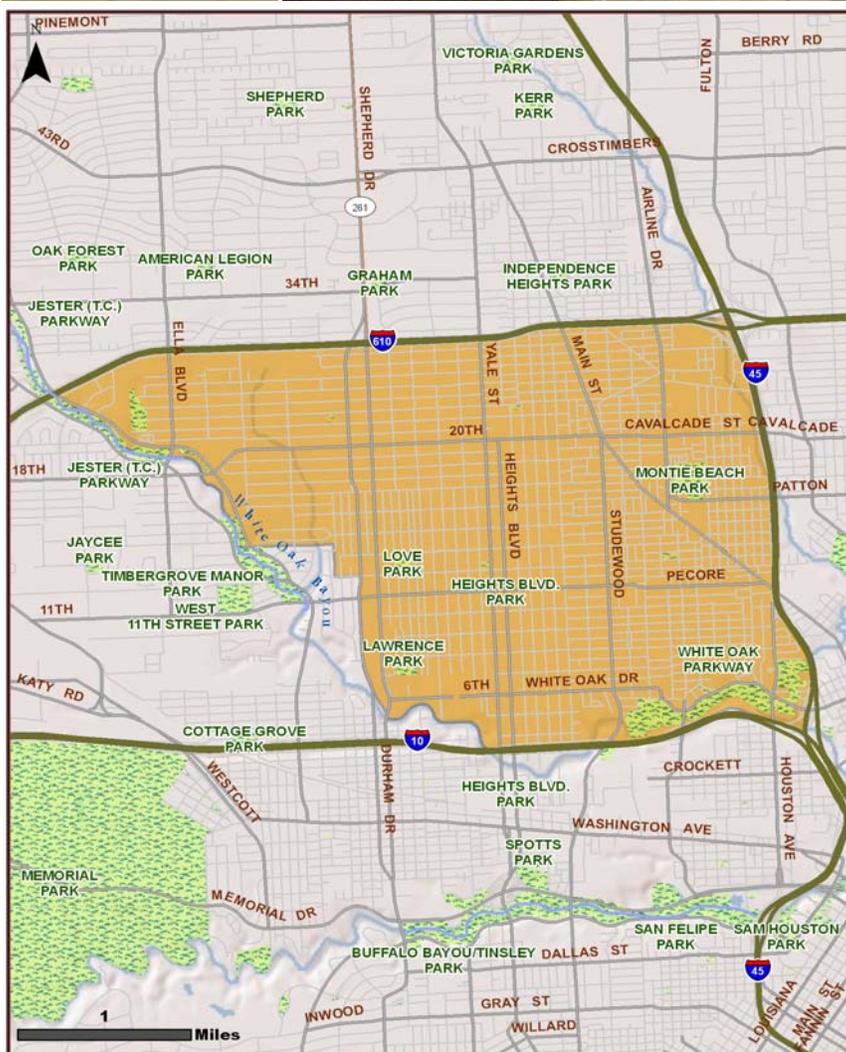
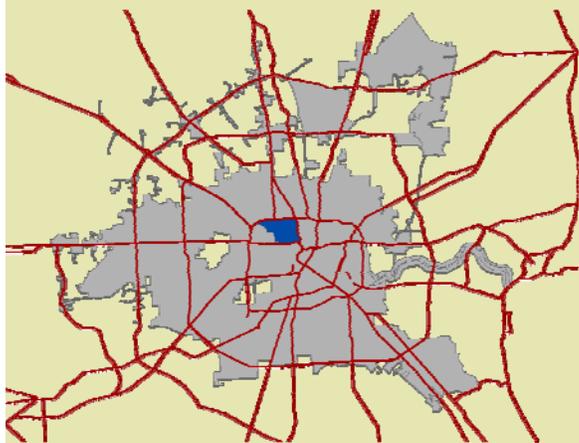


1999-2003



Community Health Profiles

Greater Heights Super Neighborhood

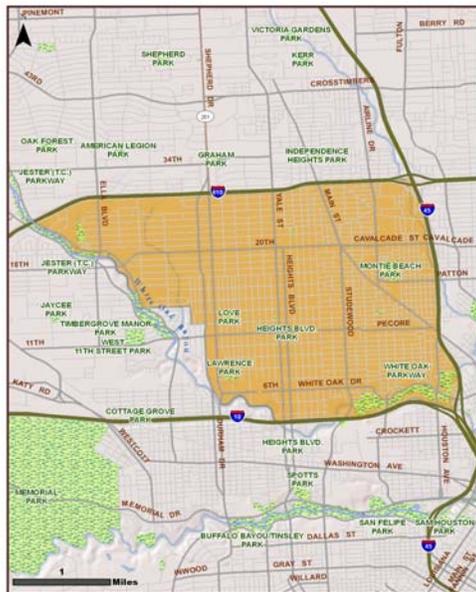


*Providing Health Information
for Community Action*

Introduction

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



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.

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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 Greater Heights and across the city of Houston.

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

Community Resources

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

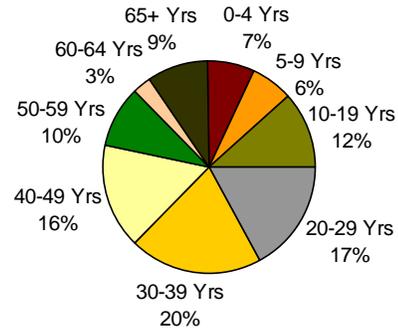


Greater Heights at a Glance

The total population of Greater Heights was 41,516, according to the 2000 census.*

Age

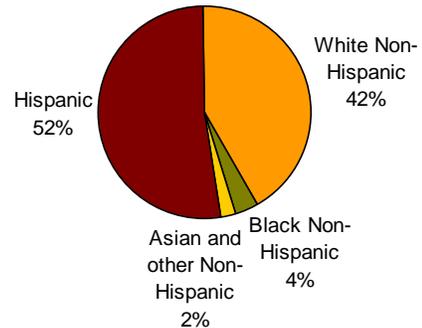
At the time of the 2000 census, one-quarter of Greater Heights residents were under the age of 20. Two-thirds (66%) were between 20 and 64 years of age, and 9% were 65 or older.



