

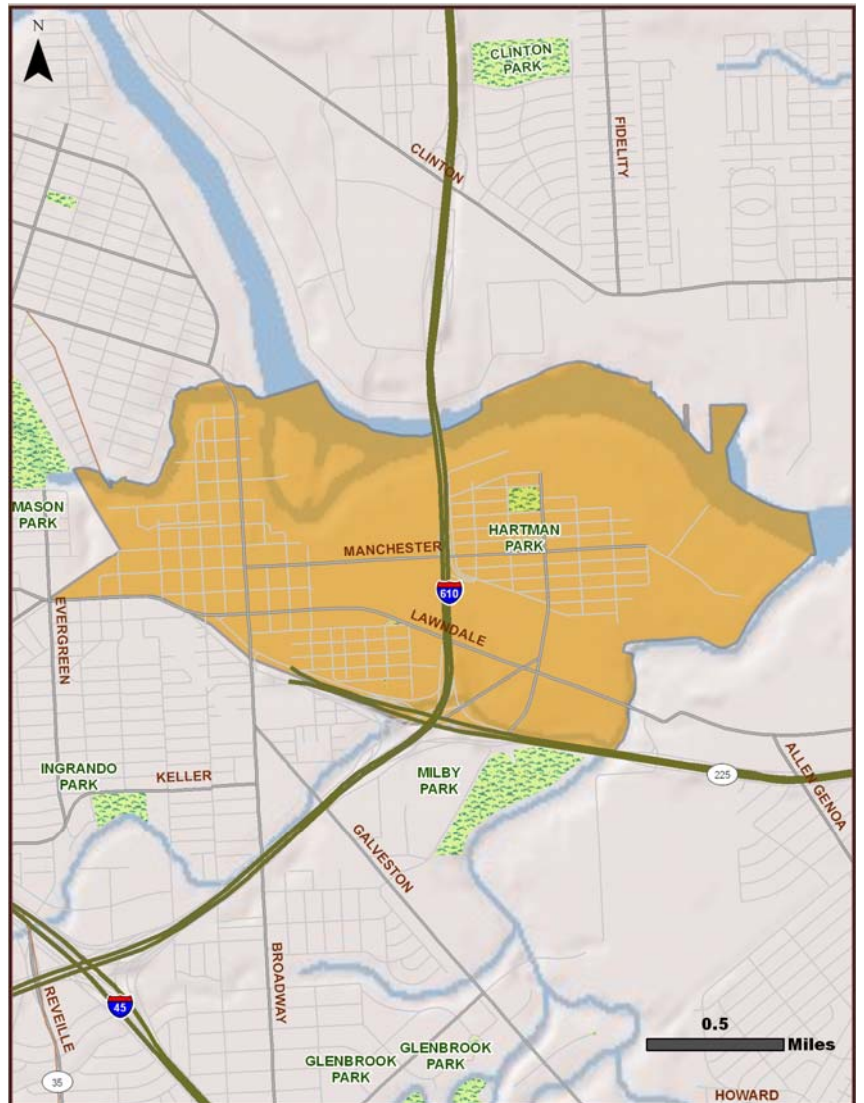
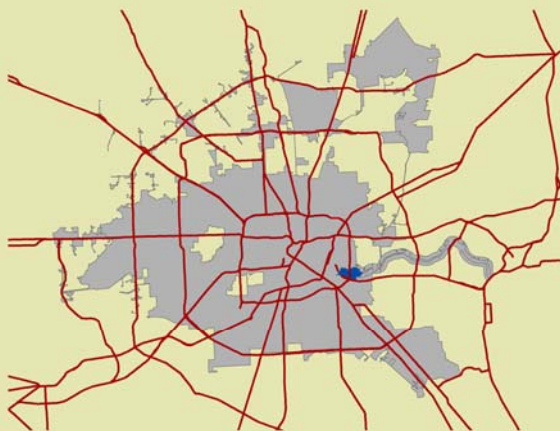
**1999-2003**



# Community Health Profiles

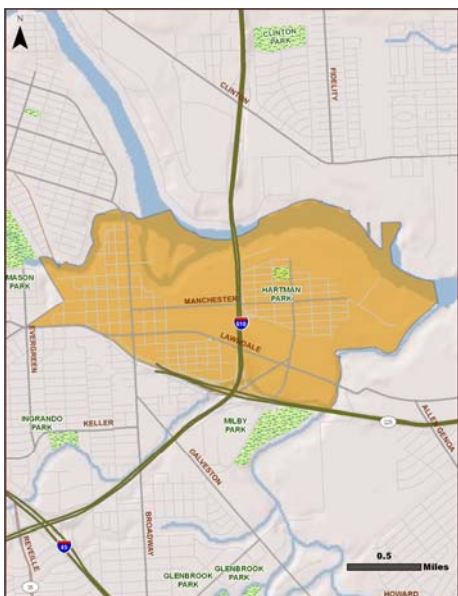


## Harrisburg/ Manchester Super Neighborhood



*Providing Health Information  
for Community Action*

# Introduction



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

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 Harrisburg/Manchester 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.

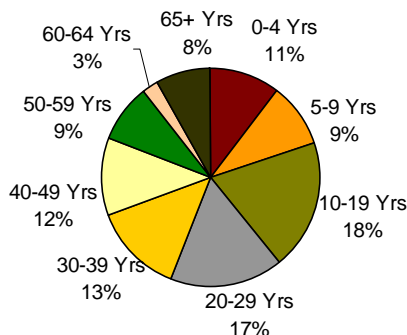


# Harrisburg/Manchester at a Glance

The total population of Harrisburg/Manchester was 3,768, according to the 2000 census.\*

## Age

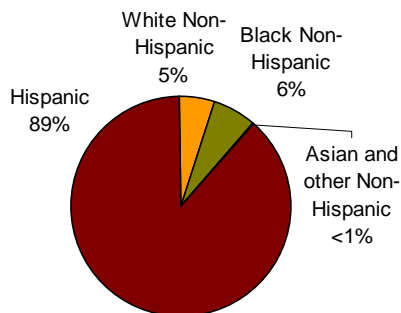
At the time of the 2000 census, more than one-third (38%) of Harrisburg/Manchester residents were under the age of 20. More than half (54%) were between 20 and 64 years of age, and 8% were 65 or older.



