, and adequate and timely prenatal care.
- Higher prevalence of overweight among Hispanic or Latino adults and children.
- Higher rates of gonorrhea.
- Highest rates of tuberculosis.
- Higher rates of HIV/AIDS.
- Lowest levels of recommended physical activity and nutrition.
- Higher levels of alcohol consumption.

### Areas of Better Health

Hispanic or Latino residents in Houston/Harris County experience better health than other racial/ethnic groups for the following health conditions/behaviors:

- Highest levels of life expectancy.
- Best birth outcomes, such as low levels of low birth weight and infant mortality.
- Best cardiovascular health outcomes; however, since the available data on this was not age-adjusted, the advantages we see for this group may simply be due to the younger average age of the Hispanic or Latino population.
- Lowest rates of smoking.

# Hispanics: Mortality

## Selected Leading Causes of Death

Selected Leading Causes of Death Among Hispanic & White Harris County Residents			
Cause of Death	Hispanic or Latino Mortality	White Mortality	HP 2010* Objective Mortality
Diabetes	35.1	18.6	45 or lower
Kidney Disease	22.0	14.8	N/A
Chronic Liver Disease/ Cirrhosis	13.4	10.9	N/A
Homicide	10.8	6.1	3 or lower

\*Rates are age-adjusted deaths per 100,000 persons.

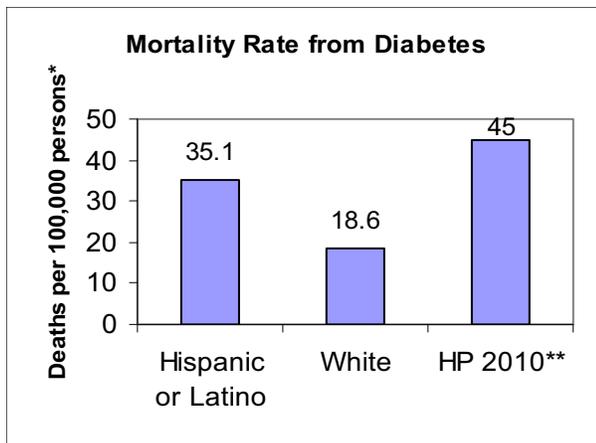
\*\* *Healthy People 2010*, see page 23.

SOURCE: Texas Department of State Health Services, Bureau of Vital Statistics, 2005.

Hispanic or Latino males and females, on average, have greater life expectancy than Whites or Blacks or African Americans. The leading causes of death among all Houston residents are similar to those in the rest of the U.S.: heart disease, cancer, and stroke. These are also the leading causes of death for Hispanics or Latinos. However, Hispanics or Latinos have lower rates of mortality from these conditions, compared to other racial/ethnic groups, so focus is on other conditions in which disparities in mortality do exist for this group.

The top ten leading causes of death for Hispanics or Latinos in Houston, in descending order, are: heart disease, cancer, stroke, diabetes, accidents, kidney diseases, septicemia, influenza/ pneumonia, chronic lower respiratory disease (chronic bronchitis, asthma, emphysema, etc.), and chronic liver disease/cirrhosis.

### Diabetes Mortality



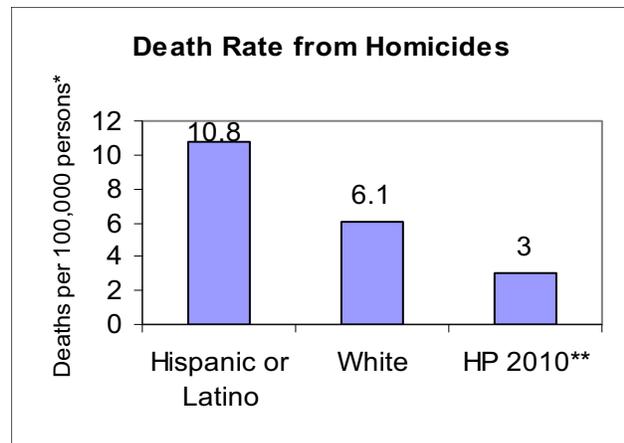
\*Rates are age-adjusted.

\*\* *Healthy People 2010*, see page 23.

SOURCE: Texas Department of State Health Services, Bureau of Vital Statistics, 2005.

Diabetes is a major cause of death which disproportionately affects Blacks or African Americans and Hispanics or Latinos. Nearly 90% more Hispanics or Latinos die from diabetes than Whites.

### Violence



\*Rates are age-adjusted.

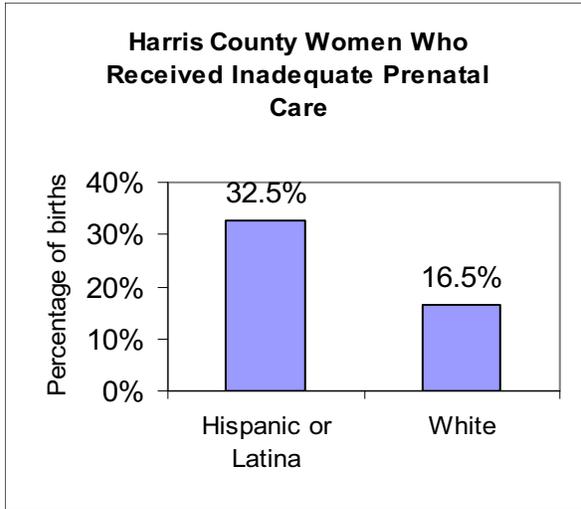
\*\* *Healthy People 2010*, see page 23.

SOURCE: Texas Department of State Health Services, Bureau of Vital Statistics, Harris County, 2005.

Homicide is the 11th leading cause of death for Hispanics or Latinos. Hispanics or Latinos in Houston are 75% more likely to die from homicide than Whites.

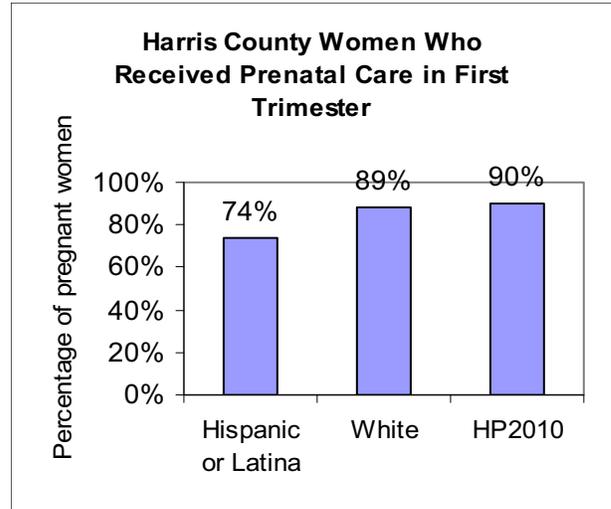
# Hispanics or Latinos: Maternal/Child

## Prenatal Care Access



SOURCE: Texas Department of State Health Services, Harris County, 2003.

Despite the high fertility rate of the Hispanic or Latino population, they receive lower rates of adequate prenatal care. The adequacy of prenatal care is determined by whether it meets the Kessner criteria of timeliness and frequency, adjusted for the duration of pregnancy. Hispanic or Latino mothers are nearly twice as likely to receive inadequate prenatal care, compared to Whites.



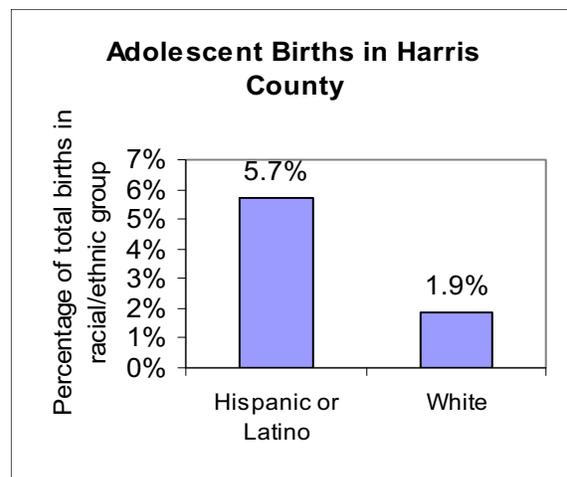
SOURCE: Texas Department of State Health Services, Harris County, 2003.

Hispanic or Latina women also are less likely to receive timely prenatal care. Only 74% of Hispanic or Latina women receive recommended prenatal care in the first trimester of their pregnancies.

**Hispanic or Latina women have less access to adequate and timely prenatal services than Whites.**

## Adolescent Births

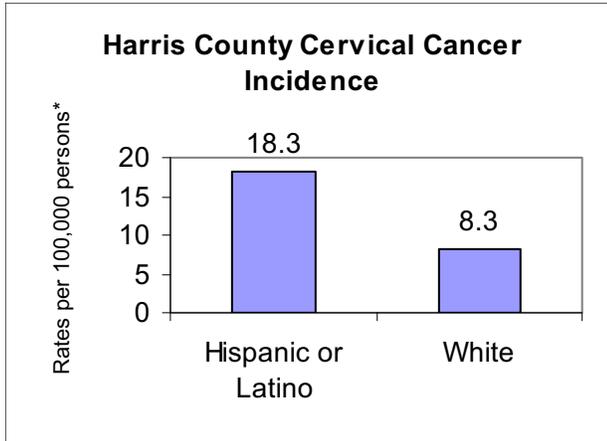
Adolescent births are more common among Hispanics in Houston. Nearly 6% of all births in the Hispanic population group are to adolescent mothers under 18 years of age. This is nearly three times the percentage of births in the White population to adolescent mothers. Furthermore, nearly two out of every three adolescent births in Harris County are to Hispanic or Latina females, compared with 1 out of every 10 adolescent births to White females.



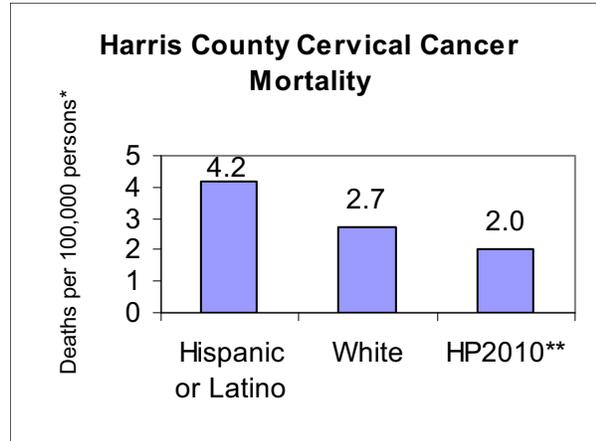
SOURCE: Texas Department of State Health Services, Harris County, 2003.

# Hispanics or Latinos: Cancer

## Cervical Cancer



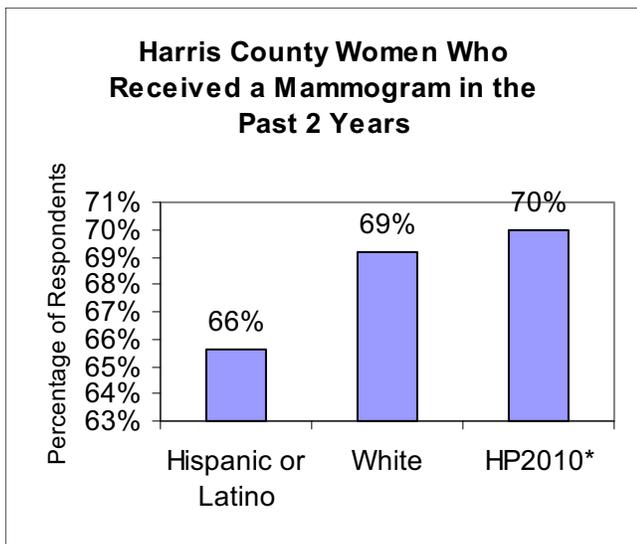
\*Rates are average annual age-adjusted rates  
 SOURCE: Harris County, Cancer Epidemiology & Surveillance Branch, Texas Department of State Health Services, 2000-2004.



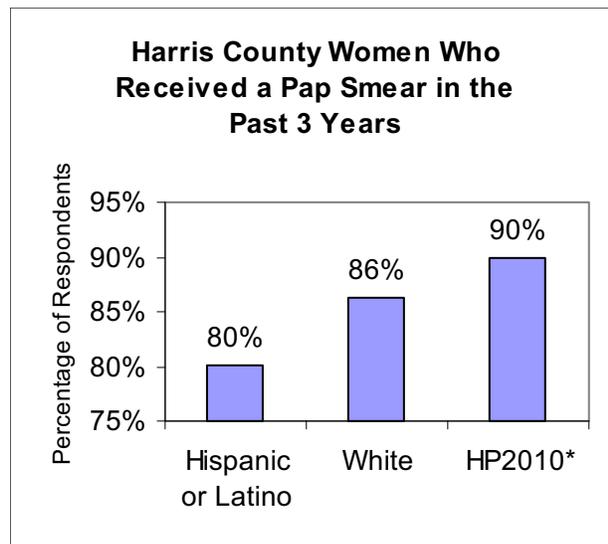
\*Rates are average annual age-adjusted rates.  
 \*\* *Healthy People 2010*, see page 23.  
 SOURCE: Harris County, Cancer Epidemiology & Surveillance Branch, Texas Department of State Health Services, 2000-2004.

Although most cancers are more prevalent among the Black or African American population, cervical cancer is one area which disproportionately affects Hispanics or Latinos. Hispanics or Latinos in Houston are more than twice as likely to become diagnosed with cervical cancer as Whites, and are 60% more likely to die from it. They are also less likely to be screened for cervical cancer through a pap smear.

Access to cancer screening services is lower among the Hispanic or Latino population in Houston. Hispanics or Latinos were less likely to receive a recommended mammogram and pap smear in the past year than Whites.



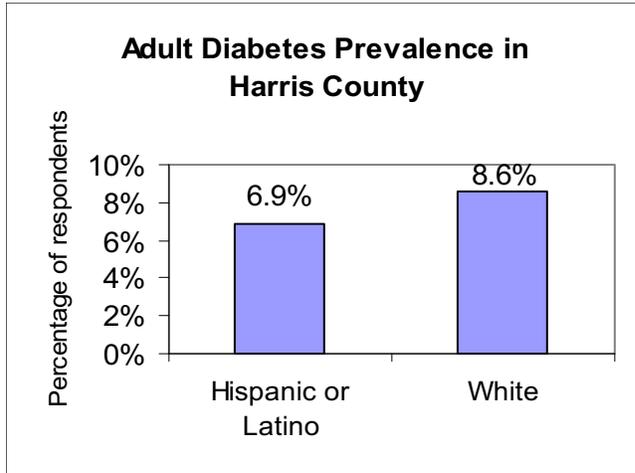
\* *Healthy People 2010*, see page 23.  
 SOURCE: Texas Department of State Health Services, Texas Behavioral Risk Factor Surveillance System, 2004.



\* *Healthy People 2010*, see page 23.  
 SOURCE: Texas Department of State Health Services, Texas Behavioral Risk Factor Surveillance System, 2004.

# Hispanics or Latinos: Diabetes

## Diabetes Prevalence



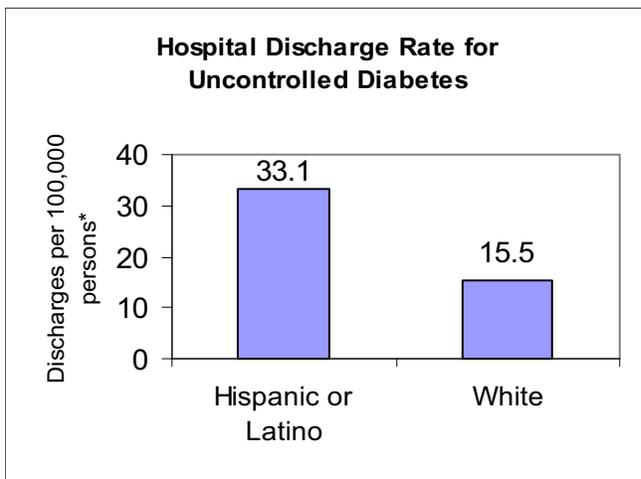
SOURCE: Texas Department of State Health Services, Behavioral Risk Factor Surveillance System, Harris County, 2005.

