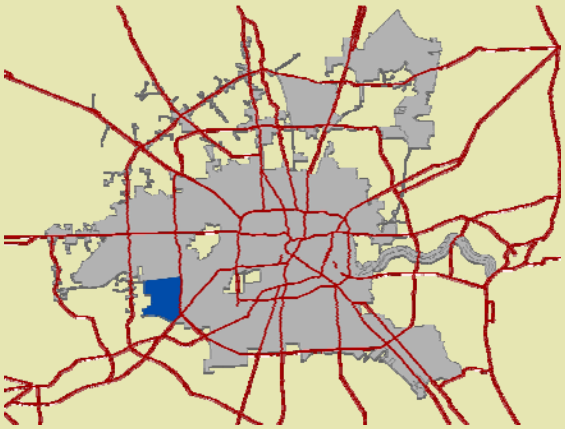
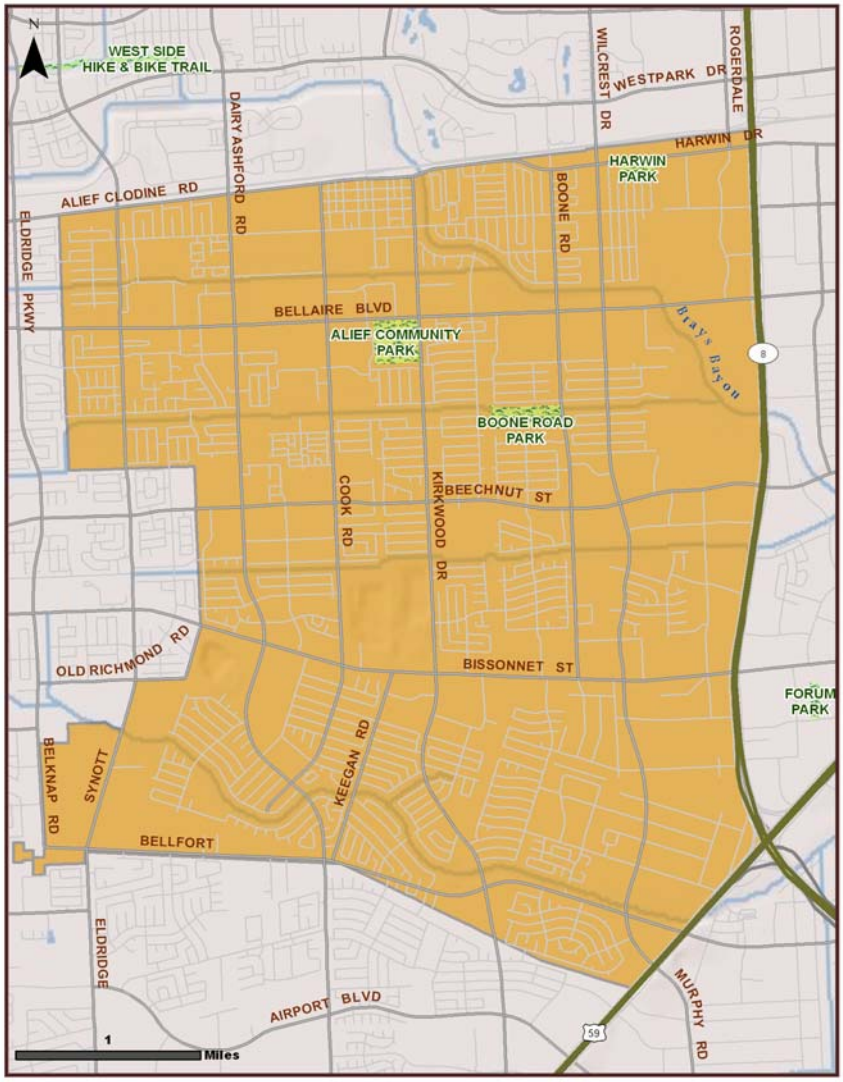
1999-2003

City of Houston
Department of Health and Human Services
Office of Surveillance and Public Health Preparedness

Community Health Profiles

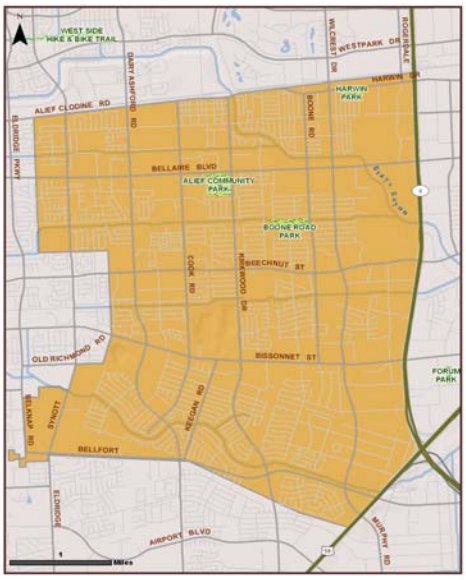
Alief
Super Neighborhood





Providing Health Information for Community Action

Introduction



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

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 Alief and across the City of Houston.

