

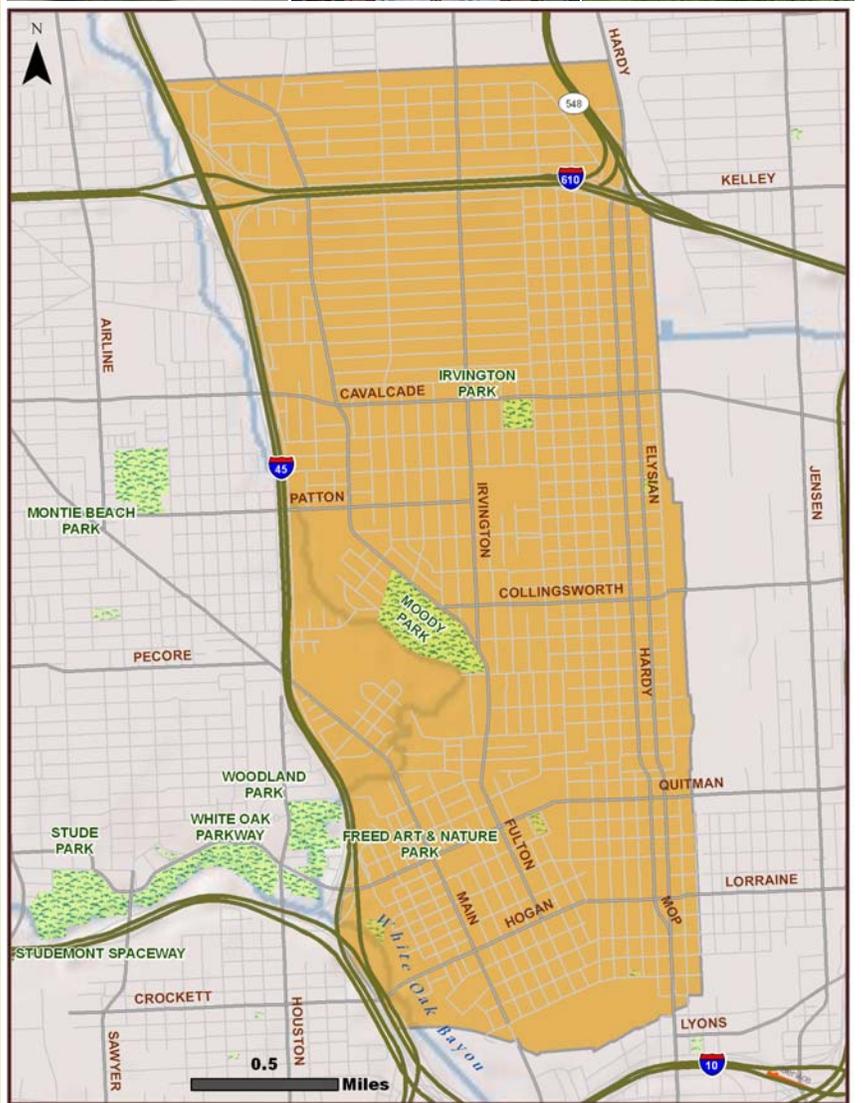
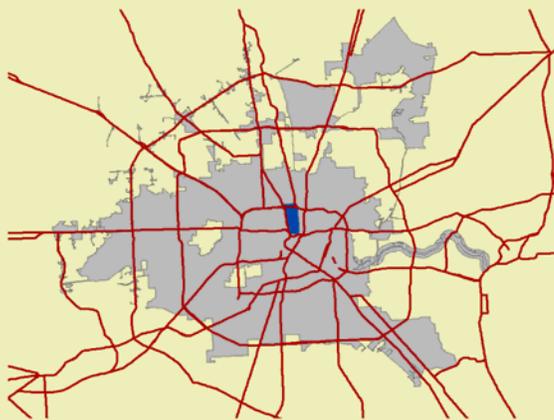
1999-2003



Community Health Profiles



Northside Village/ Near Northside Super Neighborhood



*Providing Health Information
for Community Action*

Introduction



This community health profile highlights important health issues facing the residents of Northside Village/Near Northside 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. Northside Village/Near Northside Super Neighborhood will herein after be referred to as “Northside Village/Near Northside.”

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 Northside Village/Near Northside and across the city of Houston.

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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.

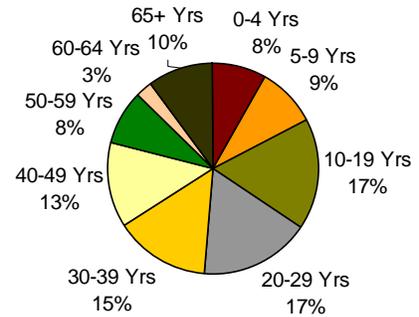


Northside Village/ Near Northside at a Glance

The total population of Northside Village/Near Northside was 29,951, according to the 2000 census.*

Age

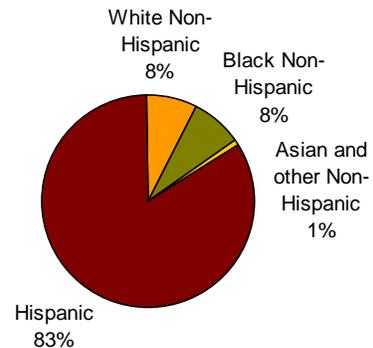
At the time of the 2000 census, one-third (34%) of Northside Village/Near Northside residents were under the age of 20. More than one half (56%) of all residents were between 20 and 64 years of age. Ten percent were adults 65 and over.



Race, Ethnicity, National Origin

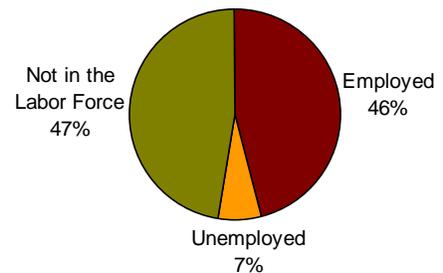
The majority of residents in Northside Village/Near Northside were Hispanic. There were an equivalent number of White and Black Non-Hispanics, each comprising 8% of the population.

