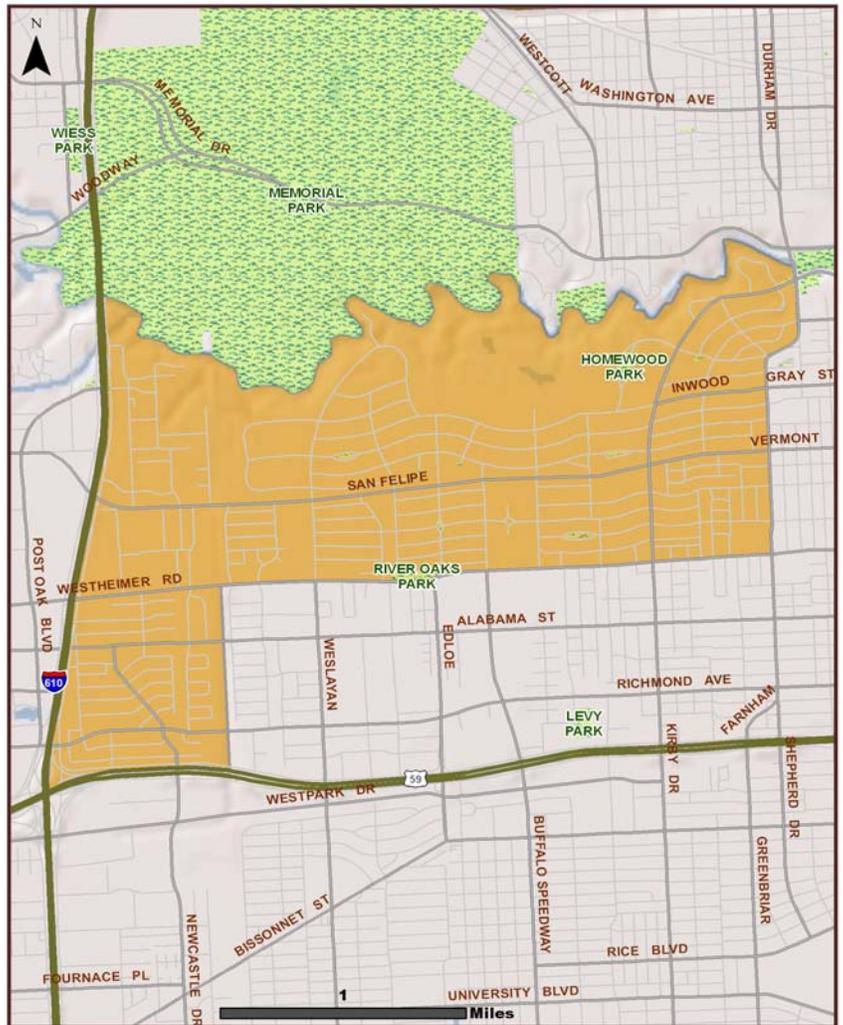
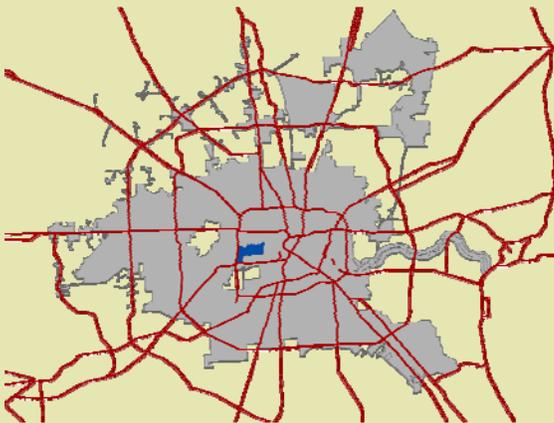


1999-2003



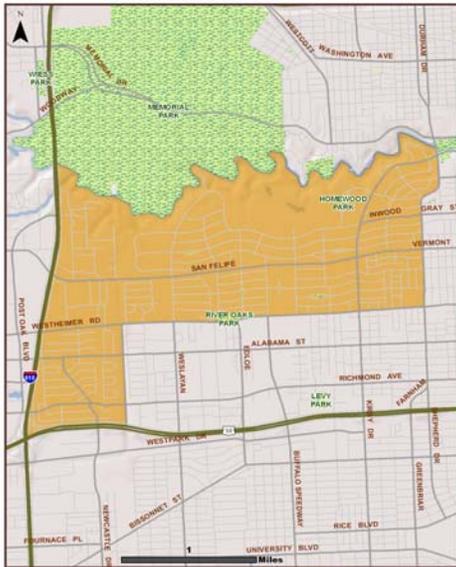
Community Health Profiles

Afton Oaks/ River Oaks Super Neighborhood



*Providing Health Information
for Community Action*

Introduction



This community health profile highlights important health issues facing the residents of the Afton Oaks/ River Oaks Super Neighborhood.

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

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

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

We hope that this health profile will support these efforts in Afton Oaks/ River Oaks and across the City of Houston.

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Director
Houston Department of Health and Human Services

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Community Resources

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

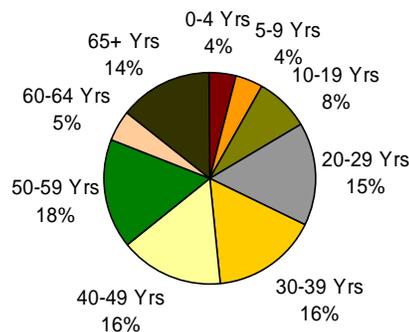


Afton Oaks/ River Oaks at a Glance

The total population of Afton Oaks/River Oaks was 14,313, according to the 2000 census.*

Age

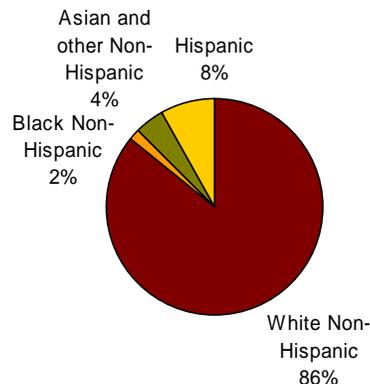
At the time of the 2000 census, 16% of Afton Oaks/River Oaks residents were under the age of 20. The majority (70%) were between 20 and 64 years of age, and 14% were 65 or older.