Race, Ethnicity, National Origin

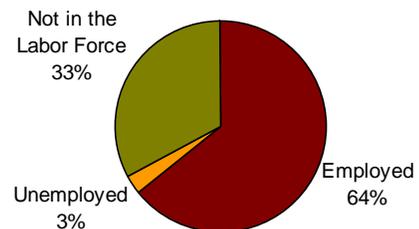
Slightly more than half (52%) of residents in Greater Heights were Hispanic. Whites were the second largest group, comprising 42% of the population. Less than 10% of the population were other races.

Of the total population, more than half (55%) were native Texans; nearly a quarter (24%) were foreign born.



Employment

Thirty-six percent of Greater Heights residents, ages 16 and over, were either unemployed or were not in the labor force in 1999.

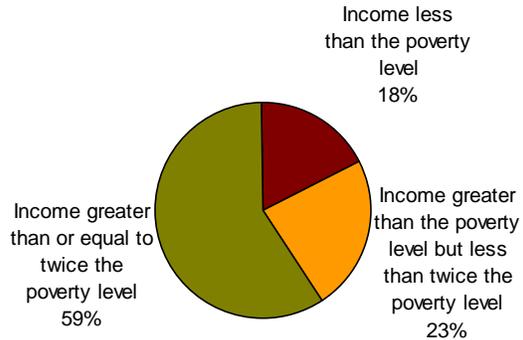


* Data Source: U.S. Census 2000. Total population was calculated from census block-level data using Summary File 1. For purposes of describing demographics using Summary File 3, the super neighborhood is defined by the following census geographies: Tracts 5103-5105, and 5111-5116.

Poverty

Less than one-fifth (18%) of the population in Greater Heights lived below the poverty level in 1999. Nearly one-quarter (23%) of all residents in the super neighborhood had incomes less than twice the poverty level.

Of those living below the poverty level, 33% were children under 18 years of age; 10% were adults 65 and older.



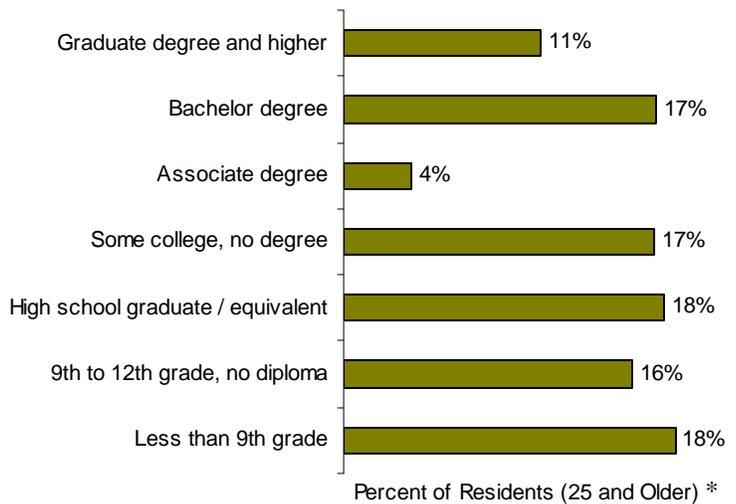
Education

Approximately one-third (34%) of Greater Heights residents, ages 25 and over, reported that they had not graduated from high school.

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

Nearly half (49%) of residents had attained education beyond the high school level, with 13% earning a college degree.

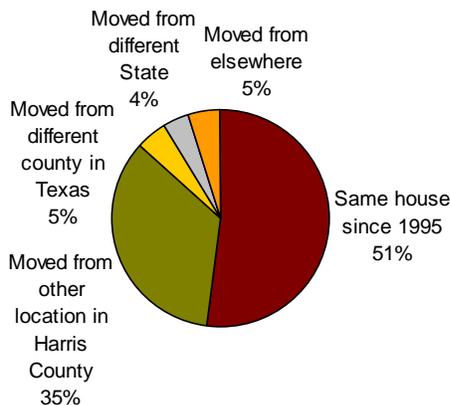
*Due to rounding, the total percentages may not be equal to 100.



Population Stability

Half (51%) of the residents of Greater Heights had lived in the same house since 1995. More than one-third (35%) moved to the super neighborhood from other locations in Harris County between 1995 and 1999.

Fourteen 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 lower overall mortality rate than that of Houston as a whole.

Leading Causes of Mortality, Greater Heights, Houston, Texas, 1999-2003

Rank	Cause of Death	Greater Heights		Houston	Greater Heights - Houston
		Deaths	Rates*	Rates*	Rates
	All Causes	1605	884.8	898.2	-13.4
1	Heart Disease	494	271.7	262.0	9.7
2	Cancer	303	181.3	197.6	-16.3
3	Stroke	132	71.7	76.0	-4.3
4	Accidents	79	37.9	34.8	3.1
5	Chronic Lower Respiratory Disease	61	35.8	31.9	3.9
6	Diabetes Mellitus	42	26.3	28.0	-1.7
7	Influenza and Pneumonia	40	21.3	20.0	1.3
8	Septicemia	34	19.8	18.1	1.7
9	Chronic Liver Disease-Cirrhosis	33	18.4	12.7	5.7
10	Kidney Disease	27	15.5	15.8	-0.3

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

Cause of Death	Greater Heights		Houston	Greater Heights - Houston
	Deaths	Rates*	Rates*	Rates
Coronary Heart Disease	331	184.5	174.1	10.4
Bronchus-Lung Cancer	86	54.0	52.8	1.2
Drug-Induced Cause	30	13.7	8.2	5.5
Motor Vehicle Accident	25	11.4	13.2	-1.8
Firearm Related	12	--	7.4	--
Cervical Cancer	<5	--	2.2	--

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

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

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

Years of Potential Life Lost (YPLL)

