

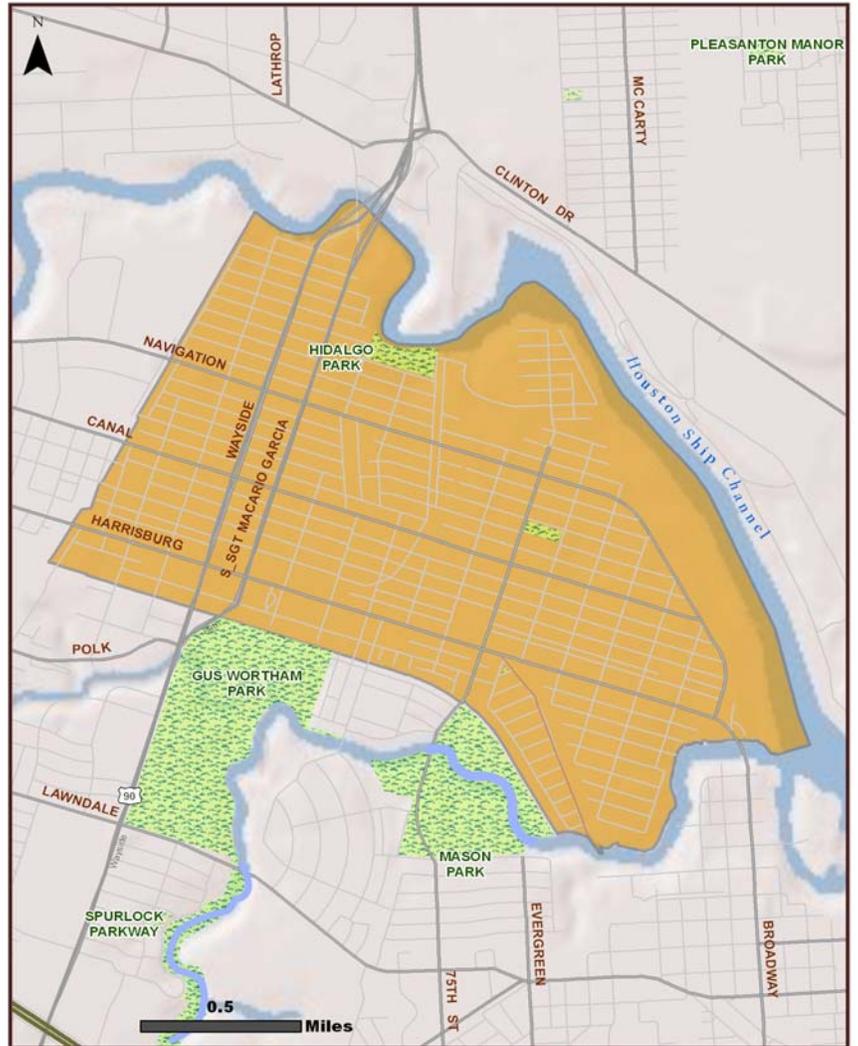
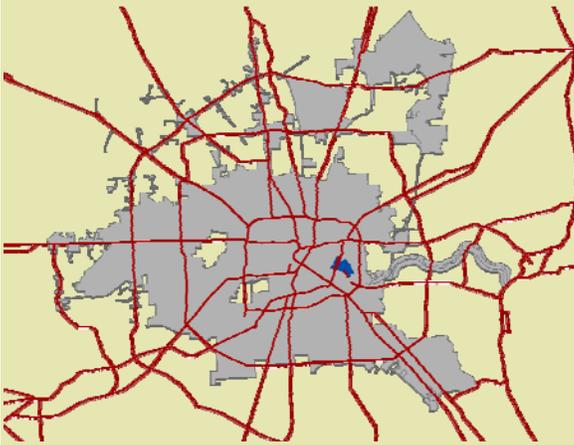
1999-2003



Community Health Profiles



Magnolia Park Super Neighborhood



*Providing Health Information
for Community Action*

Introduction



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

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 Magnolia Park and across the city of Houston.

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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.

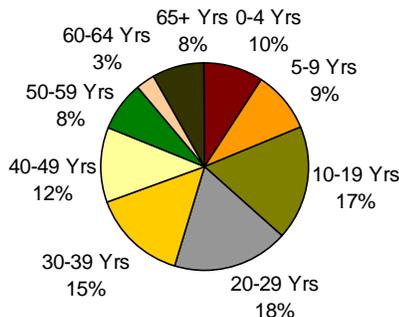


Magnolia Park at a Glance

The total population of Magnolia Park was 21,302, according to the 2000 census.*

Age

At the time of the 2000 census, more than one-third (36%) of Magnolia Park residents were under the age of 20. More than half (56%) were between 20 and 64 years of age, and 8% were 65 or older.

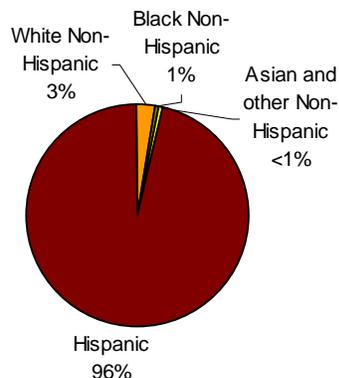


Race, Ethnicity, National Origin

The majority (96%) of Magnolia Park residents were Hispanic. Whites were the second largest group, though they accounted for only 3% of the population.