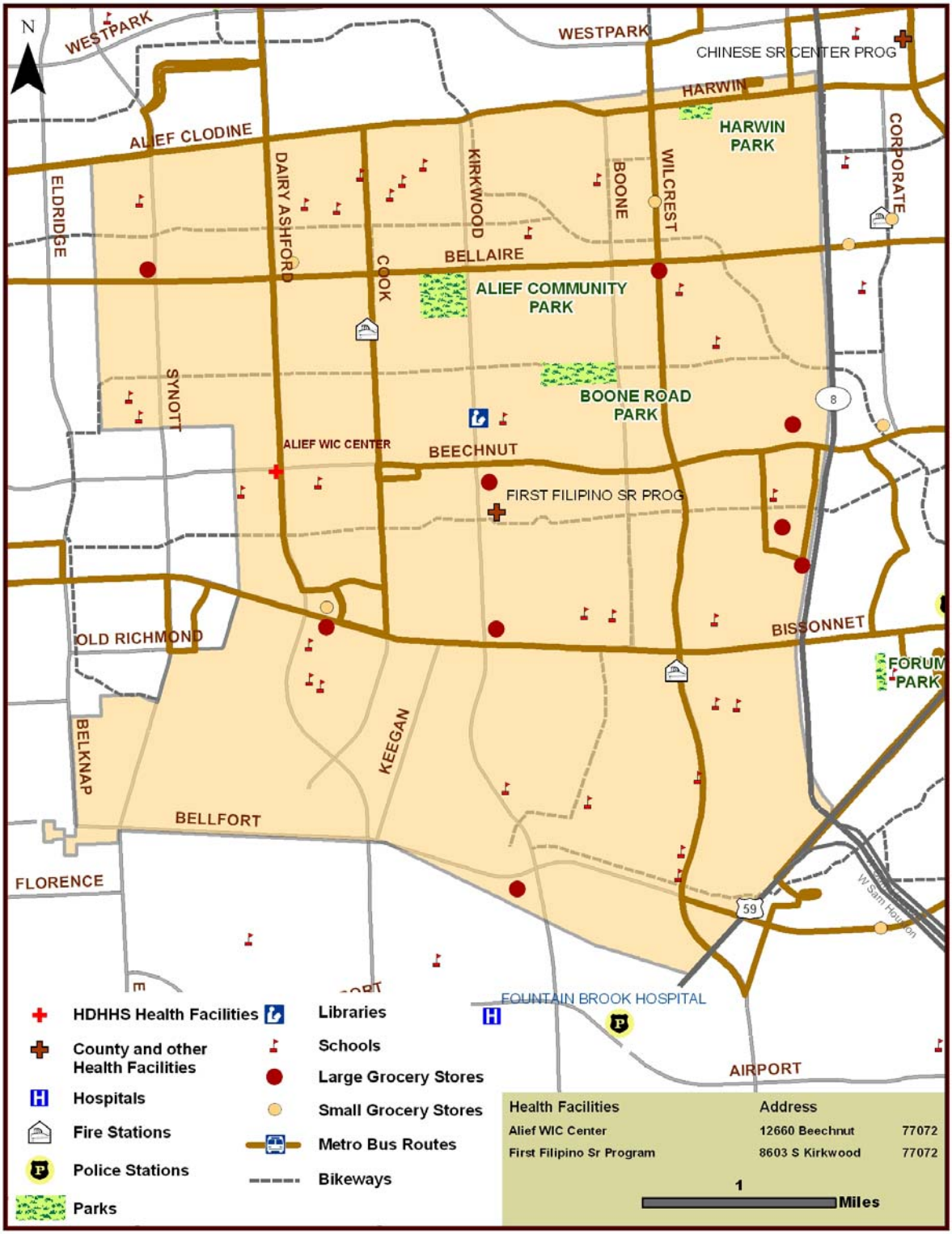
Stephen L. Williams, M.Ed., M.P.A.
Director
Houston Department of Health and Human Services

Table of Contents

Community Resources……3
The Super Neighborhood at a Glance……4
Major Causes of Death……6
Years of Potential Life Lost……7
Maternal and Child Health……8
Births to Teen Mothers……9
Infant Mortality……10
Leading Causes of Hospitalization……11
Crime……12
Tuberculosis……13
Drowning and Submersions……13
Food-related Illness……13
Environmental Health & Safety……14
HIV/AIDS……15
Gonorrhea……16
Syphilis……17
Chlamydia……18
Technical Notes……19

Community Resources

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

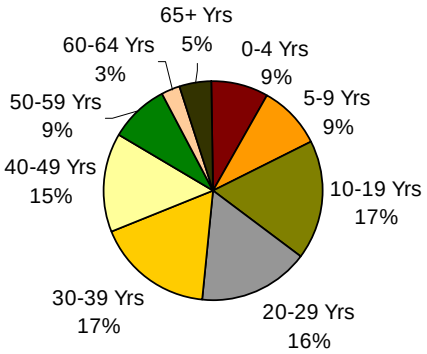


Alief at a Glance

The total population of Alief was 98,002 according to the 2000 census.*

Age

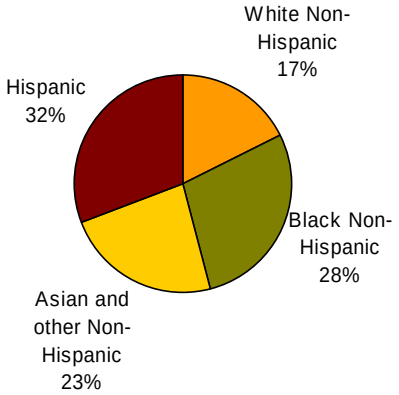
At the time of the 2000 census, more than one-third (35%) of Alief residents were under the age of 20. More than half (60%) were between 20 and 64 years of age, and 5% were 65 or older.



Race, Ethnicity, National Origin

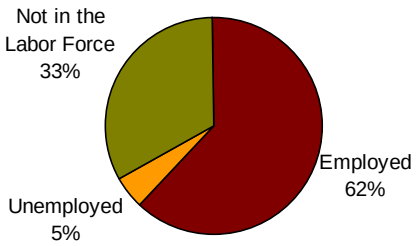
Alief contained nearly equivalent numbers of Hispanic and Black residents. Asians and other races comprised 23% of the population, and Whites accounted for the remainder (17%).

Of the total population, less than half (43%) were native Texans; 40% were foreign born.



Employment

Nearly 40% of Alief residents, ages 16 and over, were either unemployed or were not in the labor force in 1999.

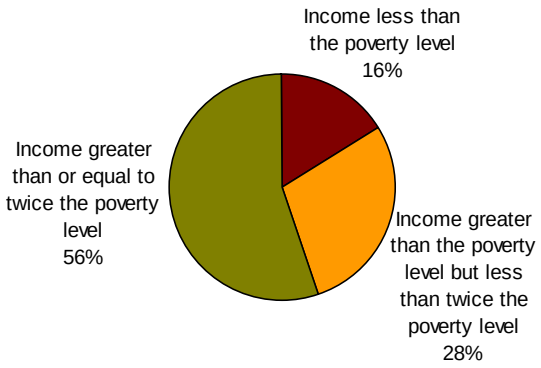


* Data Source: U.S. Census 2000. Total population was calculated from census block-level data using Summary File 1. For purposes of describing demographics using Summary File 3, the super neighborhood is defined by the following census geographies: Tracts 4523-4525, 4528-4536, 4538; Tract 4537, Block Groups 2-4; and (in Fort Bend County) Tract 6720, Block Group 1.

Poverty

Less than 20% of the population in Alief was below the poverty level in 1999. More than half (56%) of all residents in the super neighborhood had incomes greater than, or equal to, twice the poverty level.

Of those living below the poverty level, 41% were children under 18 years of age; 5% were adults 65 and older.