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

Leading Causes of Premature Death	YPLL Rate*	YPLL Rate**	Houston YPLL Rate**
Accidents	915.0	862.5	779.0
Cancer	786.8	851.9	816.3
Heart Disease	523.4	575.2	689.3
Suicide	360.7	318.3	225.0
HIV/AIDS	320.2	298.0	335.1
Certain Conditions Originating in the Perinatal Periods	301.6	--	-
Homicide	288.9	--	-
Chronic Liver Disease-Cirrhosis	196.3	205.4	133.0
Congenital Disorders	191.0	--	-
Specific Causes of Interest			
Motor Vehicle Accident	418.7	--	-
Drug-Induced Cause	350.6	325.6	205.3
Coronary Heart Disease	344.7	383.3	376.1
Firearm Related	245.2	--	-
Bronchus-Lung Cancer	129.3	153.2	153.2

NOTE: Special cause of death categories may not be mutually exclusive.
 * Crude annual average YPLL per 100,000 population under age 65 years.
 ** Age-adjusted annual average YPLL per 100,000 population under age of 65, standardized for 2000 US Standard Million.
 -- Number of deaths too small for age-adjustment.
 - Houston data not presented because comparison data were not available for the community.

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

Premature deaths from accidents, heart disease, HIV/AIDS, suicide, coronary heart disease and motor vehicle accident had markedly 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 accidents, cancer, heart disease, suicide, and HIV/AIDS related deaths in this community than any other causes.

The age-adjusted annual average YPLL rates for accident, cancer, suicide, chronic liver disease, drug-induced cause and coronary heart disease were higher in the super neighborhood than those in Houston. Comparison of other age-adjusted YPLL rates is not possible because of the relatively small number of deaths occurring before age 65 in Greater Heights. 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	1219.9 (43)	569.0 (17)
Heart Disease	779.6 (73)	232.8 (20)
Cancer	639.5 (53)	954.0 (60)
HIV/AIDS	522.4 (24)	90.9 (5)
Suicide	480.3 (20)	224.9 (6)

Specific Causes of Interest		
Motor Vehicle Accident	531.4(17)	290.7(7)
Coronary Heart Disease	491.3(47)	178.3(14)
Drug-Induced Cause	361.3(17)	338.4(11)

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

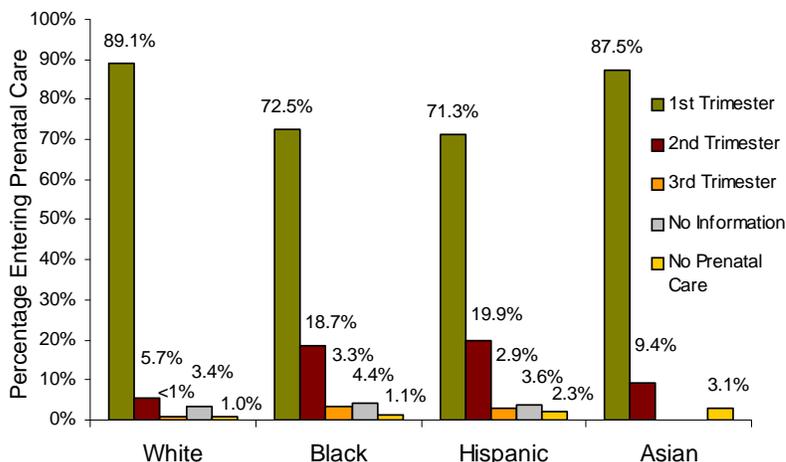
Data Sources: Texas Department of State Health Services, Vital Statistics; US Census, 2000

Maternal and Child Health

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

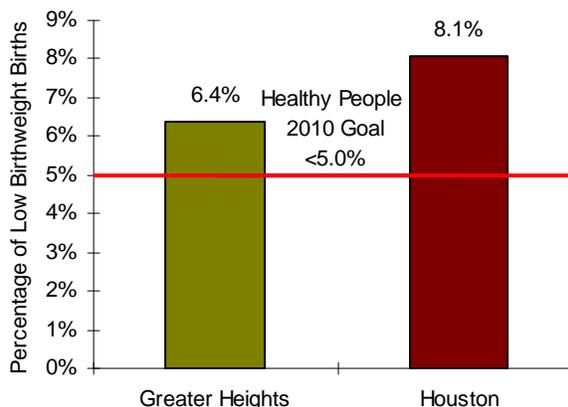
Entry into Prenatal Care by Trimester of Pregnancy, 1999-2003

Higher proportions of pregnant White (89.1%) and Asian (87.5%) women reported entering prenatal care in the first trimester than did Hispanic (71.3%) and Black (72.5%) women. 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 (LBWB), 1999-2003

Approximately 6% of live births in Greater Heights were of low birth weight (2500 grams or less). This percentage was lower than that for Houston. However, both were higher than the Healthy People 2010 goal of reducing this outcome to less than 5% of live births being low weight.

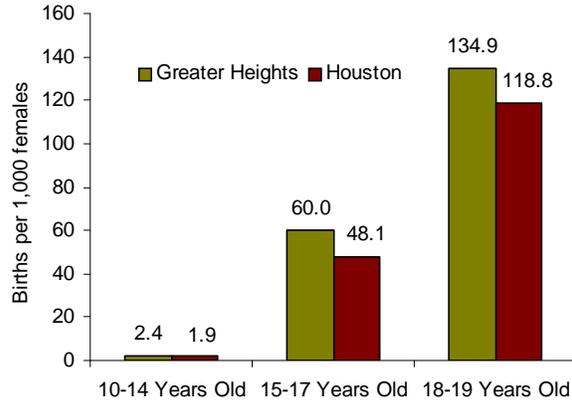
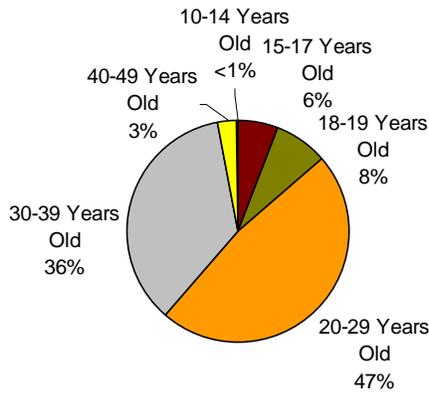