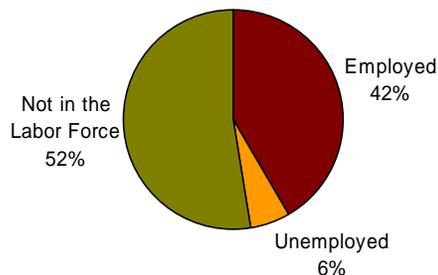
Of the total population, half were native Texans. Nearly half (46%) were foreign born.

Note: due to rounding, the total percentages may not be equal to 100.



Employment

A large proportion (58%) of Magnolia Park residents, ages 16 and over, were either unemployed or were not in the labor force in 1999.

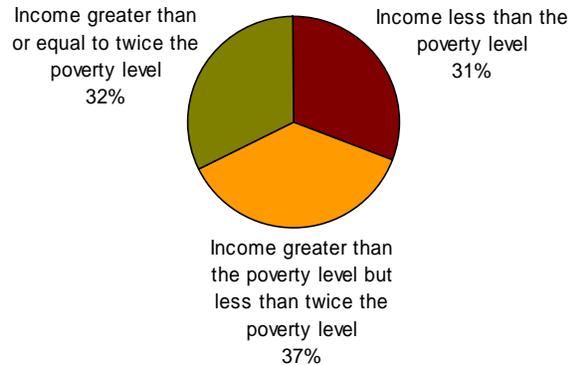


* Data Source: U.S. Census 2000. Total population was calculated from census block-level data using Summary File 1. For purposes of describing demographics using Summary File 3, the super neighborhood is defined by the following census geographies: Tracts 3110, 3111; and Tract 3109, Block Groups 1, 3, 4, and 5.

Poverty

Nearly one-third (31%) of the population in Magnolia Park was below the poverty level in 1999. Thirty-two percent had incomes that were twice the poverty level or higher.

Of those living below the poverty level, 41% were children under 18 years of age; 7% were adults 65 and older.

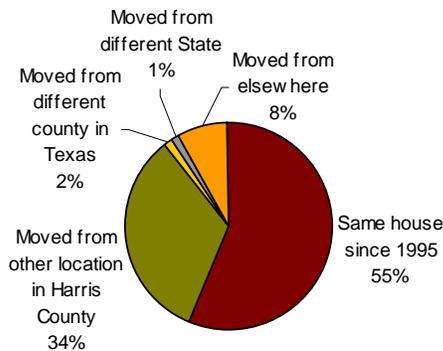
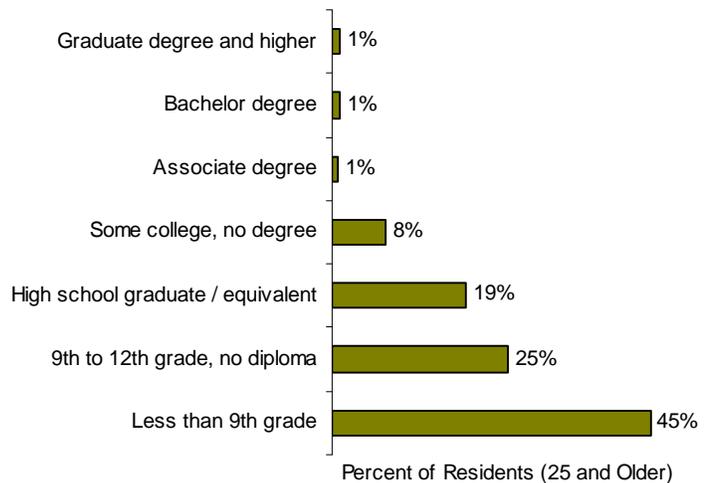


Education

The majority (70%) of Magnolia Park residents, ages 25 and over, reported that they had not graduated from high school.

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

Eleven percent of residents had attained education beyond the high school level, with 3% earning a college degree.



Population Stability

More than half (55%) of the residents of Magnolia Park had lived in the same house since 1995. Thirty-four percent moved to the super neighborhood 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 lower annual average mortality rate than did residents of Houston as a whole. Mortality rates for heart disease, cancer and stroke were also lower in this community, however, the mortality rate for diabetes was higher in this community than it was in Houston.

Leading Causes of Mortality, Magnolia Park, Houston, Texas, 1999-2003

Rank	Cause of Death	Magnolia Park		Houston	Magnolia Park - Houston
		Deaths	Rates*	Rates*	Rates
	All Causes	558	823.1	898.2	-75.1
1	Heart Disease	146	230.1	262.0	-32.0
2	Cancer	107	162.6	197.6	-35.0
3	Stroke	32	52.5	76.0	-23.5
4	Diabetes Mellitus	34	51.7	28.0	23.8
5	Accidents	34	37.6	34.8	2.8
6	Septicemia	19	--	18.1	--
7	Chronic Liver Disease-Cirrhosis	17	--	12.7	--
8	Kidney Disease	14	--	15.8	--
9	Chronic Lower Respiratory Disease	11	--	31.9	--
10	Influenza and Pneumonia	10	--	20.0	--

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

Cause of Death	Magnolia Park		Houston	Magnolia Park - Houston
	Deaths	Rates*	Rates*	Rates
Coronary Heart Disease	99	152.7	174.1	-21.4
Bronchus-Lung Cancer	18	--	52.8	--
Motor Vehicle Accident	13	--	13.2	--
Firearm Related	11	--	7.4	--
Drug-Induced Cause	6	--	8.2	--
Cervical Cancer	<5	--	2.2	--