Of the total population, more than half (59%) were native Texans, and 34% were foreign born.



Employment

A large proportion (54%) of Northside Village/Near Northside residents, ages 16 and over, were either unemployed or were not in the labor force in 1999.

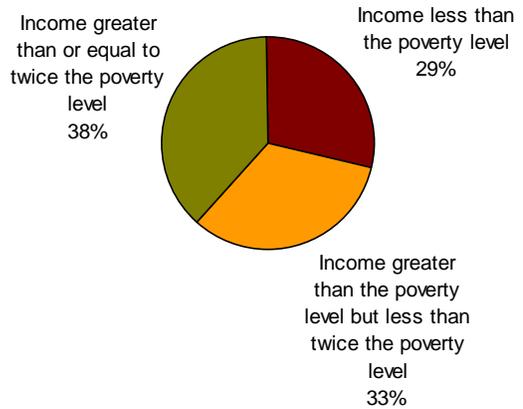


* Data Source: U.S. Census 2000. Total population was calculated from census block-level data using Summary File 1. For purposes of describing demographics using Summary File 3, the super neighborhood is defined by the following census geographies: Tracts 2103 through 2107, and 2202.

Poverty

Nearly 30% of the population in Northside Village/Near Northside was below the poverty level in 1999. More than 60% of all residents in the super neighborhood had incomes less than twice the poverty level.

Of those living below the poverty level in Northside Village/Near Northside, more than one-third (37%) were children under 18; 9% were adults 65 and older.

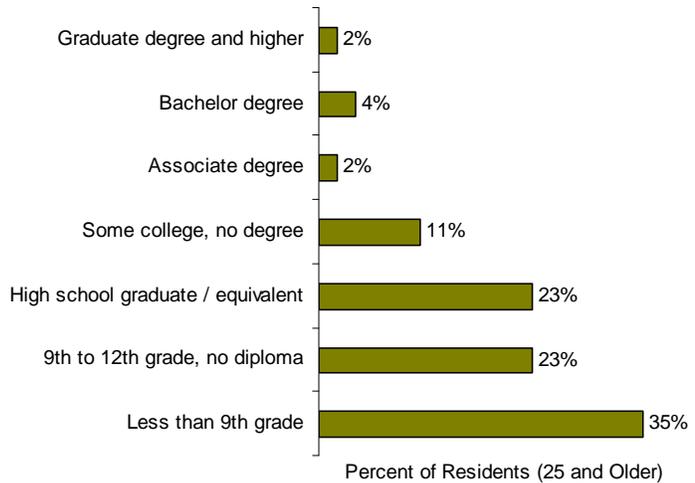


Education

More than half (58%) of Northside Village/Near Northside residents, ages 25 and over, reported that they had not graduated from high school.

Nearly one-fourth (23%) of residents reported a high school diploma (or the equivalent) as their highest level of educational attainment.

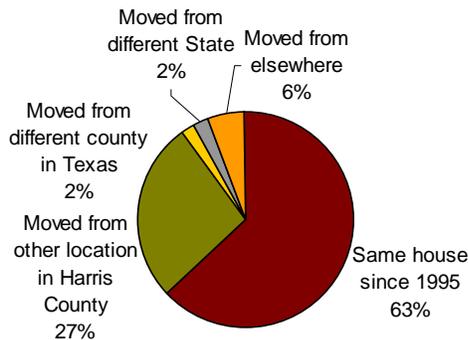
Nineteen percent of residents had attained education beyond the high school level, with 8% earning a college degree.



Population Stability

Nearly two-thirds of the residents of Northside Village/Near Northside had lived in the same house since 1995. Slightly more than one quarter moved to Northside Village/Near Northside from other locations in Harris County between 1995 and 1999.

Ten 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 higher overall mortality rate than those of Houston as a whole. Annual average mortality rates from leading causes were also higher, except those from cancer and chronic lower respiratory disease.

Leading Causes of Mortality, Northside Village/Near Northside, Houston, Texas, 1999-2003

Rank	Cause of Death	Northside Village/Near Northside		Houston Rates*	Northside Village/ Near Northside - Houston Rates
		Deaths	Rates*		
	All Causes	1154	995.4	898.2	97.2
1	Heart Disease	320	288.4	262.0	26.4
2	Cancer	224	195.4	197.6	-2.2
3	Stroke	96	87.3	76.0	11.3
4	Accidents	59	44.0	34.8	9.1
5	Diabetes Mellitus	46	40.2	28.0	12.2
6	Chronic Liver Disease- Cirrhosis	35	28.8	12.7	16.1
7	Influenza and Pneumonia	30	27.2	20.0	7.2
8	Septicemia	30	26.6	18.1	8.6
9	Kidney Disease	27	23.6	15.8	7.9
10	Chronic Lower Respiratory Disease	26	23.3	31.9	-8.6

Other Causes of Death of Particular Interest, Northside Village/ Near Northside, Houston, Texas, 1999-2003

Cause of Death	Northside Village/Near Northside		Houston Rates*	Northside Village/ Near Northside - Houston Rates
	Deaths	Rates*		
Coronary Heart Disease	214	192.6	174.1	18.5
Bronchus-Lung Cancer	53	46.1	52.8	-6.7
Motor Vehicle Accident	25	16.9	13.2	3.7
Firearm Related	16	--	7.4	--
Drug-Induced Cause	13	--	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	926.1	895.8	779.0
Homicide	671.3	635.4	407.5
Cancer	630.5	782.4	816.3
Heart Disease	548.3	700.4	689.3
Certain Conditions Originating in the Perinatal Period	513.4	--	-
HIV/AIDS	313.4	--	-
Chronic Liver Disease-Cirrhosis	278.6	--	-
Congenital Disorders	278.6	--	-
Suicide	263.0	--	-
Stroke	163.0	--	-
Specific Causes of Interest			
Motor Vehicle Accident	540.9	--	-
Firearm Related	450.5	--	-
Coronary Heart Disease	331.9	440.6	376.1
Drug-Induced Cause	271.2	--	-
Bronchus-Lung Cancer	160.0	--	-

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, heart disease, and motor-vehicle accidents had disproportionately 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, homicide, cancer, heart disease, and conditions originating in perinatal period in this community than any other causes.