## What is Public Health Service Region 6?

In this report, we have used data from Houston or Harris County wherever possible. However, some racial/ethnicity data, such as the hospital discharge rates for diabetes-related conditions is only available for larger geographical areas. Public Health Service Region 6 is one such area. It encompasses a total of 13 counties, including Harris, Brazoria, Fort Bend, Galveston, Chambers, Liberty, Walker, Montgomery, Waller, Austin, Colorado, Wharton, and Matagorda.

Although diabetes is more prevalent among the White population group in Houston, it causes higher rates of death among the Hispanic or Latino population, suggesting disparities among diabetes care.

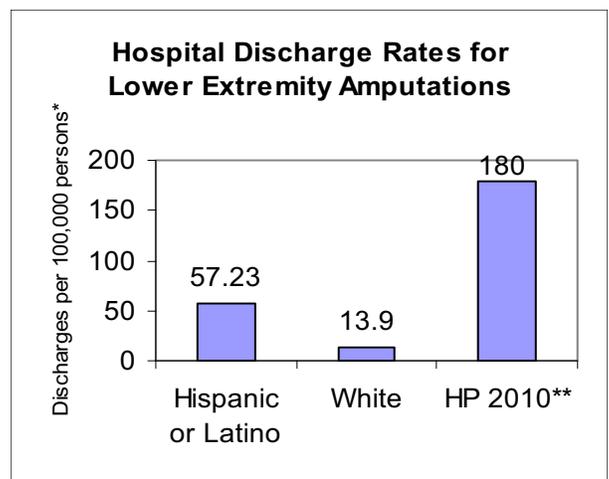
## Uncontrolled Diabetes



\*Rates are age-adjusted.  
SOURCE: Texas Department of State Health Services, Texas Diabetes Council, Public Health Region 6, 2000.

**Diabetes care and management is a critical concern for Hispanics or Latinos.** Although diabetes is a manageable disease, mortality from diabetes is higher among Hispanics or Latinos in Houston. Furthermore, hospital discharge data for Public Health Service Region 6 show that Hispanics or Latinos are more than twice as likely to be hospitalized for uncontrolled diabetes as Whites.

## Lower Extremity Amputations



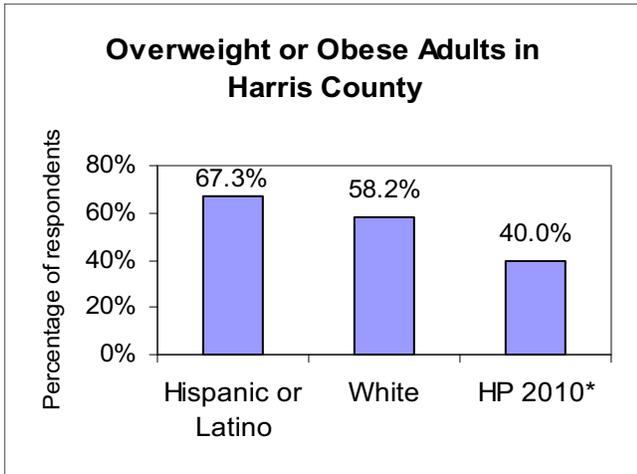
\*Rates are age-adjusted.  
\*\* *Healthy People 2010*, see page 23.  
SOURCE: Texas Department of State Health Services, Texas Diabetes Council, Public Health Region 6, 2000.

Foot care is an important aspect of diabetes management. Diabetes reduces blood flow and sensation in the lower extremities.<sup>1</sup> Amputations are preventable, given proper care and management. Hispanics or Latinos are more than four times as likely to suffer amputations of their lower extremities as Whites.

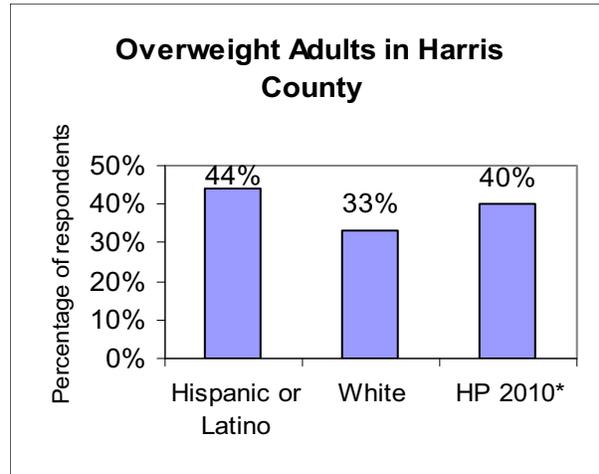
<sup>1</sup>Diabetes management tips: <http://www.mayoclinic.com/health/diabetes-management/DA000008>

# Hispanics or Latinos: Diet, Weight, and Exercise

## Overweight/Obese Adults



\* *Healthy People 2010*, see page 23.  
 SOURCE: Texas Department of State Health Services, Behavioral Risk Factor Surveillance System, Harris County, 2005.



\* *Healthy People 2010*, see page 23.  
 SOURCE: Texas Department of State Health Services, Behavioral Health and Risk Factor Survey, Harris County, 2005.

Body mass index (BMI) is a measure of body fat, based on one’s height and weight. A BMI greater than 25 is considered overweight, while one greater than 30 is considered obese.

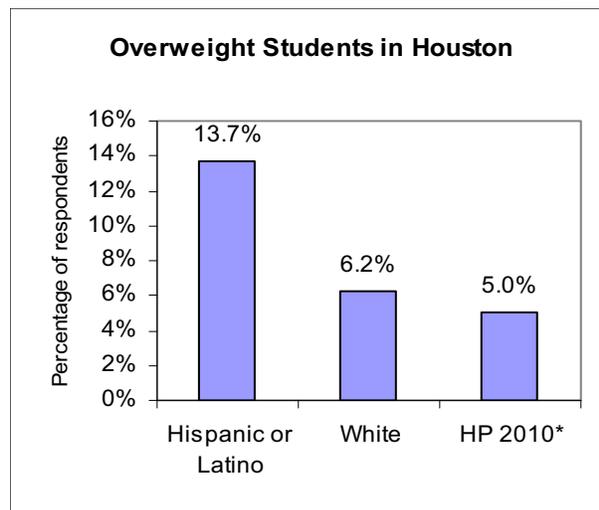
Almost 20% more Hispanic or Latino adults in Houston are overweight, compared to Whites.

A greater proportion of Hispanics or Latinos in Houston are either overweight or obese, compared with Whites.

## Overweight Youth

Hispanic or Latino youth are also more likely to be overweight. More than twice as many Hispanic or Latino high school students are overweight, compared to White high school students.

**Hispanic or Latino adults and youth are more likely to be overweight than Whites.**

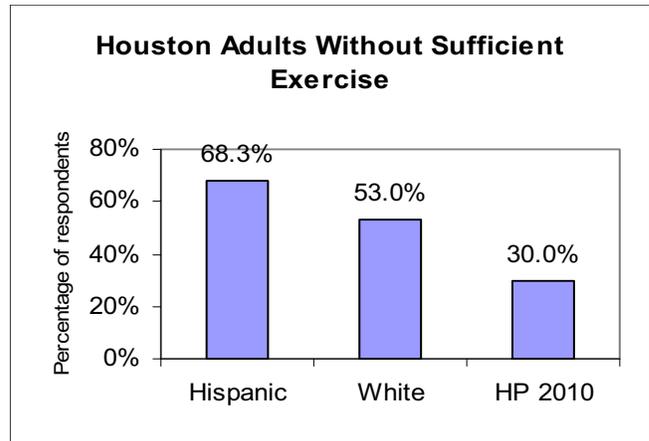


\* *Healthy People 2010*, see page 23.  
 SOURCE: Youth Risk Behavior Surveillance Survey, 2001.

### Physical Activity

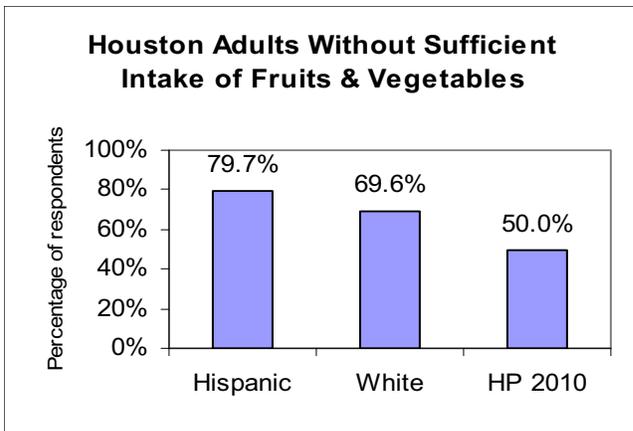
The Center for Disease Control and Prevention's (CDC) recommendation for physical activity for adults is moderate physical activity (at least 30 minutes per day) for 5 days a week or vigorous physical activity (at least 20 minutes per event) for 3 days a week.

Hispanics or Latinos in Houston are 29% more likely not to have engaged in sufficient physical activity, as recommended.



SOURCE: Texas Department of State Health Services, Behavioral Health and Risk Factor Survey, Harris County, 2005.

### Nutrition



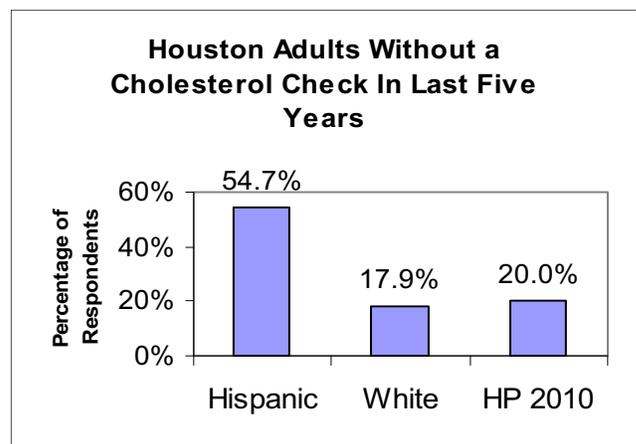
SOURCE: Texas Department of State Health Services, Behavioral Health and Risk Factor Survey, Harris County, 2005.

Healthy People 2010 (HP 2010) recommends that adults consume at least 3 servings of vegetables and 2 servings of fruit per day. The HP 2010 goal is for 50% of adults to consume the recommended amount of vegetables per day and 75% to consume the recommended amount of fruit per day.

Hispanics or Latinos are 15% more likely not to have consumed the recommended amounts of fruits and vegetables.

### Access: Cholesterol Checks

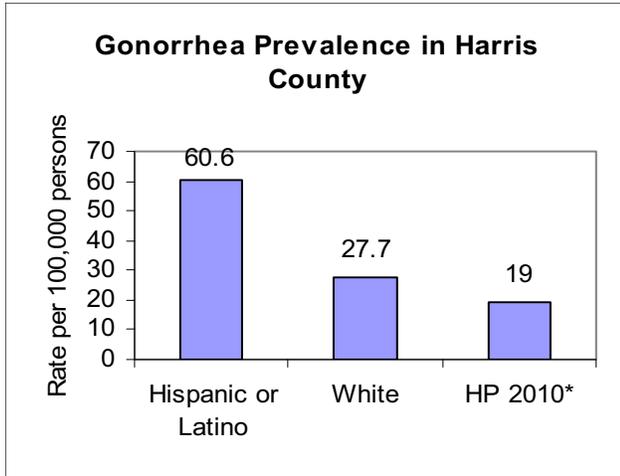
Although Hispanics or Latinos are less likely to report being diagnosed with high blood cholesterol, hypertension, stroke, and heart disease, they also are less likely to have had their cholesterol checked recently. Hispanics or Latinos are two and a half times more likely than Whites to not have had their cholesterol checked in the past five years.



SOURCE: Texas Department of State Health Services, Behavioral Health and Risk Factor Survey, Harris County, 2005.

# Hispanics or Latinos: Infectious Disease

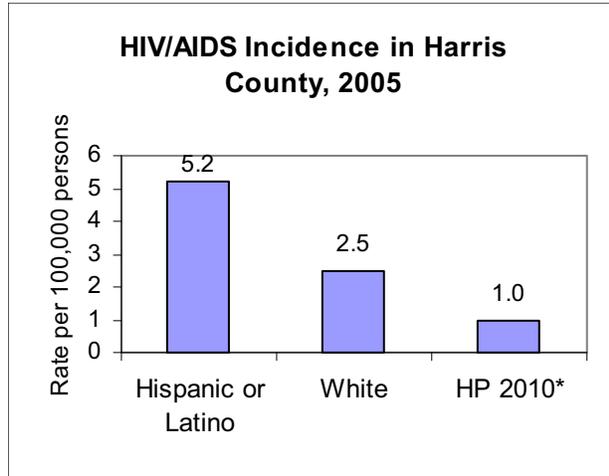
## Gonorrhea



\* *Healthy People 2010*, see page 23.  
 SOURCE: Texas Department of State Health Services & Houston Department of Health and Human Services case files, 2000-2004, Houston/Harris County.

The Houston Department of Health and Human Services and the Texas Department of State Health Services monitor rates of sexually transmitted diseases. According to their files, gonorrhea and other sexually transmitted diseases are most prevalent among the Black or African American population; gonorrhea rates are high in the Hispanic or Latino population as well. Gonorrhea is twice as common among Hispanics or Latinos as Whites in Houston.

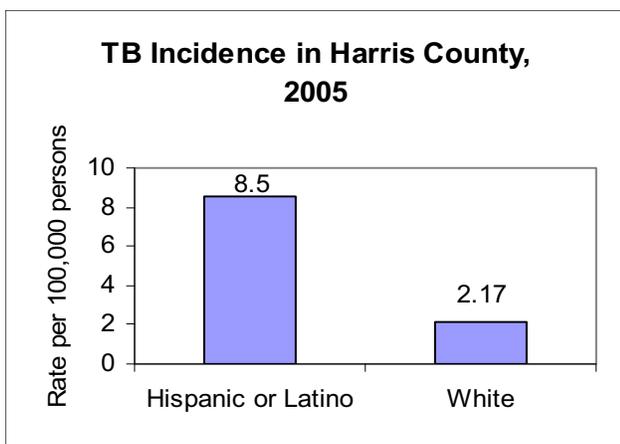
## HIV/AIDS



\* *Healthy People 2010*, see page 23.  
 SOURCE: Houston HIV Prevention Community Planning Group 2007 Comprehensive Plan Update, U.S. Census Bureau, American Community Survey 2005.

The Black or African American population has the highest rate of infection for HIV/AIDS in Harris County. However, Hispanics or Latinos also have a higher rate of infection than Whites. Hispanic or Latino residents are twice as likely to become infected with HIV/AIDS than White residents.

## Tuberculosis

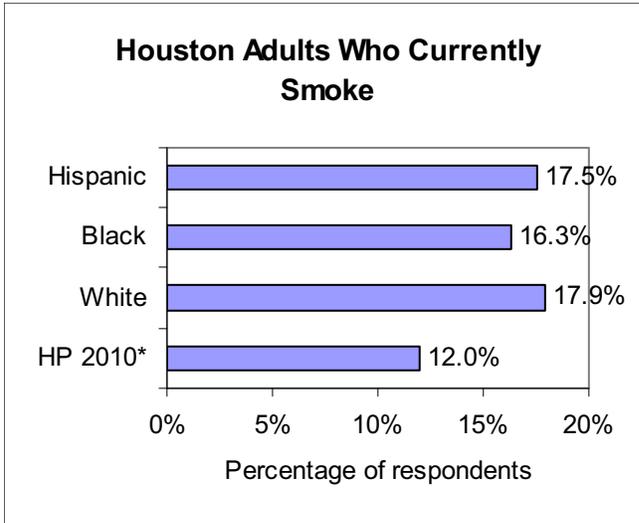


SOURCE: Big Cities Health Inventory, 2007, Houston Department of Health and Human Services, Bureau of TB Control, U.S. Census Bureau, American Community Survey, 2005

In 2005, Hispanic or Latino residents in Harris County were nearly four times more likely to become infected with tuberculosis as White

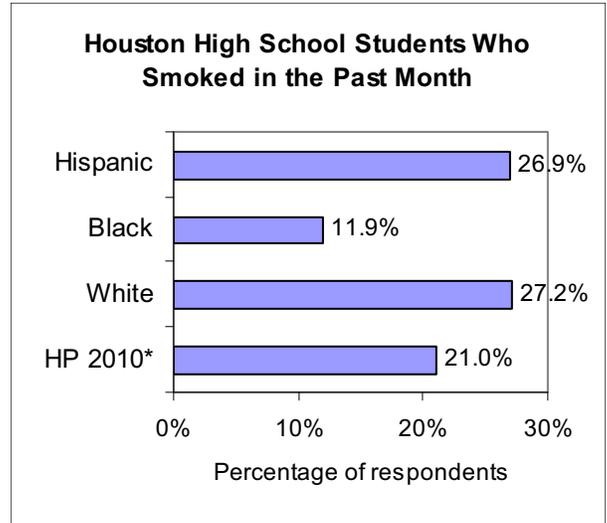
# Hispanics or Latinos: Health Behaviors

## Smoking



\* *Healthy People 2010*, see page 23.  
 SOURCE: Texas Department of State Health Services, Behavioral Risk Factor Surveillance System, 2005.