Low birth weight is a factor significantly related to infant mortality. Infants born with low birth weights are at increased risk for serious health problems and long term disabilities such as mental retardation, cerebral palsy, and respiratory, vision, and hearing problems. Low birth weight and infant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

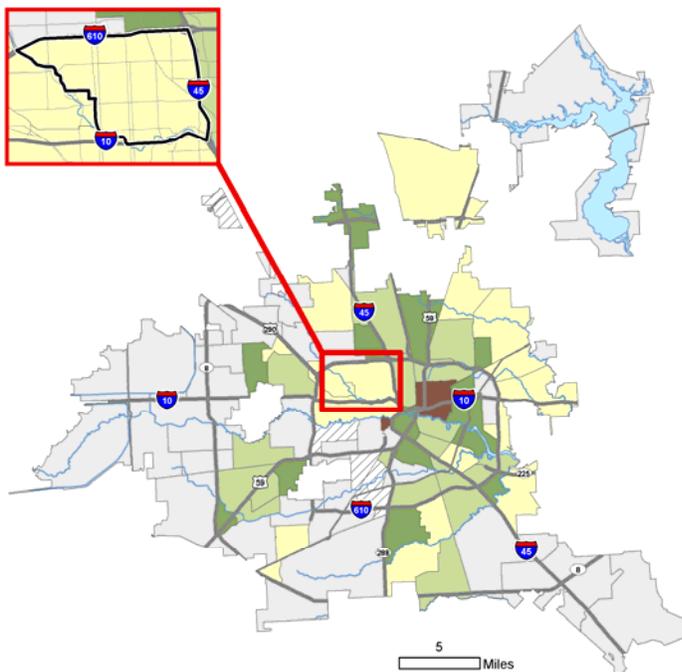


Births by Age of Mother, 1999-2003

A total of 3,718 births were recorded over the period among mothers in Greater Heights. Fifteen percent of these births were to a young mother (10-19 years of age).

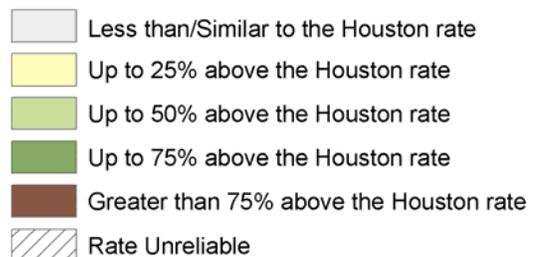
Births to Teen Mothers, 1999-2003

The annual average rate of births to 15-17 year-old teens in Greater Heights (60.0 per 1,000 females aged 15 to 17 years) was 25% higher than that for girls the same age in Houston, overall. The birth rate to 18-19 year-old females in Greater Heights was 13% higher than the birth rate for that age group in Houston.



Births to Teen Mothers by Super Neighborhood, 1999-2003

Greater Heights was among the neighborhoods in Houston with elevated annual average rates of births to teen mothers (15-17 years of age).



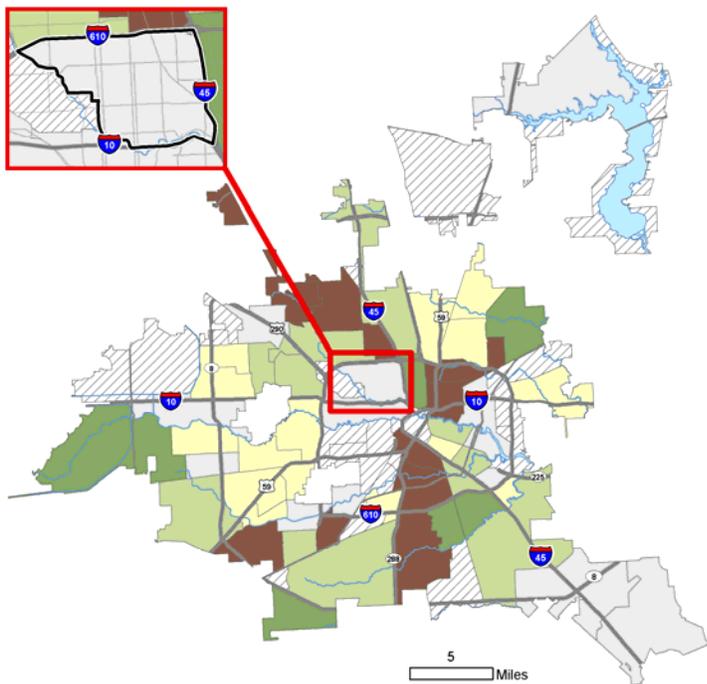
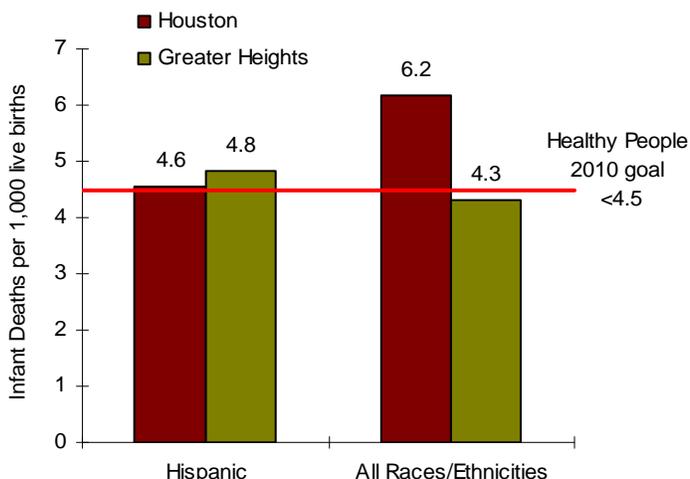
Data Sources: Texas Department of State Health Services, Vital Statistics; US Census 2000

Infant Mortality

Infant mortality 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 infant mortality rate in Greater Heights was 31% lower than Houston's IMR, and reached the Healthy People 2010 goal of 4.5 infant deaths per 1,000 live births. Seventy-five percent (75%) of all infant deaths were among Hispanics. The IMR among Hispanics in Greater Heights was slightly lower than that of Hispanics in Houston as a whole. Infant mortality among other groups is not presented due to small numbers of infant deaths.