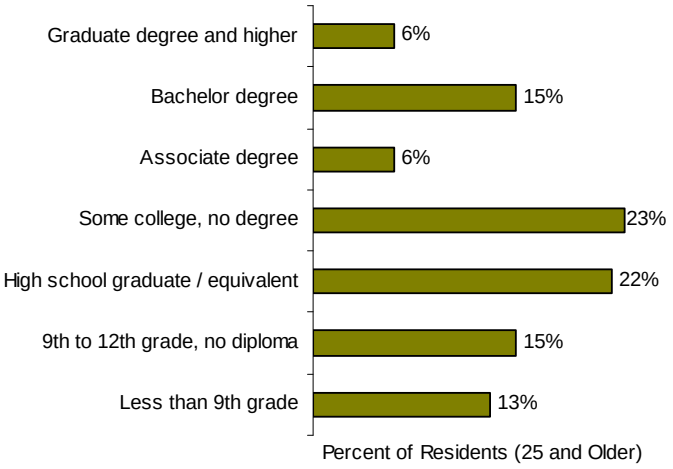


Education

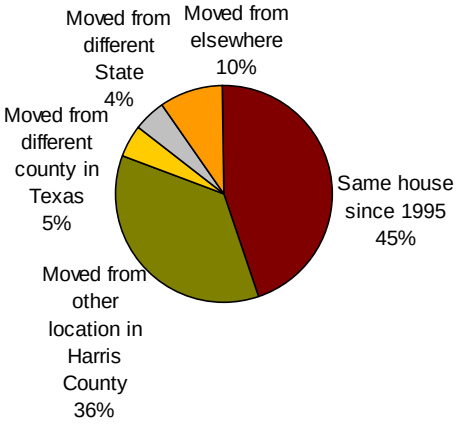
Twenty-eight percent of Alief residents, ages 25 and over, reported that they had not graduated from high school.

Nearly one-quarter (22%) of residents reported a high school diploma (or the equivalent) as their highest level of educational attainment.

Half of the residents had attained education beyond the high school level, with 27% earning a college degree.



Population Stability



Nearly half (45%) of Alief residents had lived in the same house since 1995. More than one-third (36%) of the total population had moved to the super neighborhood from other locations in Harris County.

Nineteen 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 a lower overall mortality rate than that of Houston as a whole. Annual average mortality rates from the leading causes were also lower in the community, except the rates of stroke, chronic lower respiratory disease, influenza and pneumonia, which were slightly higher in the community than they were in Houston.

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

		Alief		Houston	Alief-Houston
Rank	**Cause of Death**	**Deaths**	**Rates***	**Rates***	**Rates**
	All Causes	1737	812.4	898.2	-85.8
1	Heart Disease	392	209.7	262.0	-52.4
2	Cancer	426	184.1	197.6	-13.6
3	Stroke	119	79.2	76.0	3.2
4	Chronic Lower Respiratory Disease	65	38.4	31.9	6.5
5	Accidents	104	29.9	34.8	-4.9
6	Influenza and Pneumonia	40	25.8	20.0	5.8
7	Diabetes Mellitus	52	23.6	28.0	-4.3
8	Septicemia	28	17.6	18.1	-0.5
9	Alzheimer's Disease	19	- -	20.5	- -
10	Kidney Disease	24	- -	15.8	- -

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

	Alief		Houston	Alief-Houston
Cause of Death	**Deaths**	**Rates***	**Rates***	**Rates**
Coronary Heart Disease	267	146.2	174.1	-27.8
Bronchus-Lung Cancer	118	48.7	52.8	-4.1
Motor Vehicle Accident	55	13.6	13.2	0.4
Firearm Related	36	6.5	7.4	-1.0
Drug-Induced Cause	22	- -	8.2	- -
Cervical Cancer	<5	- -	2.2	- -

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

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

Years of Potential Life Lost (YPLL)

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

Leading Causes of Premature Death	YPLL Rate*	YPLL Rate**	Houston YPLL Rate**
Cancer	607.9	713.4	816.3
Accidents	603.4	574.0	779.0
Heart Disease	435.4	504.7	689.3
Homicide	376.8	359.9	407.5
Congenital Disorders	325.0	285.6	199.5
Conditions Originating in the Perinatal Period	229.6	- -	-
HIV/AIDS	197.0	189.5	335.1
Suicide	190.8	187.2	225.0
Stroke	89.4	100.6	141.9
Chronic Liver Disease-Cirrhosis	72.9	- -	-
Specific Causes of Interest			
Motor Vehicle Accident	338.9	322.2	392.0
Firearm Related	272.9	258.0	287.2
Coronary Heart Disease	220.1	265.0	376.1
Bronchus-Lung Cancer	150.0	182.1	153.2
Drug-Induced Cause	135.3	- -	-

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 homicide, accidents, and heart disease had disproportionately higher impact on YPLL rates among males than females in this community.

Rate of Years of Potential Life Lost (YPLL Rate)

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

The age-adjusted annual average YPLL rates for congenital disorders and bronchus-lung cancer were higher in the super neighborhood than those in Houston. Comparison of some age-adjusted YPLL rates is not possible because of the relatively small number of deaths occurring before age 65 in the Alief. YPLL rate 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	916.5(64)	302.0(21)
Homicide	660.8(44)	103.5(7)
Cancer	650.8(113)	566.6(104)
Heart Disease	594.8(97)	281.9(50)
Congenital Disorders	306.8(14)	342.4(13)
Specific Causes of Interest		
Motor Vehicle Accident	538.0(37)	147.2(10)
Firearm Related	525.3(34)	
Coronary Heart Disease	328.7(64)	115.7(25)

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

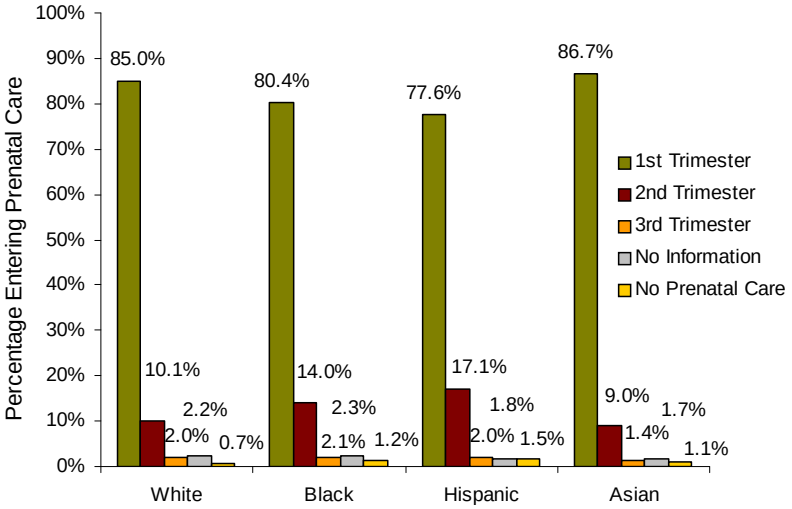
Data Sources: Texas Department of State Health Services, Vital Statistics; US Census, 2000

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.