Race, Ethnicity, National Origin

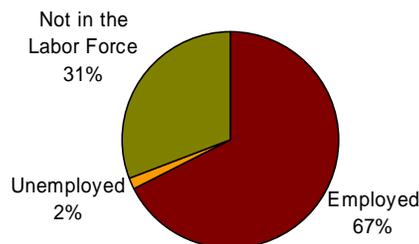
The majority of residents in Afton Oaks/River Oaks were White. Hispanics were the second largest ethnic group, though they comprised only 8% of the population. About 6% of the population were of other races.

Of the total population, approximately half (51%) were native Texans, and 11% were foreign born.



Employment

Two-thirds (67%) of Afton Oaks/River Oaks residents, ages 16 and over, were employed in 1999. A small percentage (2%) of residents were unemployed.

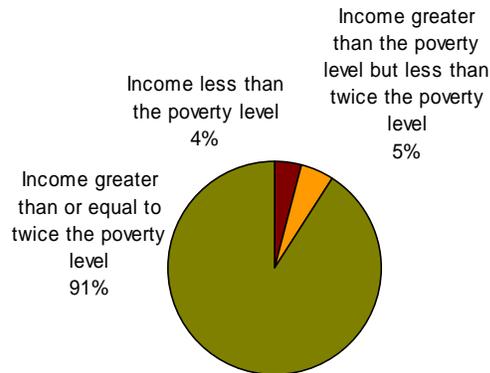


* Data Source: U.S. Census 2000. Total population was calculated from census block-level data using Summary File 1. For purposes of describing demographics using Summary File 3, the super neighborhood is defined by the following census geographies: Tracts 4111, 4112, 4113, 4114, and 4116.

Poverty

The majority of residents (91%) in Afton Oaks/River Oaks earned incomes that were equal to or greater than twice the poverty level in 1999. Only 4% of residents had incomes below the poverty level.

Of those living in poverty, 17% were children under 18 years of age; 12% were seniors 65 years of age and older.



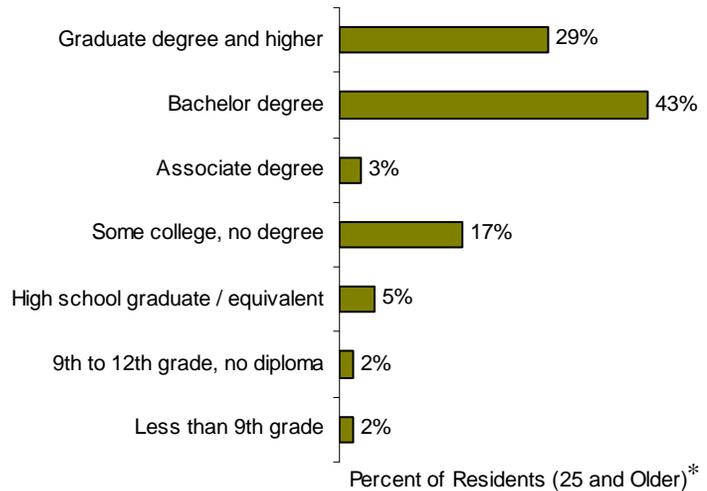
Education

Less than 5% of Afton Oaks/River Oaks residents, ages 25 and over, reported that they had not graduated from high school.

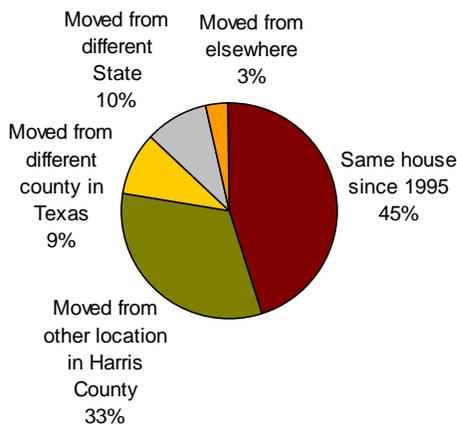
Five percent of residents reported a high school diploma (or the equivalent) as their highest level of educational attainment.

The majority (92%) of residents had attained education beyond the high school level, with 75% earning a college degree.

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



Population Stability



About 45% of the residents of Afton Oaks/River Oaks had lived in the same house since 1995. One-third (33%) of the total population had moved to the super neighborhood from other locations in Harris County.

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

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

Major Causes of Death

During the years 1999-2003, the residents of the super neighborhood had lower overall annual average mortality rates than did residents of Houston as a whole. The rates of heart disease, cancer and stroke were also lower in this neighborhood than those in Houston.

Leading Causes of Mortality, Afton Oaks-River Oaks , Houston, Texas, 1999-2003

Rank	Cause of Death	Afton Oaks-River Oaks		Houston	Afton Oaks/River Oaks -Houston
		Deaths	Rates*	Rates*	Rates
	All Causes	497	564.0	898.2	-334.2
1	Heart Disease	140	154.9	262.0	-107.2
2	Cancer	124	143.1	197.6	-54.6
3	Stroke	47	51.9	76.0	-24.1
4	Accidents	23	--	34.8	--
5	Chronic Lower Respiratory Disease	20	--	31.9	--
6	Alzheimer's Disease	12	--	20.5	--
7	Parkinson's Disease	10	--	5.5	--
8	Influenza and Pneumonia	9	--	20.0	--
9	Suicide	8	--	9.6	--
10	Septicemia	8	--	18.1	--

Other Causes of Death of Particular Interest, Afton Oaks-River Oaks , Houston, Texas, 1999-2003

Cause of Death	Afton Oaks-River Oaks		Houston	Afton Oaks/River Oaks - Houston
	Deaths	Rates*	Rates*	Rates
Coronary Heart Disease	85	94.3	174.1	-79.7
Bronchus-Lung Cancer	30	33.3	52.8	-19.5
Motor Vehicle Accident	8	--	13.2	--
Drug-Induced Cause	6	--	8.2	--

*Age-adjusted mortality rates: annual average deaths per 100,000 population; census 2000 populations as the denominators; age-adjusted to the 2000 US Standard Million; deaths with known age and disease information.

