

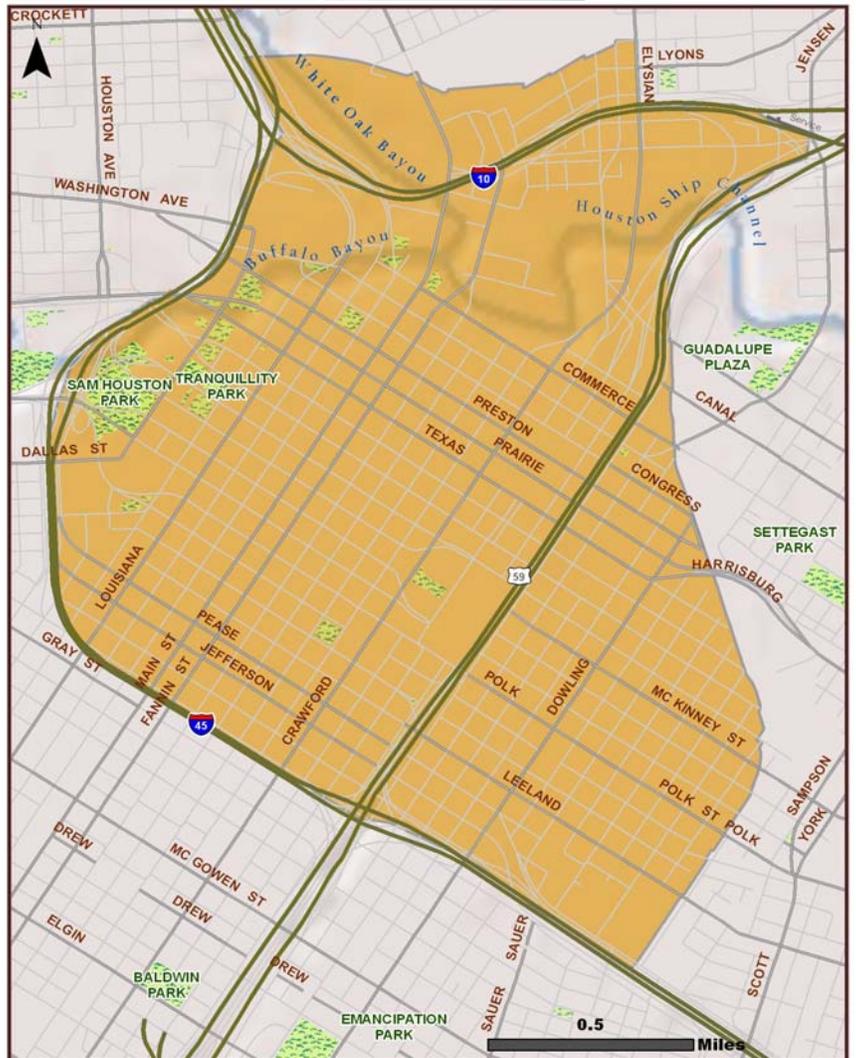
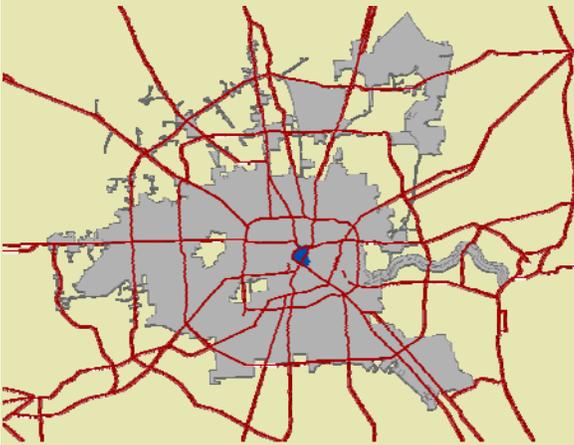
1999-2003



Community Health Profiles



Downtown Super Neighborhood



*Providing Health Information
for Community Action*

Introduction



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

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 Downtown and across the City of Houston.

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

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Community Resources

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

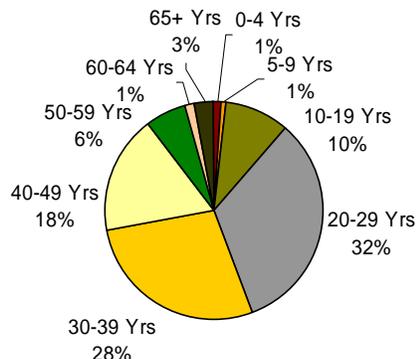


Downtown at a Glance

The total population of Downtown was 12,410, according to the 2000 census.*

Age

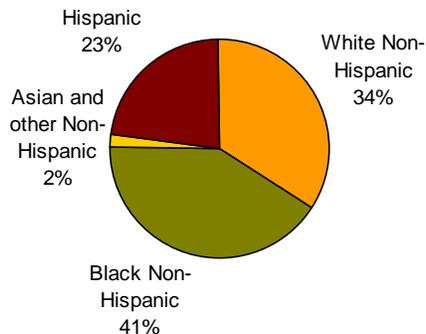
At the time of the 2000 census, 12% of Downtown residents were under the age of 20. The majority (85%) were between 20 and 64 years of age, and 3% were 65 or older.



Race, Ethnicity, National Origin

In Downtown, Blacks were the largest racial/ethnic group, comprising 41% of the population. Whites were the second largest group, comprising 34% of the population. Almost one-quarter (23%) of the population was Hispanic and less than 5% were of other races.