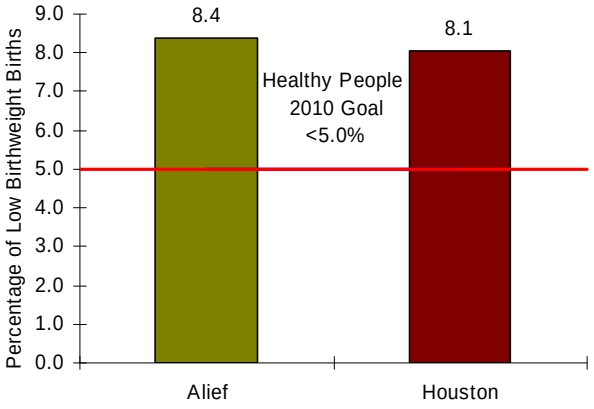
Entry into Prenatal Care by Trimester of Pregnancy, 1999-2003

A higher proportion of pregnant Hispanic (17.1%) and Black (14.0%) women reported entering prenatal care in the second trimester than did other groups. A small proportion of women in all groups entered prenatal care very late in their pregnancy, or received no care at all.



Low Birth Weight Births, 1999-2003

More than 8% of live births in Alief were of low birth weight (2,500 gm or less). This proportion was comparable to that observed among all Houston births, as a whole. Both proportions were higher than the Healthy People 2010 goal of reducing this outcome to less than 5% of births being low weight.

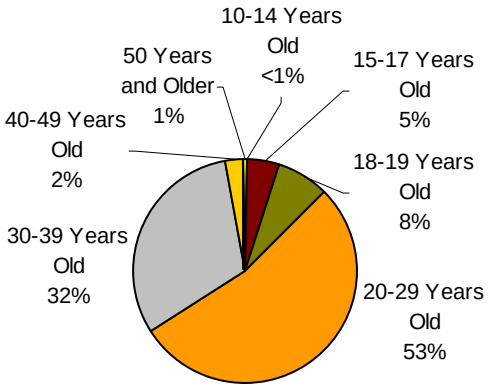


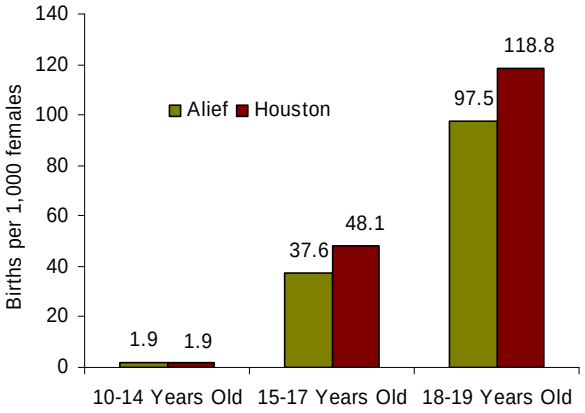
Low birth weight is a factor significantly related to infant mortality. Infants born with low birth weights are at increased risk for serious health problems and long term disabilities such as mental retardation, cerebral palsy, and respiratory, vision, and hearing problems. Low birth weight and infant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



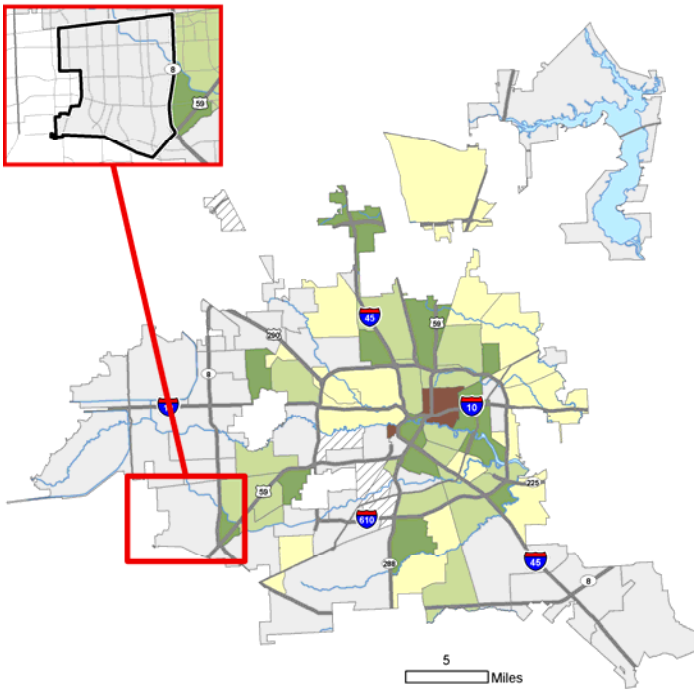


Births by Age of Mother,1999-2003

A total of 9,226 births were recorded over the period among mothers in the super neighborhood. Approximately 13% of these births were to young mothers (10-19 years of age).

Births to Teen Mothers, 1999-2003

The annual average rate of births to 15-17 year-old teens in Alief (37.6 per 1,000 females aged 15 to 17 years) was 21% lower, and among 18-19 year-old females, 10% lower, than that for girls of their respective age groups in Houston, overall.



Births to Teen Mothers by Super Neighborhood, 1999-2003

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

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

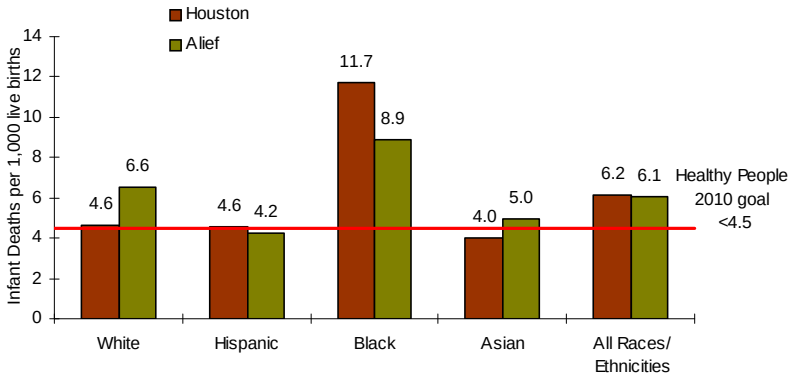
Data Sources: Texas Department of State Health Services, Vital Statistics; US Census 2000