-- Numbers of deaths were too small for rate calculation.

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

Years of Potential Life Lost (YPLL)

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

Leading Causes of Premature Death	YPLL Rate*	YPLL Rate**	Houston YPLL Rate**
Cancer	564.5	460.5	816.3
Accidents	536.7	--	-
Suicide	249.6	--	-
Heart Disease	238.2	--	-
Stroke	81.6	--	-
Specific Causes of Interest			
Drug-Induced Cause	257.8	--	-
Motor Vehicle Accident	233.3	--	-
Coronary Heart Disease	145.2	--	-
Bronchus-Lung Cancer	65.3	--	-

NOTE: Special cause of death categories may not be mutually exclusive.

* Crude annual average YPLL per 100,000 population under age 65 years.

** Age-adjusted annual average YPLL per 100,000 population under age of 65, standardized for 2000 US Standard Million.

-- Number of deaths too small for age-adjustment.

- Houston data not presented because comparison data were not available for the community.

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

Premature deaths from heart disease had higher impact on annual average YPLL rates among males than among females in this community. Many YPLL rates are not reported by gender due to small number of deaths occurred.

Rate of Years of Potential Life Lost (YPLL Rate)

At every age of death, there is a certain number of years of "expected life" that are not lived, and are therefore "lost". The amount of lost years of life often differ by cause of death. Many people consider death before the age of 65 years as premature. In this community, the principle causes of premature loss of life were cancer, accidents, suicide, heart disease, and stroke.

The age-adjusted annual average YPLL rate for cancer was lower in Afton Oak/River Oaks than it was in Houston. Comparison of other age-adjusted YPLL rates is not possible because of the relatively small number of deaths occurring before the age 65 in the super neighborhood. YPLL is not reported where fewer than 5 deaths occurred.

Leading Causes of Premature Death §	Male YPLL Rates (number of deaths)	Female YPLL Rates (number of deaths)
Accidents	652.1(9)	
Cancer	476.7(13)	649.8(19)
Suicide	413.8(5)	
Heart Disease	284.7(7)	193.0(5)

Specific Causes of Interest

Drug-Induced Cause	446.9(5)
Coronary Heart Disease	241.6(6)

§ Ranked by Male YPLL Rate

Note: Annual average YPLL rates might be unstable due to small number of premature deaths.

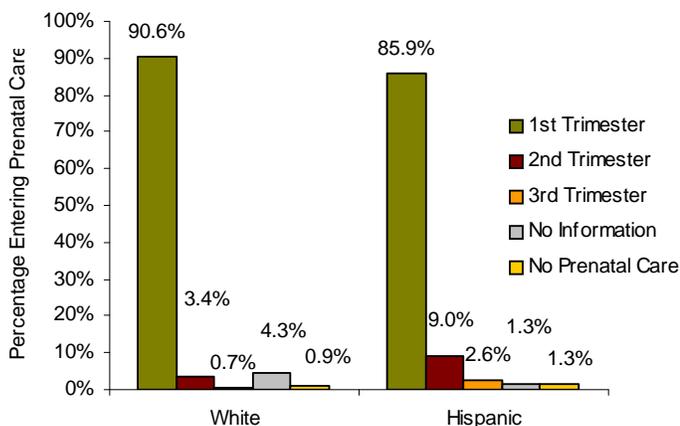
Data Sources: Texas Department of State Health Services, Vital Statistics; US Census, 2000

Maternal and Child Health

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

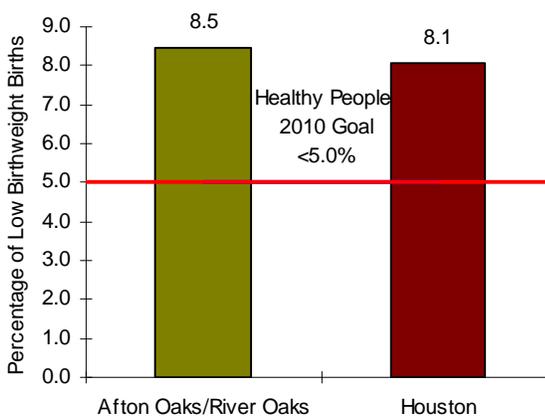
Entry into Prenatal Care by Trimester of Pregnancy, 1999-2003

In Afton Oaks/River Oaks, a high proportion of pregnant women reported entering prenatal care in the first trimester. A small proportion of women entered prenatal care very late in their pregnancy, or received no care at all.



Low Birth Weight Births (LBWB), 1999-2003

The percentage of low birth weight births (2500 grams or less) in Afton Oaks/River Oaks was similar to that of Houston as a whole, yet both were higher than the Healthy People 2010 goal of reducing this outcome to less than 5% of live births being low weight.

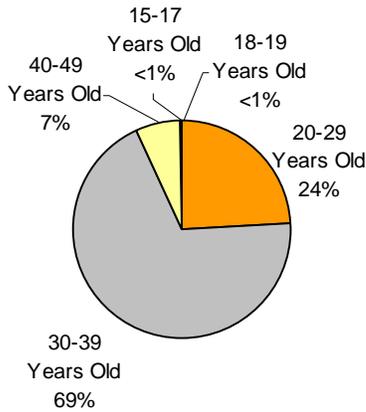


Low birth weight is a factor significantly related to infant mortality. Infants born with low birth weights are at increased risk for serious health problems and long term disabilities such as mental retardation, cerebral palsy, and respiratory, vision, and hearing problems. Low birth weight and infant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