Infant Mortality Rate by Super Neighborhood 1999-2003

Greater Heights was among the neighborhoods with the lowest infant mortality rates 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 Complications of pregnancy; childbirth; and the puerperium	2937
Complications mainly related to pregnancy	722
Complications during labor	672
Indications for care in pregnancy; labor; and delivery	661
2 Certain conditions originating in the perinatal period	2780
Liveborn	2686
Other perinatal conditions	52
Hemolytic jaundice and perinatal jaundice	25
3 Diseases of the circulatory system	2727
Diseases of the heart	1856
Cerebrovascular disease	443
Diseases of arteries; arterioles; and capillaries	173
4 Diseases of the digestive system	1429
Lower gastrointestinal disorders	416
Biliary tract disease	230
Upper gastrointestinal disorders	174
5 Diseases of the respiratory system	1345
Respiratory infections	651
Chronic obstructive pulmonary disease and bronchiectasis	294
Asthma	164
6 Injury and poisoning	1253
Fractures	487
Complications	439
Open wounds	76
7 Neoplasms	836
Benign neoplasms	192
Secondary malignancies	89
Maintenance chemotherapy; radiotherapy	84

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

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

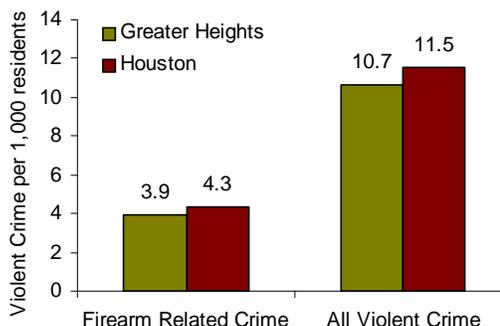
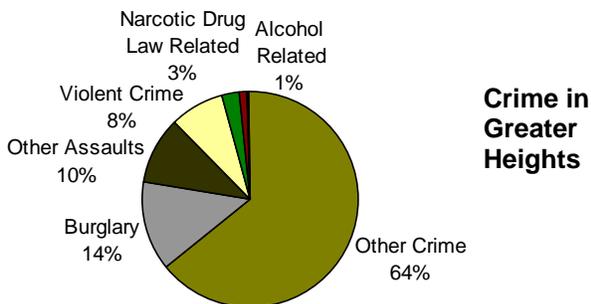
8 Mental disorders	816
Affective disorders	323
Schizophrenia and related disorders	250
Alcohol and substance-related mental disorders	78
9 Symptoms; signs; and ill-defined conditions and factors influencing health status	755
Factors influencing health care	520
Symptoms; signs; and ill-defined conditions	235
10 Diseases of the genitourinary system	657
Diseases of the urinary system	394
Diseases of female genital organs	204
Diseases of male genital organs	59

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.

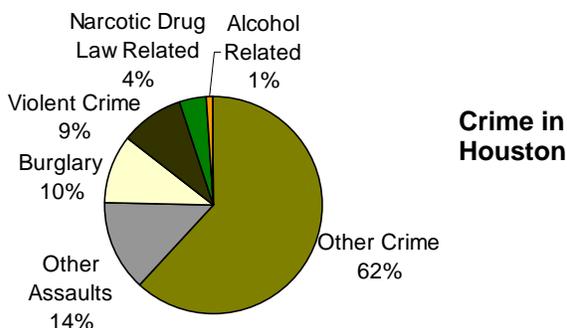
Overview of Crime, 1999-2003



Crime in Greater Heights

Violent Crime, 1999-2003

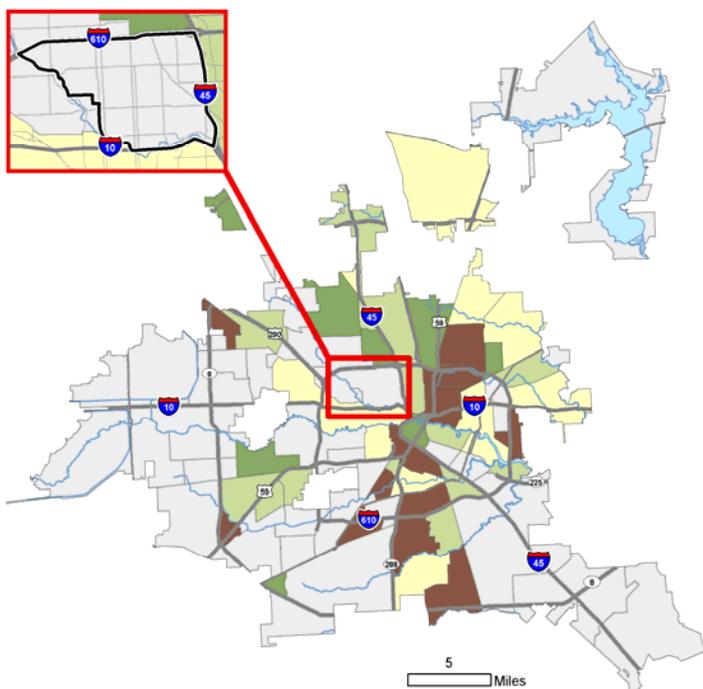
The annual average rate of violent crime in Greater Heights was 10.7 per 1,000 population, 7% lower than that of Houston as a whole. The firearm-related violent crime rate in Greater Heights was 3.9 per 1,000 population, 9% lower than the Houston rate.