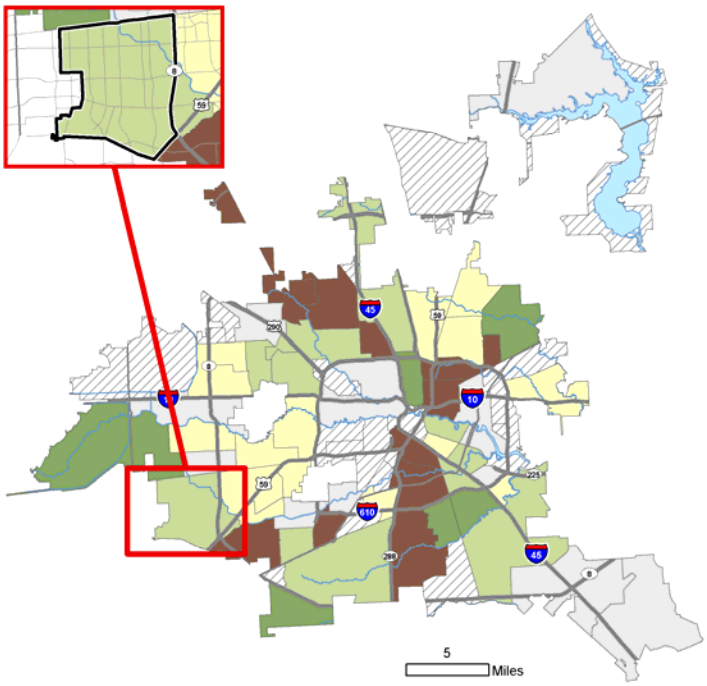
Infant Mortality

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

Infant Mortality Rate, 1999-2003

The annual average mortality rate in Alief was approximately equal to that of Houston as a whole, and 36% higher than the 2010 goal of 4.5 infant deaths per 1,000 live births. Almost half of all infant deaths occurred among Blacks. The annual average IMR among Blacks in Alief was 24% lower than that of Blacks in Houston as a whole.





Infant Mortality Rate by Super Neighborhood, 1999-2003

Alief was among the neighborhoods in Houston with high annual average rates of infant mortality.

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

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

Leading Causes of Hospitalization

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

Principal Diagnosis, Multiple Level Clinical Classification of ICD 9	Counts
1. Complications of pregnancy; childbirth; and the puerperium	6713
Complications mainly related to pregnancy	1832
Complications during labor	1537
Indications for care in pregnancy; labor; and delivery	1422
2. Certain conditions originating in the perinatal period	6074
Liveborn	5933
Other perinatal conditions	69
Short gestation; low birth weight; and fetal growth retardation	31
3. Diseases of the circulatory system	3776
Diseases of the heart	2566
Cerebrovascular disease	540
Hypertension	299
4. Diseases of the digestive system	2143
Lower gastrointestinal disorders	585
Biliary tract disease	367
Upper gastrointestinal disorders	274
5. Diseases of the respiratory system	2014
Respiratory infections	1006
Asthma	349
Chronic obstructive pulmonary disease and bronchiectasis	226
6. Mental disorders	1813
Schizophrenia and related disorders	678
Affective disorders	638
Other psychoses	158
7. Injury and poisoning	1797
Complications	741
Fractures	543
Open wounds	107
8. Neoplasms	1637
Benign neoplasms	599
Secondary malignancies	148
Maintenance chemotherapy; radiotherapy	114
9. Diseases of the genitourinary system	1306
Diseases of the urinary system	685
Diseases of female genital organs	542
Diseases of male genital organs	79
10. Symptoms; signs; and ill-defined conditions and factors influencing health status	1003
Factors influencing health care	532
Symptoms; signs; and ill-defined conditions	471

In Alief, during the years 1999-2002, the most common causes of hospitalization were related to issues of child birth and conditions originating in the perinatal period, followed by cardiovascular and cerebrovascular diseases, digestive and respiratory disorders.

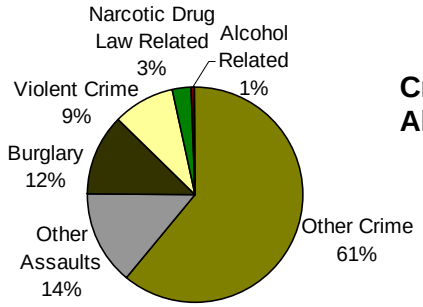
Note that only the most common conditions are listed under each major category of diagnosis, and that the sum of these counts may not equal the total counts for the category.

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

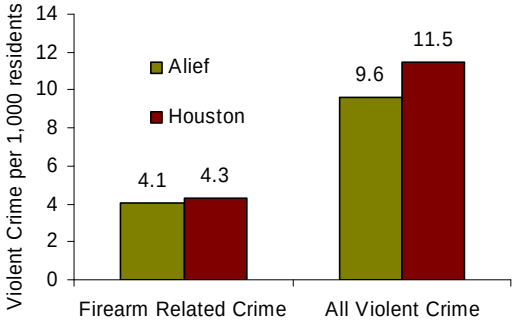
Crime

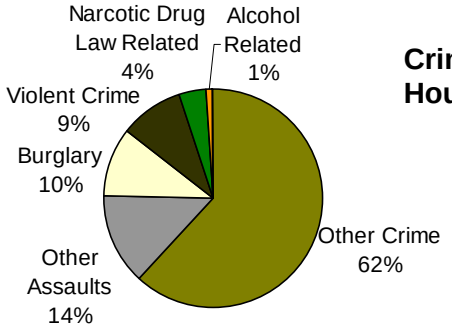
The crime rate in urban areas is of concern to the residents, law enforcement and the local government. Crimes place stress on the residents of neighborhoods and affect their well-being. Of particular concern are violent crimes that threaten residents' lives, such as those involving firearms.