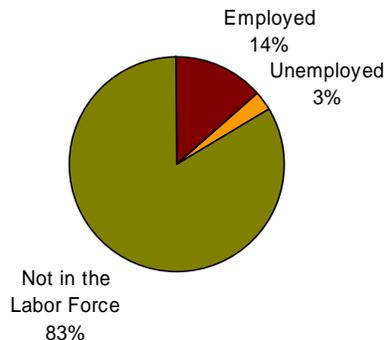
Of the total population, a majority (84%) were native Texans; 4% were foreign born.



Employment

The majority (83%) of Downtown residents, ages 16 and over, were not in the labor force in 1999.

At the time of the 2000 Census, approximately 84% of the population living in Downtown resided in institutions, including correctional facilities.

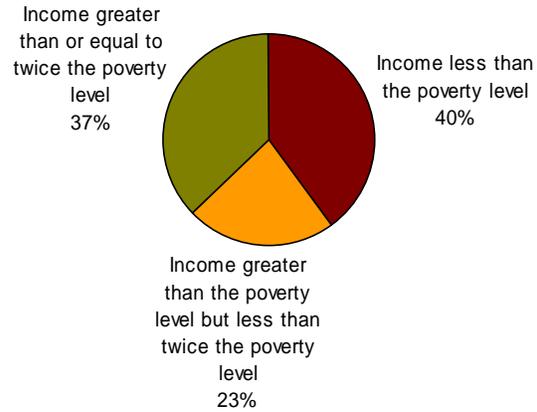


* Data Source: U.S. Census 2000. Total population was calculated from census block-level data using Summary File 1. For purposes of describing demographics using Summary File 3, the super neighborhood is defined by the following census geographies: Tracts 1000, 2101; and Tract 3102, Block Group 1.

Poverty

Forty percent of the population in Downtown was below the poverty level in 1999. Sixty-three percent of all residents in the super neighborhood had incomes less than twice the poverty level.

Of those living below the poverty level, 11% were children under 18 years of age; 8% were adults 65 and older.

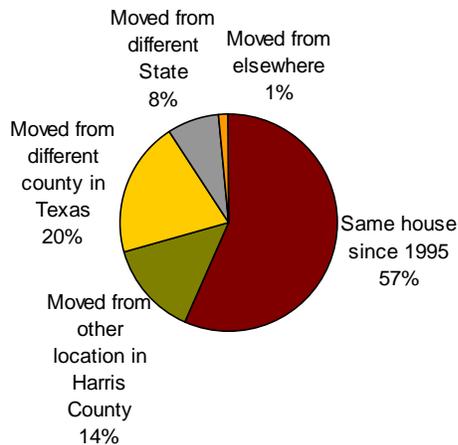
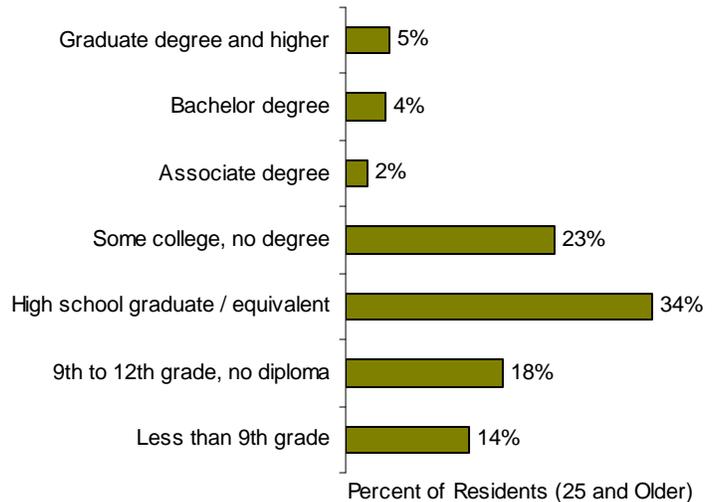


Education

Nearly one-third (32%) of Downtown residents, ages 25 and over, reported that they had not graduated from high school.

More than one-third (34%) of residents reported a high school diploma (or the equivalent) as their highest level of educational attainment.

Approximately 34% of residents had attained education beyond the high school level, with 11% earning a college degree.



Population Stability

More than half (57%) of the residents of Downtown had lived in the same house since 1995. Fourteen percent moved to Downtown from other locations in Harris County between 1995 and 1999.

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

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

Major Causes of Death

During the years 1999-2003, the residents of the super neighborhood had a lower overall annual average mortality rate than that of Houston as a whole.

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

Rank	Cause of Death	Downtown		Houston	Downtown - Houston
		Deaths	Rates*	Rates*	Rates
	All Causes	152	660.9	898.2	-237.3
1	Heart Disease	39	204.8	262.0	-57.2
2	Cancer	23	--	197.6	--
3	Accidents	21	--	34.8	--
4	Septicemia	6	--	18.1	--
5	Chronic Lower Respiratory Disease	5	--	31.9	--
6	Stroke	<5	--	76.0	--
7	Chronic Liver Disease-Cirrhosis	7	--	12.7	--
8	Kidney Disease	<5	--	15.8	--
9	HIV/AIDS	9	--	13.7	--
10	Suicide	5	--	9.6	--

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

Cause of Death	Downtown		Houston	Downtown - Houston
	Deaths	Rates*	Rates*	Rates
Coronary Heart Disease	24	--	174.1	--
Bronchus-Lung Cancer	5	--	52.8	--
Drug-Induced Cause	11	--	8.2	--
Motor Vehicle Accident	5	--	13.2	--

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

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

Years of Potential Life Lost (YPLL)

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

Leading Causes of Premature Death	YPLL Rate*	YPLL Rate**	Houston YPLL Rate**
Accidents	633.8	--	-
Heart Disease	406.5	--	-
HIV/AIDS	310.2	--	-
Cancer	233.9	--	-
Chronic Liver Disease-Cirrhosis	142.7	--	-
Specific Causes of Interest			
Drug-Induced Cause	411.4	--	-
Coronary Heart Disease	220.7	--	-

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.