## Race, Ethnicity, National Origin

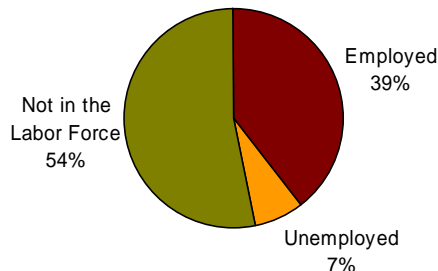
The majority of residents in Harrisburg/Manchester were Hispanic. Blacks were the second largest group, though they comprised only 6% of the population. Less than 6% of the population were of other races.

Of the total population, a majority (53%) were native Texans; 40% were foreign born.



## Employment

A large proportion (61%) of Harrisburg/Manchester residents, ages 16 and over, were either unemployed or were not in the labor force in 1999.

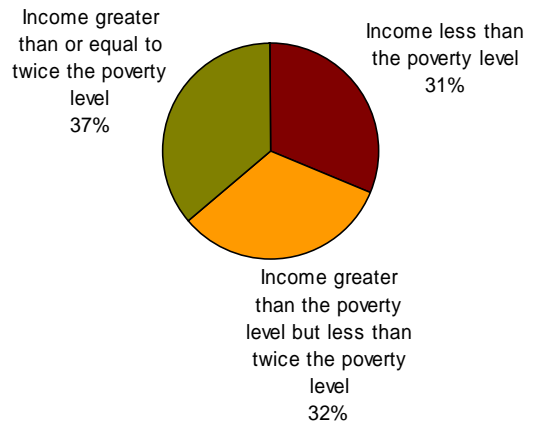


\* Data Source: U.S. Census 2000. Total population was calculated from census block-level data using Summary File 1. For purposes of describing demographics using Summary File 3, the super neighborhood is defined by the following census geographies: Tracts 3114 and 3203.

## Poverty

Nearly one-third (31%) of the population in Harrisburg/Manchester 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, 37% were children under 18 years of age; 7% were adults 65 and older.



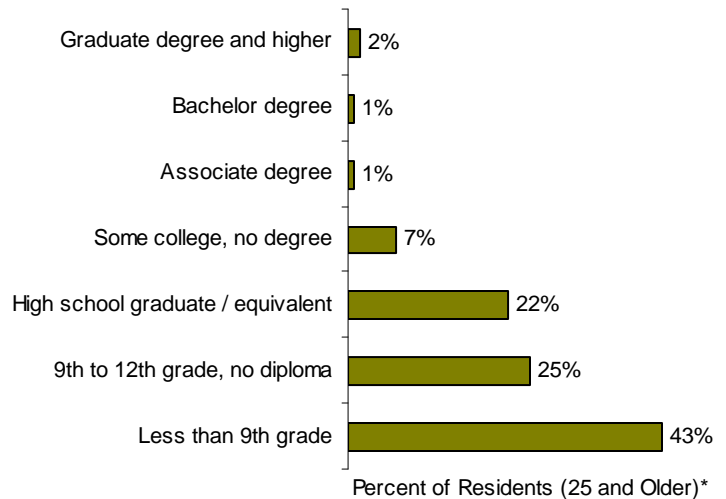
## Education

More than two-thirds (68%) of Harrisburg/Manchester residents, ages 25 and over, reported that they had not graduated from high school.

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

Approximately 11% of residents had attained education beyond the high school level, with 4% earning a college degree.

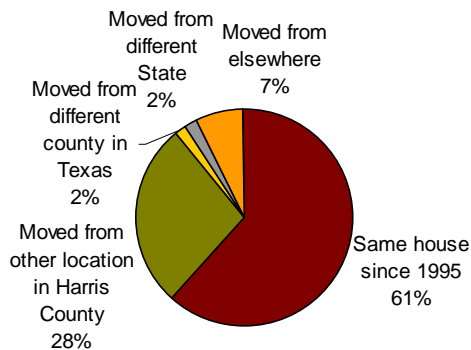
\*Due to rounding, the total percentages may not be equal to 100.



## Population Stability

More than half (61%) of the residents of Harrisburg/Manchester had lived in the same house since 1995. More than one-quarter (28%) moved to Harrisburg/Manchester from other locations in Harris County between 1995 and 1999.

Eleven 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 higher annual average mortality rate than those of Houston as a whole.

### Leading Causes of Mortality, Harrisburg/Manchester, Houston, Texas, 1999-2003

Rank	Cause of Death	Harrisburg/ Manchester		Houston	Harrisburg/ Manchester - Houston
		Deaths	Rates*	Rates*	Rates
	All Causes	144	1192.8	898.2	294.6
1	Heart Disease	40	336.8	262.0	74.8
2	Cancer	28	248.4	197.6	50.8
3	Stroke	12	--	76.0	--
4	Diabetes Mellitus	8	--	28.0	--
5	Septicemia	<5	--	18.1	--
6	Accidents	5	--	34.8	--
7	Chronic Liver Disease-Cirrhosis	<5	--	12.7	--
8	Kidney Disease	<5	--	15.8	--
9	Influenza and Pneumonia	<5	--	20.0	--
10	Chronic Lower Respiratory Disease	<5	--	31.9	--

### Other Causes of Death of Particular Interest, Harrisburg/Manchester, Houston, Texas, 1999-2003

Cause of Death	Harrisburg/ Manchester		Houston	Harrisburg/ Manchester - Houston
	Deaths	Rates*	Rates*	Rates
Coronary Heart Disease	26	205.7	174.1	31.6
Bronchus-Lung Cancer	5	--	52.8	--
Motor Vehicle Accident	5	--	13.2	--
Drug-Induced Cause	<5	--	8.2	--
Firearm Related	<5	--	7.4	--

\*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**
Heart Disease	1085.1	--	-
Cancer	796.5	--	-
<b>Specific Causes of Interest</b>			
Coronary Heart Disease	831.2	--	-

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.