Overview of Crime, 1999-2003



Crime in Alief

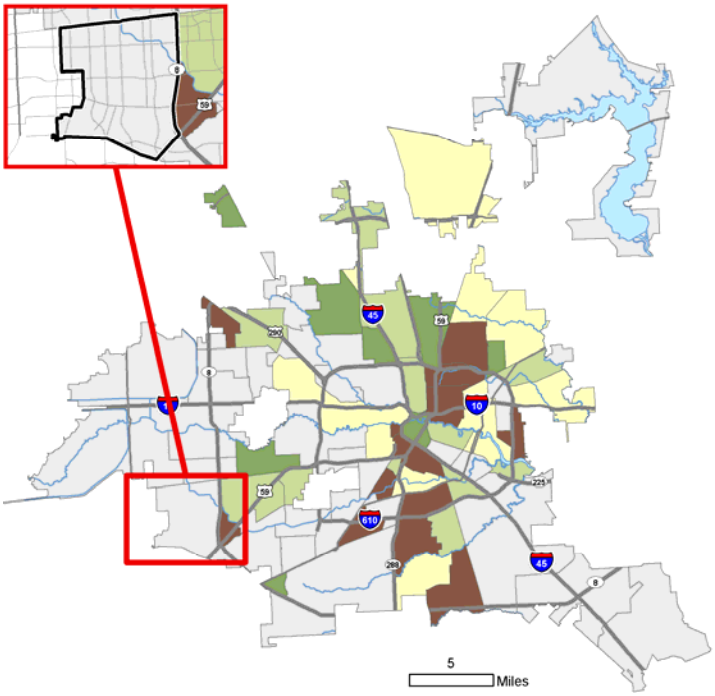




Crime in Houston

Violent Crime, 1999-2003

The annual average rate of violent crime in Alief was 9.6 per 1,000 population, nearly 17% lower than that of Houston as a whole. The rate of firearm-related violent crime in Alief was 4.1 per 1,000 population. It was similar to the Houston rate.



Rate of Violent Crime by Super Neighborhood,1999-2003

Alief was among the neighborhoods with the lowest annual average rates of violent crime in the city.

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

Data Source: 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, 73 newly-acquired cases of tuberculosis were identified among residents of this super neighborhood, representing 5.5% of all cases diagnosed in Houston in the same time period. The annual average rate in Alief was 14.9 compared to 13.6 per 100,000 population in Houston. Both rates were higher than the 2010 Healthy People target of 1 case per 100,000 population.

The majority (81%) of cases were adults 20 to 64 years of age. Females and males were almost equally affected. Asians represented over half (53%) of the cases, among which females between 20 to 64 years of age accounted for 46% of the cases.

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 14 submersion injury events in Alief from 1999-2003.

Data Source: HDHHS, Bureau of Epidemiology

Food-borne Diseases

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

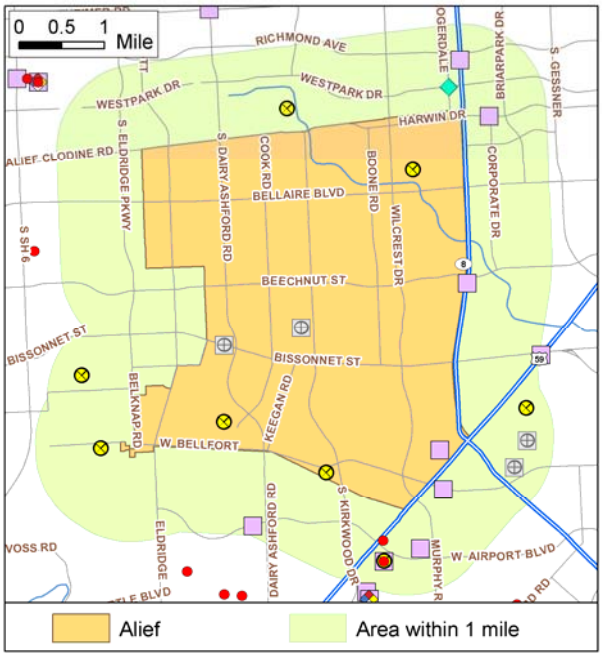
Food-related diseases are typically under-reported. It is likely that many more cases occurred from 1999 to 2003 than were actually reported to health officials.

Typically Reported Diseases	Number of Cases
Campylobacterosis	6
Hepatitis A	18
Salmonilosis	58
Shigellosis	55
Vibriosis	<5

Data Source: HDHHS, Bureau of Epidemiology

Environmental Health and Safety

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



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

Regulated Facilities

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

Within one mile of Alief, there are 8 Large Quantity Generators (LQG) of hazardous waste, 2 Toxic Release Inventory (TRI) reporting facilities, 8 major storm water discharging facilities, 1 Superfund site on the EPA National Priorities List (NPL), and 4 closed landfills.

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

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

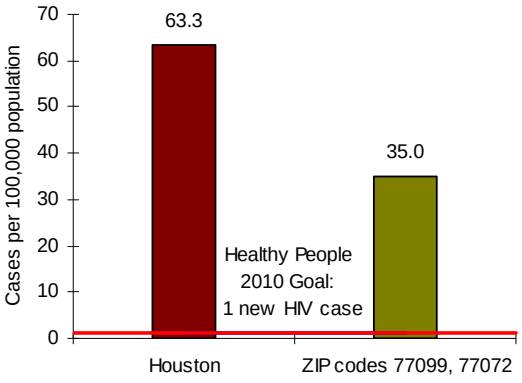
Type of Regulated Facility	Houston Count
Toxic Release Inventory (TRI) Facilities (all reporting years)	302
Major Storm Water Runoff Facilities	56
Hazardous Waste Treatment, Storage, or Disposal (TSD) Facilities	35
Large Quantity Generators (LQG) of Hazardous Waste	132

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

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

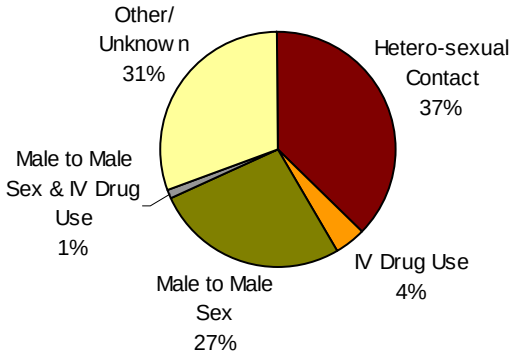
HIV/AIDS

HIV (Human Immunodeficiency virus) attacks the immune system and can progress to Acquired Immune Deficiency Syndrome (AIDS). HIV is primarily transmitted through unprotected sex or sharing needles with someone infected with the virus. It can also be transmitted 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.