The age-adjusted annual average YPLL rates for accidents, homicide 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 the age 65 in Northside Village/Near Northside. YPLL rate is not reported where less than 5 deaths occurred.

Leading Causes of Premature Death [§]	Male YPLL Rates (number of deaths)	Female YPLL Rates (number of deaths)
Accidents	1411.1(32)	383.2(8)
Homicide	1111.0(24)	
Heart Disease	778.5(50)	290.5(20)
Cancer	735.0(38)	513.5(29)
HIV/AIDS	496.6(13)	
Specific Causes of Interest		
Motor Vehicle Accident	750.5(15)	306.2(5)
Firearm Related	711.2(14)	
Drug-Induced Cause	453.1(11)	

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

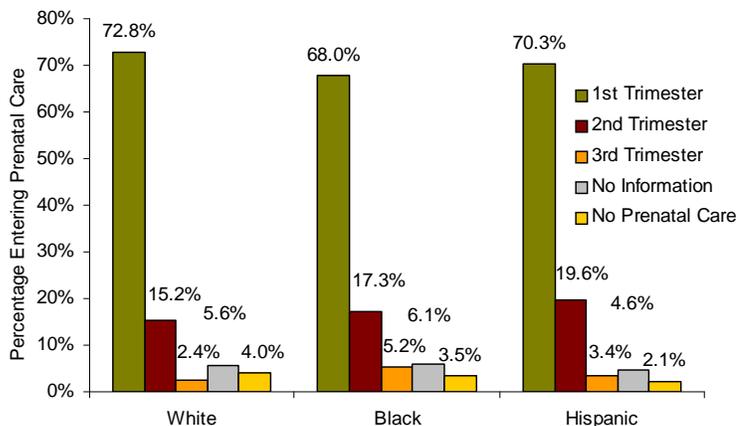
Data Sources: Texas Department of State Health Services, Vital Statistics; US Census, 2000

Maternal and Child Health

Prenatal care is the care a woman gets during pregnancy. Weight at birth is also a good indicator of a newborn's chances of survival, growth, long term health, and psychosocial development.

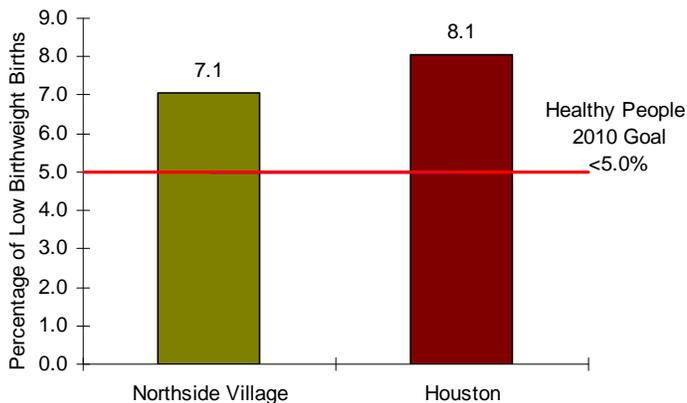
Entry into Prenatal Care by Trimester of Pregnancy, 1999-2003

Higher percentages of pregnant Black and Hispanic women reported entering prenatal care in the second trimester than did White 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 7% of live births in Northside Village/Near Northside were of low birth weight (2500 grams or less). This proportion was lower than it was in Houston, but still exceeded the Healthy People 2010 goal of reducing this outcome to less than 5% of live births being low weight.

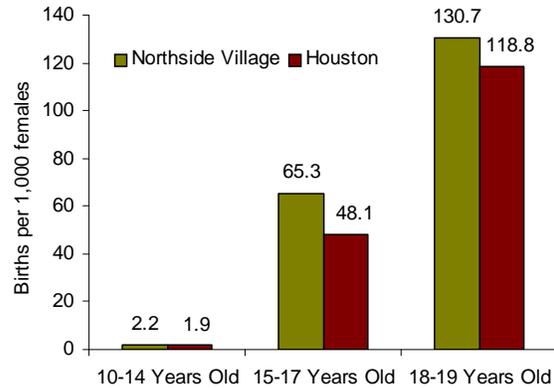
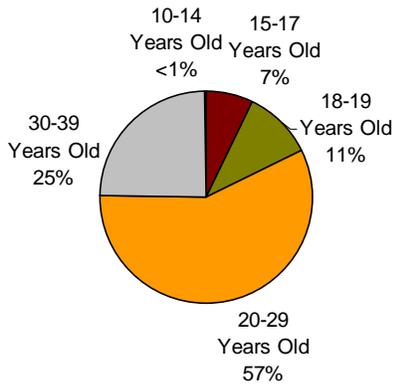


Low birth weight is a factor significantly related to infant mortality. Infants born with low birth weights are at increased risk for serious health problems and long term disabilities such as mental retardation, cerebral palsy, and respiratory, vision, and hearing problems. Low birth weight and infant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