Crime in Houston

Rate of Violent Crime by Super Neighborhood, 1999-2003

Greater Heights 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, 28 newly-acquired cases of tuberculosis were identified among residents of Greater Heights, representing 2.1% of all cases diagnosed in Houston in that period. The rate in Greater Heights was 13.5, similar to 13.6 per 100,000 in Houston as a whole. Both rates appeared far higher than the national 2010 Healthy People target of 1 case per 100,000 population.

The majority (79%) of these cases were Hispanics, of whom over half (55%) were males between 20 to 64 years of age.

Data Source: HDHHS, Bureau of TB Control

Drowning and Submersion

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

Six drowning or submersion injuries (including children under the age of 5) were reported among Greater Heights 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.

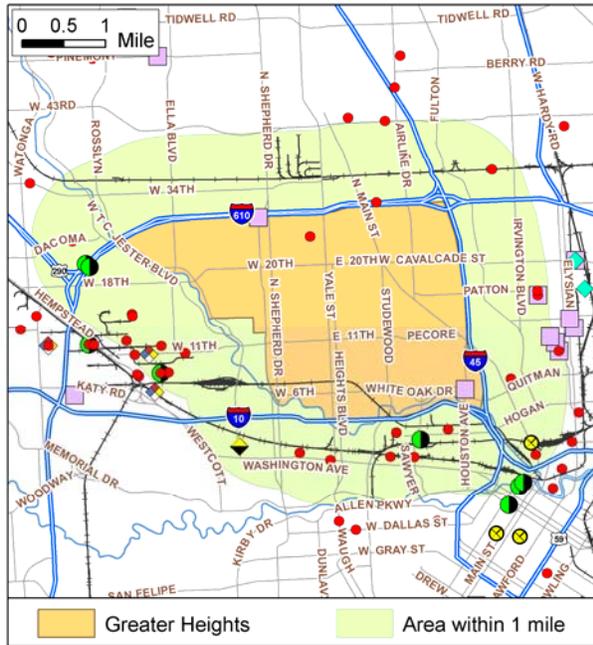
Food-related diseases are typically under-reported. It is likely that many more cases occurred from 1999 to 2003 than were actually reported to health officials.

Typically Reported Diseases	Number of Cases
Hepatitis A	24
Shigellosis	14
Salmonellosis	14
Campylobacteriosis	7
Amebiasis	<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 Greater Heights, there are 25 Toxic Release Inventory (TRI) reporting facilities, 6 Large Quantity Generators (LQG) of hazardous waste, 1 facility that treats, stores, or disposes of hazardous waste, 6 major dischargers of air pollutants, 1 major storm water discharging facility, 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.

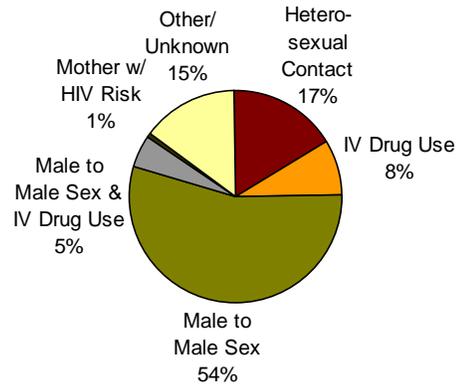
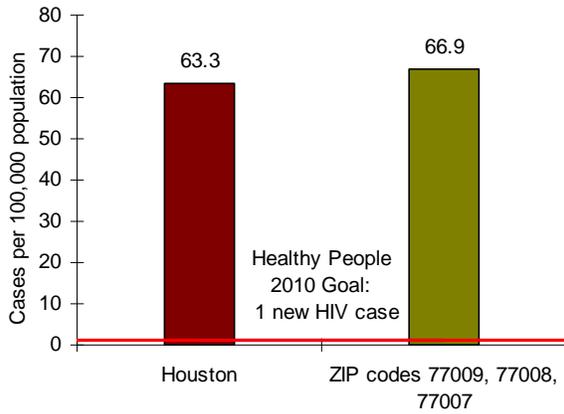
The EPA provides reports concerning federally regulated facilities through an online application called Envirofacts (www.epa.gov/enviro/index.html).

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

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.

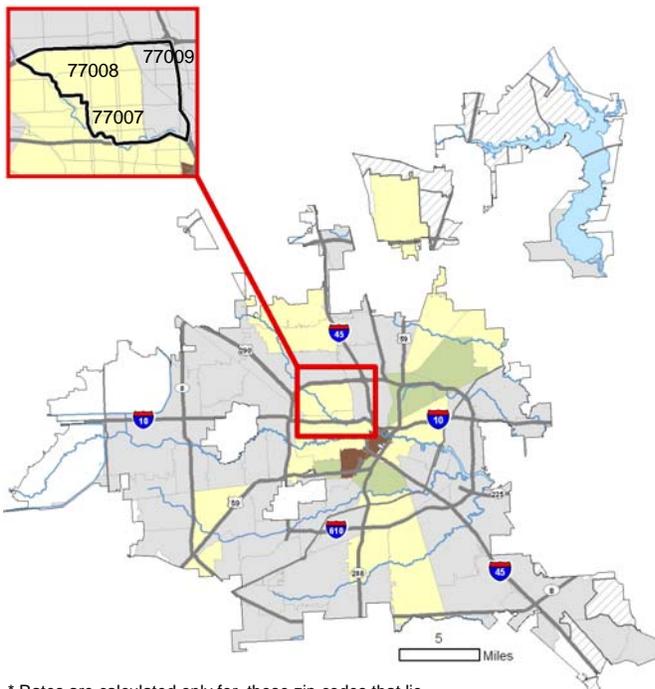


New HIV Diagnosis Rate, 1999-2003

The annual average rate of new HIV diagnosis in zip codes 77007, 77008, and 77009 (which include Greater Heights) was slightly higher than the Houston-wide rate during the period; it was far above the 2010 Healthy People goal of reducing infections to less than 1 new case per 100,000 population.