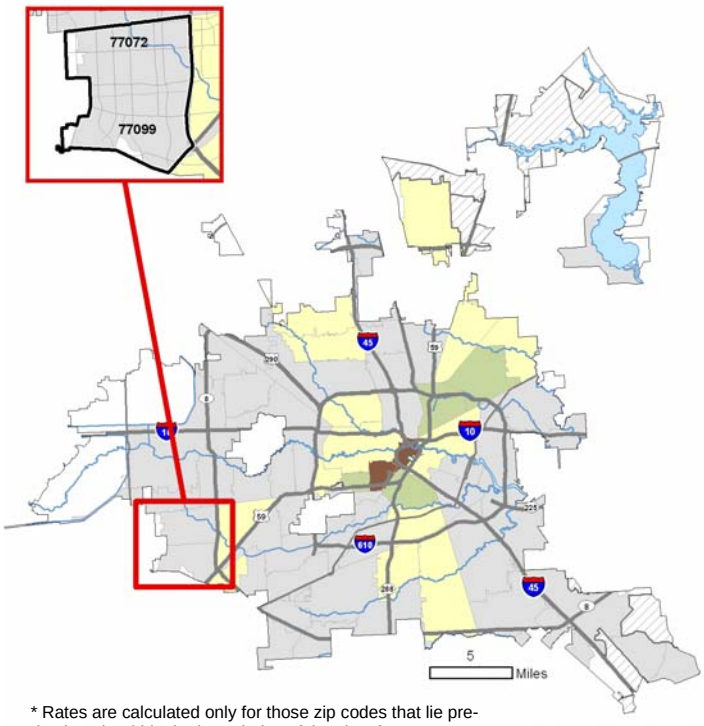
New HIV Diagnosis Rate, 1999-2003

The annual average rate of new HIV case diagnosis in the combined zip codes 77099 and 77072, which include Alief, was 55% lower than the Houston-wide rate; it still was far above the 2010 Healthy People goal of reducing infections to less than 1 new case per 100,000 population.



HIV Risk Factors, 1999-2003

In 31% of all reported cases, the mode of transmission was unknown. Either heterosexual contact or male-to-male sex was reported in 64% of new cases. IV drug use was reported in 4% of new cases.



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

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

The annual average rates of new HIV diagnosis in zip codes 77099 and 77072, which overlap Alief, were each lower than many other zip codes in the city.

- Less than/Similar to the Houston Rate
- Up to 200% of the Houston Rate
- Up to 300% of the Houston Rate
- Up to 400% of the Houston Rate
- More than 400% of the Houston Rate
- Areas with Zip Codes Lying Mainly Outside of Houston
- Rates Unreliable

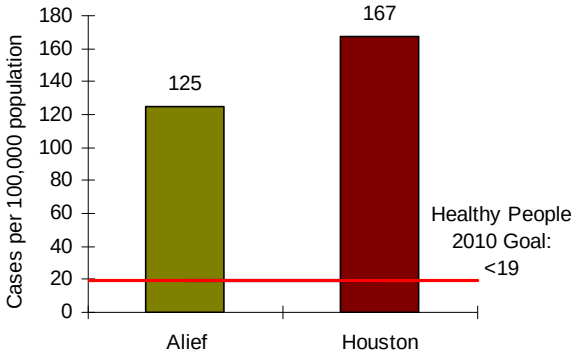
Data Source: HDHHS, Bureau of Epidemiology

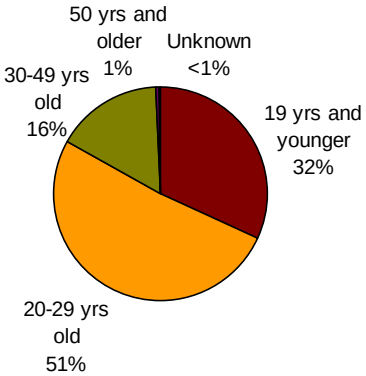
Gonorrhea

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

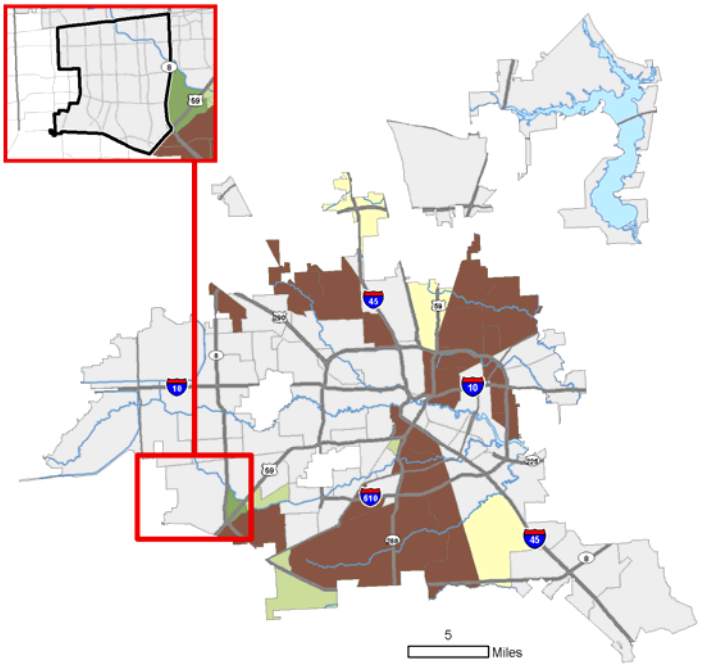
The annual average rate of new gonorrhea infections in this super neighborhood was 25% lower than the Houston rate, but was more than 6 times the 2010 Healthy People goal (<19 cases per 100,000 population).





Gonorrhea infection by Age, Sex, Race/Ethnicity

Blacks, who represented 28% of Alief residents, accounted for 75% of new cases. Slightly less than half (47%) of all cases occurred in males, and persons aged 20-29 years were the most affected age group.



Rate of Gonorrhea infection by Super Neighborhood,1999-2003

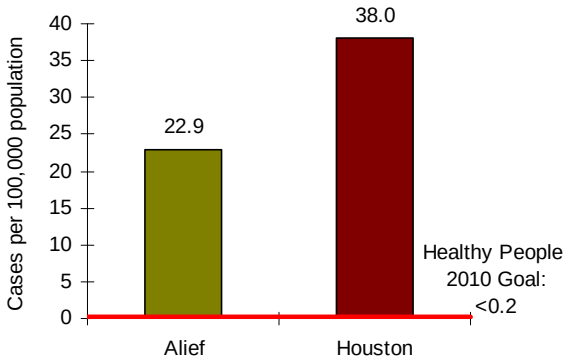
Alief was among the neighborhoods with the lowest annual average rates of infection in the city.