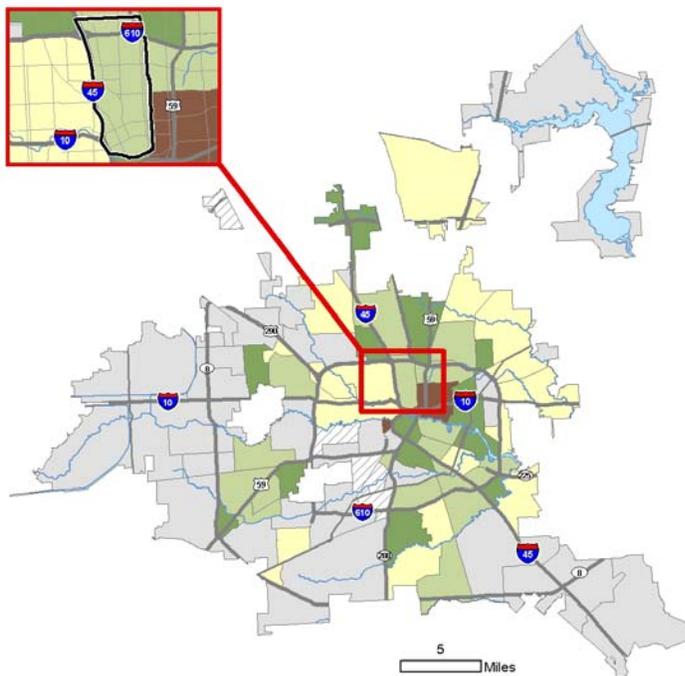


Births by Age of Mother, 1999-2003

In Northside Village/Near Northside, a total of 581 infants were born to mothers 19 years of age or younger, accounting for 18% of all births in the super neighborhood during the time period.

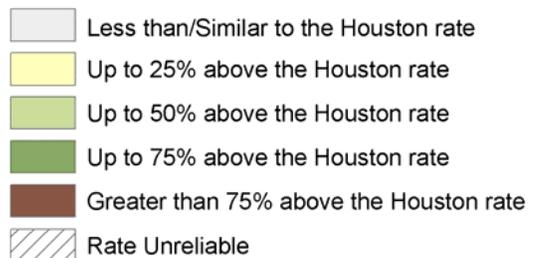
Births to Teen Mothers, 1999-2003

The annual average rate of births to 15-17 year-old teens in Northside Village/Near Northside (65.3 per 1,000 females aged 15 to 17 years) was 40% higher, and the rate among 18-19 year old females, 10% higher, than that for girls of their respective age groups in Houston, overall.



Births to Teen Mothers by Super Neighborhood, 1999-2003

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



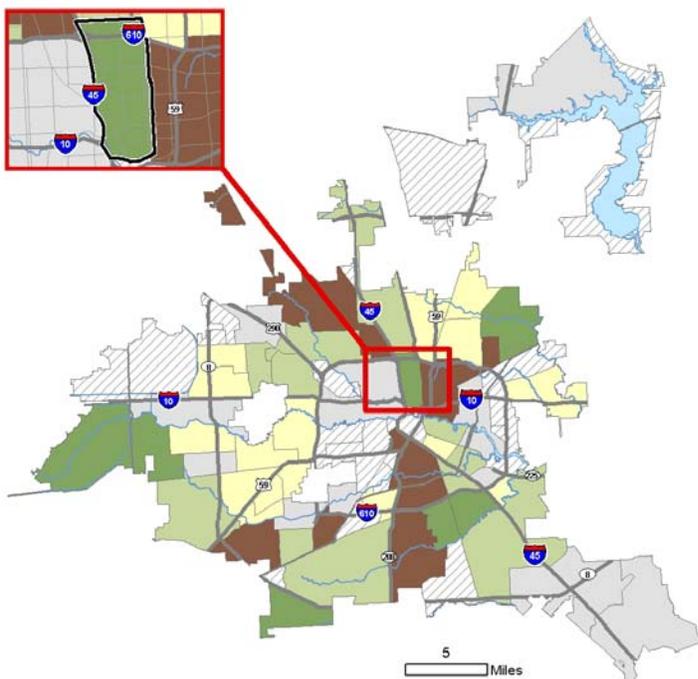
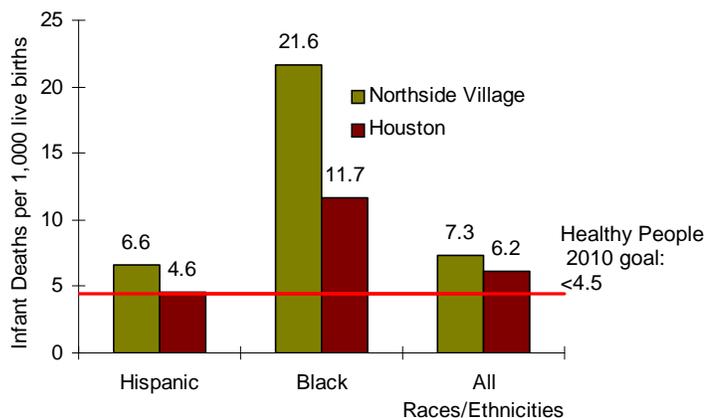
Data Sources: Texas Department of State Health Services, Vital Statistics; US Census 2000

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 Northside Village/Near Northside was 18% higher than Houston's IMR and 62% higher than the 2010 goal of 4.5 infant deaths per 1,000 live births. The annual average IMR among Blacks and Hispanics in Northside Village/Near Northside were also higher than those in Houston as a whole.



Infant Mortality Rate by Super Neighborhood 1999-2003

Northside Village/Near Northside was among the neighborhoods with high annual average infant mortality rates.