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

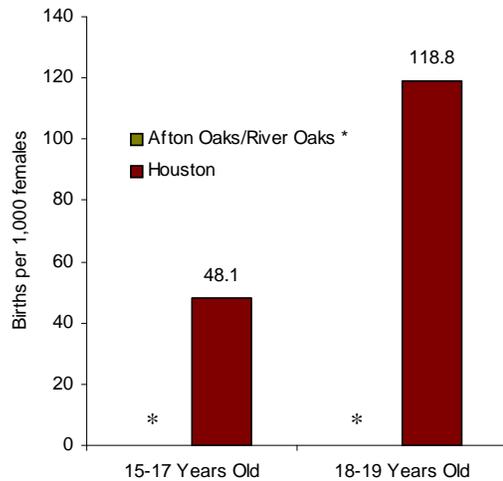
Births to Teen Mothers

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



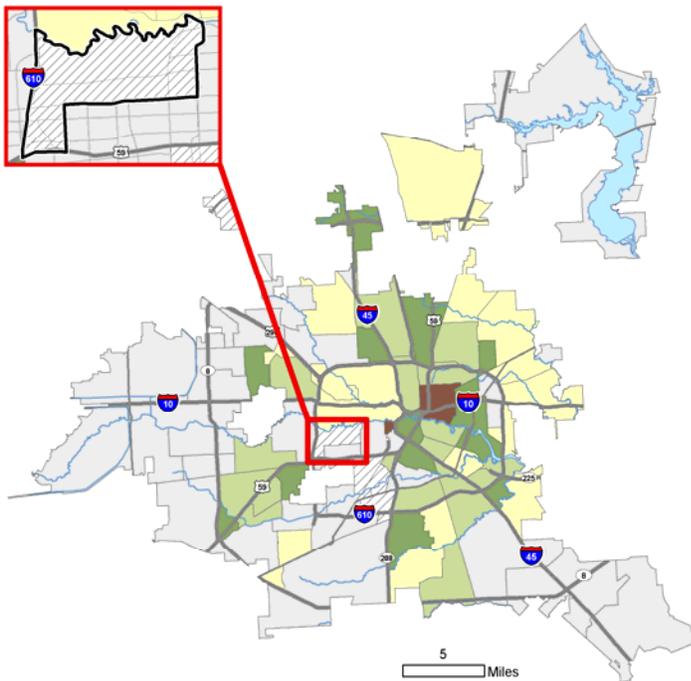
Births by Age of Mother, 1999-2003

A total of 672 births were recorded over the period among mothers in Afton Oaks/River Oaks. There were fewer than 5 births from mothers 19 years of age or younger from 1999-2003.



Births to Teen Mothers, 1999-2003

Very few births to teen mothers were reported in Afton Oaks/River Oaks from 1999-2003. The annual average rates of births to teen mothers are not statistically reliable and are therefore not presented (*) for this super neighborhood.



Births to Teen Mothers by Super Neighborhood, 1999-2003

Afton Oaks/River Oaks was among the neighborhoods with the fewest births to teen mothers (15 to 17 years of age), annually in the city.

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

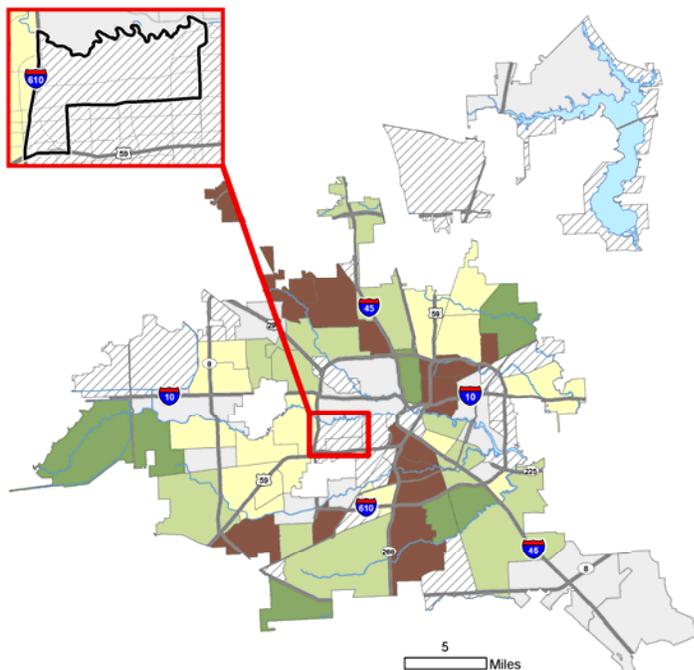
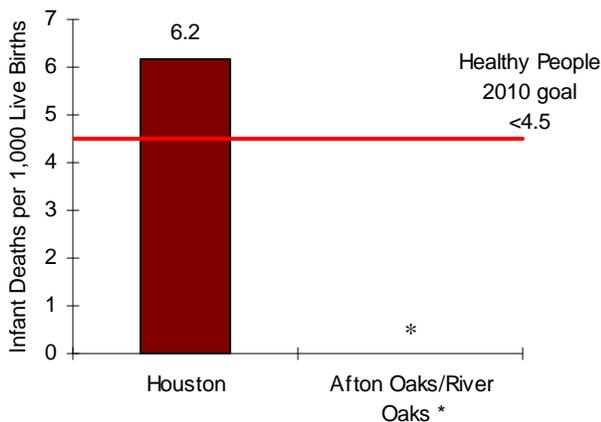
Data Sources: Texas Department of State Health Services, Vital Statistics; US Census 2000

Infant Mortality

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

Infant Mortality Rate, 1999-2003

There were very few infant deaths reported in Afton Oaks/River Oaks. The annual average IMR in this community is not statistically reliable and is therefore not presented (*).



Infant Mortality Rate by Super Neighborhood, 1999-2003

Afton Oaks/River Oaks was among the neighborhoods with the fewest annual infant deaths in the city.