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

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

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

Years of Potential Life Lost (YPLL)

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

Leading Causes of Premature Death	YPLL Rate*	YPLL Rate**	Houston YPLL Rate**
Accidents	833.8	841.7	779.0
Cancer	539.5	658.7	816.3
Homicide	528.3	--	-
Heart Disease	417.9	537.9	689.3
Conditions Originating in the Perinatal Periods	386.2	--	-
Congenital Disorders	309.6	--	-
Chronic Liver Disease-Cirrhosis	198.2	--	-
Suicide	148.2	--	-
Septicemia	136.9	--	-
Specific Causes of Interest			
Firearm Related	427.1	--	-
Motor Vehicle Accident	327.0	--	-
Coronary Heart Disease	281.0	378.8	376.1
Drug-Induced Cause	151.2	--	-
Bronchus-Lung Cancer	49.0	--	-

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 and heart disease had higher impact on annual average 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, homicide, heart disease, and perinatal period conditions in this community than any other causes.

The age-adjusted annual average YPLL rate for accidents was higher in the super neighborhood than it was in Houston. YPLL rates for cancer and heart disease were lower in the super neighborhood. Comparison of other age-adjusted YPLL rates is not possible because of the relatively small number of deaths occurring before age 65 in Magnolia Park. The YPLL rate is not reported where fewer than 5 deaths occurred.

Leading Causes of Premature Death §	Male YPLL Rates (number of deaths)	Female YPLL Rates (number of deaths)
Accidents	1116.7(19)	517.4(8)
Homicide	799.3(11)	
Heart Disease	627.1(23)	184.0(10)
Cancer	503.2(20)	580.1(16)
Chronic Liver Disease-Cirrhosis	350.3(12)	

Specific Causes of Interest

Firearm Related	681.2(9)	
Motor Vehicle Accident	418.0(7)	
Coronary Heart Disease	373.5(16)	177.5(9)

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

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

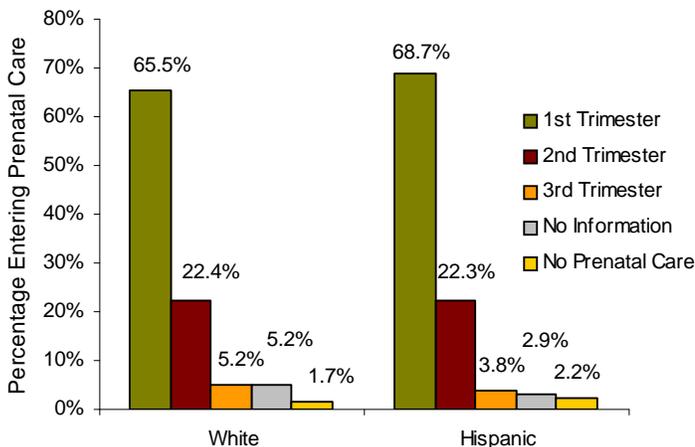
Maternal and Child Health

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

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

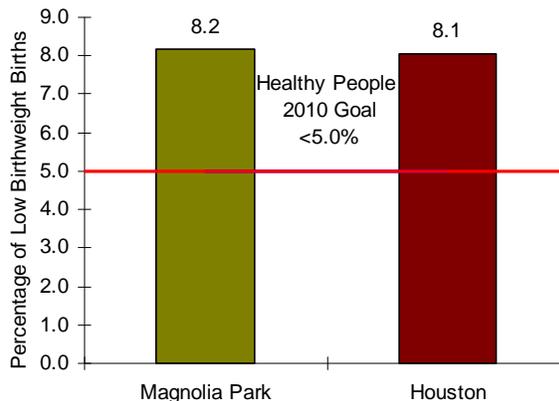
A slightly higher proportion (68.7%) of pregnant Hispanic women reported entering prenatal care in the first trimester than White women. A small proportion of women in both groups entered prenatal care very late in their pregnancy, or received no care at all.

Data for other racial/ethnic groups are not presented due to small numbers of births in those groups.



Low Birth Weight Births (LBWB), 1999-2003

Approximately 8% of live births in Magnolia Park were of low birth weight (2500 grams or less). This was similar to that of Houston as a whole. Both were far higher than the Healthy People 2010 goal of reducing this outcome to less than 5% of live births being low weight.

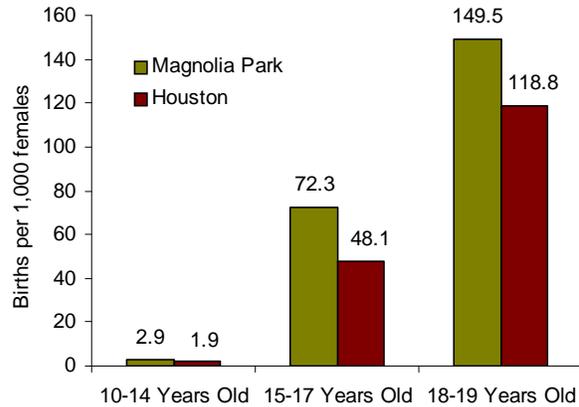
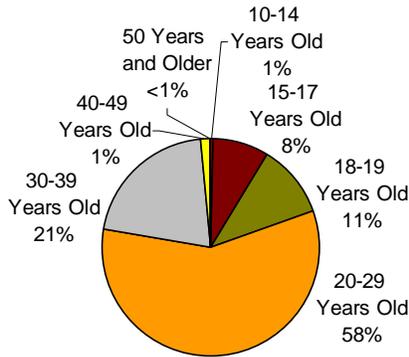