Smoking rates among the Hispanic or Latino and White population in Houston are similar. However, both groups smoke more than the Black or African American population in Houston. Thus, the Black or African American group was used for reference. There are more Hispanics or Latinos who smoke than Blacks or African Americans.

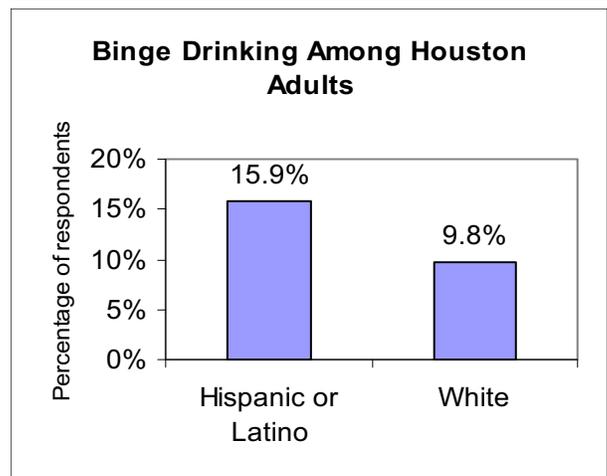


\* *Healthy People 2010*, see page 23.  
 SOURCE: Texas Department of State Health Services, Youth Behavioral Risk Factor Surveillance System, Houston, 2001.

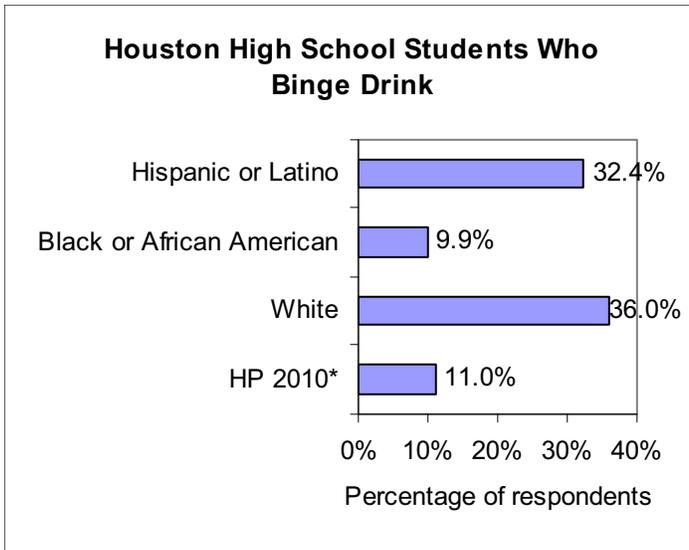
The smoking rates for Hispanic or Latino and White adolescents in Houston are similar, both are substantially higher than that of Black or African American adolescents, which is used for reference here.

## Alcohol

Binge drinking, or having five or more drinks in a row, is more common among the Hispanic or Latino population in Houston than the White or Black or African American populations. Hispanics or Latinos are 62% more likely to binge drink than Whites, and over twice as likely to binge drink than Blacks or African Americans.



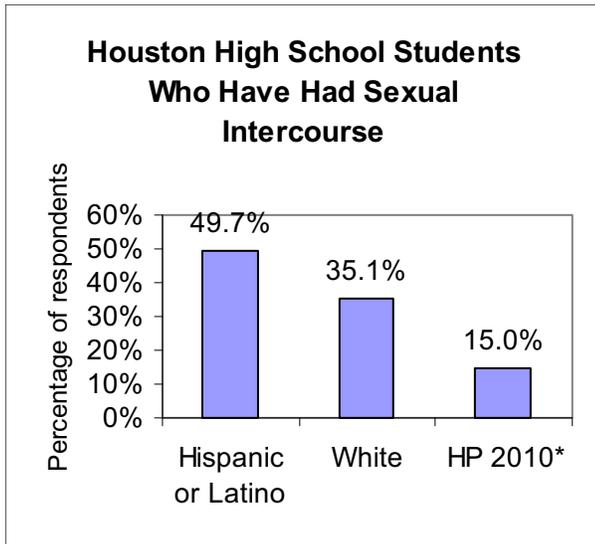
SOURCE: Texas Department of State Health Services, Behavioral Health and Risk Factor Survey, Harris County, 2005.



Hispanic or Latino and White adolescents in Houston have similar binge drinking rates. Since Black or African American adolescents have the lowest rate, they are used as the reference group. Hispanic or Latino adolescents are over three times as likely to binge drink as Black or African American adolescents.

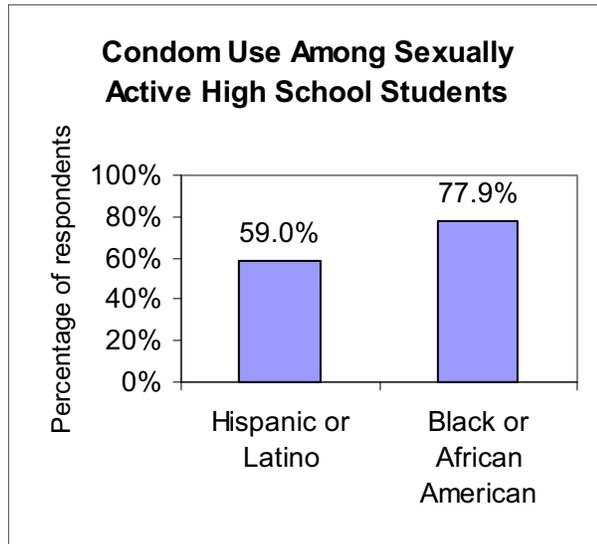
\*Healthy People 2010, see page 23.  
 SOURCE: Texas Department of State Health Services, Youth Behavioral Risk Factor Surveillance System, Houston, 2001.

### Sexual Activity



\*Healthy People 2010, see page 23.  
 SOURCE: Texas Department of State Health Services, Youth Behavioral Risk Factor Surveillance Survey, Houston, 2001.

Nearly half of Hispanic or Latino high school students have had sexual intercourse. Hispanic or Latino adolescents are more likely to have had sexual intercourse than Whites.



\*Data for Whites not available  
 SOURCE: Texas Department of State Health Services, Youth Behavioral Risk Factor Surveillance Survey, Houston, 2001.

Despite the high rates of sexual activity, condom use is low among Hispanic or Latino adolescents. Condom use rates for White adolescents were not available, so the Black or African American adolescent group for reference. Only 59% of sexually active Hispanic or Latino high school students reported using condoms, compared to 78% of Blacks or African Americans.

## Summary Health Profile: Blacks or African Americans

The Black or African American population is the second largest minority group in Houston, making up 18% of the population. This group has had a consistent and steady presence in Houston with little demographic change. Only 6% of Black or African American residents in Houston are foreign-born.

### Disparities in Health Determinants

National data indicate that as a group, Blacks or African Americans are more likely to experience social inequities such as poverty, lower income, and education. Local data supports this finding, although the Hispanic or Latino subgroup often experienced greater inequities. Black or African American residents in Houston/Harris County face the following disparities in health determinants, compared with other racial/ethnic groups:

- On average, Blacks or African Americans have lower levels of educational attainment, even among those born in the U.S., than Asians or Whites.
- Blacks or African Americans have lower average levels of income than Asians or Whites.
- More Black or African American residents adults and children, live in poverty than Asians or Whites.
- Blacks or African Americans experience the highest level of residence racial segregation.
- Black or African American residents experience the highest levels of health care access. Approximately 18% of Blacks or African Americans are uninsured and nearly a quarter were unable to seek necessary medical treatment due to cost.

### Disparities in Health Outcomes

The health status of Blacks or African Americans in Houston shows the most profound disparities. Although other racial/ethnic groups experience worse outcomes in some areas, the Black or African American population consistently shows the greatest disparities among a comprehensive range of health indicators.

The Centers for Disease Control and Prevention (CDC), Office of Minority Health and Health Disparities indicate that Blacks or African Americans are disproportionately affected by health outcomes such as higher rates of infant mortality, HIV/AIDS, tuberculosis, diabetes, heart disease, cancer and obesity. Local data supports some of these findings.

Black or African American residents of Houston/Harris County face the following disparities in health outcomes, compared with other racial/ethnic groups:

- Highest mortality rates, especially due to HIV/AIDS, homicide, diabetes, kidney disease, septicemia, and stroke.
- Lowest life expectancy for men and women.
- Greatest disparities in maternal/child health.
- Lower levels of access to adequate and timely prenatal care.
- Higher rates of stroke and heart disease mortality.
- Greatest burden of diabetes.
- Higher prevalence of overweight and obese adults and children.
- Highest prevalence of STDs
- Lower levels of recommended physical activity and nutrition.

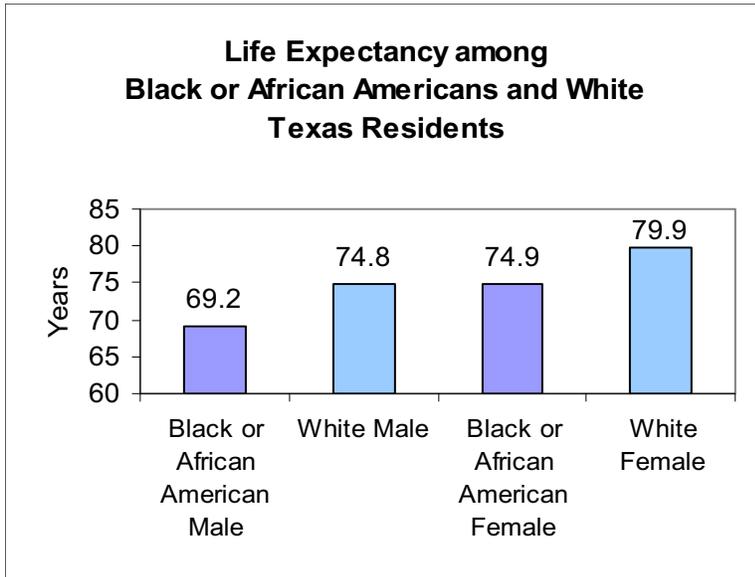
### Areas of Better Health

Black or African American residents in Houston/Harris County experience better health than other racial/ethnic groups for the following health conditions/behaviors:

- Higher rates of up-to-date cholesterol checks.
- Lower levels of alcohol consumption.
- Lower levels of smoking.

# Blacks or African Americans: Mortality

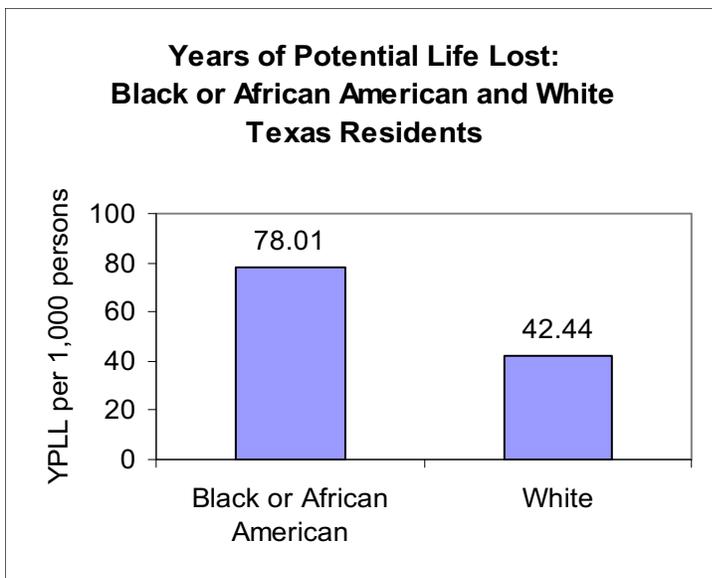
## Life expectancy



SOURCE: Texas Department of State Health Services, 2003.

Black or African American males and females in Texas follow the national trend of having the lowest life expectancy compared with any other racial/ethnic group. Black or African American males and females, on average, live 5 years less than their White counterparts.

## Years of Potential Life Lost



SOURCE: Texas Department of State Health Services, 2003.

Years of Potential Life Lost (YPLL) is another measure of premature death in a community. It estimates the average amount of time a person would have lived had he/she not died prematurely, before 75 years of age. Blacks or African Americans in Texas lose approximately 78 years of potential life per 1,000 residents, nearly twice that of Whites.

### Selected Leading Causes of Death

Selected Leading Causes of Death Among Black or African American and White Harris County Residents			
Cause of Death	Black or African American Mortality	White Mortality	HP 2010* Objective Mortality
Heart Disease	334	249.5	166 or lower
Cancer	258.4	196.3	159.9 or lower
Stroke	97.9	61.4	48 or lower
Diabetes	53.8	18.6	45 or lower
HIV/AIDS	26.5	4.9	0.7 or lower

Overall mortality is also higher among the Black or African American population group. Black or African American residents in Harris County experience the greatest disparities in the leading causes of death of heart disease, cancer, stroke, and diabetes.

Blacks or African Americans are three times as likely to die from diabetes as Whites. Thirty percent more Blacks or African Americans die from heart disease and cancer as Whites, and 60% more die from strokes.

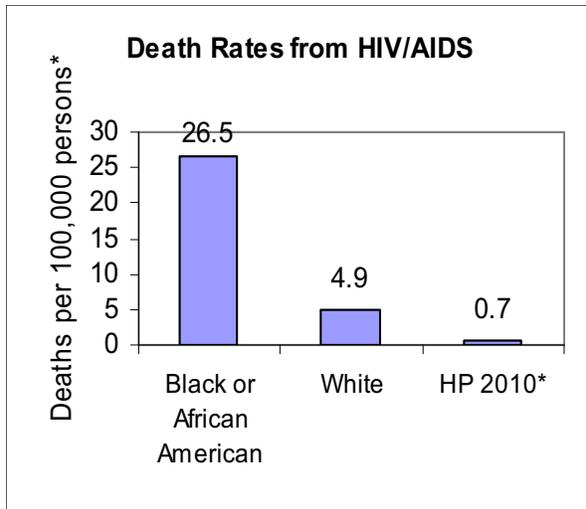
The leading causes of death for this group, in descending order, are heart disease, cancer, stroke, diabetes, accidents, kidney disease, chronic lower respiratory disease, septicemia, HIV/AIDS, influenza/pneumonia, and homicide.

\*Rates are age-adjusted deaths per 100,000 persons.

\*\*Healthy People 2010, see page 23.

SOURCE: Texas Department of State Health Services, Bureau of Vital Statistics, Harris County, 2003.