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

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

Leading Causes of Hospitalization

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

Principal Diagnosis, Multiple Level Clinical Classification of ICD 9	Counts
1 Diseases of the circulatory system	759
Diseases of the heart	521
Cerebrovascular disease	153
Diseases of arteries; arterioles; and capillaries	44
2 Certain conditions originating in the perinatal period	503
Liveborn	477
Other perinatal conditions	13
Short gestation; low birth weight; and fetal growth retardation	9
3 Complications of pregnancy; childbirth; and the puerperium	492
Indications for care in pregnancy; labor; and delivery	144
Complications mainly related to pregnancy	109
Other complications of birth; puerperium affecting management of mother	100
4 Neoplasms	410
Benign neoplasms	93
Maintenance chemotherapy; radiotherapy	72
Cancer of male genital organs	43
5 Diseases of the digestive system	388
Lower gastrointestinal disorders	147
Upper gastrointestinal disorders	41
Gastrointestinal hemorrhage	38
6 Injury and poisoning	367
Fractures	154
Complications	119
Sprains and strains	23
7 Diseases of the respiratory system	286
Respiratory infections	130
Chronic obstructive pulmonary disease and bronchiectasis	52
Aspiration pneumonitis; food/vomitus	21

In the Afton Oaks/River Oaks, during the years 1999-2002, the most common causes of hospitalization were related to cardiovascular and cerebrovascular diseases, conditions originating in perinatal period or childbirth, neoplasms, or digestive disorders.

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

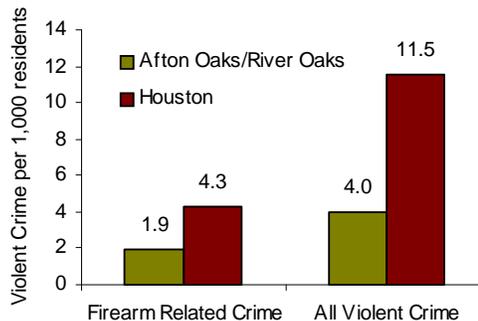
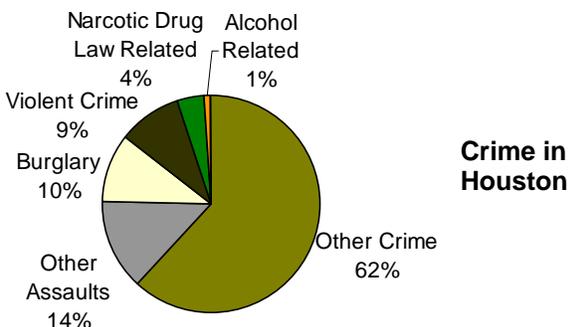
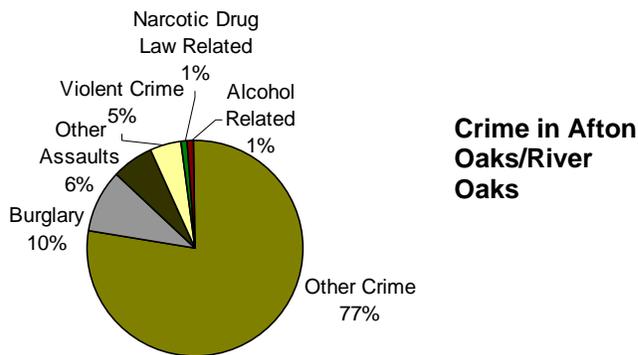
8 Diseases of the musculoskeletal system and connective tissue	271
Spondylosis; intervertebral disc disorders; other back problems	97
Non-traumatic joint disorders	93
Other connective tissue disease	22
9 Symptoms; signs; and ill-defined conditions and factors influencing health status	262
Factors influencing health care	184
Symptoms; signs; and ill-defined conditions	78
10 Diseases of the genitourinary system	241
Diseases of the urinary system	110
Diseases of female genital organs	108
Diseases of male genital organs	23

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

Crime

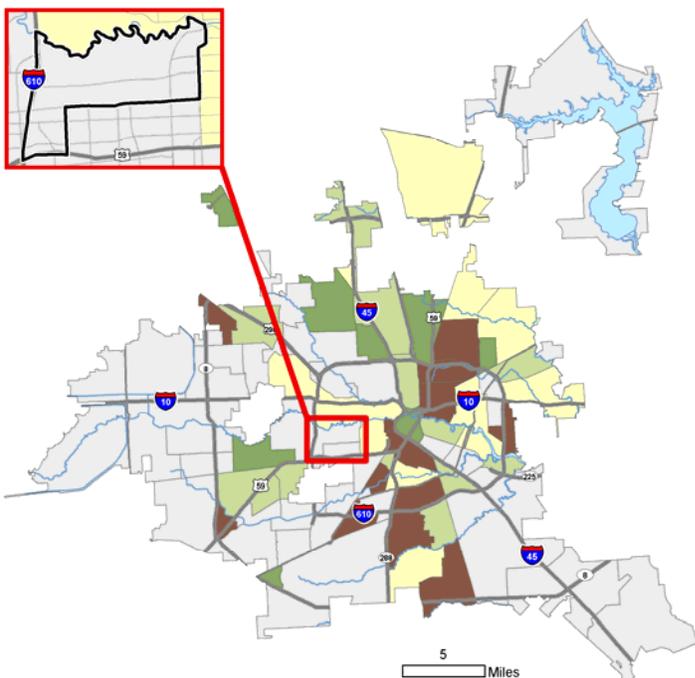
The crime rate in urban areas is of concern to the residents, law enforcement and the local government. Crimes place stress on the residents of neighborhoods and affect their well-being. Of particular concern are violent crimes that threaten residents' lives, such as those involving firearms.

Overview of Crime, 1999-2003



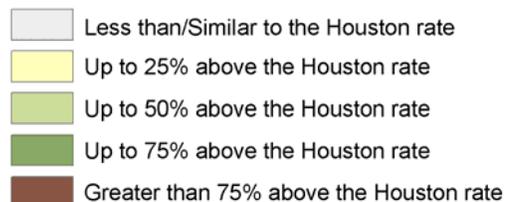
Violent Crime, 1999-2003

The annual average rate of violent crime in Afton Oaks/River Oaks was 4.0 per 1,000 population, one-third (35%) the rate in Houston as a whole. The rate of firearm-related violent crime in Afton Oaks/River Oaks was 1.9 per 1,000 population, 44% of the Houston rate.



Rate of Violent Crime by Super Neighborhood, 1999-2003

Afton Oaks/River Oaks was among those neighborhoods with the lowest annual average rates of violent crime in the city.