## 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 heart disease and cancer in this community 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 Harrisburg/Manchester. YPLL is not reported where fewer than 5 deaths occurred.

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

Premature deaths due to heart disease had a higher impact on the annual average YPLL rates of males and females in this community.

Leading Causes of Premature Death §	Male YPLL Rates (number of deaths)	Female YPLL Rates (number of deaths)
Heart Disease	1378.6 (11)	746.3 (5)
<b>Specific Causes of Interest</b>		
Coronary Heart Disease	904.7 (8)	746.3 (5)

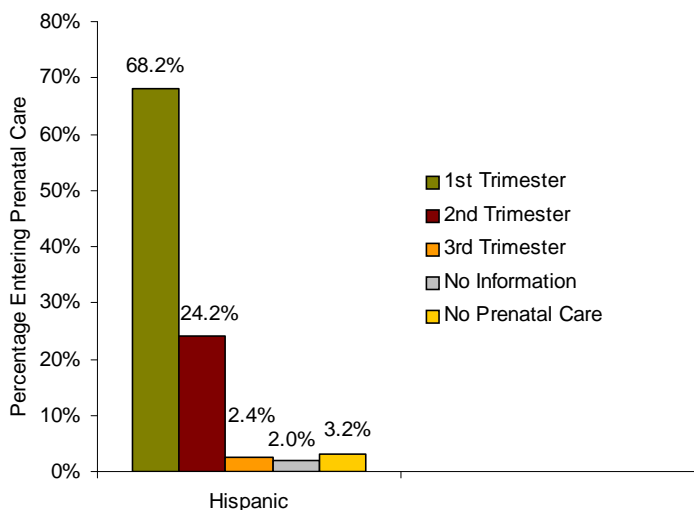
§ Ranked by Male YPLL Rate  
 Note: Annual average YPLL rates might be unstable due to small number of premature deaths.

## 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.

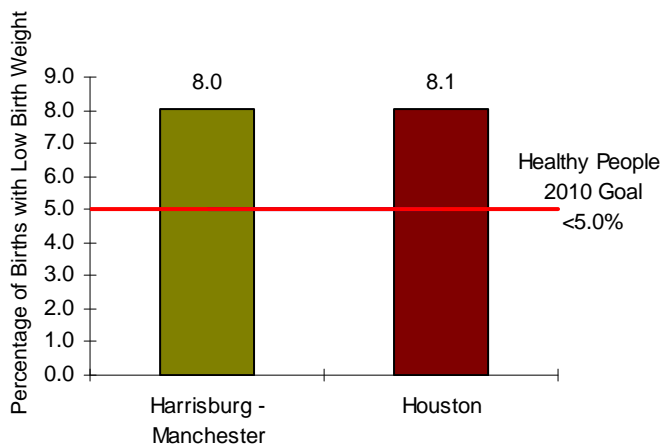
### Entry into Prenatal Care by Trimester of Pregnancy, 1999-2003

Sixty-eight percent of Hispanic women in Harrisburg/ Manchester entered prenatal care during the first trimester. A small proportion of Hispanic women entered prenatal care very late in their pregnancy, or received no care at all. Due to few pregnancies among other races/ethnicities, their rate was unreliable and not reported.



### Low Birth Weight Births (LBWB), 1999-2003

Eight percent of live births in Harrisburg/ Manchester were of low birth weight (2500 grams or less). This was almost the same as Houston. Both were above the Healthy People 2010 goal of reducing this outcome to less than 5% of live births being low weight.



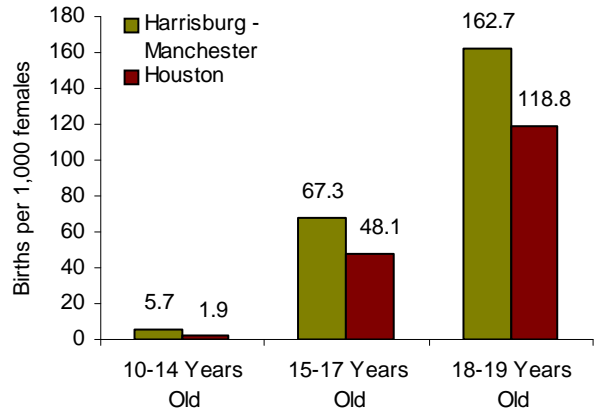
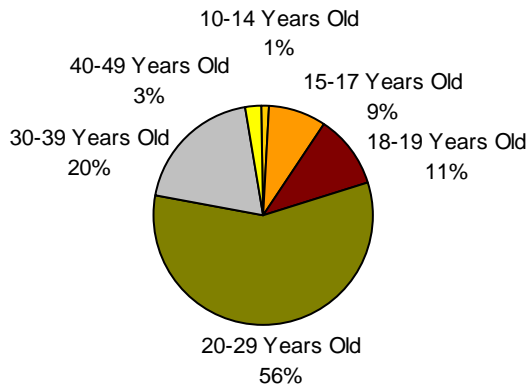
Low birth weight is a factor significantly related to infant mortality. Infants born with low birth weights are at increased risk for serious health problems and long term disabilities such as mental retardation, cerebral palsy, and respiratory, vision, and hearing problems. Low birth weight and infant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