### HIV/AIDS

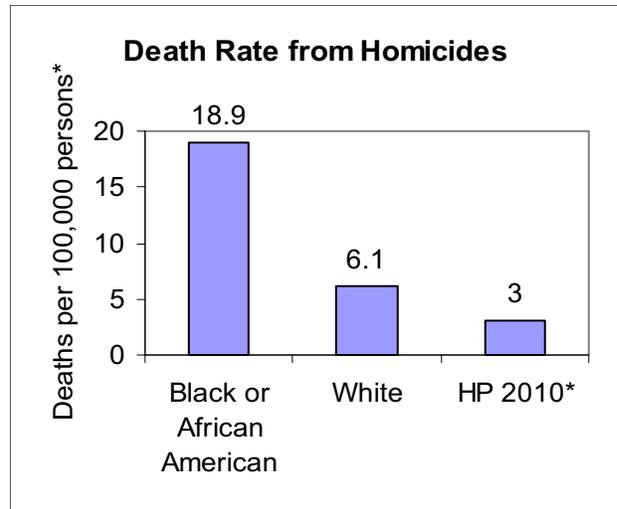


\*Rates are age-adjusted.

\*\*Healthy People 2010, see page 23.

SOURCE: Texas Department of State Health Services, Bureau of Vital Statistics, Harris County, 2003.

### Violence



\*Rates are age-adjusted.

\*\*Healthy People 2010, see page 23.

SOURCE: Texas Department of State Health Services, Bureau of Vital Statistics, Harris County, 2003.

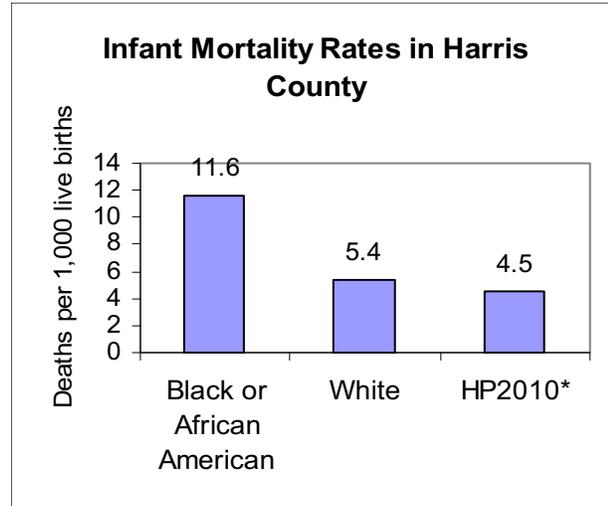
There are extreme disparities in deaths among Blacks or African Americans from HIV/AIDS and violence. Blacks or African Americans are more than five times as likely to die from HIV/AIDS as Whites.

## Blacks or African Americans: Maternal/Child

### Infant Mortality

The health of mothers and infants are a measure of health for the whole community. Following a national trend, infant mortality for the Black or African American population is higher than that of other racial/ethnic groups. **Black or African American infants in Harris County are more than twice as likely to die before their first birthday as White infants.** Many factors contribute to infant mortality, including maternal age, education, income, social support, stress, and health care access.

Disparities are not only limited to infant mortality. **In fact, according to the Texas Department of State Health Services, the Black or African American population in Harris County faces the greatest disparities in birth outcomes of any other racial/ethnic group.**



\*Healthy People 2010, see page 23.  
SOURCE: Texas Department of State Health Services, Harris County, 2003.

### Maternal Child Health: Low Birth Weight

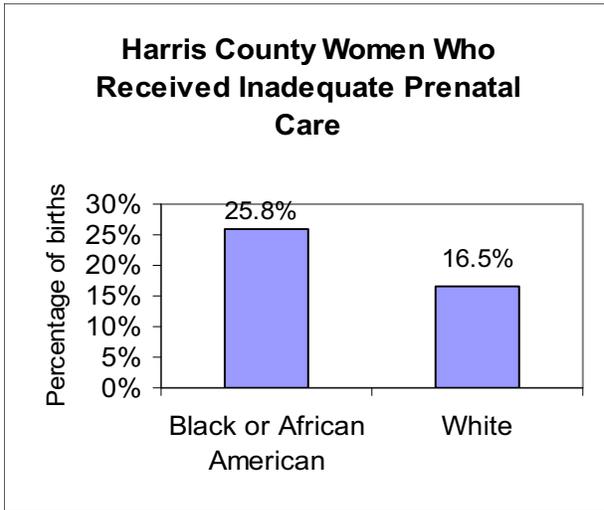
Low and Very Low Birth Weight Infants Born to Harris County Women			
	Black or African American	White	HP 2010*
<b>Very Low Birth Weight:</b> Percent that weigh less than 3.3 lbs at birth	3.0%	1.3%	0.9%
<b>Low Birth Weight:</b> Percent that weigh less than 5.5 lbs at birth	13.8%	7.2%	5.0%

Premature infants, characterized by low birth weight and gestational age at delivery, face greater risks of death and development problems. Besides the short-term complications that may arise, low birth weight may also increase the infant's risk of developing chronic conditions such as obesity and diabetes in the future.

**Black or African American infants in Harris County are twice as likely to be born at low birth weight or very low birth weight as White infants.**

\*Healthy People 2010, see page 23.  
SOURCE: Texas Department of State Health Services, Harris County, 2003.

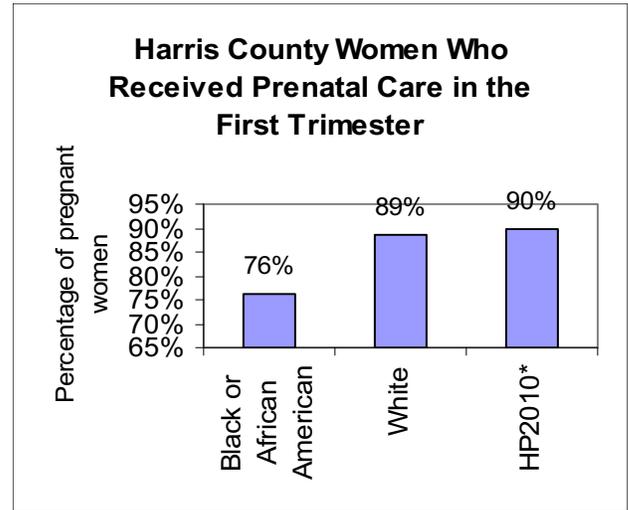
### Prenatal Care



SOURCE: Texas Department of State Health Services, Harris County, 2003.

Black or African American women in Harris County are more likely to receive inadequate prenatal care as White women. Only 76% of Black or African American women received prenatal care in the first trimester of their pregnancies.

**Black or African American women are less likely to have adequate and timely prenatal services than White women.**

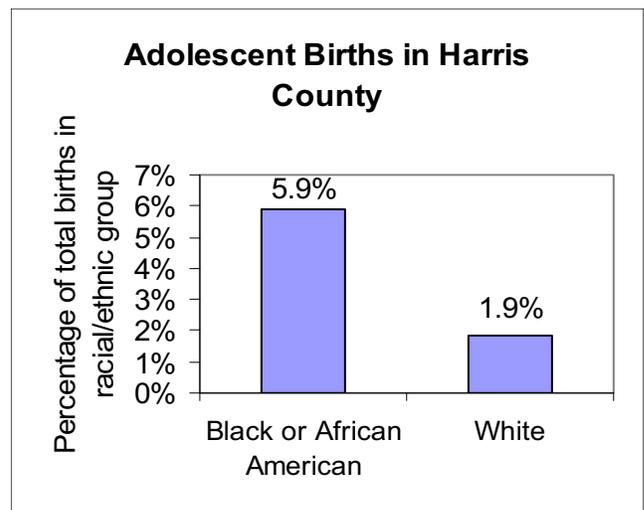


\* *Healthy People 2010*, see page 23.

SOURCE: Texas Department of State Health Services, Harris County, 2003.

### Adolescent Births

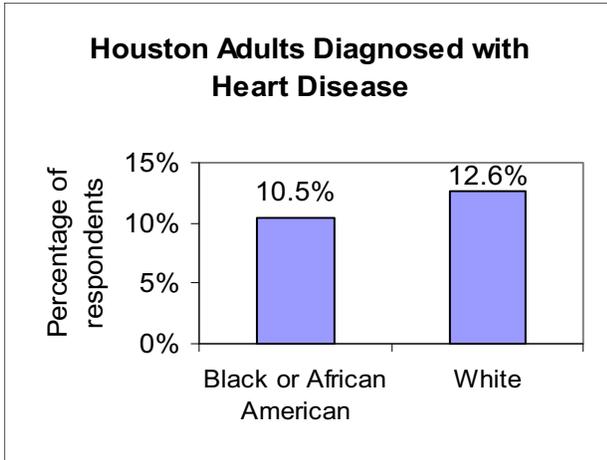
Adolescent births are more common among the Black or African American population in Houston than the White. In 2003, nearly 6% of all births in the Black or African American population were to adolescent mothers under 18 years of age. This percentage is nearly three times that of the White population. Furthermore, nearly 1 out of every 5 adolescent births in Harris County are to Black or African American females.



SOURCE: Texas Department of State Health Services, Harris County, 2003.

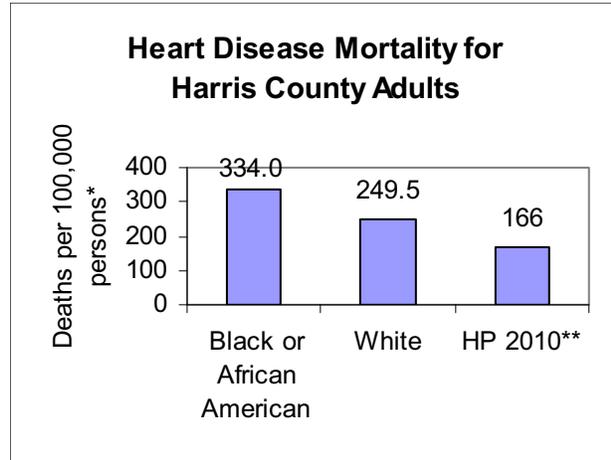
# Blacks or African Americans: Heart Disease

## Heart Disease



SOURCE: Texas Department of State Health Services, Behavioral Risk Factor Surveillance System, Harris County, 2005.

Although heart disease and stroke are major killers in the U.S., they cause disproportionate deaths among the Black or African American population in Houston.

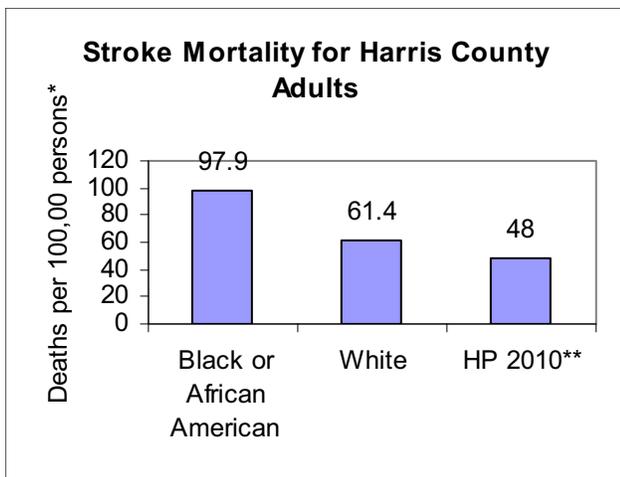


\*Rates are age-adjusted

\*\* *Healthy People 2010*, see page 23.

On average, Blacks or African Americans in Houston are less likely than Whites to be diagnosed with heart disease, but they are more likely to die from it.

## Stroke



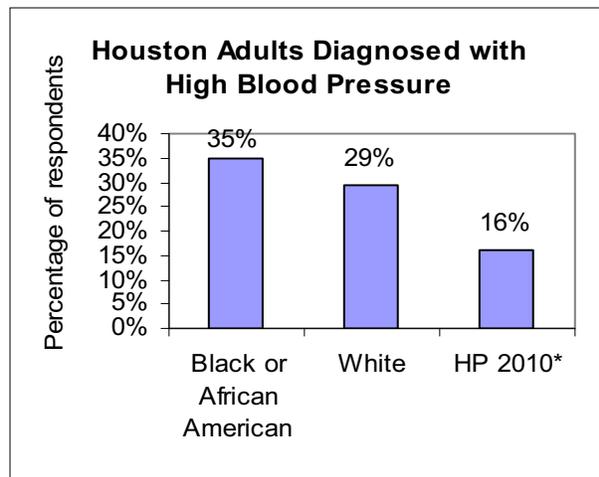
\*Rates are age-adjusted.

\*\* *Healthy People 2010*, see page 23.

SOURCE: Texas Department of State Health Services, Harris County, 2003.

Blacks or African Americans are more likely to be diagnosed with a stroke than Whites and are more likely to die from it.

## Hypertension



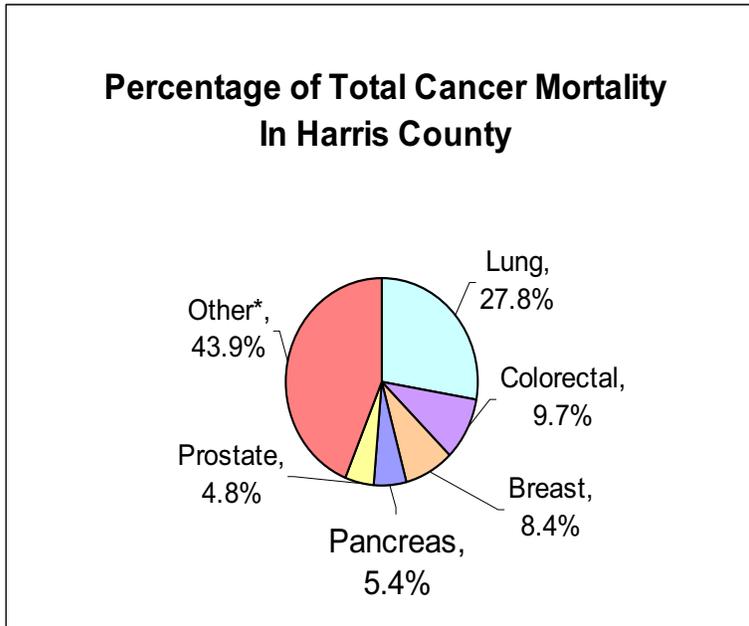
SOURCE: Texas Department of State Health Services, Behavioral Risk Factor Surveillance System, Harris County 2005.

\* *Healthy People 2010*, see page 23.

Blacks or African Americans in Harris County are more likely to be diagnosed with high blood pressure.

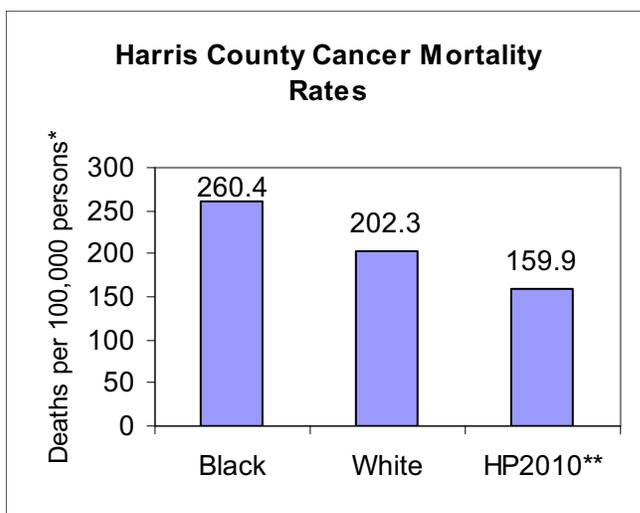
# Blacks or African Americans: Cancer

## Cancer Mortality



The leading causes of specific cancer deaths in Harris County are lung, colorectal, breast, pancreatic, and prostate cancer. Most of the cancers in the “Other” category are ill-defined or unspecific; however, ovarian cancer causes 2.4% of cancer mortality. Uterine and cervical cancer each contribute 1.2% to cancer mortality.