HIV Risk Factors, 1999-2003

In fifteen percent of all reported cases, the mode of transmission was unknown. Seventeen percent of cases reported heterosexual contact; 54% reported male-to-male sex; 8% reported IV drug use. Male-to-male sex and IV drug use was reported in 5% of new cases.



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

The annual average rates of new HIV diagnosis in zip codes 77007 and 77008 were higher than many other zip codes in the city, while the rate in 77009, which also overlaps Greater Heights, was lower.

- 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

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

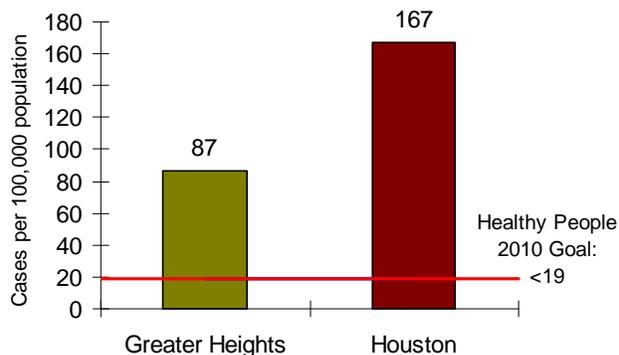
Data Source: HDHHS, Bureau of Epidemiology

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.

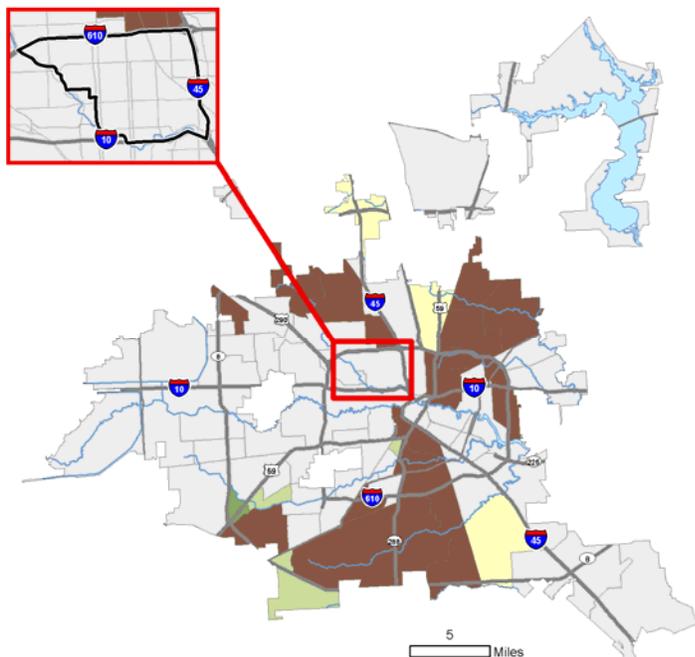
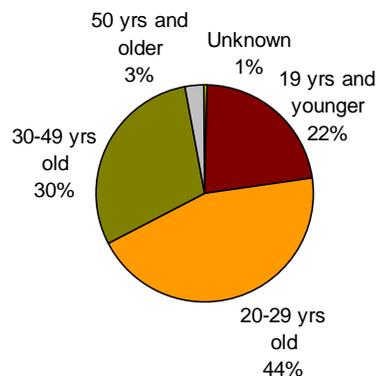
New Gonorrhea Infection in Greater Heights, 1999-2003

The annual average rate of new gonorrhea cases in Greater Heights was half that of Houston; both rates were much greater than the 2010 Healthy People goal of less than 19 cases per 100,000 population.



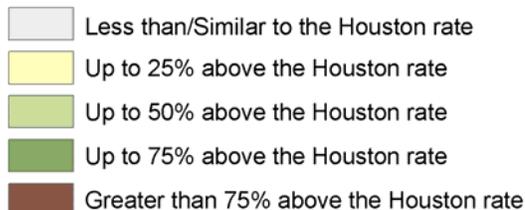
Gonorrhea infection by Age, Sex, Race/Ethnicity

Forty-five percent of new cases were Hispanic, 30% were Black, and 19% were White. Slightly less than half (46%) of all cases occurred in males, and persons aged 20-29 years were the most affected age group.



Rates of Gonorrhea Infection by Super Neighborhood, 1999-2003

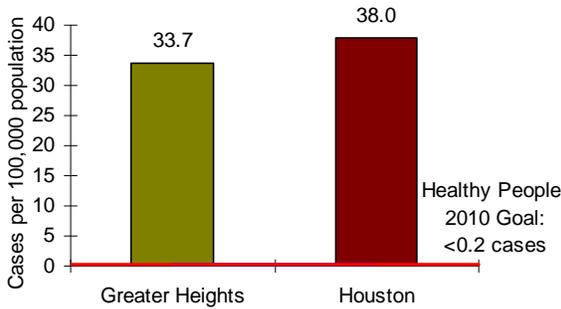
Greater Heights was among the neighborhoods with the lowest annual average rates of gonorrhea infection in the city.



Data Source: HDHHS, Bureau of Epidemiology

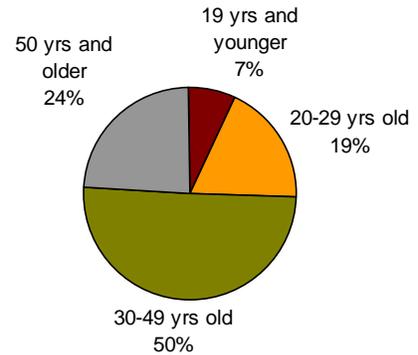
Syphilis

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.