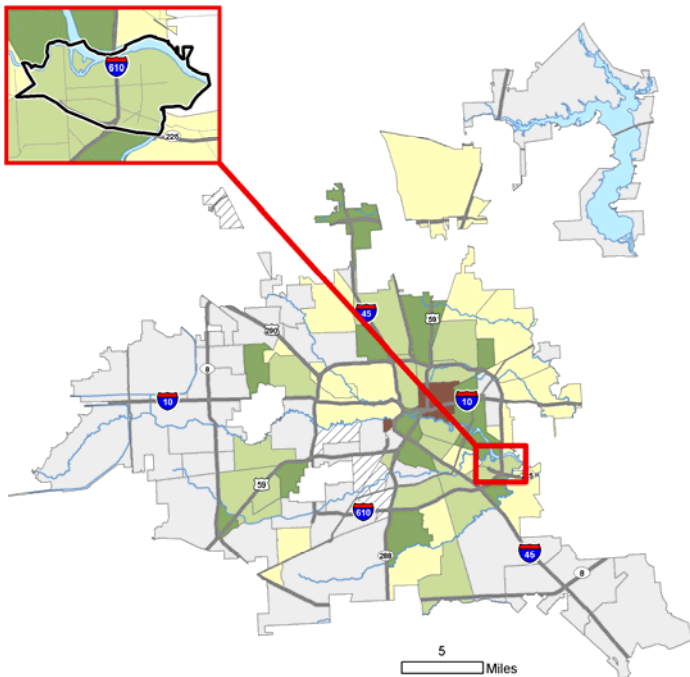


### Births by Age of Mother, 1999-2003

A total of 435 births were recorded over the period 1999-2003 among mothers in Harrisburg/Manchester. 1 out of every 5 of these births was to a young mother (10-19 years of age).

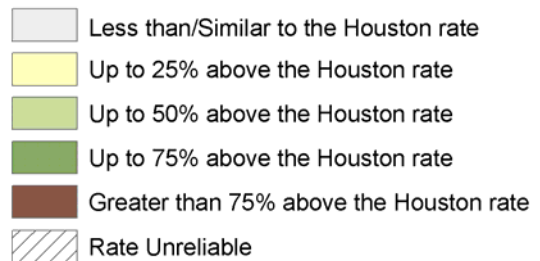
### Births to Teen Mothers, 1999-2003

The annual average birth rate for 15-17 year-old teens in Harrisburg/Manchester (67.3 per 1,000 females aged 15 to 17 years) was 40% higher than the rate in Houston overall. The birth rate among 18-19 year-old females in Harrisburg/Manchester was 37% higher than the total Houston rate.



### Births to Teen Mothers by Super Neighborhood, 1999-2003

Harrisburg/Manchester was among the neighborhoods in Houston with high annual average rates of births to teen mothers (15-17 years of age).



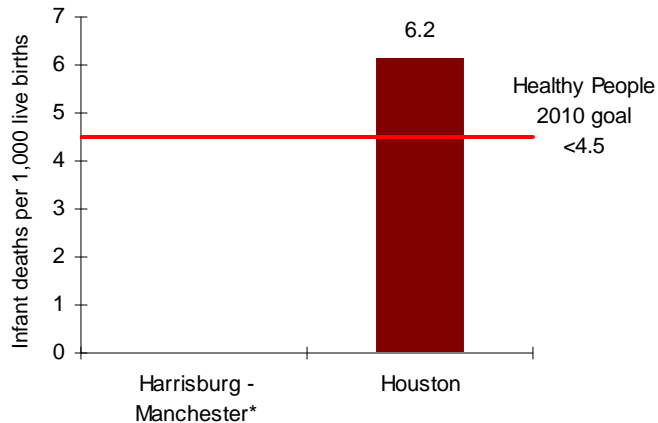
Data Sources: Texas Department of State Health Services, Vital Statistics; US Census 2000

# Infant Mortality

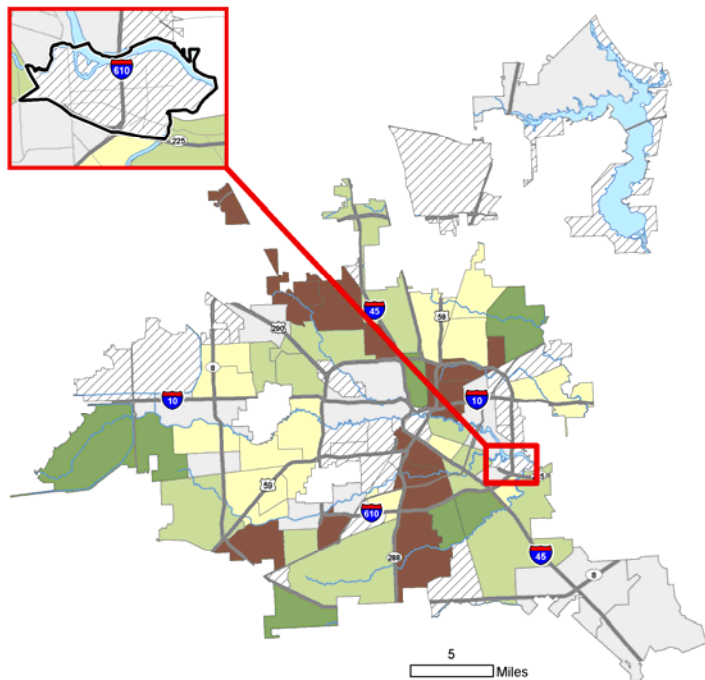
Infant mortality annual average rate is the death of infants in the first year of life. It is one of the most important indicators of the health of a community. The Healthy People 2010 goal is to eliminate disparities among racial and ethnic groups with infant mortality rates (IMR) above the national 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 Harrisburg/Manchester from 1999-2003, the data was unreliable and not reported.



\* Unreliable rate to report



## Infant Mortality Rate by Super Neighborhood 1999-2003

Harrisburg/Manchester was among the neighborhoods in Houston with the lowest numbers of infant deaths.