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 in this community due to accidents, heart disease, HIV/AIDS, cancer, and liver disease (cirrhosis) related deaths than any other causes.

Comparison of age-adjusted YPLL rates is not possible because of the relatively small number of deaths occurring before age 65 in Downtown. YPLL is not reported where fewer than 5 deaths occurred.

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

Due to the relatively small number of deaths for women less than 65 in this community, a comparison of YPLL rates among men and women in this age group is not available.

Leading Causes of Premature Death §	Male YPLL Rates (number of deaths)	Female YPLL Rates (number of deaths)
Accidents	644.1 (15)	
Heart Disease	388.5 (16)	
HIV/AIDS	376.4 (9)	
Cancer	215.4 (9)	
Chronic Liver Disease-Cirrhosis	146.9 (6)	
Specific Causes of Interest		
Drug-Induced Cause	344.2 (7)	
Coronary Heart Disease	195.2 (9)	

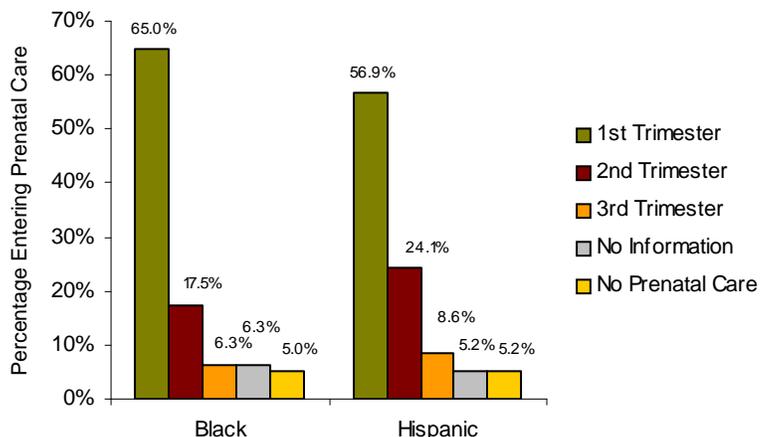
§ Ranked by Male YPLL Rate
 Note: Annual average YPLL rates might be unstable due to small number of premature deaths.

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.

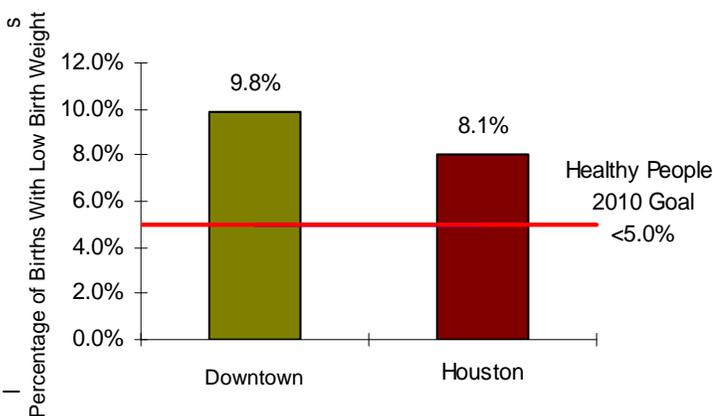
Entry into Prenatal Care by Trimester of Pregnancy, 1999-2003

A slightly higher proportion of Black women (65%) than Hispanic women (56.9%) in Downtown entered prenatal care during the first trimester. A small proportion of women in both groups entered prenatal care very late in their pregnancy, or received no care at all. Due to few pregnancies among other races/ethnicities, their rates were unreliable and not reported.



Low Birth Weight Births (LBWB), 1999-2003

Approximately 10% of live births in Downtown were of low birth weight (2500 grams or less). This was higher than Houston as a whole. Both were higher than the Healthy People 2010 goal of less than 5% of live births being low weight.

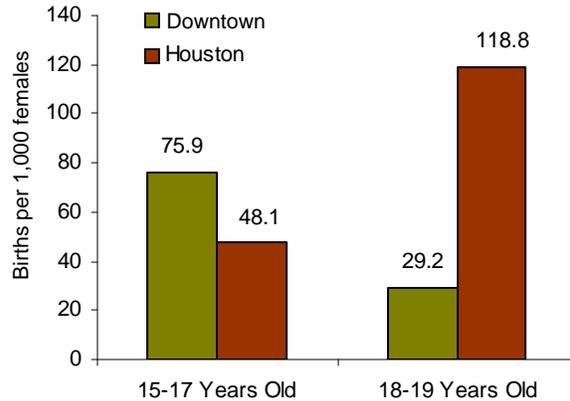
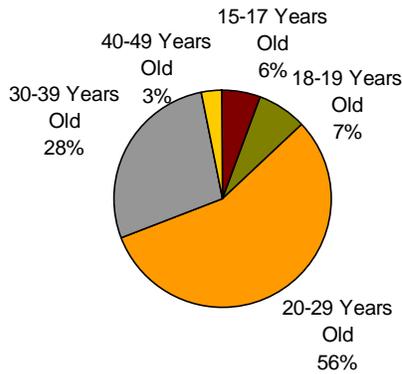