Low birth weight is a factor significantly related to infant mortality. Infants born with low birth weights are at increased risk for serious health problems and long term disabilities such as mental retardation, cerebral palsy, and respiratory, vision, and hearing problems. Low birth weight and infant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

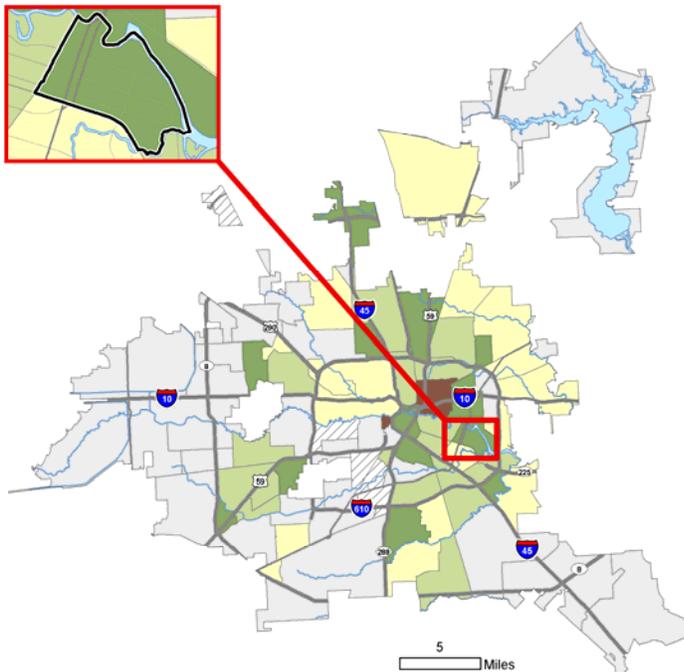


Births by Age of Mother, 1999-2003

A total of 2,485 births were recorded over the period among mothers in Magnolia Park. Approximately 1 out of every 5 of these births was to a young mother (10-19 years of age).

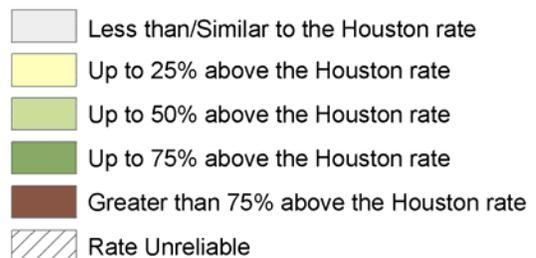
Births to Teen Mothers, 1999-2003

The annual average rate of births to 15-17 year-old teens in Magnolia Park (72.3 per 1,000 females aged 15 to 17 years) was 50% higher, and among 18-19 year-old females, 26% higher than that for teens of their respective age groups in Houston, overall.



Births to Teen Mothers by Super Neighborhood, 1999-2003

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



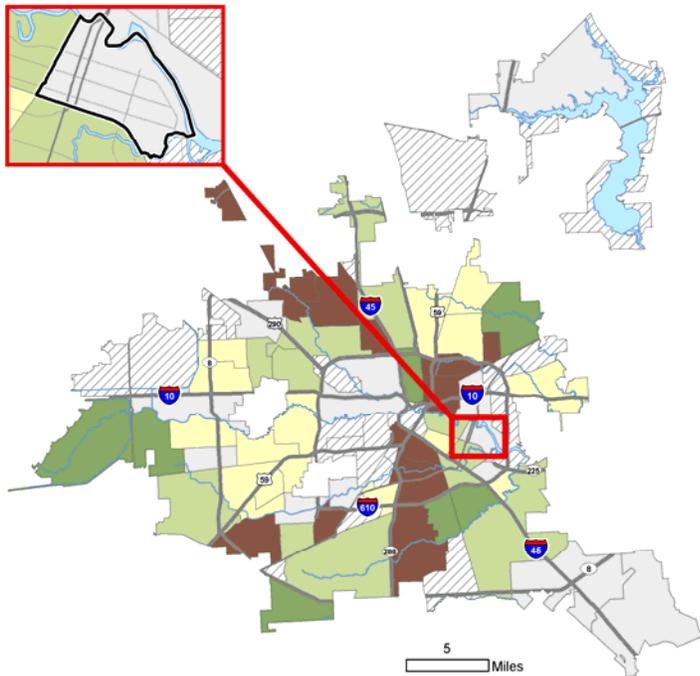
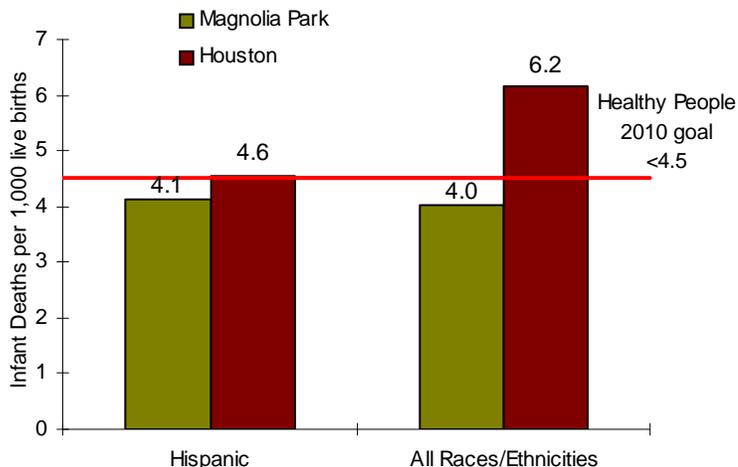
Data Sources: Texas Department of State Health Services, Vital Statistics; US Census 2000

Infant Mortality

Infant mortality 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 Magnolia Park was lower than Houston's IMR and Healthy People 2010 goal of 4.5 infant deaths per 1,000 live births. All infant deaths in the community in this time period occurred among Hispanics.