- 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
<b>1 Complications of pregnancy; childbirth; and the puerperium</b>	<b>179</b>
Complications mainly related to pregnancy	47
Complications during labor	42
Indications for care in pregnancy; labor; and delivery	40
<b>2 Certain conditions originating in the perinatal period</b>	<b>171</b>
Liveborn	166
Short gestation; low birth weight; and fetal growth retardation	<5
Other perinatal conditions	<5
<b>3 Diseases of the circulatory system</b>	<b>114</b>
Diseases of the heart	71
Cerebrovascular disease	22
Hypertension	9
<b>4 Injury and poisoning</b>	<b>81</b>
Fractures	32
Complications	24
Other injuries and conditions due to external causes	6
<b>5 Diseases of the digestive system</b>	<b>72</b>
Biliary tract disease	15
Lower gastrointestinal disorders	14
Noninfectious gastroenteritis	7
<b>6 Diseases of the respiratory system</b>	<b>65</b>
Respiratory infections	31
Chronic obstructive pulmonary disease and bronchiectasis	9
Respiratory failure; insufficiency; arrest (adult)	8
<b>7 Neoplasms</b>	<b>53</b>
Maintenance chemotherapy; radiotherapy	12
Cancer of lymphatic and hematopoietic tissue	7
Cancer; other primary	7

In Harrisburg/Manchester, during the years 1999-2002, the most common causes of hospitalization were related to issues of childbirth and perinatal period conditions, cardiovascular and cerebrovascular diseases, injury and poisoning, or digestive disorders.

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

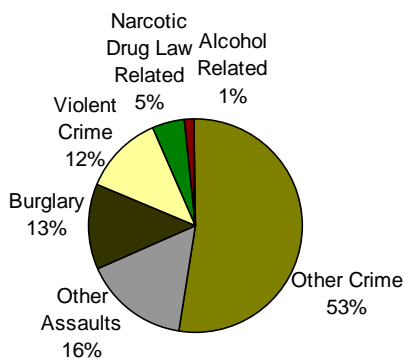
<b>8 Diseases of the genitourinary system</b>	<b>36</b>
Diseases of the urinary system	27
Diseases of female genital organs	7
Diseases of male genital organs	<5
<b>9 Symptoms; signs; and ill-defined conditions and factors influencing health status</b>	<b>35</b>
Factors influencing health care	28
Symptoms; signs; and ill-defined conditions	7
<b>10 Mental disorders</b>	<b>26</b>
Affective disorders	8
Alcohol and substance-related mental disorders	6
Other psychoses	<5

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

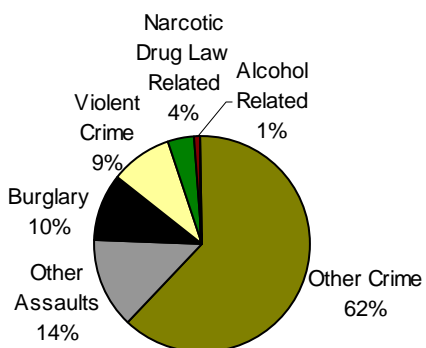
# Crime

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.

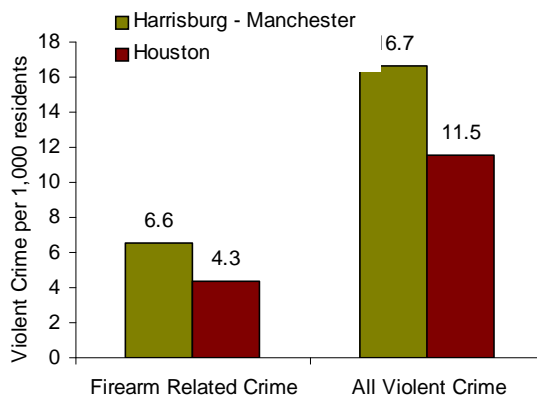
## Overview of Crime, 1999-2003



Crime in Harrisburg/Manchester

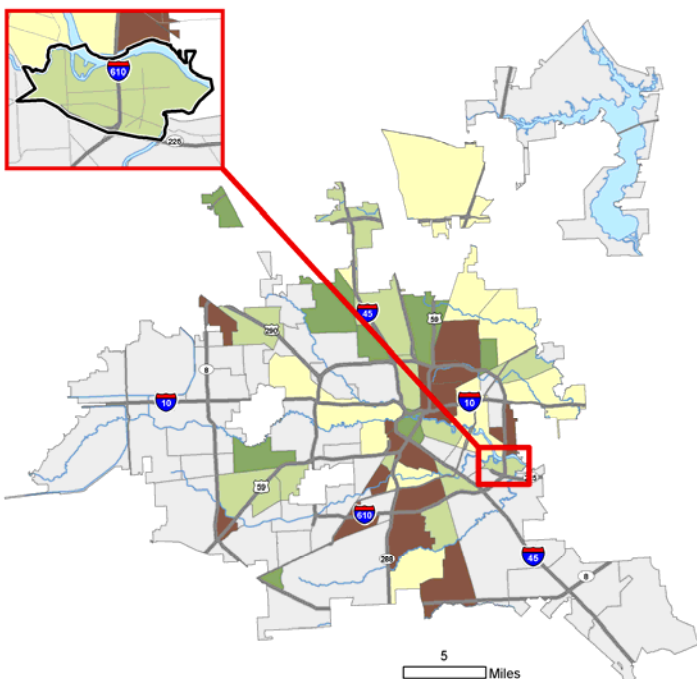


Crime in Houston



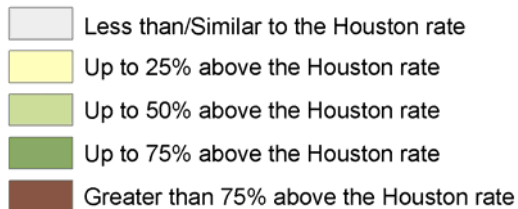
## Violent Crime, 1999-2003

The annual average rate of violent crime in Harrisburg/Manchester was 16.7 per 1,000 population, 45% higher than the Houston rate as a whole. The firearm-related violent crime rate in Harrisburg/Manchester was 6.6 per 1,000 population, 53% higher than the rate in Houston overall.