Low birth weight is a factor significantly related to infant mortality. Infants born with low birth weight are at increased risk for serious health problems and long term disabilities such as mental retardation, cerebral palsy, and respiratory, vision, and hearing problems. Low birth weight and infant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

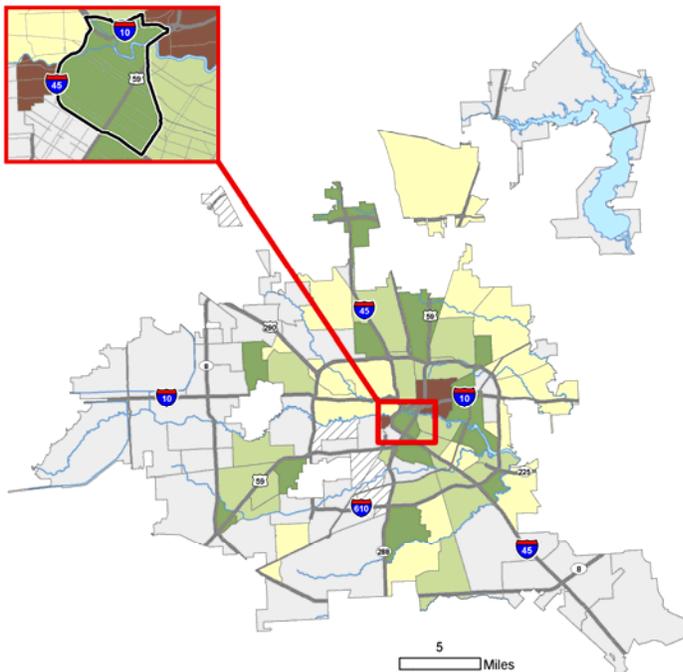


Births by Age of Mother, 1999-2003

A total of 193 births were recorded over the period 1999-2003 among mothers in Downtown. 1 out of every 8 of these births was to a young mother (15-19 years of age).

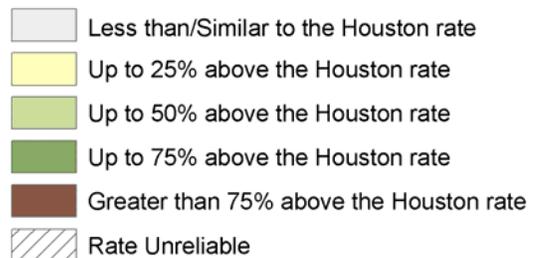
Births to Teen Mothers, 1999-2003

The annual average birth rate for 15-17 year-old teens in Downtown (75.9 per 1,000 females aged 15 to 17 years) was 58% higher than the rate in Houston overall. The birth rate among 18-19 year-old females in Downtown was 75% lower than the total Houston rate.



Births to Teen Mothers by Super Neighborhood, 1999-2003

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



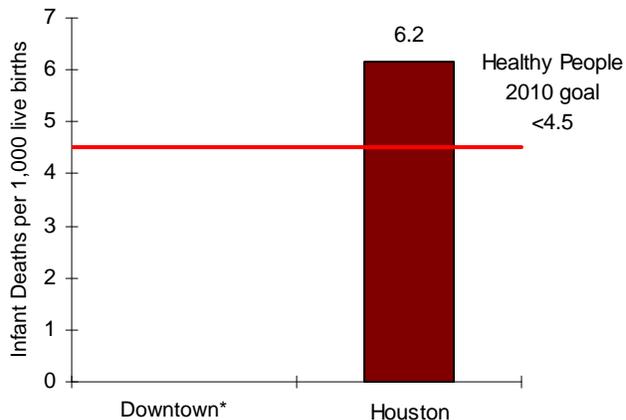
Data Sources: Texas Department of State Health Services, Vital Statistics; US Census 2000

Infant Mortality

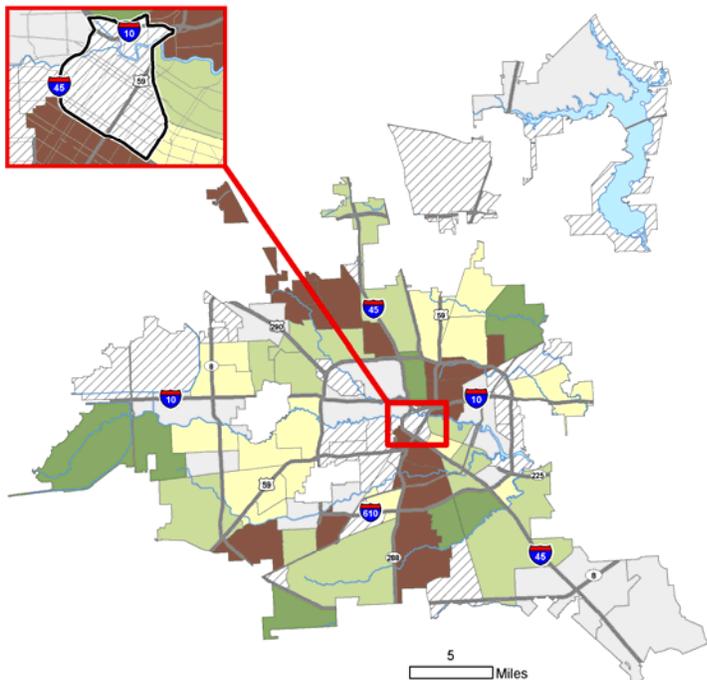
Infant mortality annual average rate is the death of infants in the first year of life. It is one of the most important indicators of the health of a community. The Healthy People 2010 goal is to eliminate disparities among racial and ethnic groups with infant mortality rates (IMR) above the national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

Infant Mortality Rate, 1999-2003

Due to fewer than 5 infant deaths in Downtown from 1999-2003, the data was unreliable and not reported.