Infant Mortality Rate by Super Neighborhood, 1999-2003

Magnolia Park was among the neighborhoods with the lowest annual average rates of infant mortality 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	922
Complications during labor	257
Complications mainly related to pregnancy	231
Indications for care in pregnancy; labor; and delivery	186
2 Certain conditions originating in the perinatal period	871
Liveborn	852
Other perinatal conditions	13
Hemolytic jaundice and perinatal jaundice	5
3 Diseases of the circulatory system	372
Diseases of the heart	233
Cerebrovascular disease	71
Hypertension	33
4 Diseases of the digestive system	315
Lower gastrointestinal disorders	73
Biliary tract disease	55
Liver disease	37
5 Diseases of the respiratory system	253
Respiratory infections	135
Asthma	39
Chronic obstructive pulmonary disease and bronchiectasis	34
6 Injury and poisoning	233
Fractures	87
Complications	71
Open wounds	28
7 Diseases of the genitourinary system	148
Diseases of the urinary system	91
Diseases of female genital organs	46
Diseases of male genital organs	11

In Magnolia Park, during the years 1999-2002, the most common causes of hospitalization were related to conditions in childbirth and perinatal period, cardiovascular and cerebrovascular diseases, digestive and respiratory disorders.

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

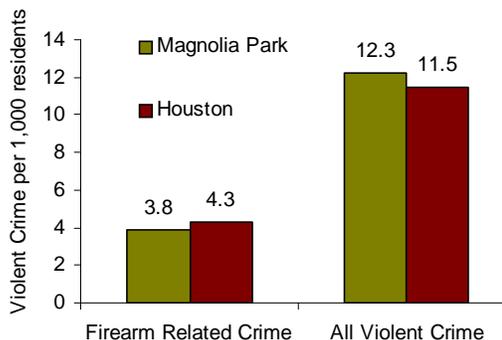
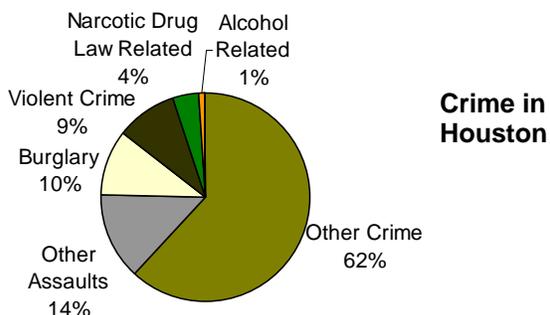
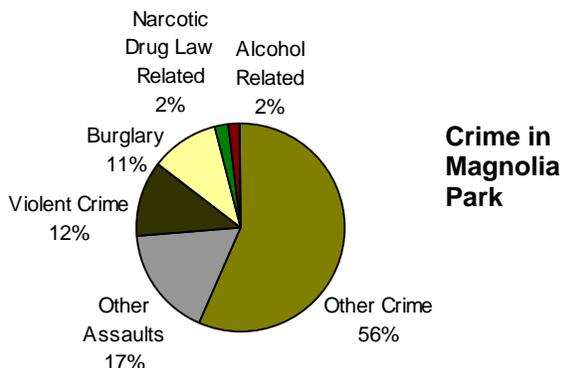
8 Neoplasms	139
Benign neoplasms	25
Secondary malignancies	22
Cancer; other primary	17
9 Symptoms; signs; and ill-defined conditions and factors influencing health status	113
Factors influencing health care	61
Symptoms; signs; and ill-defined conditions	52
10 Endocrine; nutritional; and metabolic diseases and immunity disorders	108
Diabetes mellitus with complications	75
Fluid and electrolyte disorders	23
Other nutritional; endocrine; and metabolic disorders	<5

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

Crime

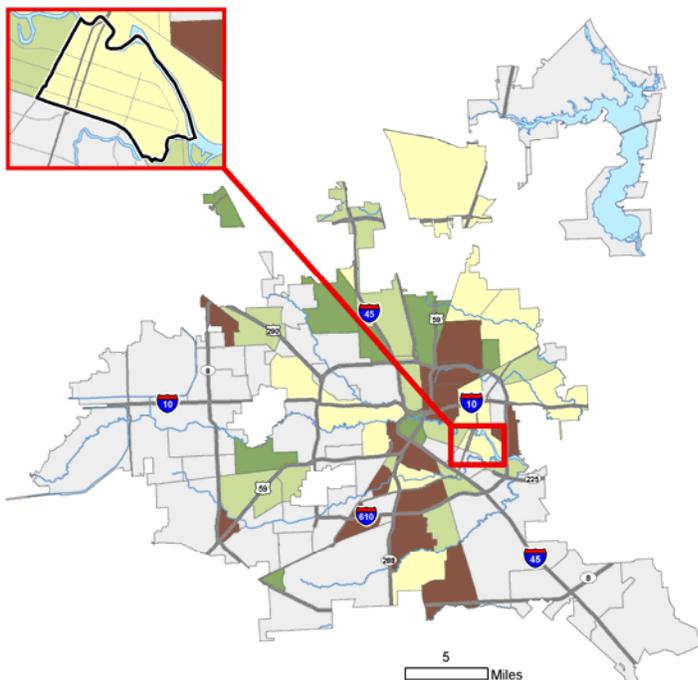
The crime rate in urban areas is of concern to the residents, law enforcement and the local government. Crimes place stress on the residents of neighborhoods and affect their well-being. Of particular concern are violent crimes that threaten residents' lives, such as those involving firearms.