Data Source: Houston Police Department

Tuberculosis

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

From 1999 to 2003, less than 5 newly-acquired cases of tuberculosis were identified among residents of this super neighborhood.

Data Source: HDHHS, Bureau of TB Control

Drowning and Submersion

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

There were fewer than 5 submersion injury events in Afton Oaks/River Oaks from 1999-2003.

Data Source: HDHHS, Bureau of Epidemiology

Food-borne Disease

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

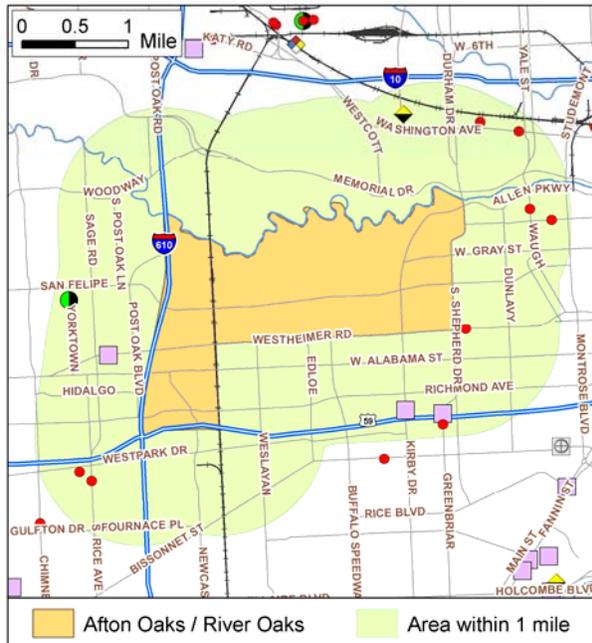
Food-related diseases are typically under-reported. It is likely that many more cases occurred from 1999 to 2003 than were actually reported to health officials.

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

Data Source: HDHHS, Bureau of Epidemiology

Environmental Health and Safety

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



Regulated Facilities

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

Within one mile of Afton Oaks/River Oaks, there are 8 Toxic Release Inventory (TRI) reporting facilities, 3 Large Quantity Generators (LQG) of hazardous waste, 1 major discharger of air pollutants, and 1 radioactive waste site.

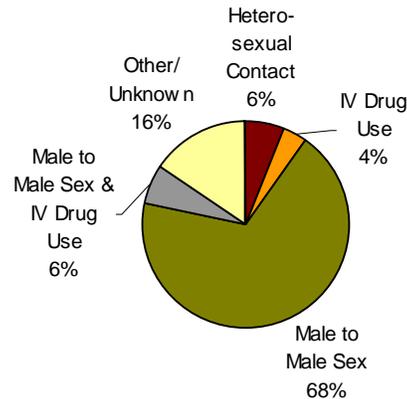
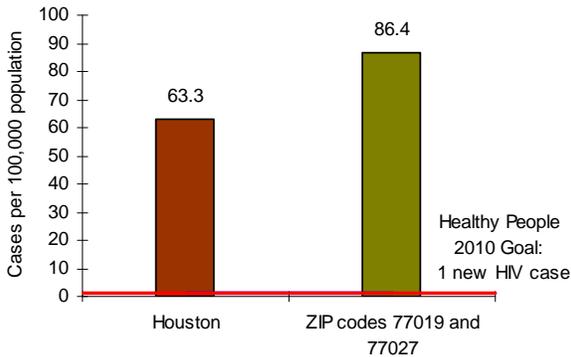
These facilities are regulated under one or more of the following federal statutes: the Emergency Planning and Community Right-to-Know Act (EPCRA), the Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA), the Resource Conservation and Recovery Act (RCRA), the Clean Air Act,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

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

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

HIV/AIDS

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

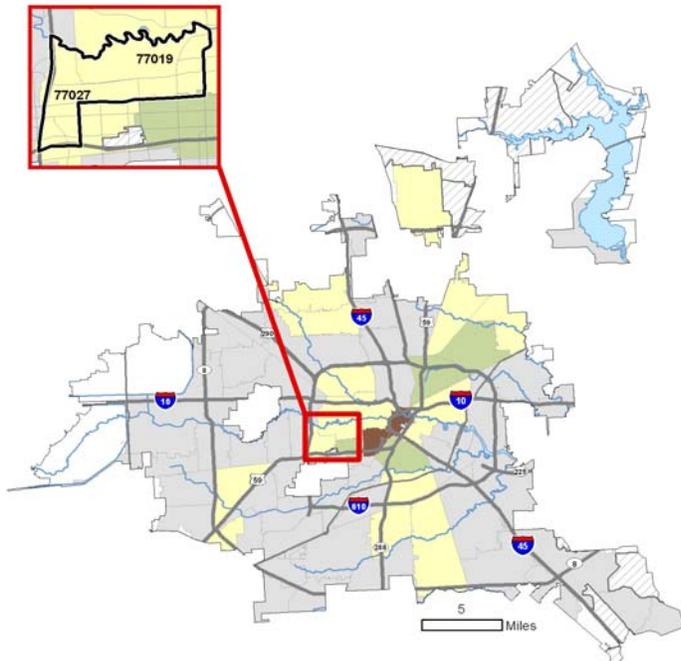


New HIV Diagnosis Rate, 1999-2003

The annual average rate of new HIV case diagnosis in the combined zip codes 77019 and 77027 (which include Afton Oaks/River Oaks) was 36% higher than the Houston-wide rate; both were far above the 2010 Healthy People goal of reducing infections to less than 1 new case per 100,000 persons.

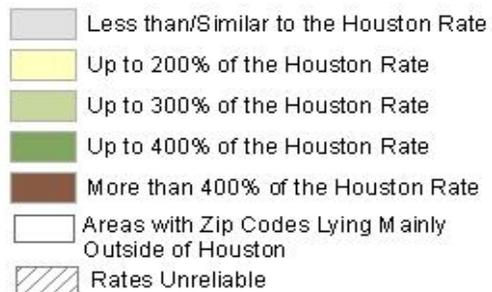
HIV Risk Factors, 1999-2003

Sixty-eight percent of new HIV infections reported having male-to-male sexual contact. In 16% of all reported cases, the mode of transmission was unknown.