* Unreliable rate to report



Infant Mortality Rate by Super Neighborhood 1999-2003

Downtown was among the neighborhoods with the lowest numbers of 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 that 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 Mental disorders	1417
Alcohol and substance-related mental disorders	497
Affective disorders	414
Schizophrenia and related disorders	358
2 Diseases of the circulatory system	366
Diseases of the heart	263
Cerebrovascular disease	45
Hypertension	26
3 Diseases of the digestive system	317
Liver disease	84
Pancreatic disorders (not diabetes)	59
Gastrointestinal hemorrhage	40
4 Injury and poisoning	284
Fractures	83
Poisoning	76
Complications	40
5 Complications of pregnancy; childbirth; and the puerperium	242
Complications mainly related to pregnancy	107
Indications for care in pregnancy; labor; and delivery	59
Complications during labor	36
6 Diseases of the respiratory system	197
Respiratory infections	95
Chronic obstructive pulmonary disease and bronchiectasis	42
Asthma	19
7 Diseases of the skin and subcutaneous tissue	130
Skin and subcutaneous tissue infections	104
Chronic ulcer of skin	19
Other skin disorders	7

In Downtown, during the years 1999-2002, mental disorders such as alcohol and substance-related and affective disorders ranked as the main cause of hospitalization. This is likely due to institutionalized populations, such as patients in psychiatric facilities.

Other common causes of hospitalization were related to cardiovascular and cerebrovascular diseases, digestive disorders, injury and poisoning, or childbirth and perinatal period conditions.

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

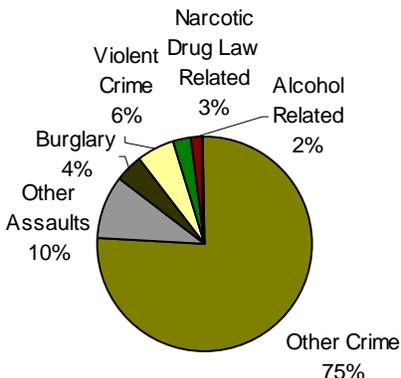
8 Neoplasms	115
Benign neoplasms	22
Cancer; other primary	16
Cancer of bronchus; lung	13
9 Certain conditions originating in the perinatal period	107
Liveborn	104
Other perinatal conditions	<5
Short gestation; low birth weight; and fetal growth retardation	<5
10 Infectious and parasitic diseases	100
Viral infection	59
Bacterial infection	38
Mycoses	<5

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

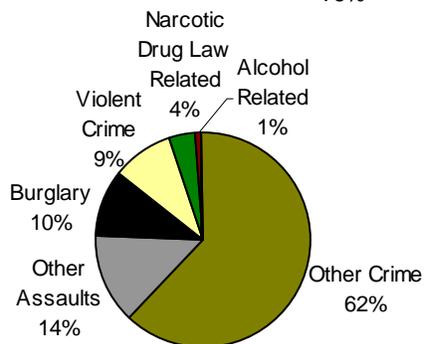
Crime

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.

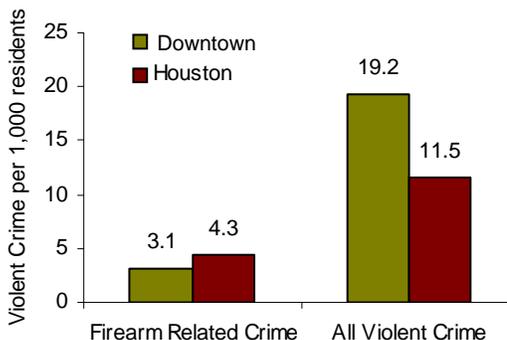
Overview of Crime, 1999-2003



Crime in Downtown

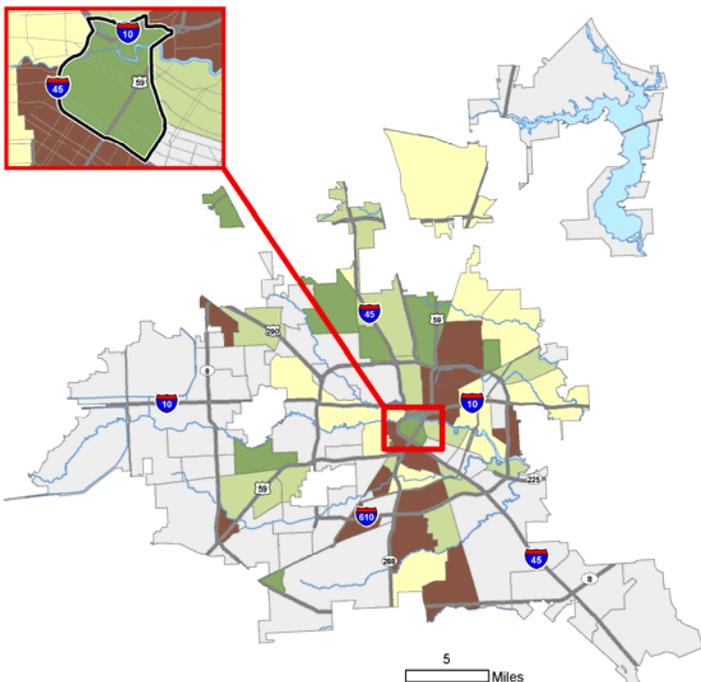


Crime in Houston



Violent Crime, 1999-2003

The annual average rate of violent crime in Downtown was 19.2 per 1,000 population, 67% higher than the Houston rate as a whole. The firearm-related violent crime rate in Downtown was 3.1 per 1,000 population, 28% lower than the rate in Houston overall.