## Rate of Violent Crime by Super Neighborhood, 1999-2003

Harrisburg/Manchester was among the neighborhoods with high annual average rates of violent crime.



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, fewer than 5 newly-acquired cases of tuberculosis were identified among residents of Harrisburg/Manchester.

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 or submersion cases were reported among Harrisburg/Manchester 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.

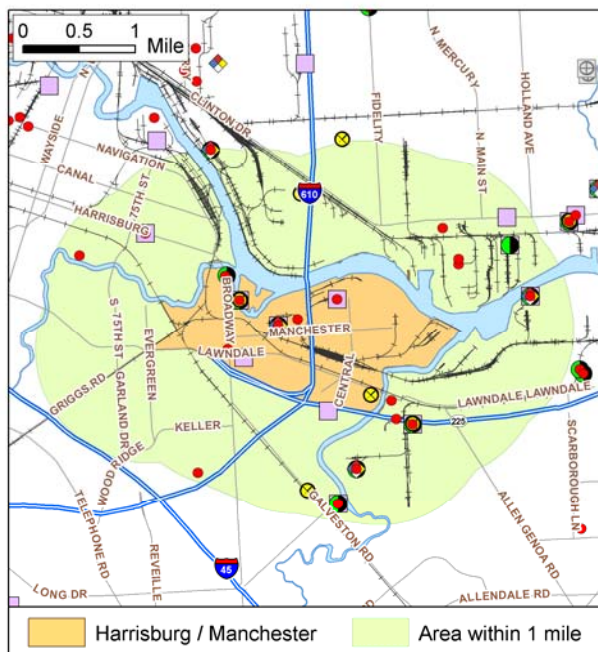
Food-related diseases are typically under-reported. It is likely that many more cases occurred from 1999 to 2003 than were actually reported to health officials.

Typically Reported Diseases	Number of Cases
Hepatitis A	<5
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 Harrisburg/Manchester, there are 21 Toxic Release Inventory (TRI) reporting facilities, 11 Large Quantity Generators (LQG) of hazardous waste, 4 facilities that treat, store, or dispose of hazardous waste, 9 major dischargers of air pollutants, and 8 major storm water discharging facilities.

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.

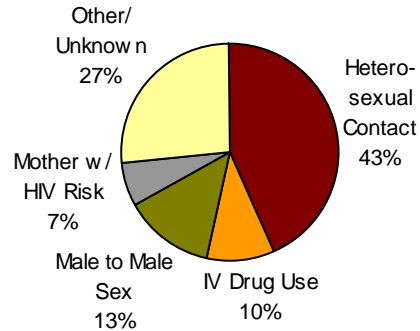
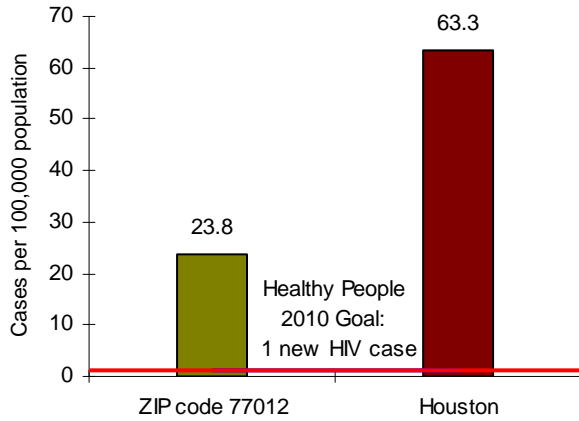
The EPA provides reports concerning federally regulated facilities through an online application called Envirofacts ([www.epa.gov/enviro/index.html](http://www.epa.gov/enviro/index.html)).

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.

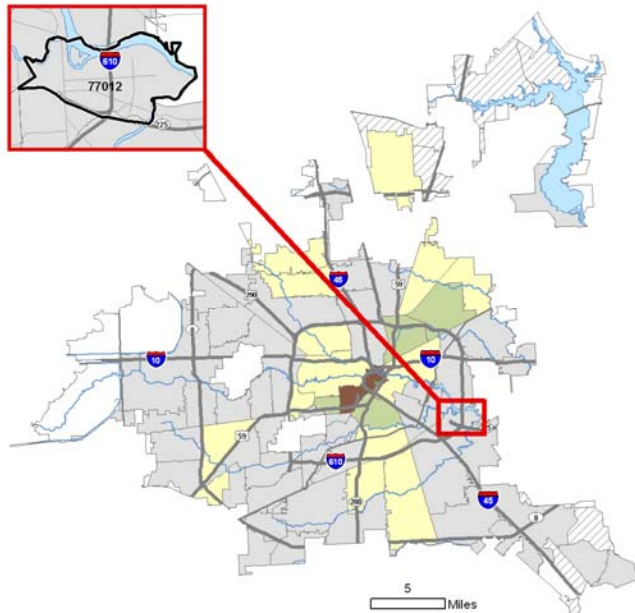


## New HIV Diagnosis Rate, 1999-2003

The annual average rate of new HIV diagnosis in the zip code 77012 (which include Harrisburg/Manchester) was 62% lower than the Houston-wide rate during the period 1999-2003. However, the rate of 23.8 cases per 100,000 population was far above the Healthy People 2010 goal of less than 1 new case per 100,000 population.

## HIV Risk Factors, 1999-2003

Twenty-three percent of new HIV infections occurred in males in Harrisburg/Manchester. In over one-quarter of all cases, the mode of transmission was unknown. Hetero-sexual contact accounted for about 43% of all reported cases. This was followed by male-to-male sex (13%) and use of IV drugs (10%).



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

The annual average rates of new HIV diagnosis in zip code 77012 was lower than that of many other zip codes in the city.