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

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

Leading Causes of Hospitalization

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

Principal Diagnosis, Multiple Level Clinical Classification of ICD 9		Counts
1	Complications of pregnancy; childbirth; and the puerperium	2679
	Complications mainly related to pregnancy	675
	Complications during labor	625
	Indications for care in pregnancy; labor; and delivery	605
2	Certain conditions originating in the perinatal period	2469
	Liveborn	2402
	Other perinatal conditions	38
	Hemolytic jaundice and perinatal jaundice	17
3	Diseases of the circulatory system	2101
	Diseases of the heart	1338
	Cerebrovascular disease	369
	Hypertension	207
4	Diseases of the digestive system	1317
	Lower gastrointestinal disorders	342
	Biliary tract disease	227
	Upper gastrointestinal disorders	153
5	Injury and poisoning	1043
	Complications	390
	Fractures	326
	Open wounds	80
6	Diseases of the respiratory system	1005
	Respiratory infections	575
	Chronic obstructive pulmonary disease and bronchiectasis	126
	Asthma	95
7	Endocrine; nutritional; and metabolic diseases and immunity disorders	629
	Diabetes mellitus with complications	331
	Fluid and electrolyte disorders	214
	Other nutritional; endocrine; and metabolic disorders	33

In the Northside Village/Near Northside, during the years 1999-2002, the most common causes of hospitalization were related to conditions in pregnancy, childbirth, and perinatal period, followed by chronic conditions such as diseases of circulatory system, diseases of digestive system, injuries and poisoning.

Note that only the top 3 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.

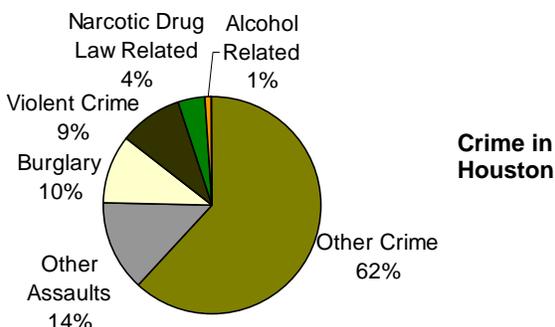
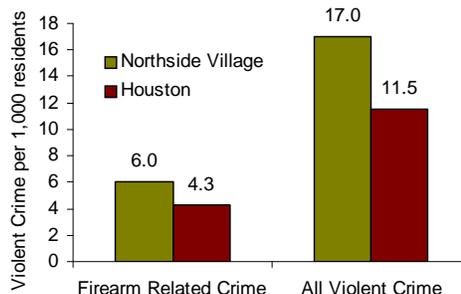
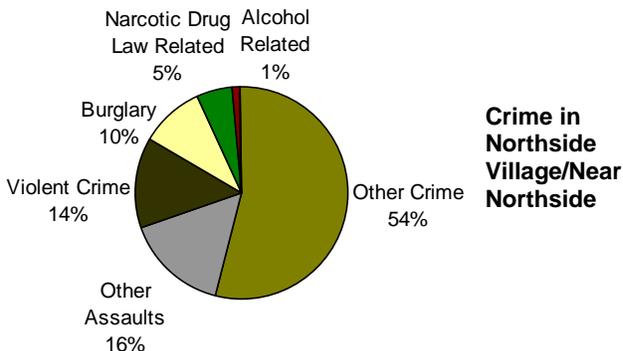
8	Neoplasms	615
	Benign neoplasms	134
	Secondary malignancies	62
	Maintenance chemotherapy; radiotherapy	56
9	Diseases of the genitourinary system	597
	Diseases of the urinary system	383
	Diseases of female genital organs	176
	Diseases of male genital organs	38
10	Symptoms; signs; and ill-defined conditions and factors influencing health status	563
	Factors influencing health care	371
	Symptoms; signs; and ill-defined conditions	192

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

Crime

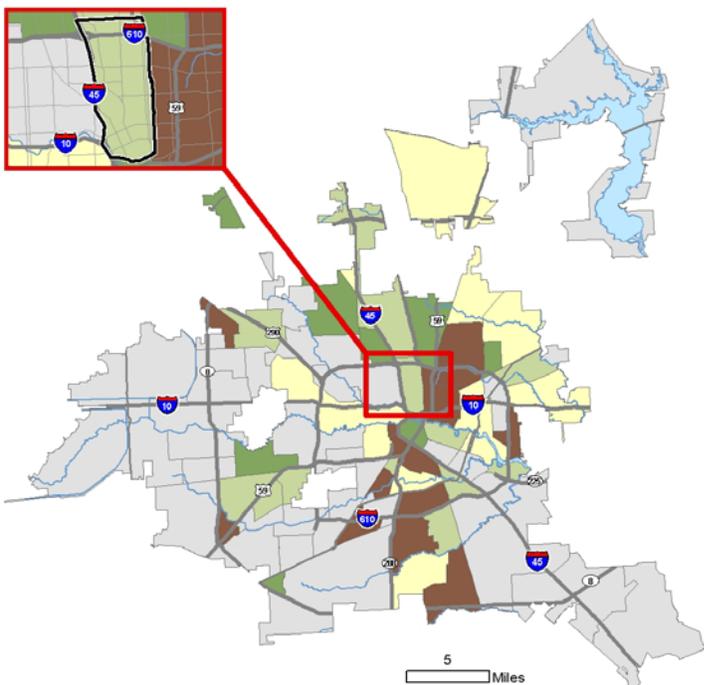
The crime rate in urban areas is of concern to the residents, law enforcement and the local government. Crimes place stress on the residents of neighborhoods and affect their well-being. Of particular concern are violent crimes that threaten residents' lives, such as those involving firearms.

Overview of Crime, 1999-2003



Violent Crime, 1999-2003

The annual average rate of violent crime in Northside Village/Near Northside was 17.0 per 1,000 population, 50% higher than that of Houston as a whole. The firearm-related crime rate was 6.0 per 1,000 population, 40% higher than the Houston rate.



Rate of Violent Crime by Super Neighborhood, 1999-2003

Northside Village/Near Northside was among those neighborhoods with high annual average rates of violent crime.

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

Data Source: Houston Police Department

Tuberculosis

Tuberculosis (TB) is caused by a specific type of bacteria that spreads from person to person through the air. TB typically affects the lungs but can also affect the brain and other organs. If this disease is left untreated it can be fatal.