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

The annual average rates of new HIV diagnosis in zip codes 77019 and 77027, which overlap Afton Oaks/River Oaks, were each higher than those of many other zip codes in the city.



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

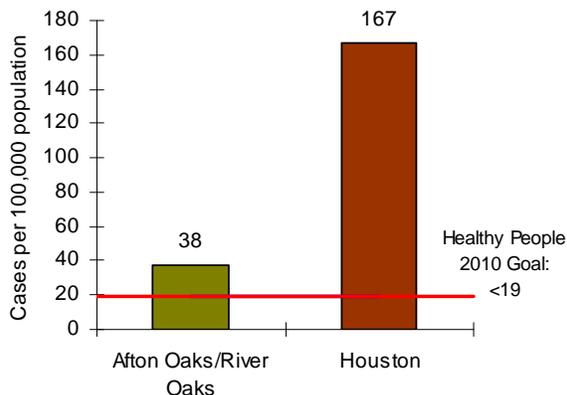
Data Source: HDHHS, Bureau of Epidemiology

Gonorrhea

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

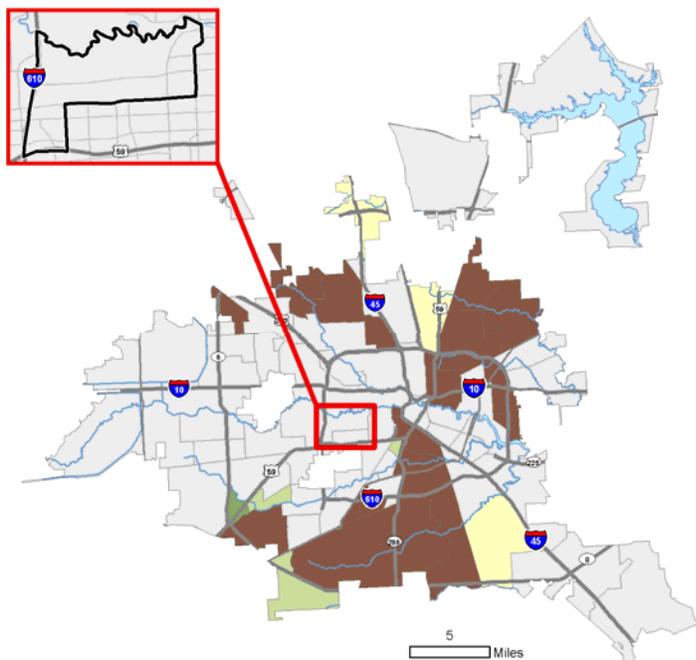
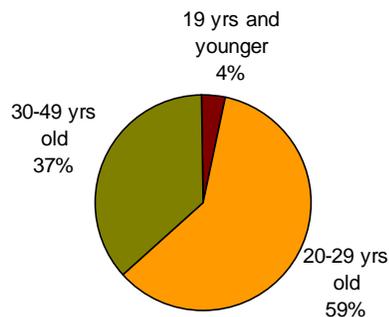
New Gonorrhea Infection, 1999-2003

The annual average rate of new gonorrhea cases in Afton Oaks/River Oaks was 77% lower than the Houston rate; both rates were much higher than 2010 Healthy People goal of less than 19 cases per 100,000 population.



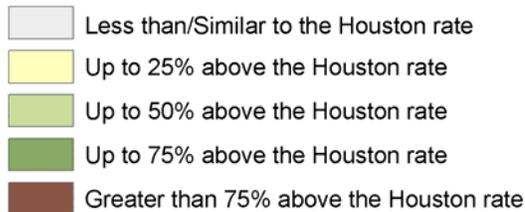
Gonorrhea infection by Age, Sex, Race/Ethnicity

Blacks represented 2% of Afton Oaks/River Oaks residents and accounted for 26% of new cases. Whites, who represented 86% of residents, accounted for 41% of new cases. More than half (59%) of all cases occurred in persons aged 20-29 years; 4% in persons 19 years old or younger. Males accounted for 78% of new cases.



Rates of Gonorrhea Infection by Super Neighborhood, 1999-2003

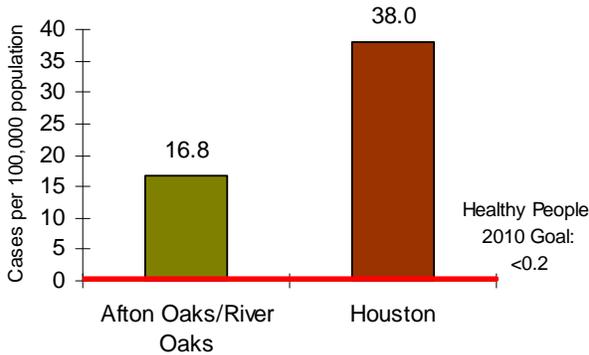
Afton Oaks/River Oaks was among the neighborhoods with the lowest annual average rates of gonorrhea infection in the city.