Rate of Violent Crime by Super Neighborhood, 1999-2003

Downtown was among the neighborhoods with high annual average rates of violent crime.

- 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, 53 newly-acquired cases of tuberculosis were identified among residents of Downtown, representing 4.0% of all cases diagnosed in Houston in that period. The annual average rate in Downtown was 85.4 per 100,000 population, compared to 13.6 per 100,000 population in Houston as a whole. Both rates are above the national Healthy People 2010 target of 1 case per 100,000 population.

The majority (85%) of cases were adult males between 20 and 64 years of age, of whom Blacks accounted for 64%, Hispanics, 20%, and Whites, 16% 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.

Fewer than 5 drowning and submersion injury cases were reported among Downtown residents from 1999-2003.

Data Source: HDHHS, Bureau of Epidemiology

Food-borne Diseases

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

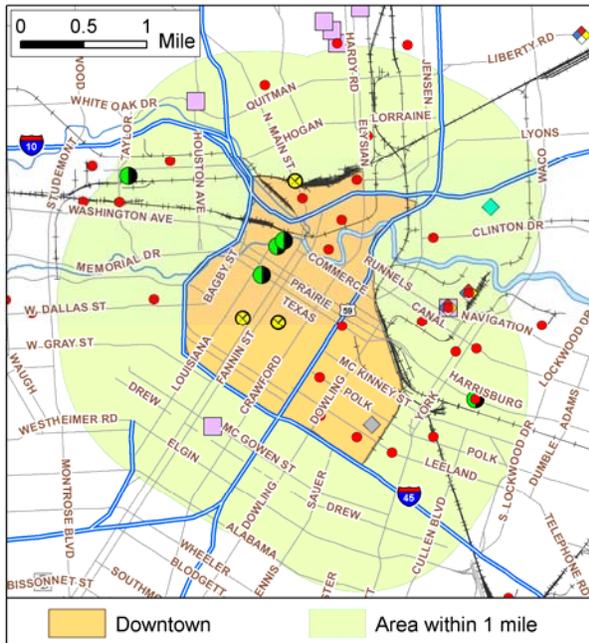
Food-related diseases are typically under-reported. It is likely that many more cases occurred from 1999 to 2003 than were actually reported to health officials.

Typically Reported Diseases	Number of Cases
Hepatitis A	6
Shigellosis	<5
Salmonellosis	<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 Downtown, there are 22 Toxic Release Inventory (TRI) reporting facilities, 3 Large Quantity Generators (LQG) of hazardous waste, 2 facilities that treat, store, or dispose of hazardous waste, 5 major dischargers of air pollutants, 3 major storm water discharging facilities, 1 active Superfund site on the EPA National Priorities List (NPL), and 1 former Superfund site on the TCEQ registry.

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.

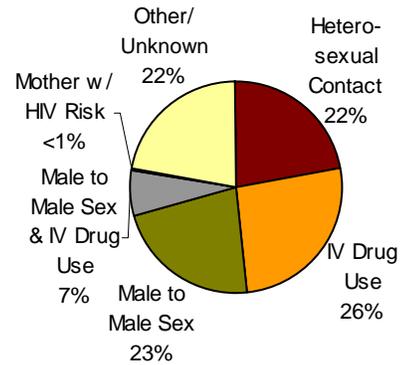
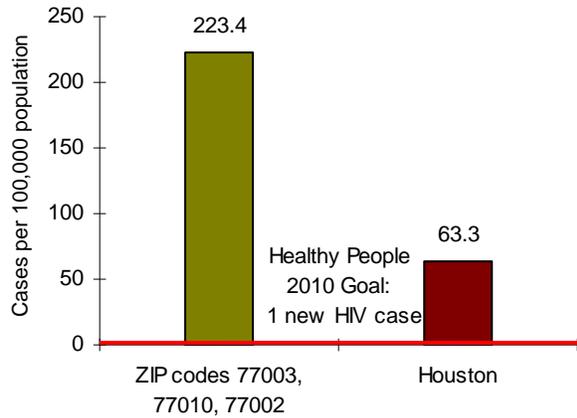
The EPA provides reports concerning federally regulated facilities through an online application called Envirofacts (www.epa.gov/enviro/index.html).

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

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 diagnosis in the combined zip codes 77003, 77010, and 77002 (which include Downtown) was 3.5 times the Houston-wide rate during the period 1999-2003; the rate of 223.4 cases per 100,000 population is far above the Healthy People 2010 goal of less than 1 new case per 100,000 population.