From 1999 to 2003, 33 newly-acquired cases of tuberculosis were identified among residents of Northside Village/Near Northside, representing 2.5% of all cases diagnosed in Houston in the same time period. The annual average rate in Northside Village/Near Northside was 22.0 compared to 13.6 per 100,000 population in Houston; both rates were higher than the 2010 Healthy People target of 1 case per 100,000 population.

Over half (55%) of these cases occurred among Hispanic residents 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.

There were less than 5 submersion injury events in Northside Village/Near Northside from 1999-2003.

Data Source: HDHHS, Bureau of Epidemiology

Food Borne Illnesses

Many food-related diseases are easily preventable. Eating well-cooked foods, keeping cooking areas free of contamination by thoroughly cleaning up surfaces touched by raw meats and poultry, and avoiding unpasteurized, imported products (such as cheeses) are some of the things that people can do to lower their risk of food-related disease.

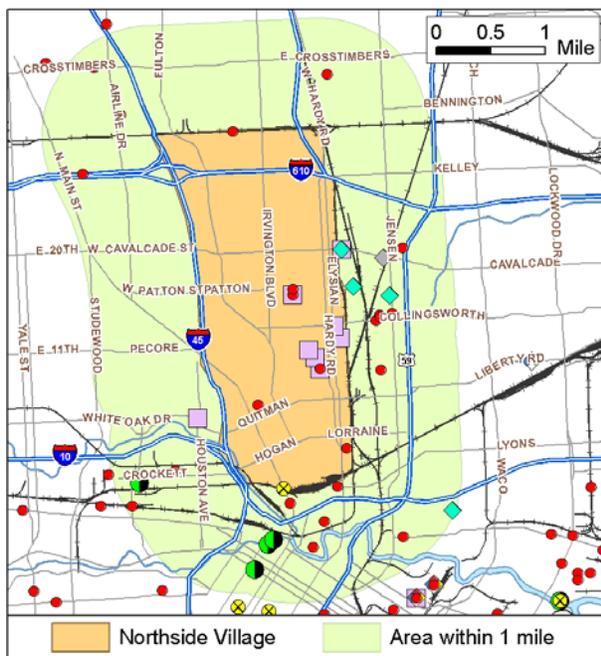
Food-related diseases are typically under-reported. It is likely that many more cases occurred from 1999 to 2003 than were actually reported to health officials.

Reported Diseases	Number of Cases
Hepatitis A	17
Shigellosis	17
Salmonellosis	15
Campylobacteriosis	<5
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 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 Northside Village/Near Northside, there are 23 Toxic Release Inventory (TRI) reporting facilities, 8 Large Quantity Generators (LQG) of hazardous waste, 4 major dischargers of air pollutants, 4 current Superfund sites, 1 former Superfund site, and 1 major storm water runoff facility.

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

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

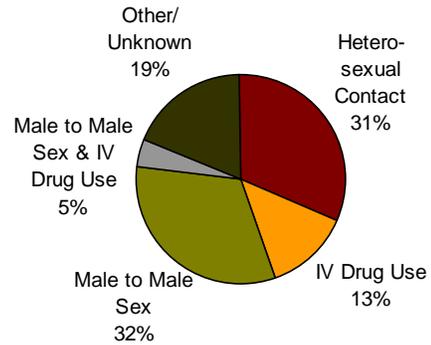
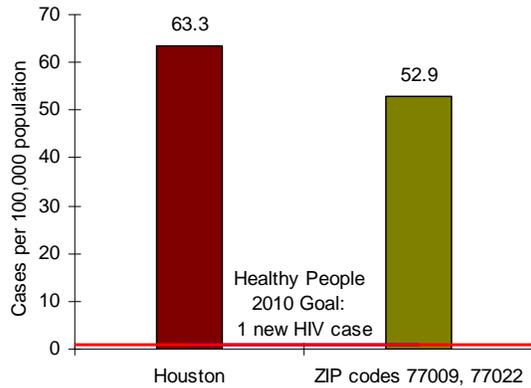
Type of Regulated Facility	Houston Count
Toxic Release Inventory (TRI) Facilities (all reporting years)	302
Major Storm Water Runoff Facilities	56
Hazardous Waste Treatment, Storage, or Disposal (TSD) Facilities	35
Large Quantity Generators (LQG) of Hazardous Waste	132

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

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

HIV/AIDS

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

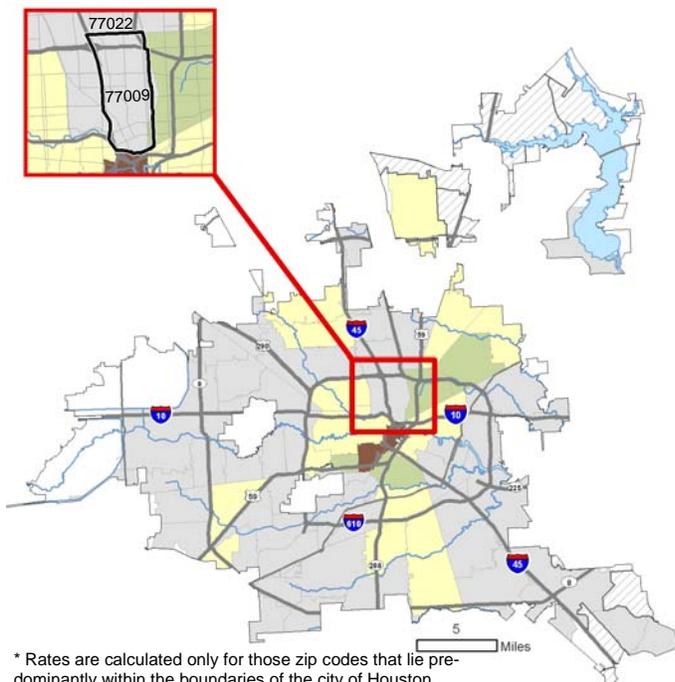


New HIV Diagnosis Rate, 1999-2003

The annual average rate of new HIV diagnosis in the combined zip codes 77009 and 77022 (which include Northside Village/Near Northside) was 16% lower than 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 persons.