Overview of Crime, 1999-2003



Violent Crime, 1999-2003

The annual average rate of violent crime in Magnolia Park was 12.3 per 1,000 population, slightly more than that of Houston as a whole. The firearm-related violent crime rate in Magnolia Park was 3.8 per 1,000 population that slightly less than the Houston rate.



Rate of Violent Crime by Super Neighborhood, 1999-2003

Magnolia Park was among the neighborhoods in Houston 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, 28 newly-acquired cases of tuberculosis were identified among residents of Magnolia Park, representing 2.1% of all cases diagnosed in Houston in that period. The annual average rate in Magnolia Park was 26.3 per 100,000 population, compared 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.

Hispanics represented 79% of these cases, most of whom were adults between 20 and 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.

Fewer than 5 drowning or submersion cases were reported among Magnolia Park 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.

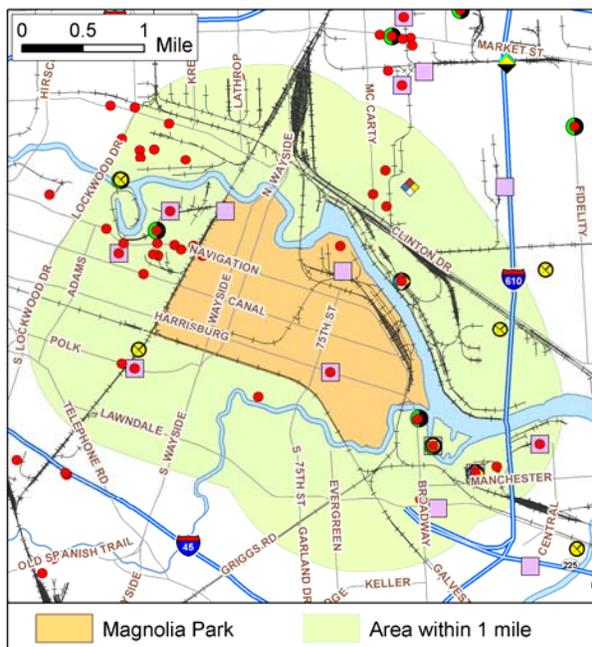
Food-related diseases are typically under-reported. It is likely that many more cases occurred from 1999 to 2003 than were actually reported to health officials.

Typically Reported Diseases	Number of Cases
Hepatitis A	11
Shigellosis	14
Salmonellosis	10
Campylobacteriosis	<5

Data Source: HDHHS, Bureau of Epidemiology

Environmental Health and Safety

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



Regulated Facilities

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

Within one mile of Magnolia Park, there are 36 Toxic Release Inventory (TRI) reporting facilities, 10 Large Quantity Generators (LQG) of hazardous waste, 3 facilities that treat, store, or dispose of hazardous waste, 6 major dischargers of air pollutants, and 6 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.

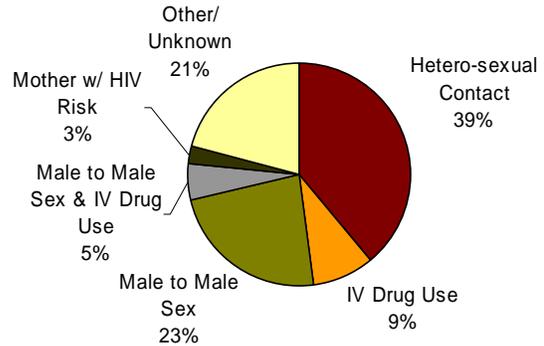
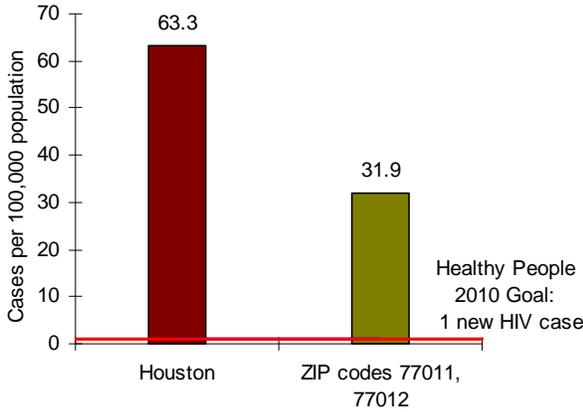
The EPA provides reports concerning federally regulated facilities through an online application called Envirofacts (www.epa.gov/enviro/index.html).

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 from mother to child before or during birth and from breast milk. Many of those infected are unaware of their HIV status, and therefore can transmit the disease unknowingly.