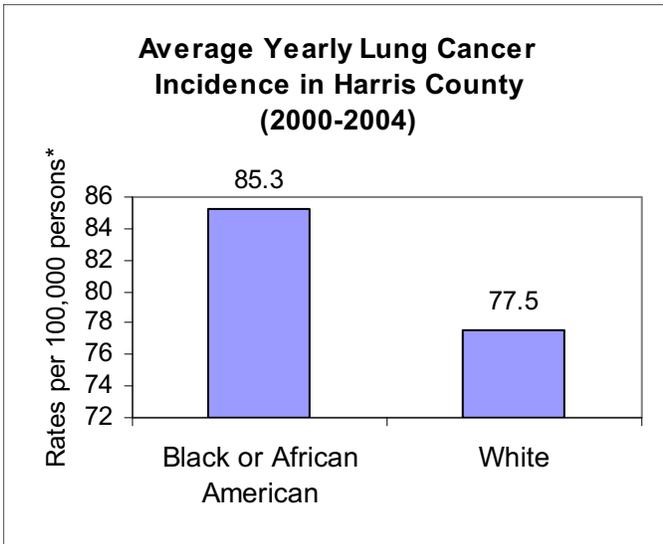
\* “Other” includes cervical, uterine, ovarian, leukemia, and other ill-defined or unspecific cancers.  
 SOURCE: Harris County, Cancer Epidemiology & Surveillance Branch, Texas Department of State Health Services, 2000-2004.



**Blacks or African Americans in Harris County have higher mortality rates from cancer than any other racial/ethnic group.** They also experience the greatest disparities in cancer mortality for most specific types of cancers.

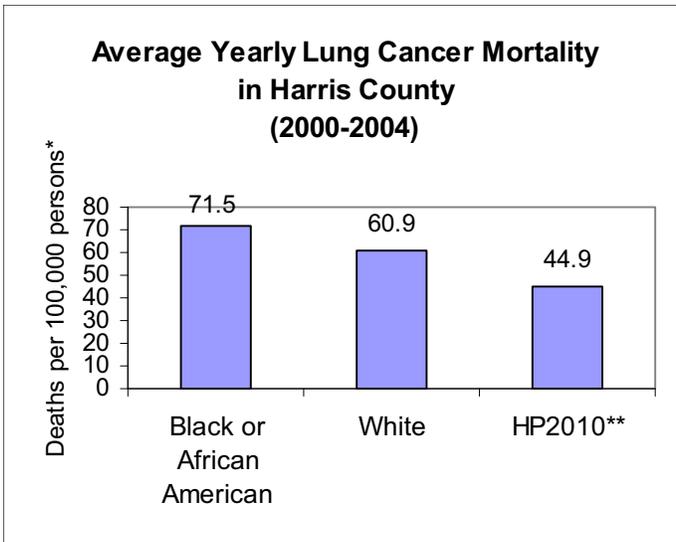
\*Rates are average annual age-adjusted rates.  
 \*\* *Healthy People 2010*, see page 23.  
 SOURCE: Harris County, Cancer Epidemiology & Surveillance Branch, Texas Department of Health and Human Services, 2000-2004.

### Lung Cancer



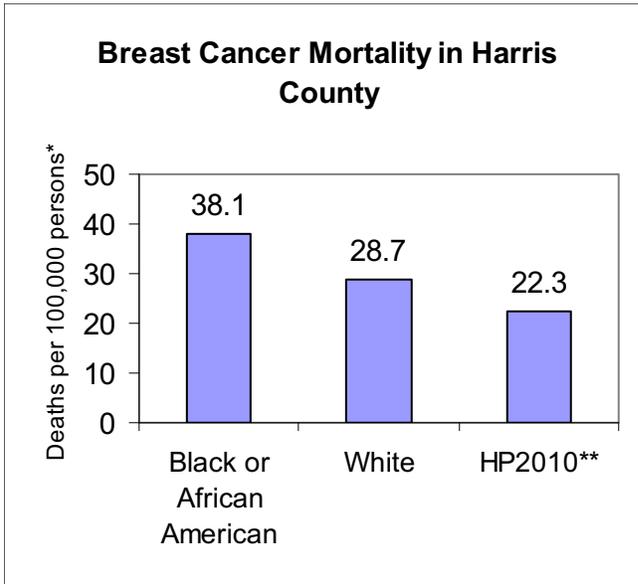
Lung cancer is the leading cause of cancer deaths in Harris County, making up over a quarter of all cancer deaths. Although smoking rates among Blacks or African Americans in Houston are lower than those of Whites, they have a greater incidence of lung cancer. They are also more likely to die from lung cancer than Whites.

\*Rates are average annual age-adjusted rates.  
 SOURCE: Harris County, Cancer Epidemiology & Surveillance Branch, Texas Department of State Health Services, 2000-2004.



\*Rates are average annual age-adjusted rates.  
 \*\* *Healthy People 2010*, see page 23.  
 SOURCE: Harris County, Cancer Epidemiology & Surveillance Branch, Texas Department of State Health Services, 2000-2004.

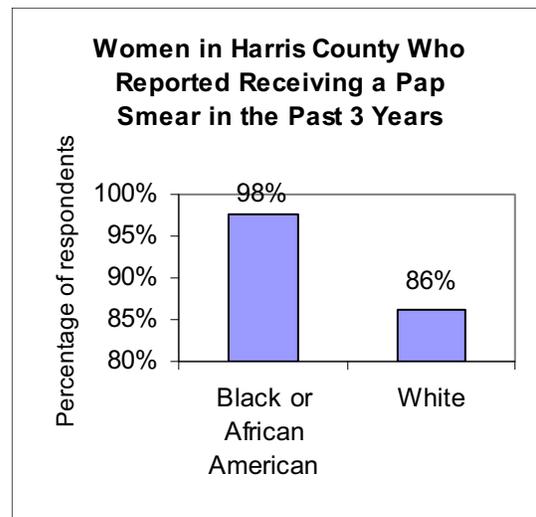
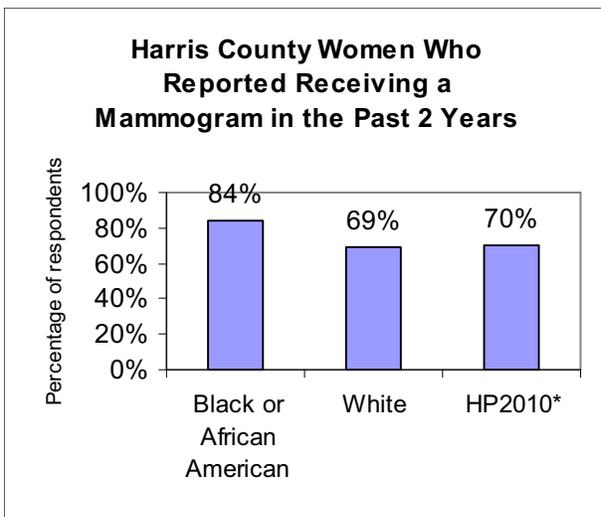
### Breast Cancer



Breast cancer is the third leading cause of death in Harris County. Although White women have a greater incidence of breast cancer than Black or African American women, Black or African American women are more likely to die from it.

\*Rates are average annual age-adjusted rates.  
 \*\* *Healthy People 2010*, see page 23.  
 SOURCE: Harris County, Cancer Epidemiology & Surveillance Branch, Texas Department of State Health Services, 2000-2004.

### Health Care Access: Cancer Screening

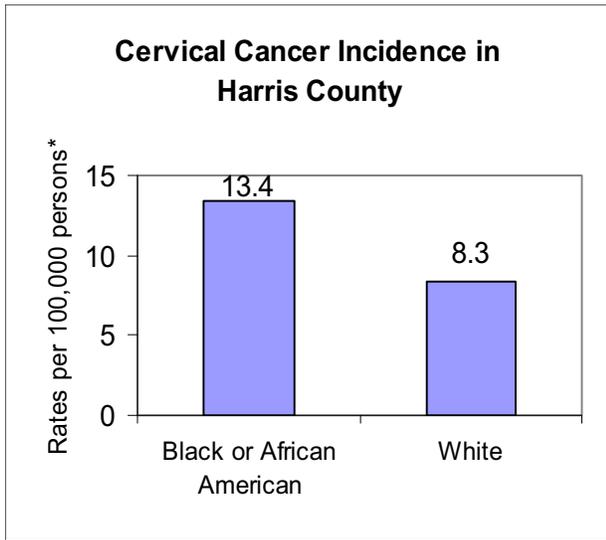


\* *Healthy People 2010*, see page 23.  
 SOURCE: Texas Department of State Health Services, Behavioral Risk Factor Surveillance System, 2004.

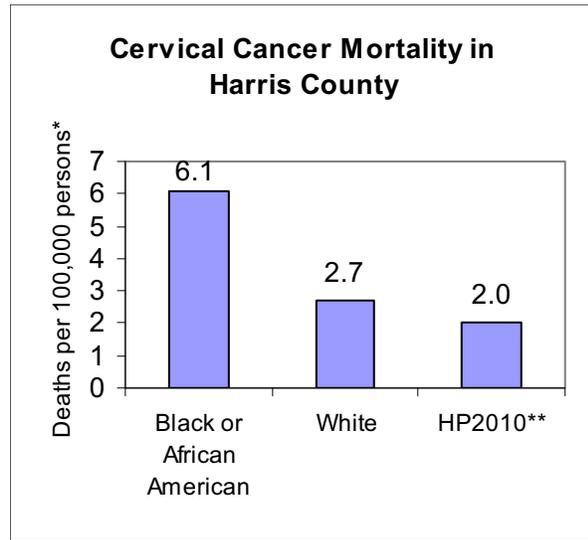
SOURCE: Texas Department of State Health Services, Behavioral Risk Factor Surveillance System, 2004.

There may be disparities in certain types of cancer treatment or screening. Black women in Harris County are less likely to receive a mammogram than White women, but they are more likely to have received a pap smear.

### Cervical Cancer



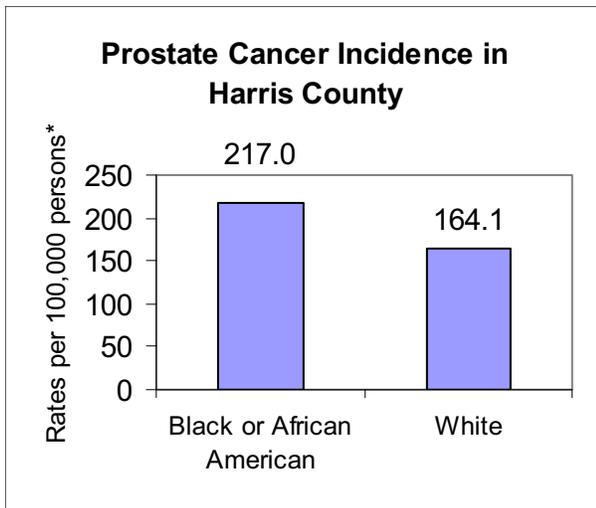
\*Rates are average annual age-adjusted rates.  
 SOURCE: Harris County, Cancer Epidemiology & Surveillance Branch, Texas Department of State Health Services, 2000-2004.



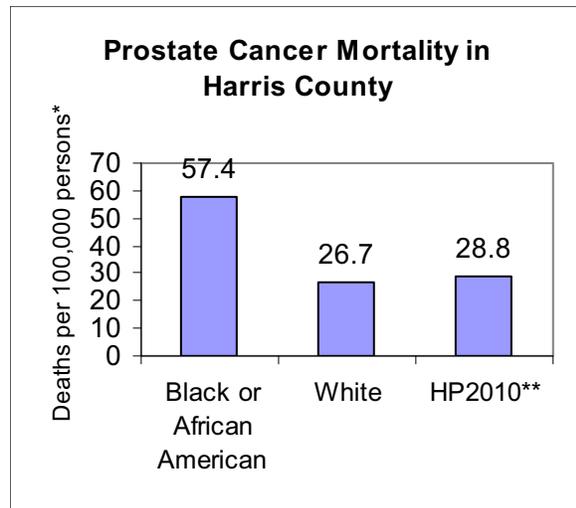
\*Rates are average annual age-adjusted rates.  
 \*\* *Healthy People 2010*, see page 23.  
 SOURCE: Harris County, Cancer Epidemiology & Surveillance Branch, Texas Department of State Health Services, 2000-2004.

Although screening rates for cervical cancer are higher for Black women than White women, incidence of cervical cancer is 61% higher among Black women, and they are nearly three times as likely to die from it. Access to cancer management or treatment may be an issue.

### Prostate Cancer



\*Rates are average annual age-adjusted rates  
 SOURCE: Harris County, Cancer Epidemiology & Surveillance Branch, TX DSHS, 2000-2004

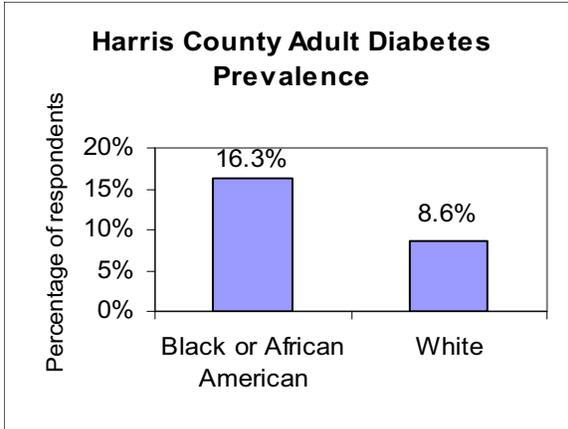


\*Rates are average annual age-adjusted rates.  
 \*\* *Healthy People 2010*, see page 23.  
 SOURCE: Harris County, Cancer Epidemiology & Surveillance Branch, Texas Department of State Health Services, 2000-2004.

Black or African American men have the highest incidence of prostate cancer in Harris County, higher than their White counterparts. They are also more than twice as likely to die from it.

# Blacks or African Americans: Diabetes

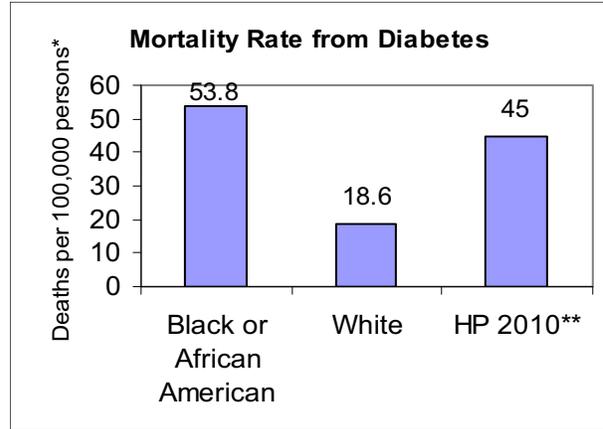
## Diabetes Prevalence



SOURCE: Texas Department of State Health Services, Behavioral Risk Factor Surveillance System, 2005.

Black or African American residents have the highest rate of diabetes in Harris County, so diabetes care and management is a critical priority.

## Diabetes Mortality



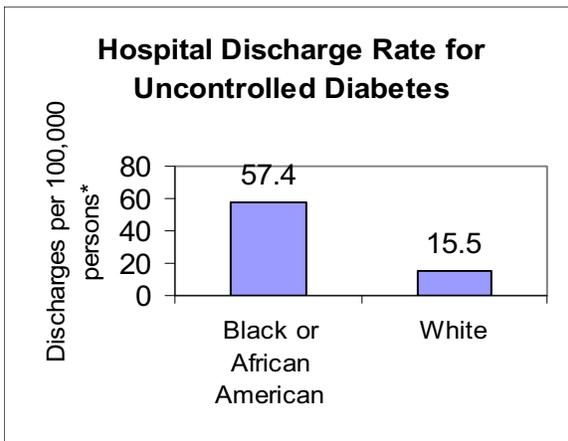
\*Rates are age-adjusted.

\*\* *Healthy People 2010*, see page 23.

SOURCE: Texas Department of State Health Services, Bureau of Vital Statistics, 2005.

Although diabetes is a manageable disease, Blacks or African Americans in Houston are nearly three times as likely to die from diabetes as their White counterparts.

## Uncontrolled Diabetes

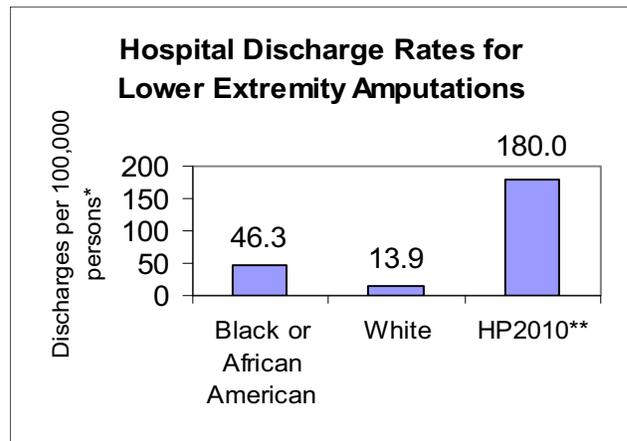


\*Rates are age-adjusted.