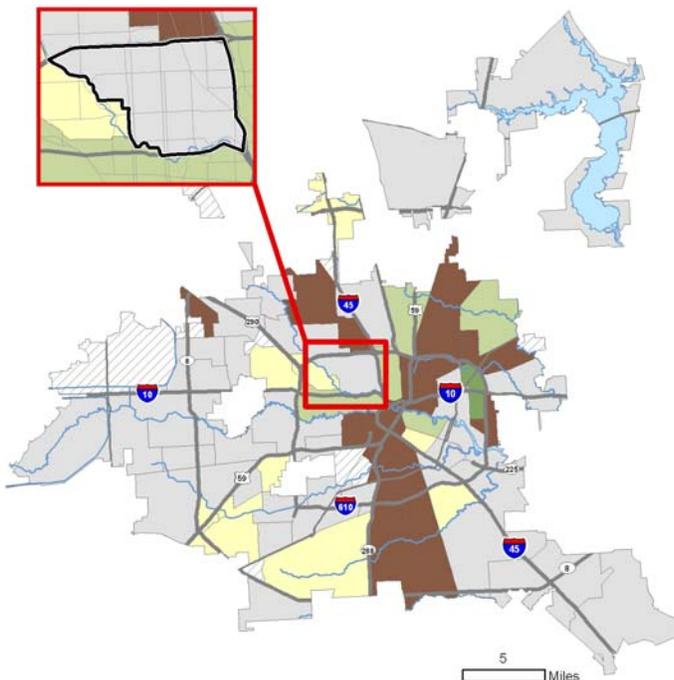
Rates of New Syphilis Infection, 1999-2003

The annual average rate of new syphilis infection in Greater Heights was slightly lower than the Houston rate; both were far higher than the Healthy People 2010 goal.



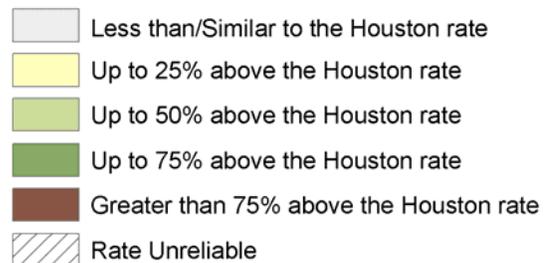
Syphilis Cases by Age, Sex, Race/Ethnicity

Fifty-three percent of new cases in Greater Heights were Hispanic; 35% White; and 9% Black. Males accounted for 70% of new cases. Thirty to forty-nine year olds were the most affected age group.



Rates of Syphilis by Super Neighborhood, 1999-2003

Greater Heights was among the neighborhoods with the lowest annual average rates of syphilis infection in the city.



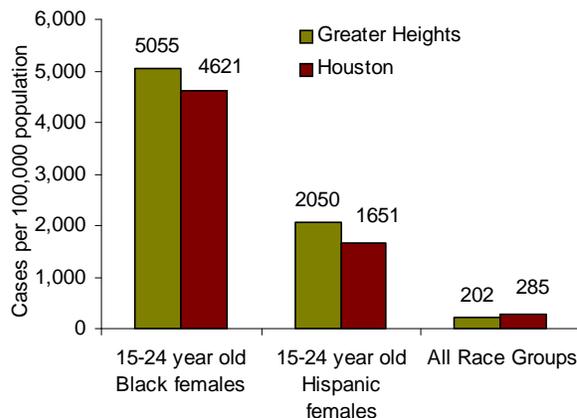
Data Source: HDHHS Bureau of Epidemiology

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.

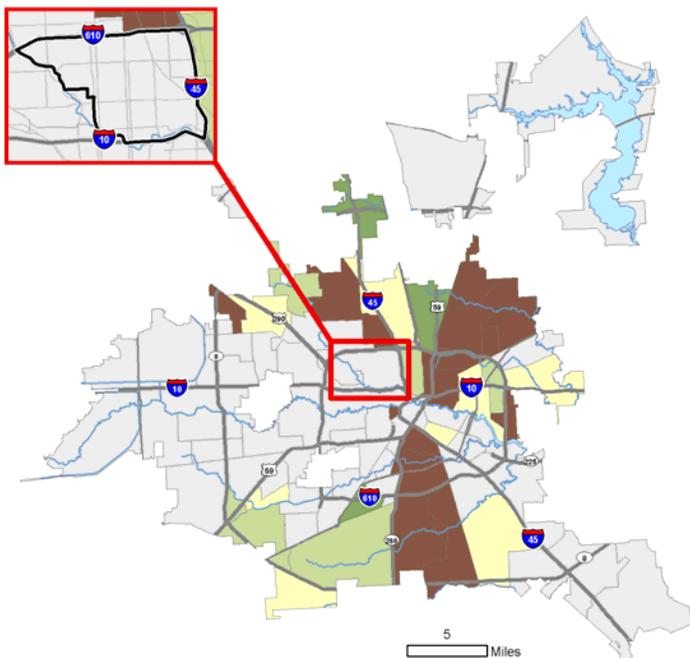
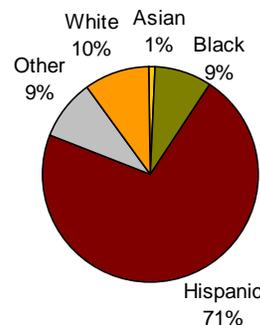
Rates of Chlamydia, 1999-2003

The annual average rate of chlamydia infection in Greater Heights was 202 per 100,000 population, slightly lower than the Houston rate.



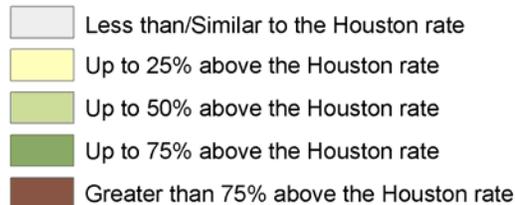
Chlamydia Infection By Age, Sex, and Race/Ethnicity, 1999-2003

In Greater Heights, 71% of all new cases were Hispanic. Ninety-two percent of new infection occurred in those 29 years of age and younger. The majority (82%) of new cases were female.



Rates of Chlamydia by Super Neighborhood, 1999-2003

Greater Heights 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
Houston, Texas 77054



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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.