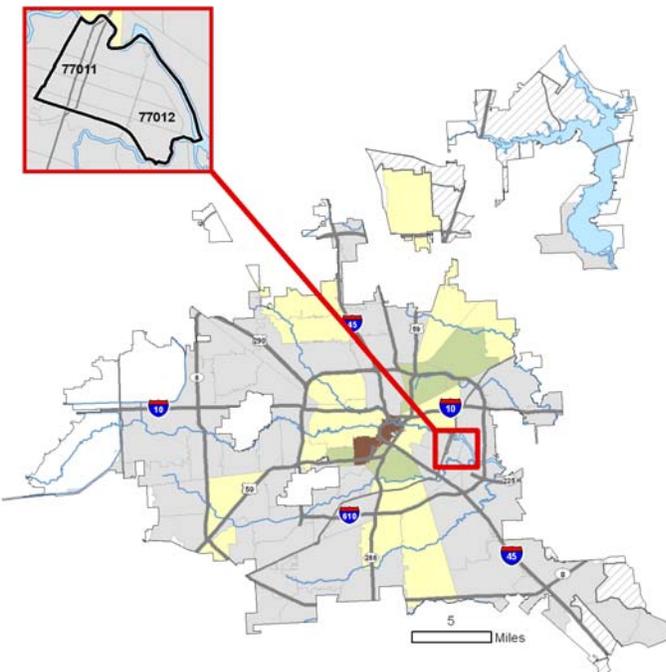


New HIV Diagnosis Rate, 1999-2003

The annual average rate of new HIV diagnosis in zip codes 77011 and 77012 (which include Magnolia Park) was 50% below the Houston-wide rate; 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 one of every five reported cases, the mode of transmission was unknown. Thirty-nine percent of cases reported heterosexual contact; 23% reported male-to-male sex; 9% reported IV drug use. Male-to-male sex with 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 77011 and 77012, which overlap Magnolia Park, were lower than those of most other zip codes in the city.

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

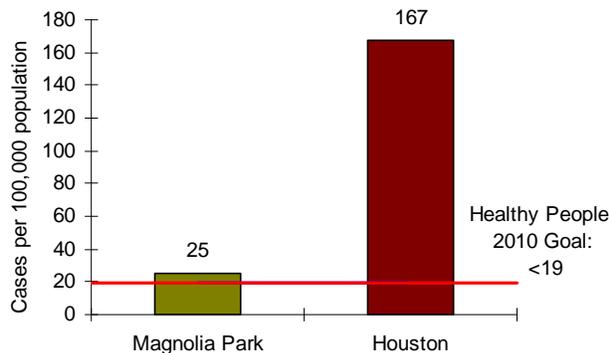
Data Source: HDHHS, Bureau of Epidemiology

Gonorrhea

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

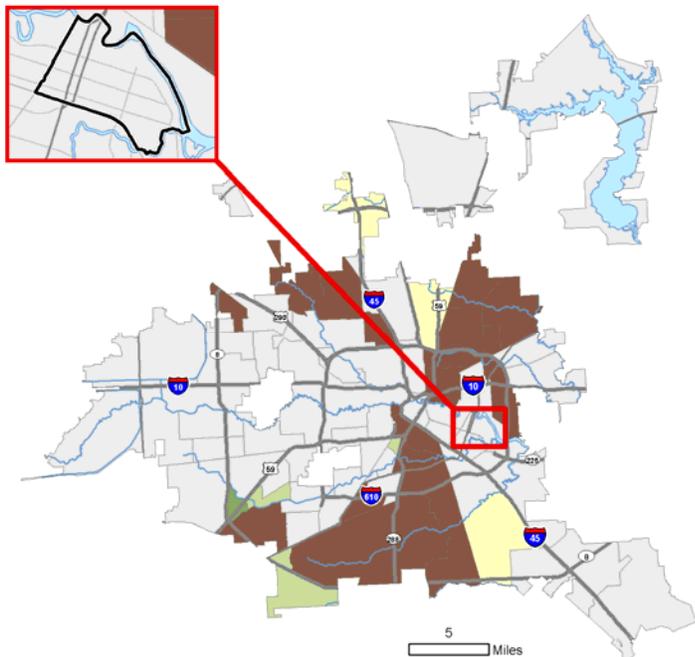
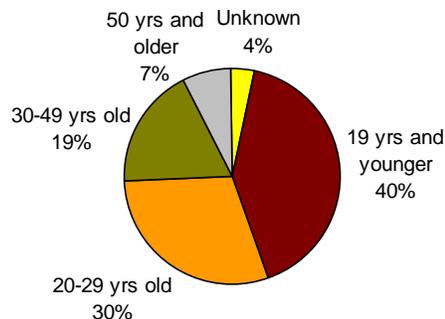
New Gonorrhea Infection, 1999-2003

The annual average rate of new gonorrhea cases in Magnolia Park was 85% lower than the Houston rate; both rates were greater than the 2010 Healthy People goal of less than 19 cases per 100,000 population.



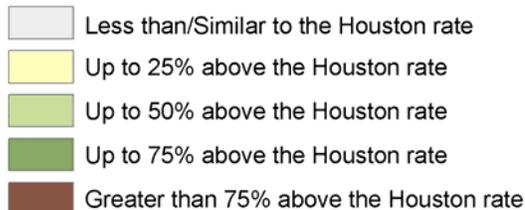
Gonorrhea infection by Age, Sex, Race/Ethnicity

Hispanics, who represented 96% of Magnolia Park residents, accounted for 67% of new cases. Blacks, who represented 1% of population, accounted for 11% of all cases. Forty percent of all cases were 19 years of age or younger. Thirty-seven percent of new cases were male and 63% were female.