SOURCE: Texas Department of State Health Services, Texas Diabetes Council, Public Health Region 6, 2000.

On average, Blacks or African Americans have the highest rate of hospitalizations for uncontrolled diabetes. Hospital discharge data for Public Health Region 6 indicate that Blacks or African Americans are nearly four times as likely to be hospitalized for uncontrolled diabetes as their White counterparts, and are more than three times as likely to suffer amputations of their lower extremities.

## Lower Extremity Amputations



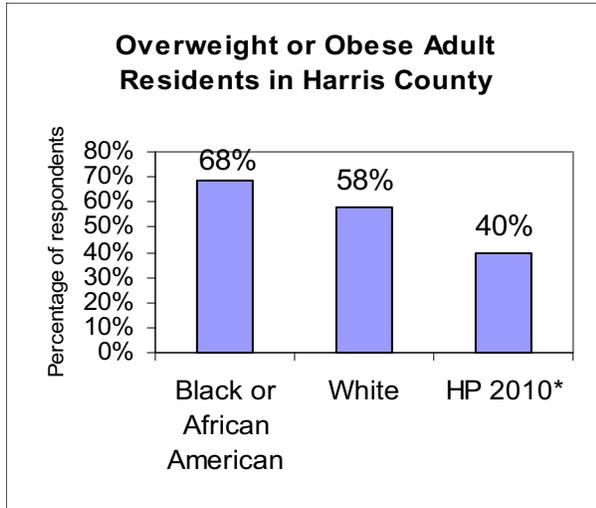
\*Rates are age-adjusted.

\*\* *Healthy People 2010*, see page 23.

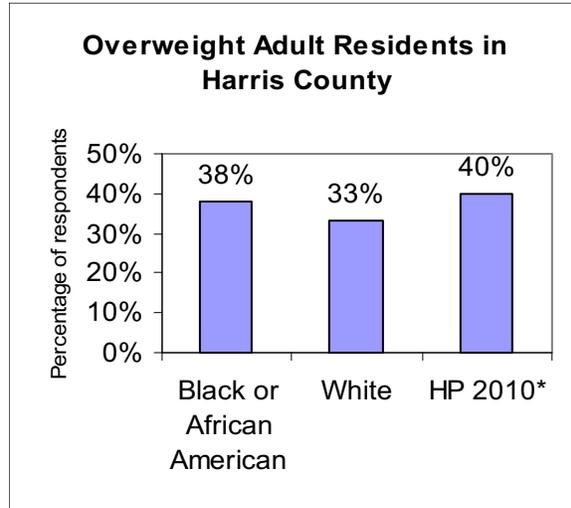
SOURCE: Texas Department of State Health Services, Texas Diabetes Council, Public Health Region 6, 2000.

## Blacks or African Americans: Diet, Weight, and Exercise

### Overweight/Obese Adults and Youth



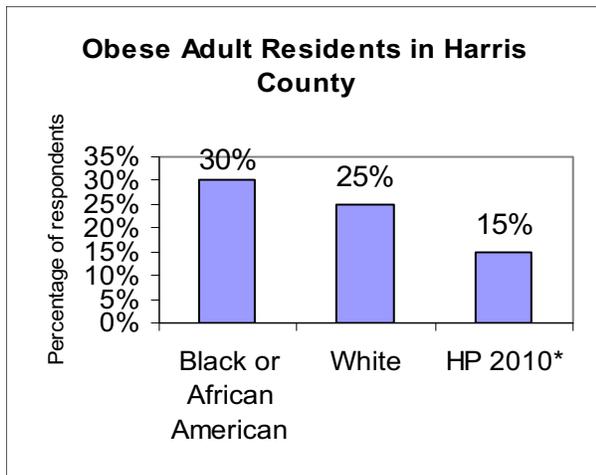
\* *Healthy People 2010*, see page 23.  
 SOURCE: Texas Department of State Health Services, Behavioral Risk Factor Surveillance System, 2005.



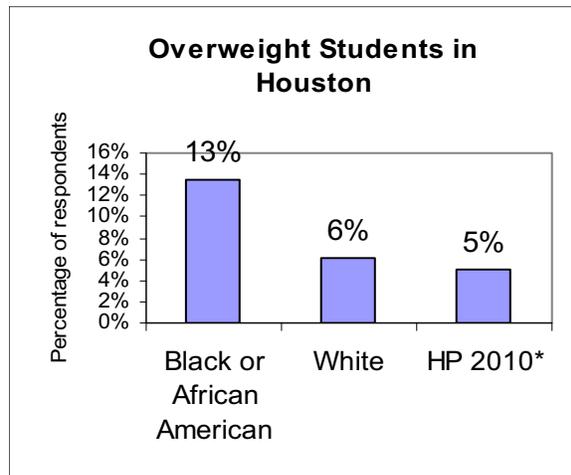
\* *Healthy People 2010*, see page 23.  
 SOURCE: Texas Department of State Health Services, Behavioral Risk Factor Surveillance System, 2005.

Overweight and obesity is a growing problem in the U.S., particularly among Houston residents. Being overweight increases one's risk of developing other chronic conditions, including diabetes, stroke, heart disease, hypertension, and cancer. A greater percentage of Black or African American adults in Harris County are either overweight or obese, compared to other racial/ethnic groups.

Black or African American adults are more likely to be obese (BMI greater than 30) than Whites. Black or African American youth also are at higher risk. More than twice as many Black or African American high school students are overweight as White students.



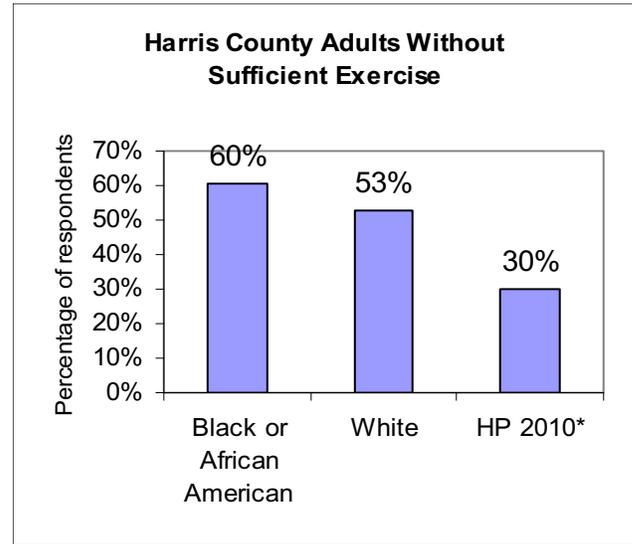
\* *Healthy People 2010*, see page 23.  
 SOURCE: Texas Department of State Health Services, Behavioral Risk Factor Surveillance System, 2005.



\* *Healthy People 2010*, see page 23.  
 SOURCE: Texas Department of State Health Services, *Youth Risk Behavior Surveillance Survey*, 2001.

### Physical Activity

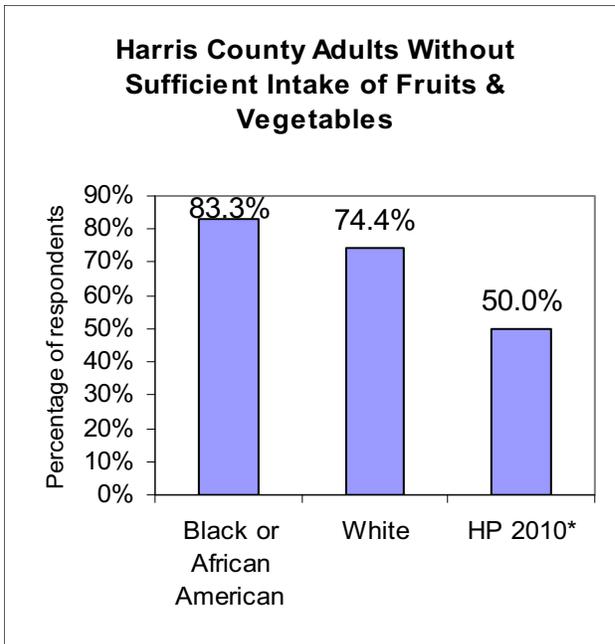
Blacks or African Americans in Houston are more likely not to have engaged in sufficient physical activity, as recommended by the Centers for Disease and Prevention Control (CDC). These recommendations are moderate physical activity for 5 days a week or vigorous activity for 3 days a week.



\* *Healthy People 2010*, see page 23.

SOURCE: Texas Department of State Health Services, Behavioral Health and Risk Factor Survey, Houston, 2005.

### Nutrition



Blacks or African Americans in Houston are less likely than Whites to have consumed the recommended daily intake of 2 servings of fruit and 3 servings of vegetables.

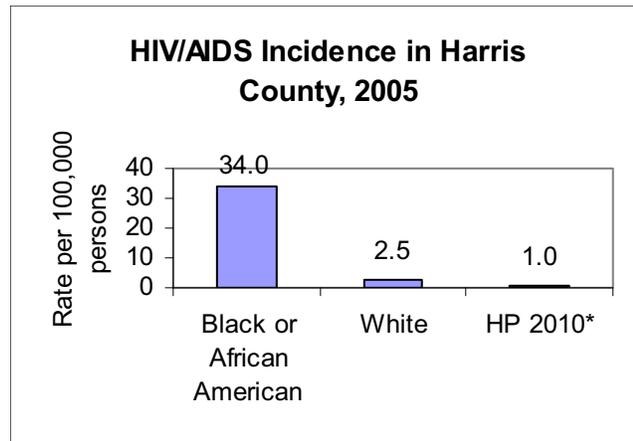
\* *Healthy People 2010*, see page 23.

SOURCE: Texas Department of State Health Services, Behavioral Risk Factor Surveillance System, 2005.

## Blacks or African Americans: Infectious Disease

### HIV/AIDS

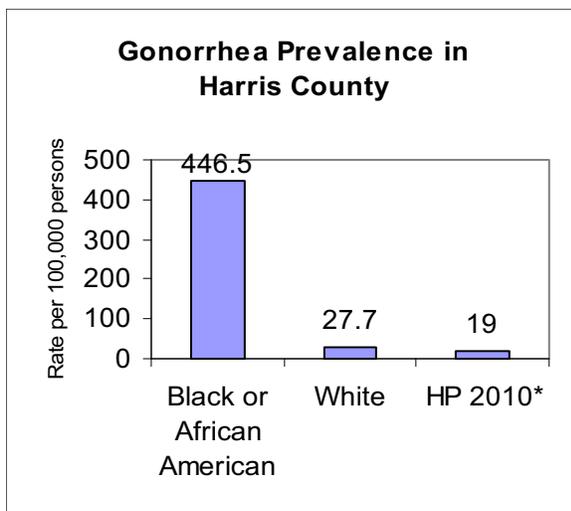
The greatest disparity in infectious disease is the burden of HIV/AIDS. In 2006, more than half the population living with HIV/AIDS were Black or African American. **Blacks or African Americans in Harris County have the highest incidence rate of HIV/AIDS, nearly fourteen times that of Whites.** Furthermore, they are more than five times as likely to die from HIV/AIDS as their White counterparts.



\* *Healthy People 2010*, see page 23.

SOURCE: Houston HIV Prevention Community Planning Group 2007 Comprehensive Plan Update, U.S. Census Bureau American Community Survey 2005.

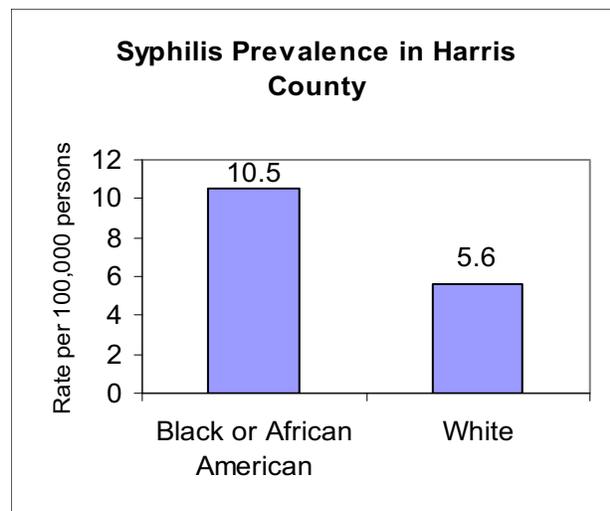
### Gonorrhea and Syphilis



\* *Healthy People 2010*, see page 23.

SOURCE: Texas Department of State Health Services and Houston Department of Health and Human Services case files, 2000-2004, Houston/Harris County.

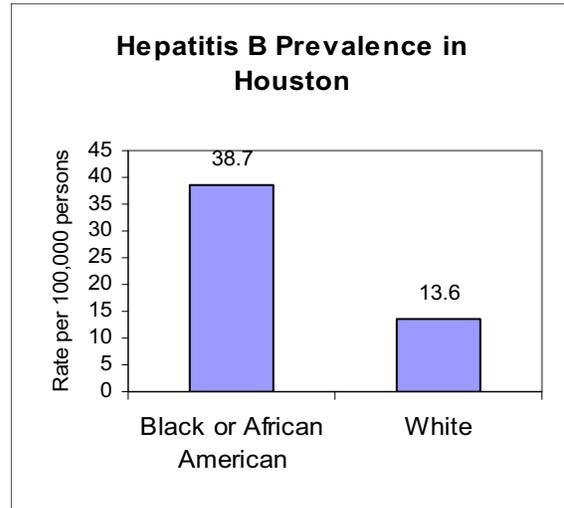
Blacks or African Americans in Harris County also experience the greatest disparities in other sexually transmitted diseases as well, such as gonorrhea and syphilis. In fact, Blacks or African Americans are more than sixteen times as likely to have gonorrhea as Whites, and nearly twice as likely to have syphilis.



SOURCE: Centers for Disease Control and Prevention, 2003.

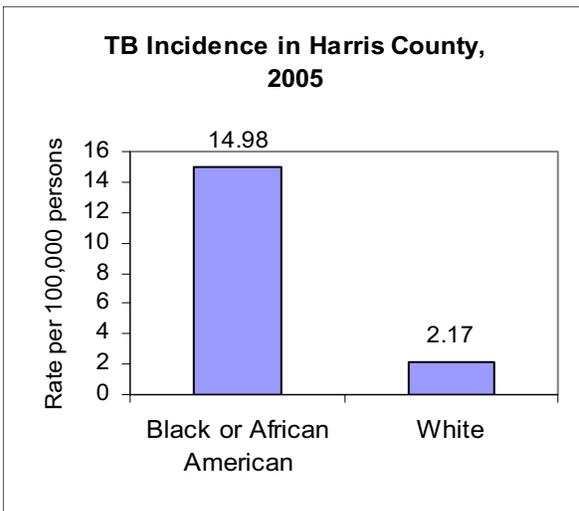
## Hepatitis B

Although Blacks or African Americans have a lower rate of Hepatitis B than Asians in Harris County, compared to Whites, the burden of Hepatitis B is still three times greater among Blacks or African Americans.



SOURCE: Texas Department of State Health Services & Houston Department of Health and Human Services case files, 2004.

## Tuberculosis

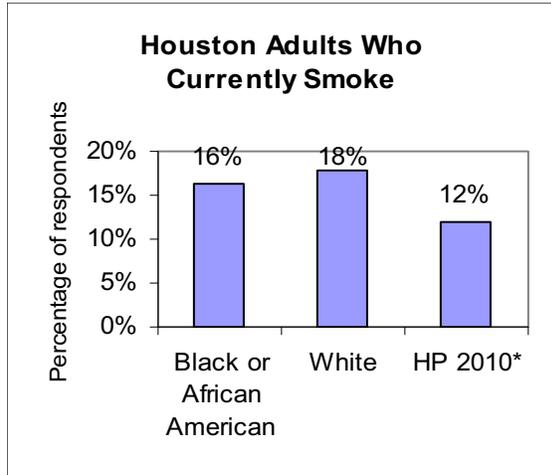


SOURCE: Big Cities Health Inventory, 2007, Houston Department of Health and Human Services Bureau of TB Control, U.S. Census Bureau American Community Survey 2005.