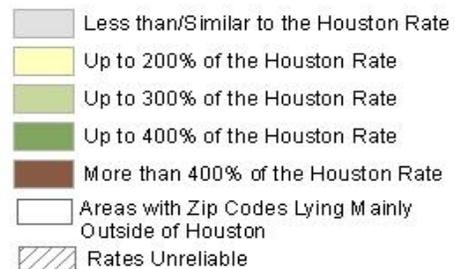
HIV Risk Factors, 1999-2003

For 19% of new infections, the mode of transmission was unknown. Thirty-two percent reported male-to-male sexual contact; 31% reported heterosexual contact. IV drug use was reported in 13% of new cases. 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 77009 and 77022, which overlap Northside Village/Near Northside, were each among the lowest in the city.



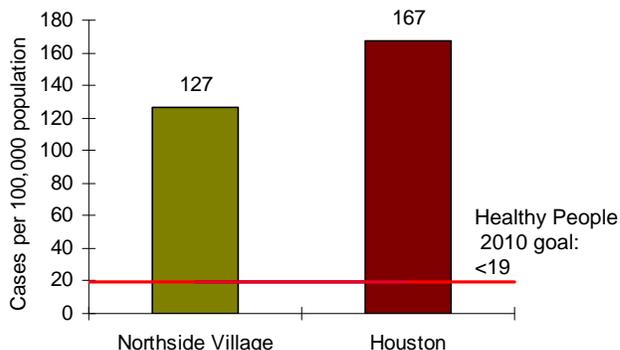
Data Source: HDHHS, Bureau of Epidemiology

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.

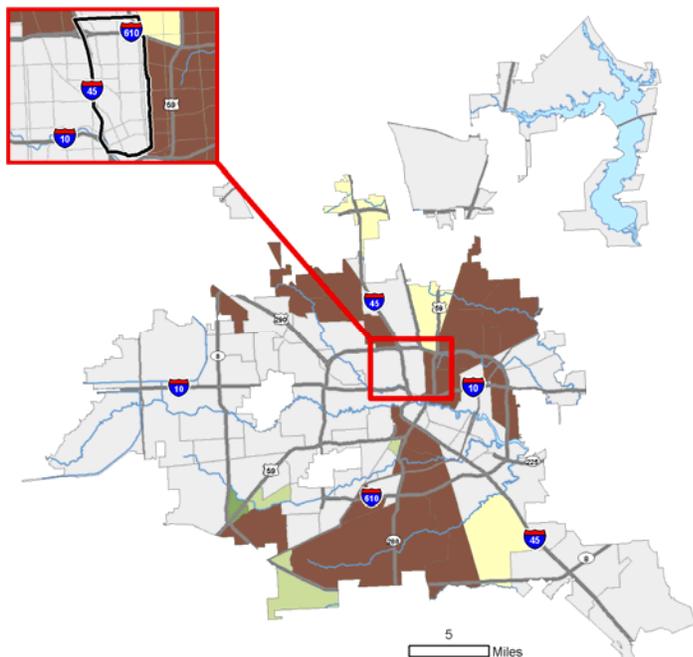
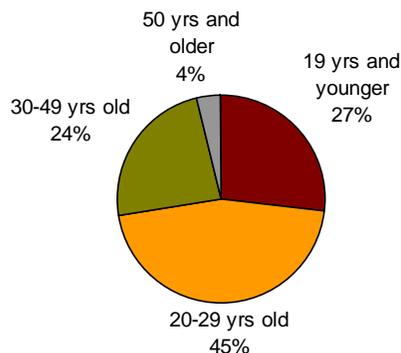
New Gonorrhea Infection, 1999-2003

The annual average rate of new gonorrhea cases in Northside Village/Near Northside was 24% lower than the Houston rate; both rates were much higher than the 2010 Healthy People goal of less than 19 cases per 100,000 population.



Gonorrhea infection by Age, Sex, And Race/Ethnicity

Blacks, who represented only 8% of Northside Village/Near Northside residents, accounted for 45% of new cases. Hispanics represented 83% of residents and accounted for another 45% of new cases. Forty-five percent of cases were among 20-29 year olds; 24% among 30-49 year olds; 27% among those 19 years of age and younger. Males and females accounted for an approximately equal number of cases.



Rates of Gonorrhea Infection by Super Neighborhood, 1999-2003

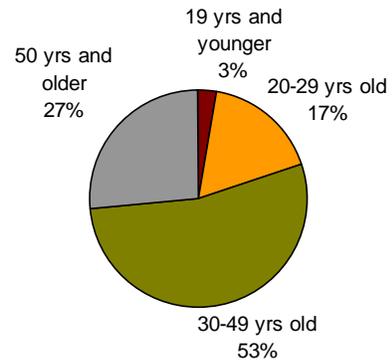
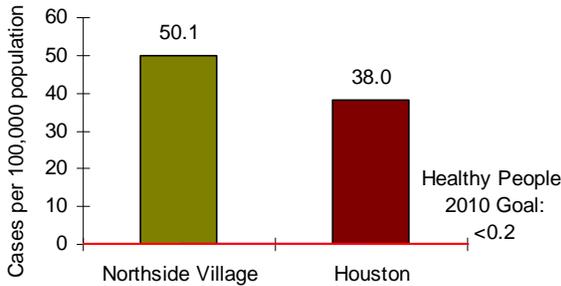
Northside Village/Near Northside was among those super neighborhoods with the lowest annual average rates of infection in the city.