Data Source: HDHHS, Bureau of Epidemiology

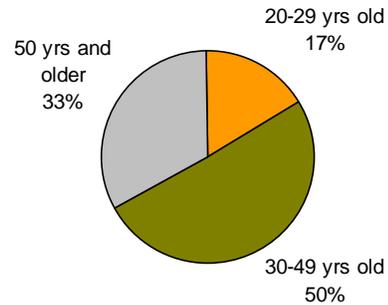
Syphilis

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



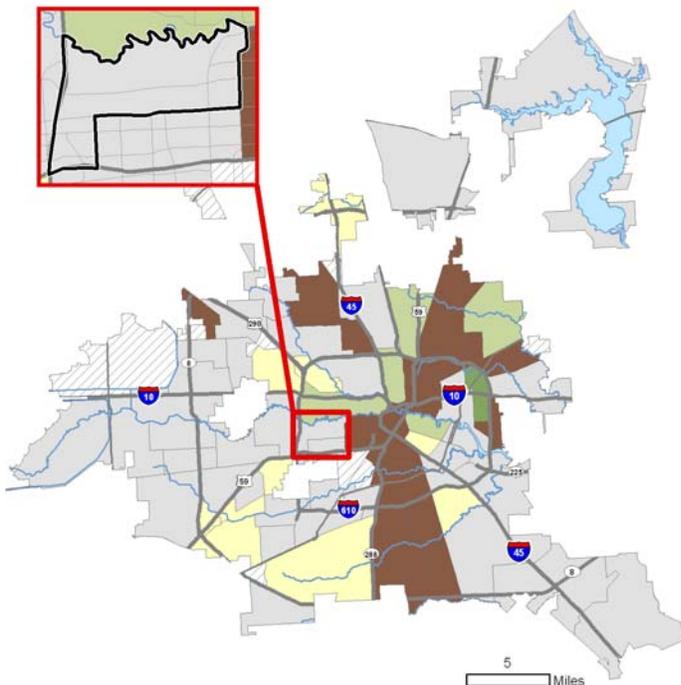
Rates of New Syphilis Infection, 1999-2003

The annual average rate of new cases in Afton Oaks/River Oaks was less than half (44%) of the overall Houston rate. However, it was more than 80 times the Healthy People 2010 goal of fewer than 0.2 cases per 100,000 population.



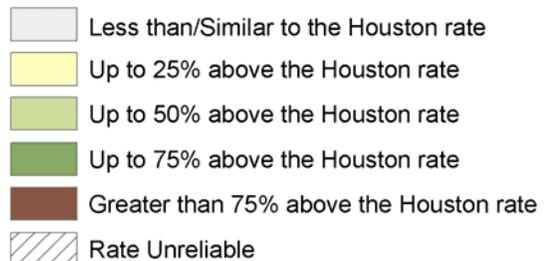
Syphilis Cases by Age, Sex, Race/Ethnicity

From 1999-2003, 82% of new cases occurred among Whites. One-third of new infections occurred among those 50 years of age and older; two-thirds (67%) among 20-49 year olds. The majority of new cases were male (92%).



Rates of Syphilis by Super Neighborhood, 1999-2003

Afton Oaks/River Oaks was among the neighborhoods with the lowest annual average rates of syphilis infection in the city.



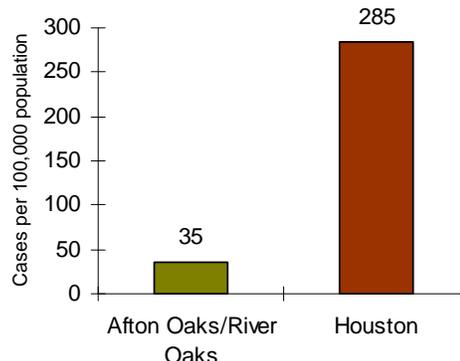
Data Source: HDHHS Bureau of Epidemiology

Chlamydia

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

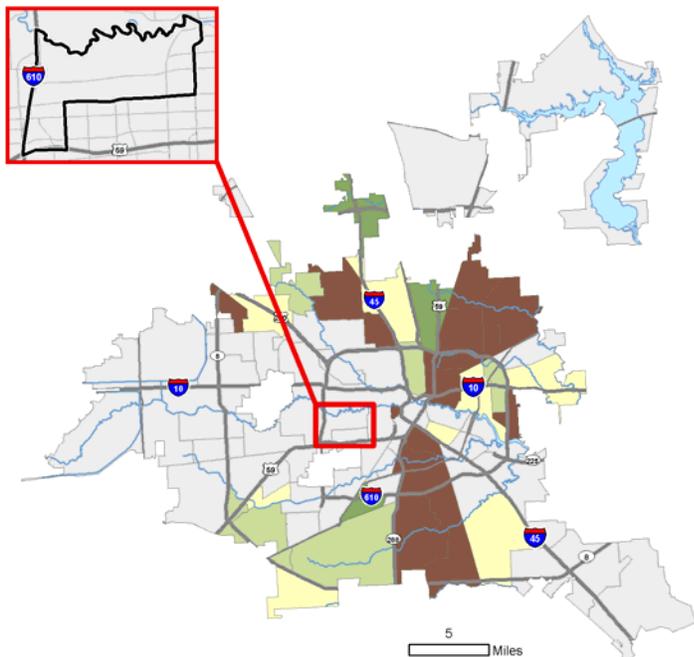
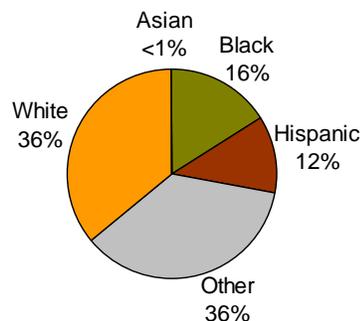
Rates of Chlamydia, 1999-2003

The annual average rate of chlamydia infection in Afton Oaks/River Oaks was 35 per 100,000 population, nearly 90% below the Houston rate.



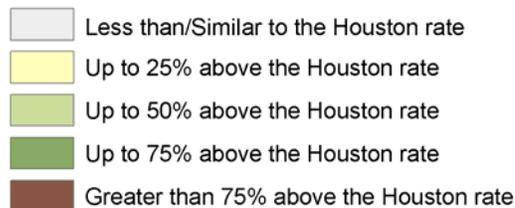
Chlamydia Infection By Age, Sex, and Race/Ethnicity, 1999-2003

Blacks accounted for 16% of new cases. Whites accounted for one-third (36%) of new infections.



Rates of Chlamydia by Super Neighborhood, 1999-2003

Afton Oaks/River Oaks was among the neighborhoods with the lowest annual average rates of chlamydia infection in the city.



Data Source: HDHHS Bureau of Epidemiology

Technical Notes

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

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

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

Other notes

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

Community Health Profiles

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

Community Health Statistics

Office of Surveillance & Public Health Preparedness
Houston Department of Health and Human Services
8000 N. Stadium Dr., 4th floor
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About Community Health Statistics (CHS)

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

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