**Blacks or African Americans in Harris County are at highest risk for TB infection, compared to any other racial/ethnic group.** In 2005, Black or African American residents in Harris County were nearly 7 times as likely to become infected with tuberculosis than White residents.

## Blacks or African Americans: Health Behaviors

### Smoking and Alcohol



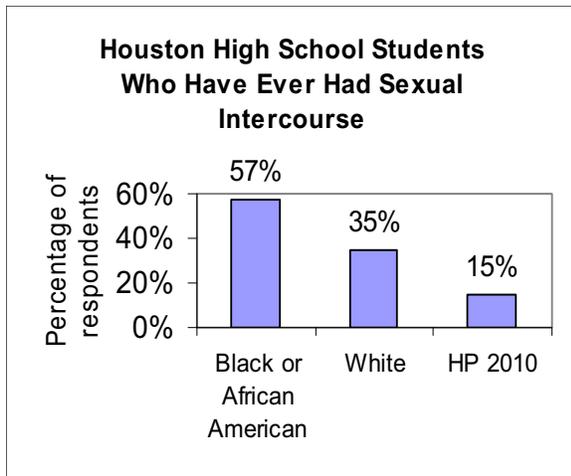
Smoking and alcohol use is less common among Black or African American residents in Houston, compared to other races/ethnicities. However, the smoking rate among Black or African American adults is still higher than the *Healthy People 2010* goal of 12% or lower. Black or African American high school students also have lower smoking rates than their White counterparts.

Binge drinking is also less common among the Black or African American population, for both adults and youth. White adults are more likely to binge drink than Black or African American adults.

\* *Healthy People 2010*, see page 23.

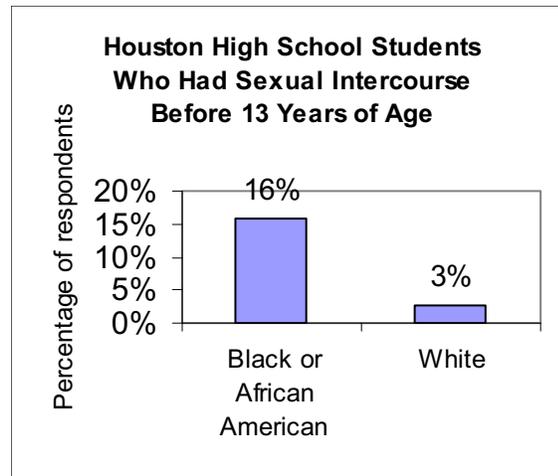
SOURCE: Texas Department of State Health Services, Behavioral Health and Risk Factor Survey, Harris County, 2005.

### Sexual Behavior



SOURCE: Texas Department of State Health Services, Youth Behavioral Risk Factor Surveillance System, Houston, 2001.

Sexual activity is one area of high risk behavior among Black or African American youth, placing them at risk for HIV/AIDS and other STDs. More than half of Black or African American high school students reported they had sexual intercourse, compared with more than a third of White high school students.



SOURCE: Texas Department of State Health Services, Youth Behavioral Risk Factor Surveillance System, Houston, 2001.

Black or African American high school students are also more than six times as likely to report they have had sexual intercourse before 13 years of age as their White counterparts.

SECTION

# Health Profile: Asians

## Summary Health Profile: Asians

The Asian population is the smallest racial/ethnic minority group in Houston, but is experiencing great growth. This group is the most culturally diverse, with the largest percentages of immigrants coming from Vietnam, India, and China.

“In today’s world, where the AAPI (Asian American and Pacific Islander) population is approaching 5 percent of the total U.S. population, the disconnect between the data and reality is disconcerting.”

-Marjorie Kagawa-Singer, Ph.D. & Paul M. Ong, Ph.D.<sup>1</sup>

### Disparities in Health Determinants

National aggregate data indicate that as a group, Asians have higher education and income than the general U.S. population, but have less access to health care than other racial/ethnic subgroups.<sup>1</sup> Local data supports this finding. In fact, Asian residents in Houston/Harris County face the following disparities in health determinants, compared with other racial/ethnic groups:

- As a group, Asians have higher education and incomes. However, the Vietnamese subgroup tends to have lower formal education and income.<sup>2</sup>
- Asians are more likely to be uninsured and have less access to health care.
- Risk factors for Asians differ according to cultural practices, immigration history, acculturation to the U.S., and socio-economic status.<sup>1</sup> For example, some Asian groups tend to have diets high in sodium (soy sauce, etc.) and nitrates (pickled foods, etc.) which can increase the risk of stomach cancer.<sup>1</sup> South Asians tend to have diets higher in cholesterol and fat, leading to greater rates of diabetes and cardiovascular disease.<sup>1</sup>

### Obstacles to Health Data on Asians

Data on the health status of Asians is scarce for several reasons. First, the small statistical size and diversity of this group pose challenges for data collection. For example, population-based surveys used by state and local governments do not oversample this group (to achieve a statistically significant sample), or have the resources to translate surveys into the various languages which are needed. This is particularly important since nearly three quarters of Asians in Houston are immigrants and English-speaking ability is limited. Also, since language is a measure of acculturation to American lifestyles, the health and socio-economic profiles of Asians who speak English and those that do not are very different.<sup>1</sup>

Data for Asians may not be collected at all, or may be unusable, particularly if it is collected in an anonymous racial category of “Other.”<sup>1</sup> Collected data is often not systematically analyzed due to lack of political power and invisibility of this population.<sup>1</sup> Furthermore, the stereotype of Asians as the “Model Minority” persists, so problems experienced by this group, or its constituent subgroups, are overlooked.<sup>1</sup> Since Asians represent both extremes of socio-economic and health status, aggregate data for this population often masks problems experienced by disadvantaged groups and prevents them from obtaining necessary resources.<sup>1</sup>

With the paucity of data for Asians, research plays an important role in providing information. However, the special interests of researchers are insufficient to provide comprehensive data on the health status of Asians. Better data is needed on the Asian population and its constituent subgroups. This will require oversampling of the population, as well as the ability to conduct surveys in different languages.<sup>1</sup> Without data, the health status of Asians or Asian subgroups cannot be tracked, nor can their changing health needs be met as they become more acculturated in the U.S.

<sup>1</sup>Kagawa-Singer M, Ong PM. The Road Ahead—Barriers and Paths to Improving AAPI Health. AAPI Nexus Vol.3, No. 1 (Spring 2005):vii-xv.

<sup>2</sup>Klineberg SL. *The Houston Area Survey 1982-2005: Public Perceptions in Remarkable Times*, Rice University.

## Disparities in Health Outcomes

National trends report that Asians are disproportionately affected by health outcomes such as higher rates of certain types of cancer, tuberculosis, Hepatitis B, tobacco smoke, chronic obstructive pulmonary disease, and HIV/AIDS (Centers for Disease Control and Prevention [CDC], Office of Minority Health and Health Disparities). Nationally, the number one cause of death among Asians is cancer. Other sources indicate that this group is disproportionately affected by diabetes, osteoporosis, and increasing rates of overweight/obesity.<sup>1</sup> Local data reference supports some of these findings. The leading causes of death for Asians in Harris County, in descending order, are heart disease, cancer, stroke, chronic lower respiratory disease, accidents, and diabetes.

Asian residents of Houston/Harris County face the following disparities in health outcomes, compared with other racial/ethnic groups:

- May have higher rates of cervical cancer incidence and mortality.
- Lower rates of cancer screening (pap smears, mammograms, colorectal screening, and prostate screening).<sup>2</sup>
- Higher rates of diabetes among South Asians.<sup>3</sup>
- Higher rates of tuberculosis and hepatitis B.
- Lower levels of recommended physical activity and nutrition.<sup>2</sup>

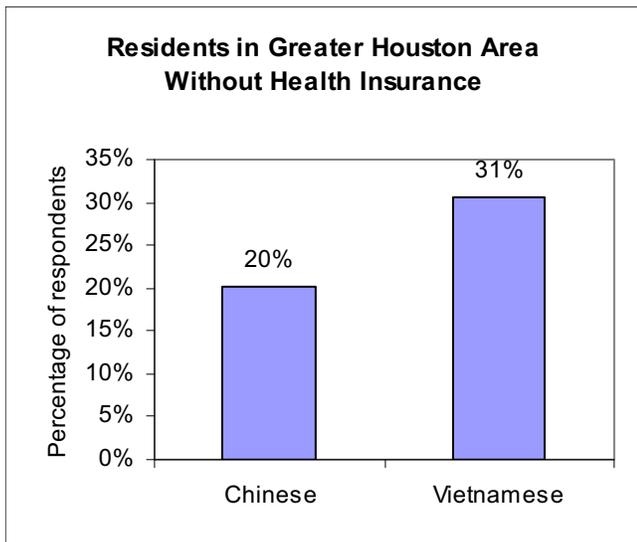
## Areas of Better Health

Much remains unknown about the health status of Asians in Houston. For example, there is no data for maternal/child health indicators and cancer mortality for this group because they are classified in the category of “Other” race/ethnicity. Thus, although Asians appear to have better health outcomes in some health areas, results may be misleading due to lack of data. In addition, similar to the Hispanic or Latino population, Asians appear to have lower mortality, but death rates may be misleading since it does not take into account the “salmon” effect of Asians who return to their home countries to die.<sup>1</sup>

With these data constraints in mind, Asian residents in Houston/Harris County appear to have better health than other racial/ethnic groups in the following areas:

- Lower overall mortality.
- Lower mortality from heart disease, cancer, stroke, and diabetes.
- Lower self-reported rates of diabetes, high blood pressure, and cholesterol among Chinese and Vietnamese community (although obstacles to health care access and diagnosis may underestimate these results).
- Lower rates of HIV/AIDS and other STDs.

## Selected Health Indicator: Health Insurance



SOURCE: Asian American Health Needs Assessment, 2006 Community Report.<sup>3</sup>

Asian residents are more likely to lack health insurance than Black or African American or White residents.

A 2004 survey of Asian residents from Brazoria, Fort Bend, Galveston, and Harris County revealed that 20% of the Chinese population and 30% of the Vietnamese population were uninsured in 2004.<sup>2</sup> In comparison to 2005, where 9% of Whites in Harris County were uninsured (BRFSS). Results from a different study indicates that 18% of the South Asians in Houston are uninsured.<sup>3</sup>

<sup>1</sup>Kagawa-Singer M, Ong PM. The Road Ahead—Barriers and Paths to Improving AAPI Health. AAPI Nexus Vol.3, No. 1 (Spring 2005):vii-xv.

<sup>2</sup>Hoang TV, Gor BJ, Hernandez M, Liang J, Esparza A, Detry M, Yi JK, Jones LA. *Asian American Health Needs Assessment, 2006 Community Report*. Houston (TX): Center for Research on Minority Health, The University of Texas M.D. Anderson Cancer Center; 2006 Nov.

<sup>3</sup>Misra, R. *Diabetes among Indian Americans Study*.

## Selected Health Indicators: Asians

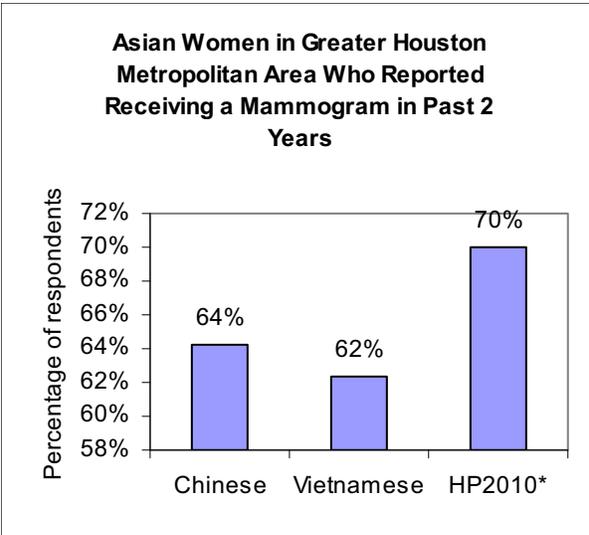
### Mortality

Leading Causes of Death Among White & Asian/Pacific Islander (API) Harris County Residents			
Cause of Death	API Mortality	White Mortality	HP 2010** Objective Mortality
Heart Disease	107.7	249.5	166 or lower
Cancer	100.2	196.3	159.9 or lower
Stroke	34.6	61.4	48 or lower
Chronic Lower Respiratory Disease	16.4	43.5	N/A
Accidents	9.9	25.6	N/A
Diabetes	10.9	18.6	5.0 or lower

Overall mortality for Asian/Pacific Islanders in Harris County is lower than for White residents. The leading causes of death are shown on the left. However, data for many specific causes of death were not available.

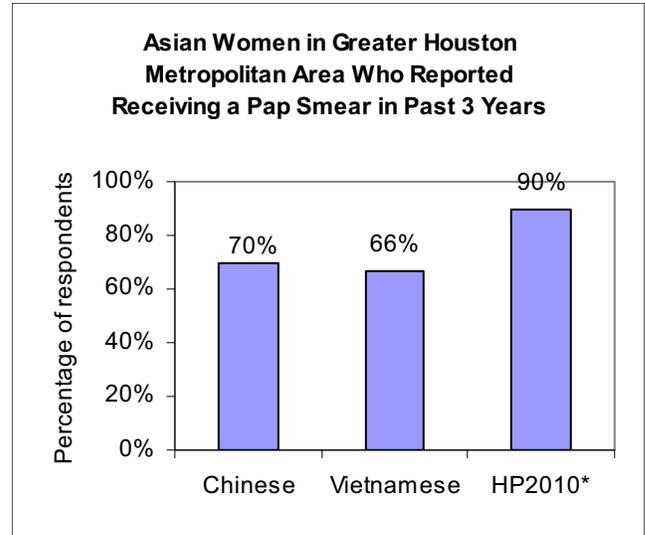
\*Rates are age-adjusted deaths per 100,000 persons.  
 \*\* *Healthy People 2010*, see page 23.  
 SOURCE: Texas DSHS, Bureau of Vital Statistics, Harris County, 2003.

### Health Care Access: Cancer Screening



\* *Healthy People 2010*, see page 23.  
 SOURCE: Asian American Health Needs Assessment, 2006 Community Report<sup>1</sup>

A 2005 study of Asian residents in Brazoria, Fort Bend, Galveston, and Harris Counties indicated that the majority of Asian residents did not receive recommended cancer screening.<sup>1</sup> This includes screening for breast, cervical, prostate, and colorectal cancer.



\*\* *Healthy People 2010*, see page 23.  
 SOURCE: Asian American Health Needs Assessment, 2006 Community Report<sup>1</sup>

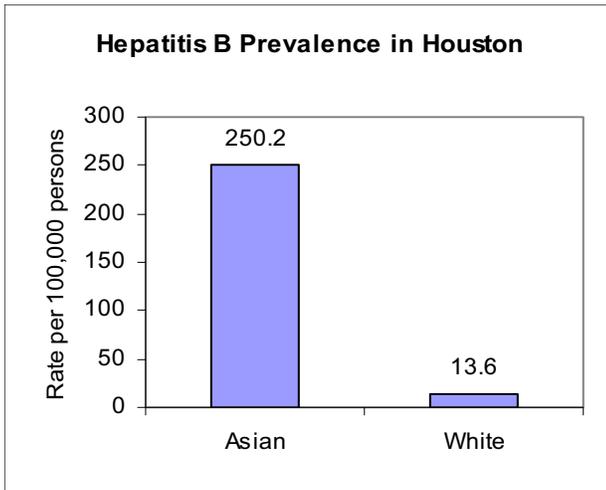
In comparison, in 2004, 69% of White women in Harris County reported receiving a mammogram in the past 2 years, and 86% reported receiving a pap smear in the past 3 years<sup>2</sup>. In a different study, 57% of surveyed South Asian women reported receiving a mammogram in the last 2 years, and 79% reported receiving a pap smear in the last 3 years.<sup>3</sup>

<sup>1</sup>Hoang TV, Gor BJ, Hernandez M, Liang J, Esparza A, Detry M, Yi JK, Jones LA. *Asian American Health Needs Assessment, 2006 Community Report*. Houston (TX): Center for Research on Minority Health, The University of Texas M.D. Anderson Cancer Center; 2006 Nov.