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

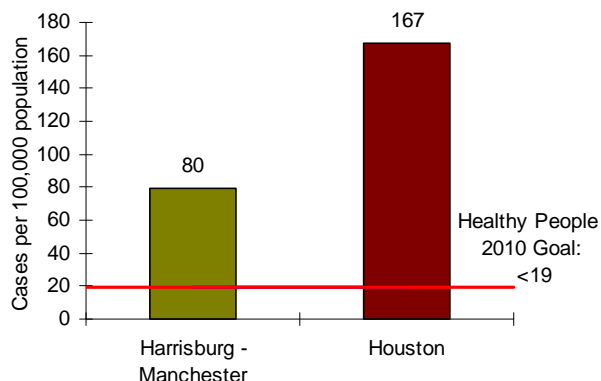
Data Source: HDHHS, Bureau of Epidemiology

# 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.

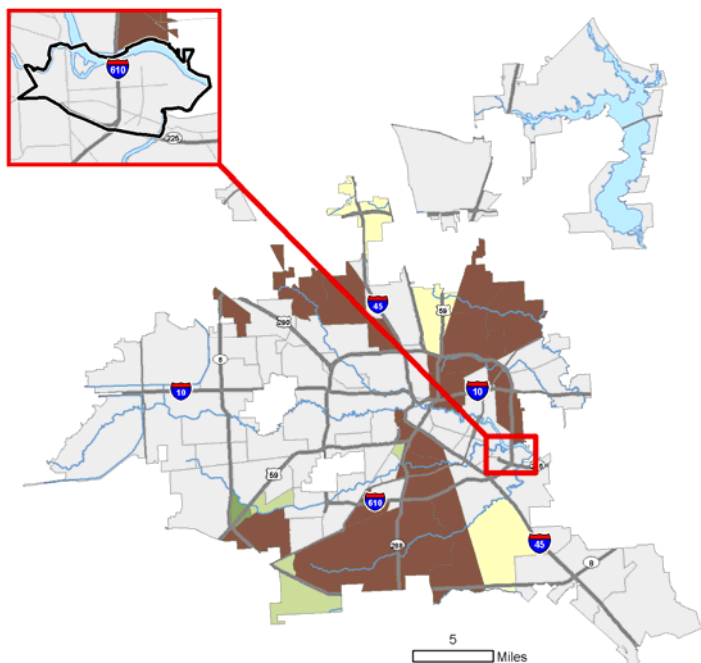
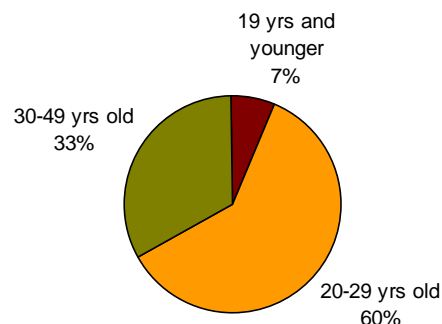
## New Gonorrhea Infection in Harrisburg/Manchester, 1999-2003

The annual average rate of new gonorrhea cases in Harrisburg/Manchester was less than half 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.



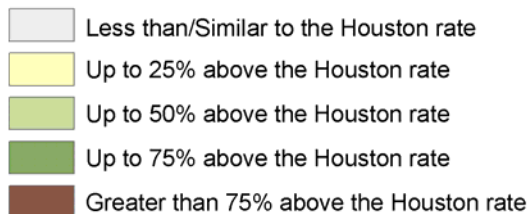
## Gonorrhea Infection by Age, Sex, Race/Ethnicity

Blacks, who represent 6% of Harrisburg/Manchester's population, accounted for 80% of new cases. Two-third (67%) of all cases occurred in males, and persons aged 20-29 years accounted for the majority of the cases.



## Rates of Gonorrhea Infection by Super Neighborhood, 1999-2003

Harrisburg/Manchester was among the neighborhoods with the lowest annual average rates of infection in the city.

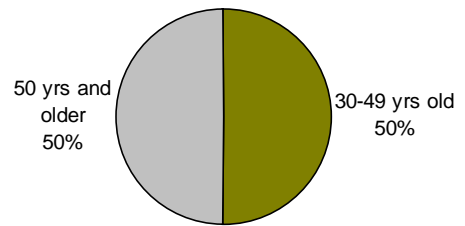
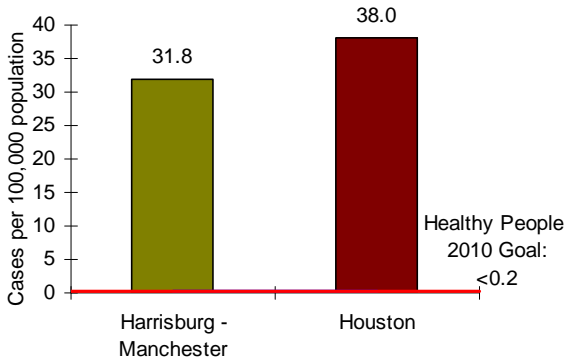


Data Source: HDHHS, Bureau of Epidemiology



# 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.

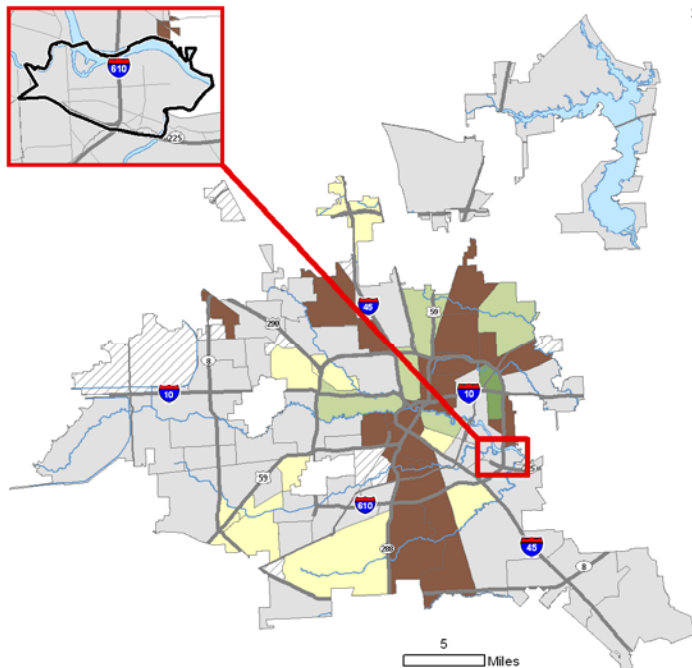


**Rates of New Syphilis Infection, 1999-2003**

The annual average rate of new syphilis infection in Harrisburg/Manchester was 16% lower than the rate in Houston overall; both were far higher than the Healthy People 2010 goal of less than 0.2 case per 100,000 population.