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

Data Source: HDHHS, Bureau of Epidemiology

Syphilis

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

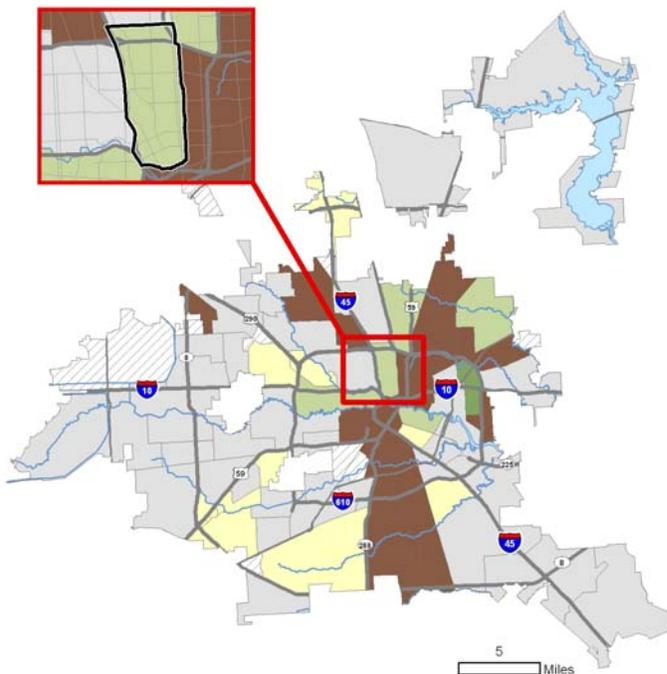


Rates of New Syphilis Infection, 1999-2003

The annual average rate of new cases in Northside Village/Near Northside was 32% higher than the Houston rate overall, and more than 250 times the Healthy People 2010 goal.

Syphilis Cases by Age, Sex, and Race/Ethnicity

Blacks, who represented only 8% of Northside Village/Near Northside residents, accounted for 31% of new cases. Hispanics represented 83% of residents and accounted for 57% of new cases. The majority of new cases (70%) were 20-49 years old; 27% of new cases were 50 years or older. Almost two-thirds (64%) of new cases were male.



Rates of Syphilis by Super Neighborhood, 1999-2003

Northside Village/Near Northside was among those neighborhoods with high annual average rates of new infection.

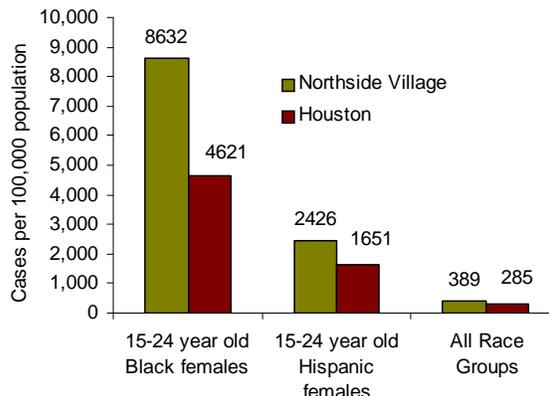
Data Source: HDHHS, Bureau of Epidemiology

Chlamydia

Chlamydia is the most commonly 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 most affected, nation-wide. The symptoms are usually mild and not easily recognized, causing many with the infection not to seek treatment. If untreated, it can cause infertility in women.

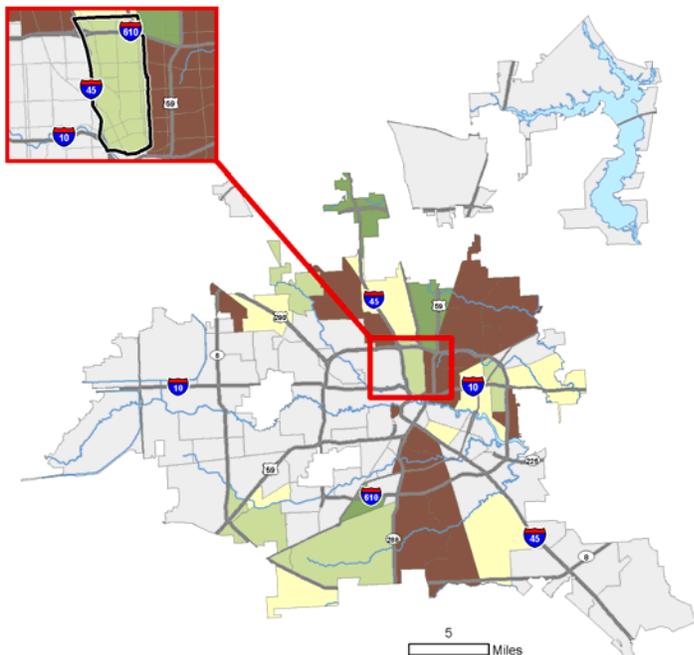
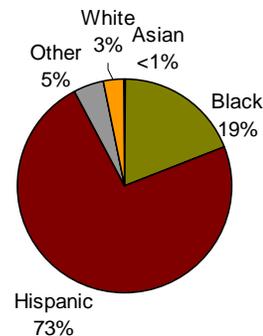
Rates of Chlamydia, 1999-2003

The annual average rate of chlamydia infection in Northside Village/Near Northside was 389 per 100,000 population. It was 36% higher than the Houston rate. The rate among 15-24 year old Black females was 86% higher than that in Houston as a whole; among Hispanic females of the same age, the rate was 47% higher than that for their cohort in Houston.



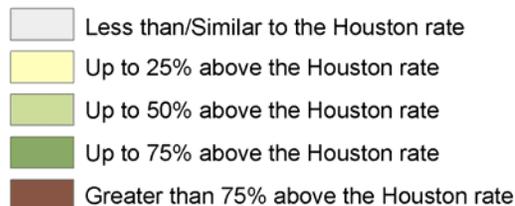
Chlamydia Infection By Age, Sex, Race/Ethnicity, 1999-2003

The majority (73%) of new cases were Hispanic, and 19% were Black. Females accounted for 85% of all cases. Thirty-nine percent of all new cases were 19 years of age or younger; 89% were 29 years of age or younger.



Rates of Chlamydia by Super Neighborhood, 1999-2003

Northside Village/Near Northside was among those neighborhoods with high annual average rates of new infection.



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.