<sup>2</sup>Texas Department of State Health Services, Behavioral Risk Factor Surveillance System.

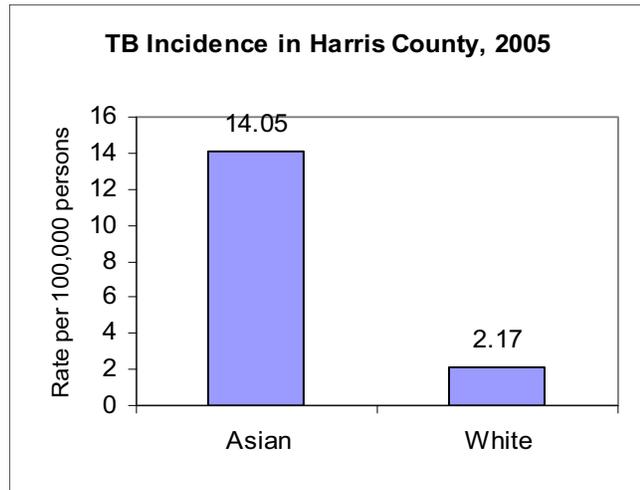
<sup>3</sup>Misra, R. *Diabetes among Indian Americans Study*.

### Infectious Diseases



SOURCE: DSHS & HDHHS case files, 2004.

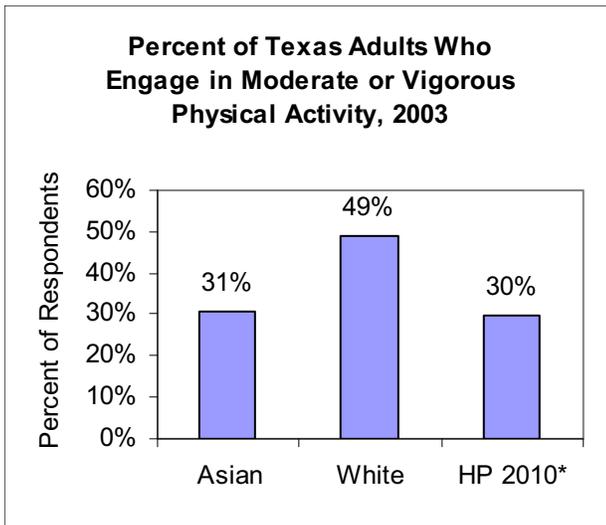
Asian residents in Harris County have the highest rates of Hepatitis B, compared with any other racial/ethnic group. Asian residents are eighteen times more likely to be infected with Hepatitis B than Whites.



SOURCE: Big Cities Health Inventory, 2007, HDHHS Bureau of TB Control, U.S. Census Bureau, American Community Survey 2005.

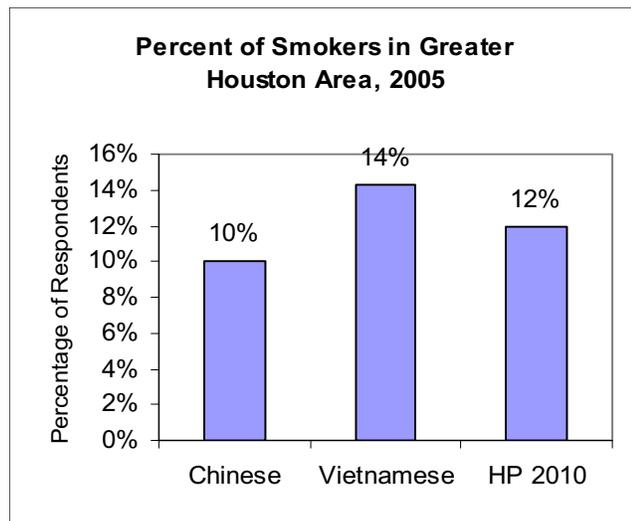
Asians in Harris County have the second highest rates of TB, compared with other racial/ethnic groups. Asian residents are six times more likely to be infected with TB than Whites.

### Health Behaviors



\* Healthy People 2010, see page 23.  
SOURCE: Health Disparities in Texas, Annual Report 2004, Health Disparities Task Force.

Asians in Texas are less likely to have engaged in the recommended amount of physical activity. In 2005, 62% of surveyed Chinese respondents in Harris County and surrounding areas indicated that they had no leisure-time physical activity.<sup>1</sup>

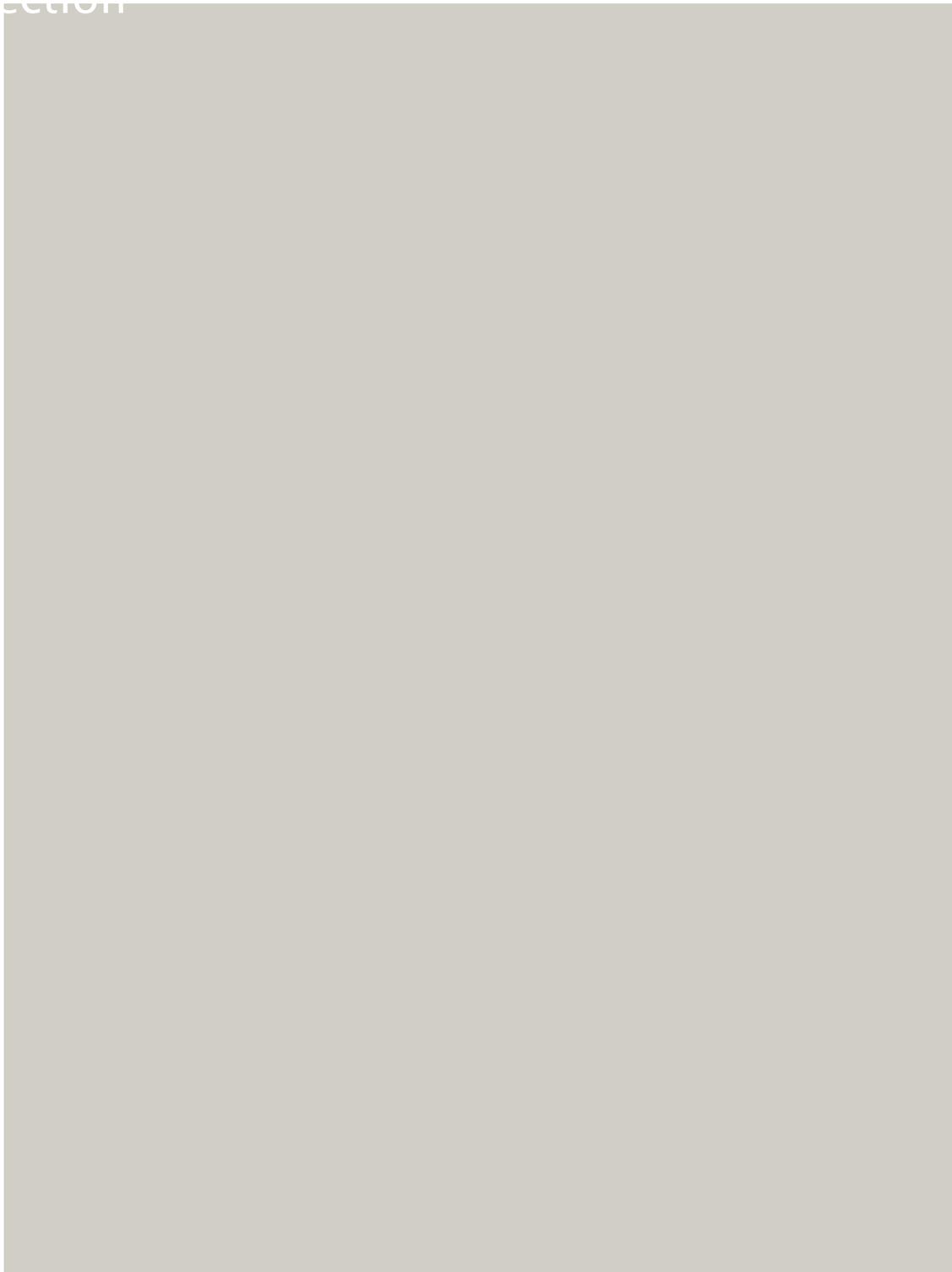


\* Healthy People 2010, see page 23.  
SOURCE: Asian American Health Needs Assessment, 2006 Community Report.<sup>1</sup>

Although smoking rates are lower on average among Asians than Whites, Vietnamese men report the highest smoking rates compared with any other race/ethnic group.<sup>1</sup>

<sup>1</sup>Hoang TV, Gor BJ, Hernandez M, Liang J, Esparza A, Detry M, Yi JK, Jones LA. *Asian American Health Needs Assessment, 2006 Community Report.* Houston (TX): Center for Research on Minority Health, The University of Texas M.D. Anderson Cancer Center; 2006 Nov.

SECTION



## Summary Health Profile: Whites

The White population group in Houston is experiencing little growth and is expected to make up a smaller segment of the Houston population in the future. Since Whites in Houston are older, on average, than residents of other race/ethnic groups, health statistics for this group can be misleading if they do not account for differences in health outcomes that would naturally arise from these age discrepancies.

### Health Determinants

National data indicate that as a group, Whites are at both extremes of socio-economic and health status. Some are recent immigrants, while others have been in the U.S. for many generations. Whites with lower socioeconomic status often experience many of the same health problems as other racial/ethnic groups, particularly disparities in health care access.

Since local data on income, however, was unavailable, the socio-economic and health status of Whites in Houston cannot be stratified by income. Therefore, we must view the group as a whole. Local data shows that the White population in Houston experiences the following advantages in health determinants:

- On average, Whites have higher levels of educational attainment.
- Whites have the highest average levels of income and lowest poverty rates.
- White residents face fewer obstacles to health care access. Whites are less likely to lack health insurance and are more likely to have a regular health care provider.
- Highest levels of use of preventive services such as cholesterol checks, cancer screening, and adequate and timely prenatal care.

### Disparities in Health Outcomes

National trends indicate that Whites are disproportionately affected by health outcomes such as higher rates of hypertension, obesity, heart disease, chronic lower respiratory disease, Alzheimer's, and suicide (Centers for Disease Control and Prevention, Office of Minority Health and Health Disparities). Local data supports some of these findings.

White residents of Houston/Harris County face the following disparities in health outcomes, compared with other racial/ethnic groups:

- Higher mortality rates due to stroke, chronic lower respiratory disease (chronic bronchitis, asthma, emphysema, etc.), Alzheimer's, and suicide.
- Higher prevalence of diabetes.
- Higher prevalence of heart disease, high blood cholesterol, and high blood pressure.
- Higher incidence of breast and uterine cancers.
- High prevalence of overweight/obesity.
- Low levels of recommended physical activity and nutrition.
- Highest rates of smoking (both adults and youth).
- Higher rates of binge drinking (both adults and youth).

### Areas of Better Health

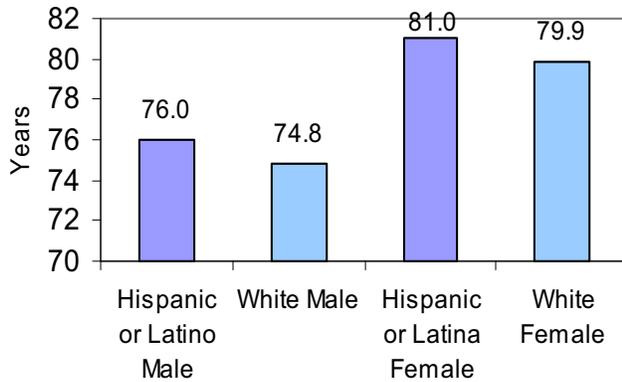
White residents in Houston/Harris County experience better health than other racial/ethnic groups for the following health conditions/behaviors:

- Lower rates of adolescent births.
- Lower rates of infant mortality and adverse birth outcomes.
- Lower rates of infectious diseases.
- Better outcomes for diabetes.

# Whites: Mortality Disparities

## Life Expectancy

**Life Expectancy among White and Hispanic or Latino Texas Residents**



In order to avoid duplicating the charts in other sections, data in this section will present information which has not already been presented for the White population, namely mortality. The Hispanic or Latino ethnic population is used here for comparison, since they experience better outcomes for mortality than Whites.

Although White residents in Texas have a higher life expectancy than Blacks or African Americans, they have a lower life expectancy than Hispanics or Latinos.

SOURCE: Texas Department of State Health Services, 2003.

## Selected Leading Causes of Death

Cause of Death	White Mortality	Hispanic or Latino Mortality	HP 2010** Objective Mortality
Heart Disease	249.5	127.3	166 or lower
Cancer	196.3	127.3	159.9 or lower
Stroke	61.4	58.6	48 or lower
Chronic Lower Respiratory Disease	43.5	13.5	N/A
Alzheimer's	25.6	9.9	N/A
Suicide	16.8	5.4	5.0 or lower

Overall mortality for White residents in Harris County is higher than for Hispanic or Latino residents. Whites are nearly twice as likely to die from heart disease than Hispanics or Latinos, and are more than three times as likely to die from chronic lower respiratory disease and suicide. Whites are also more than twice as likely to die from Alzheimer's as Hispanics or Latinos.

The leading causes of death for this group, in descending order, are heart disease, cancer, stroke, chronic lower respiratory disease, accidents, Alzheimer's, diabetes, influenza/pneumonia, suicide, septicemia, and kidney disease.

\*Rates are age-adjusted deaths per 100,000 persons.

\*\* *Healthy People 2010*, see page 23.

SOURCE: Texas Department of State Health Services, Bureau of Vital Statistics, Harris County, 2003.

# Appendix A

**Table 1.1 Health Disparities & Priority Areas Identified by Other Experts**

Identified Areas of Health Care Disparities	Healthy People 2010	CDC Office of Minority Health	AHRQ	Boston	Alameda County	New York City	Minnesota
Socioeconomic Status	x	x	x	x	x	x	x
Racism/Discrimination	x	x	x	x	x	x	x
Environmental Conditions	x			x	x	x	x
Health Care Access	x	x	x	x	x	x	x
Nursing Home/Home Care			x				
Immunizations	x	x	x				x
Self-Assessed Health				x		x	
Mental Health	x	x	x	x		x	
Suicide		x					
Mortality		x		x	x	x	
Violence/Homicide	x			x	x		x
Unintentional Injuries	x						x
Maternal/Infant Health				x		x	
Infant Mortality		x		x	x		x
Adolescent Births		x		x		x	
Healthy Youth Development							x
Cancer		x	x	x	x	x	x
Breast Cancer				x	x		x
Cervical Cancer				x			x
Prostate Cancer				x	x		
Lung Cancer				x	x		
Heart Disease/Hypertension/ Cardiovascular Disease/ Stroke		x	x	x	x	x	x
Chronic Obstructive Pulmonary Disease		x					
Respiratory Disease			x				
Asthma		x		x		x	
Diabetes		x	x	x		x	x
End Stage Renal Disease			x				
Overweight/Obesity	x	x		x		x	
Physical Activity	x			x		x	
Tobacco Smoke	x	x				x	
Substance Abuse	x		x			x	
Sexual Behavior	x					x	
Infectious Disease		x	x	x	x	x	x
HIV/AIDS		x	x	x	x	x	x
Hepatitis B		x		x			
Hepatitis C				x			
Tuberculosis		x		x	x		



<sup>1</sup> Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity, Federal Register Notice, October 30, 1997, Office of Management and Budget (OMB).

<sup>2</sup> Questions and Answers for Census 2000 Data on Race, U.S. Census Bureau, March 14, 2001.

<sup>3</sup> The Hispanic Population, Census 2000 Brief, U.S. Census Bureau.

<sup>4</sup> Racial and Ethnic Classifications Used in Census 2000 and Beyond, U.S. Census Bureau, April 12, 2000.