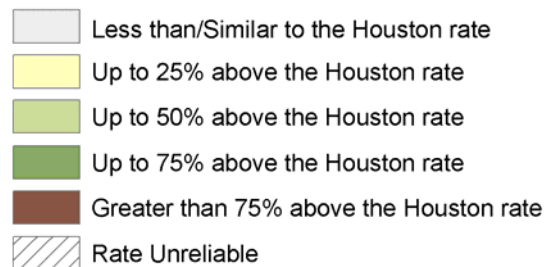
**Syphilis Cases by Age, Sex, Race/Ethnicity**

Sixty-six percent of new cases in Harrisburg/Manchester occurred among Hispanics. Although Blacks represented 6% of the population, they accounted for 17% of new cases. More males (83%) than females (17%) were affected by syphilis. Half of new infections were among persons aged 50 years and older and less than 1% of all cases occurred in persons younger than 30.



**Rates of Syphilis by Super Neighborhood, 1999-2003**

Harrisburg/Manchester was among the neighborhoods with the lowest annual average rates of infection in the city.



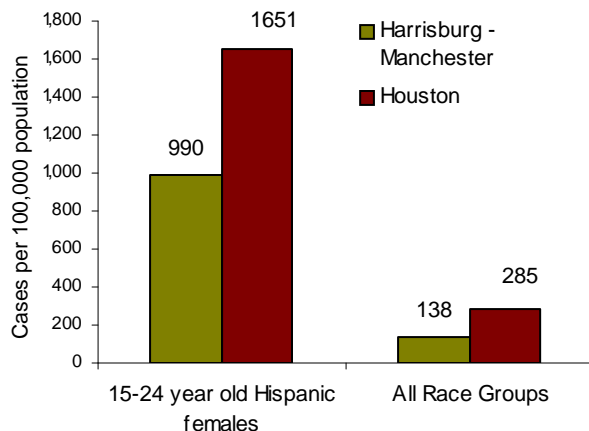
Data Source: HDHHS Bureau of Epidemiology

# 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.

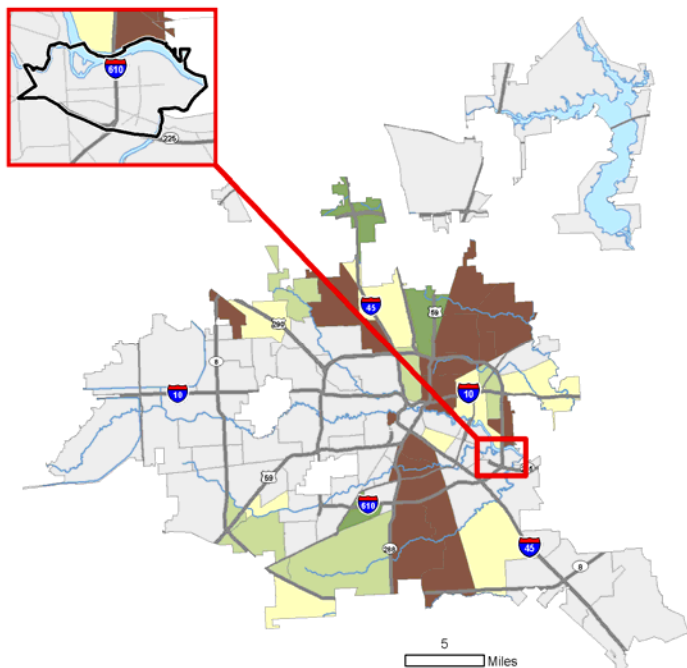
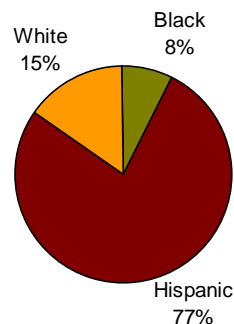
## Rates of Chlamydia, 1999-2003

The annual average rate of chlamydia infection in Harrisburg/Manchester was 138 per 100,000 population, less than half the rate in Houston overall. Although Hispanic women between the ages of 15 to 24 years had the highest rate of infection in Harrisburg/Manchester, it was 40% lower than the rate in Houston overall.



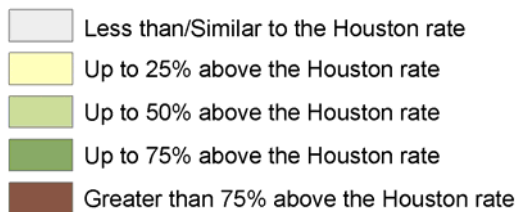
## Chlamydia Infection By Age, Sex, and Race/Ethnicity, 1999-2003

More than three-fourths (77%) of all cases in Harrisburg/Manchester occurred among Hispanics, and eighty-eight percent of all cases were female. Persons aged 19 years and younger accounted for 46% of all cases.



## Rates of Chlamydia by Super Neighborhood, 1999-2003

Harrisburg/Manchester 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](http://www.houstontx.gov/health). Reports can also be requested by e-mail at [webadmin@cityofhouston.net](mailto:webadmin@cityofhouston.net), or by writing to:

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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.