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

Data Source: HDHHS, Bureau of Epidemiology

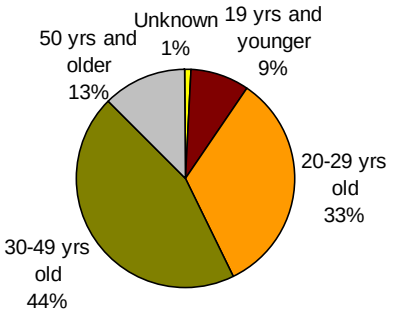
Syphilis

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



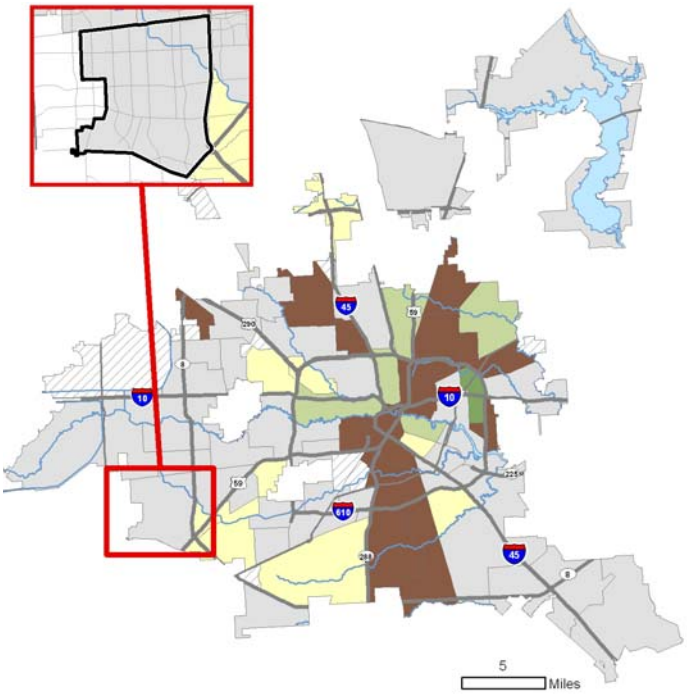
Rates of New Syphilis Infection, 1999-2003

The annual average rate of new infection in Alief was 40% lower than the overall Houston rate, both were still 115 times the Healthy People 2010 goal.



Syphilis Cases by Age, Sex, Race/Ethnicity

From 1999-2003, 52% of new cases occurred among Blacks, 30% of new cases among Hispanics, and 7% of new cases were Asians. Adult males were slightly more affected than females. Seventy-seven percent of new cases were between 20 and 49 years of age.



Rates of Syphilis by Super Neighborhood, 1999-2003

Alief was among the neighborhoods with the lowest annual average rates of infection in the city.

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

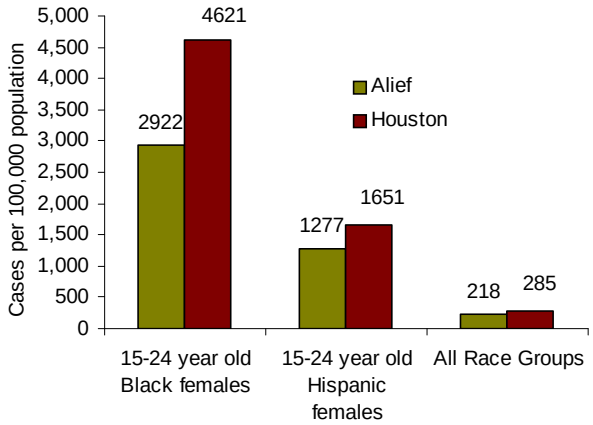
Data Source: HDHHS Bureau of Epidemiology

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.

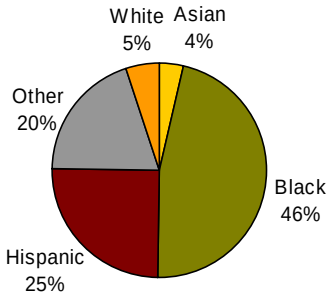
Rates of Chlamydia in Alief , 1999-2003

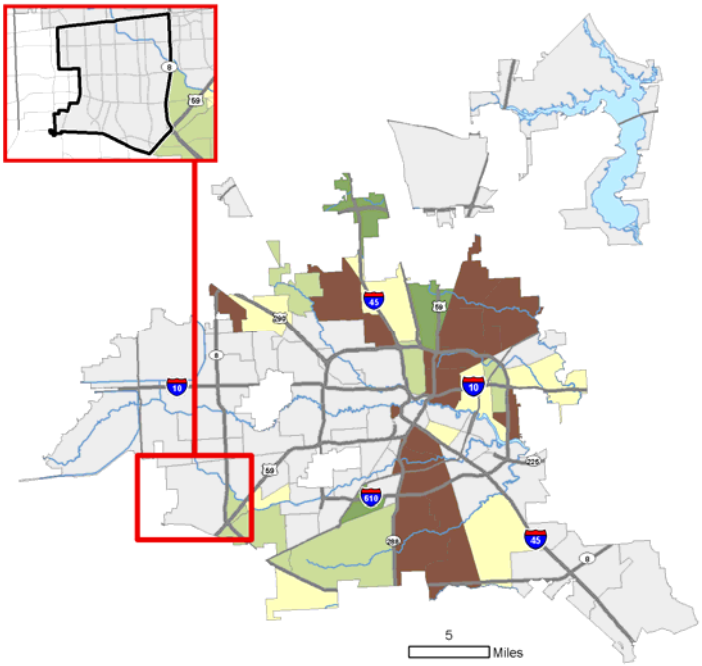
The annual average rate of new chlamydia infection in Alief was 218 per 100,000 population, 24% lower than the Houston rate. The age-specific rates for Black and Hispanic females 15-24 years of age were both lower than those for their cohorts, city-wide.



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

Sixty-five percent of new cases were 15 to 24 year-old females. Blacks accounted for 46% of new infections; Hispanics 25%. Forty-two percent of cases were 19 years of age or younger; 47% were between 20 and 29 years of age.





Rates of Chlamydia by Super Neighborhood,1999-2003

Alief was among the neighborhoods with the lowest annual average rates of infection in the city.

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

Data Source: HDHHS, Bureau of Epidemiology

Technical Notes

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

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

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

Other notes

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

Community Health Profiles

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

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

City of Houston
Department of Health and Human Services

Stephen L. Williams, M.Ed., M.P.A.
Director

Community Health Profiles

Produced by
Community Health Statistics
Office of Surveillance and Public Health Preparedness

Raouf Arafat, M.D., M.P.H.
Assistant Director

Mark Perry, M.P.H.
Editor

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.