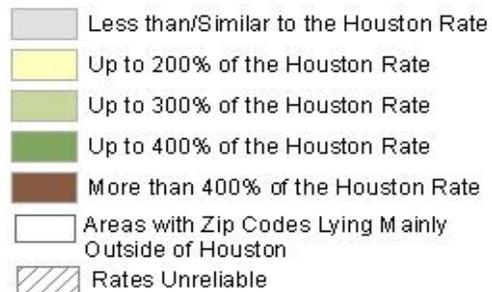
HIV Risk Factors, 1999-2003

Seventy-three percent of new HIV infections occurred in males in Downtown. In almost one-fourth of all reported cases, the mode of transmission was unknown. IV drug use accounted for about 26% of all reported cases. This was followed by male-to-male sex (23%) and hetero-sexual contact (22%). Seven percent of new infections occurred in those reporting male-to-male sex and IV drug use.



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

The annual average rates of new HIV diagnosis in zip codes 77002 and 77003, which overlap Downtown, were higher than those of most other zip codes in the city. The rate in zip code 77010, which also overlaps Downtown, was unreliable.



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

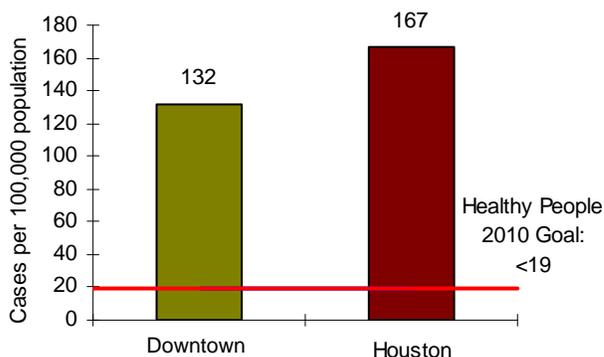
Data Source: HDHHS, Bureau of Epidemiology

Gonorrhea

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

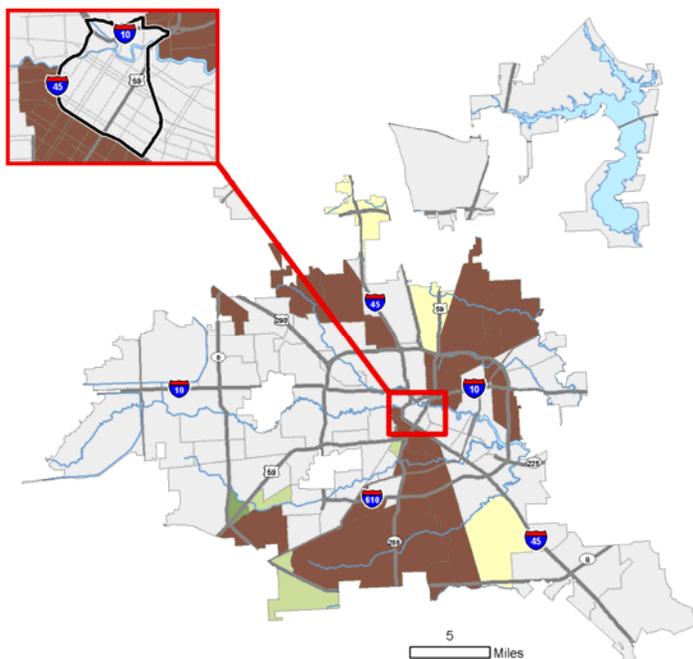
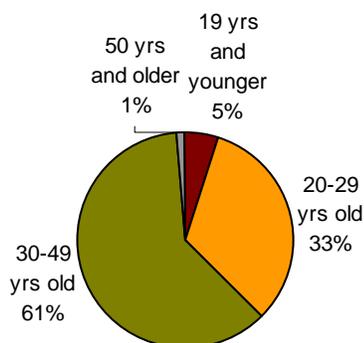
New Gonorrhea Infection in Downtown, 1999-2003

The annual average rate of new gonorrhea cases in Downtown was almost 20% lower than the rate in Houston overall; both rates were much greater than the Healthy People 2010 goal of less than 19 cases per 100,000 population.



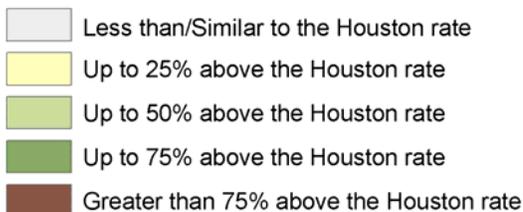
Gonorrhea Infection by Age, Sex, Race/Ethnicity

Blacks in Downtown accounted for 73% of new cases. Approximately three-fourths (73%) of all cases occurred in males, and persons aged 30-49 years accounted for the majority of the cases.



Rates of Gonorrhea Infection by Super Neighborhood, 1999-2003

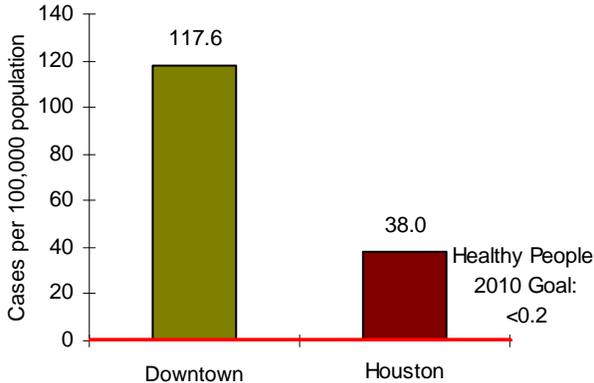
Downtown was among those super neighborhoods with the lowest annual average rates of infection in the city.