Rates of Gonorrhea Infection by Super Neighborhood, 1999-2003

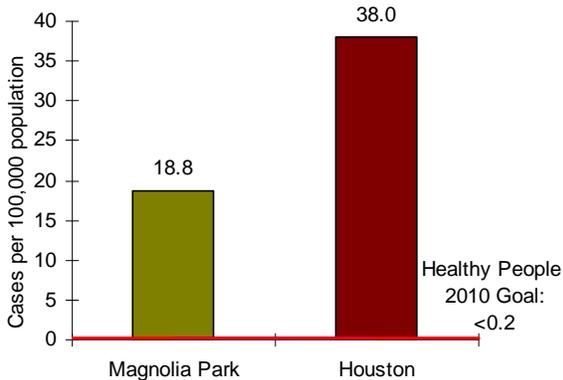
Magnolia Park was among those super neighborhoods with the lowest annual average rates of infection in the city.



Data Source: HDHHS, Bureau of Epidemiology

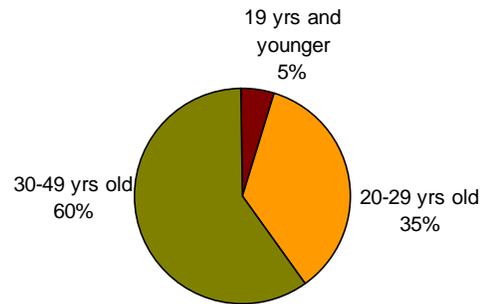
Syphilis

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 infection in Magnolia Park was approximately half the Houston rate; both were far higher than the Healthy People 2010 goal.



Syphilis Cases by Age, Sex, Race/Ethnicity

All new cases in Magnolia Park occurred were Hispanic. Sixty percent of new cases were male. Thirty to forty-nine year olds were the most affected age group.



Rates of Syphilis by Super Neighborhood, 1999-2003

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

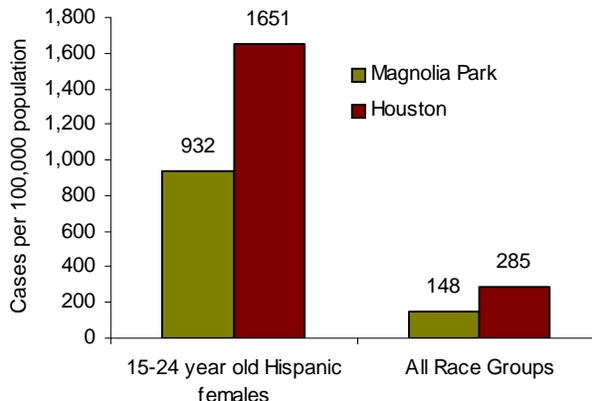
Data Source: HDHHS Bureau of Epidemiology

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.

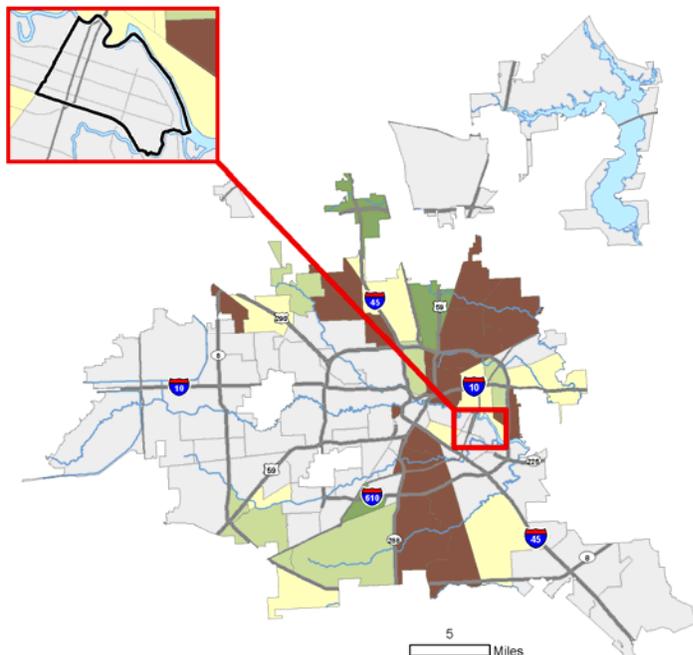
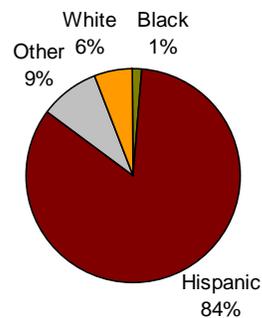
Rates of Chlamydia, 1999-2003

The annual average rate of chlamydia infection in Magnolia Park was 148 per 100,000 population, approximately half the Houston rate. Among 15-24 year-old Hispanic females, the rate was 44% lower than the Houston rate.



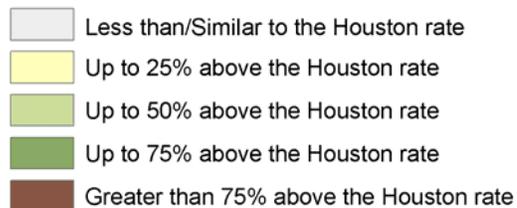
Chlamydia Infection By Age, Sex, and Race/Ethnicity, 1999-2003

In Magnolia Park, 84% of all new cases were Hispanic. Ninety percent of new infection occurred in those 29 years of age and younger. The majority (89%) of new cases were female.



Rates of Chlamydia by Super Neighborhood, 1999-2003

Magnolia Park 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
8000 N. Stadium Dr., 4th floor
Houston, Texas 77054



City of Houston
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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.