Data Source: HDHHS, Bureau of Epidemiology

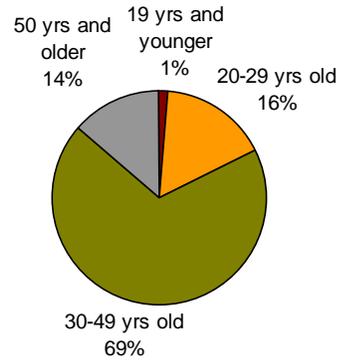
Syphilis

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



Rates of New Syphilis Infection, 1999-2003

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



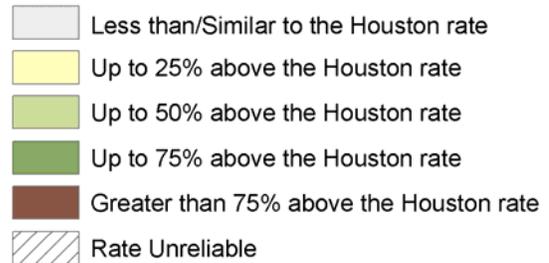
Syphilis Cases by Age, Sex, Race/Ethnicity

Fifty-eight percent of new cases in Downtown occurred among Blacks and 25% among Hispanics. More males (78%) than females (22%) were affected by syphilis, and persons aged 30-49 years accounted for the majority of all cases.



Rates of Syphilis by Super Neighborhood, 1999-2003

Downtown was among the neighborhoods with the highest annual average rates of infection in the city.



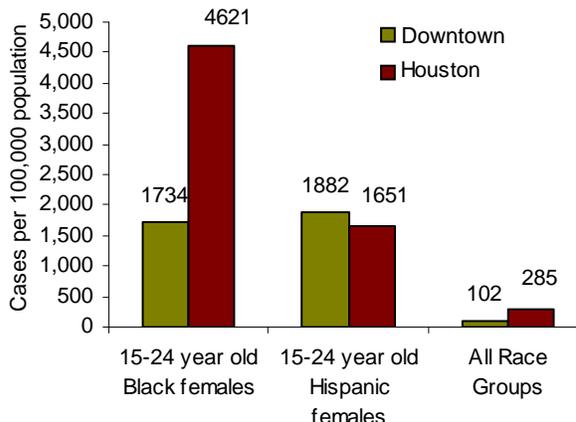
Data Source: HDHHS Bureau of Epidemiology

Chlamydia

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

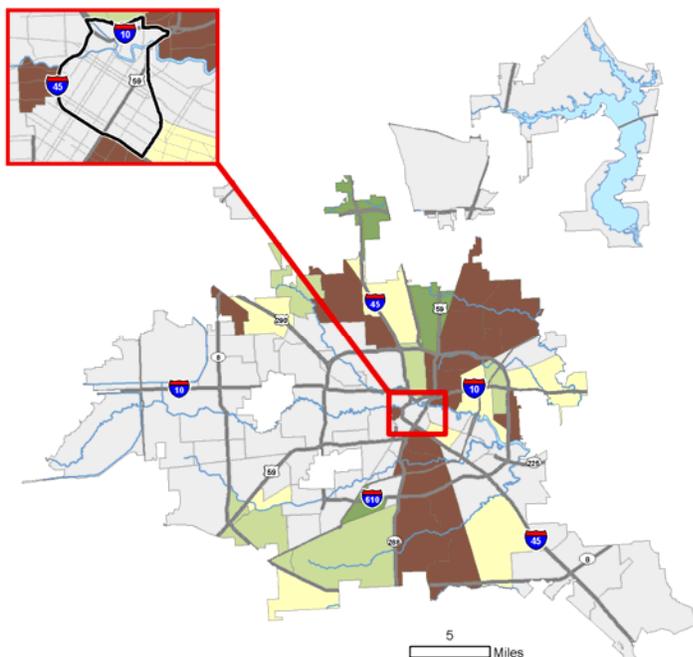
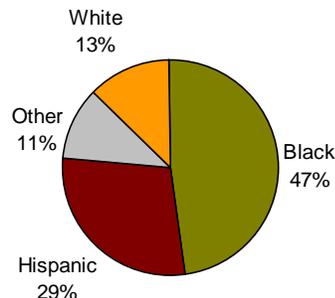
Rates of Chlamydia, 1999-2003

The annual average rate of chlamydia infection in Downtown was 102 per 100,000 population, almost one-third the rate in Houston overall. Hispanic women between the ages of 15 to 24 years had the highest rate of infection, which was 14% higher than the rate in the same group in Houston overall.



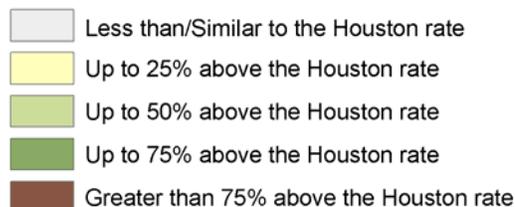
Chlamydia Infection By Age, Sex, and Race/Ethnicity, 1999-2003

Almost half (47%) of all cases in Downtown occurred among Blacks, and seventy-six percent of all cases were female. Persons aged 20-29 years accounted for 52% of all cases.



Rates of Chlamydia by Super Neighborhood, 1999-2003

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



Data Source: HDHHS Bureau of Epidemiology

Technical Notes

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

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

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

Other notes

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

Community Health Profiles

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

Community Health Statistics

Office of Surveillance & Public Health Preparedness
Houston Department of Health and Human Services
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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.