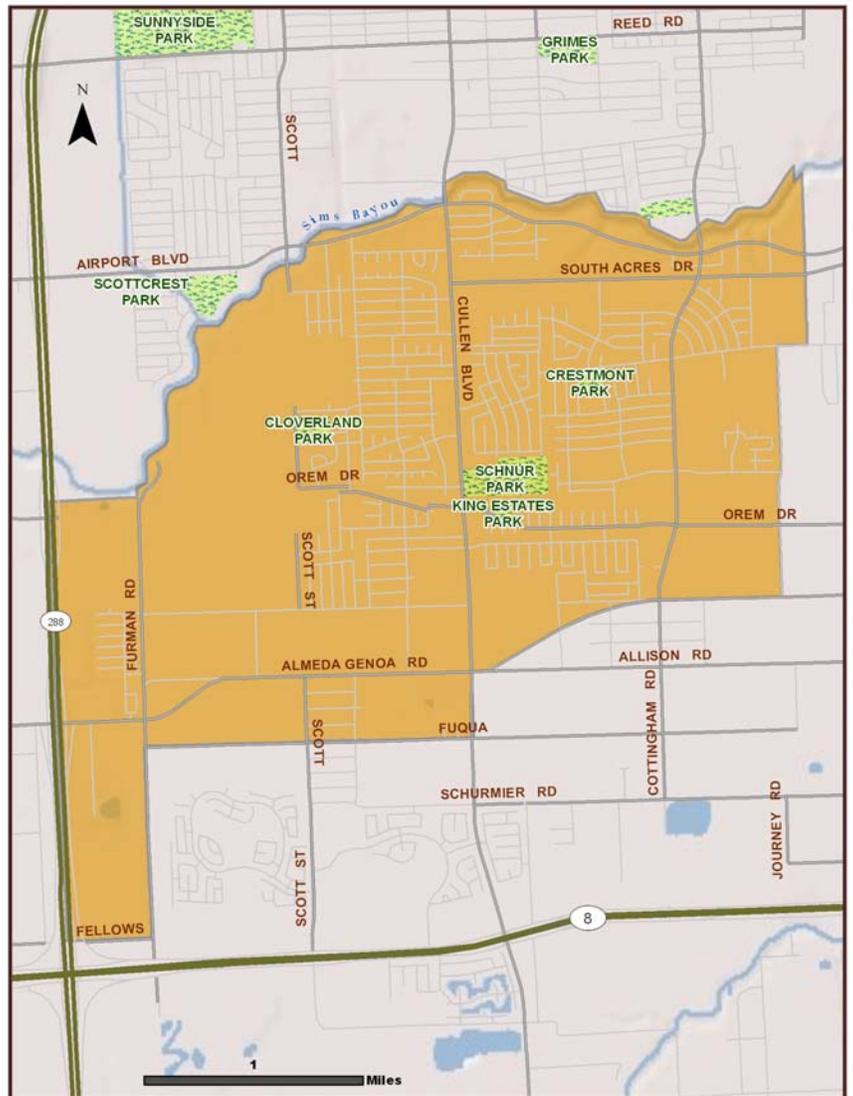
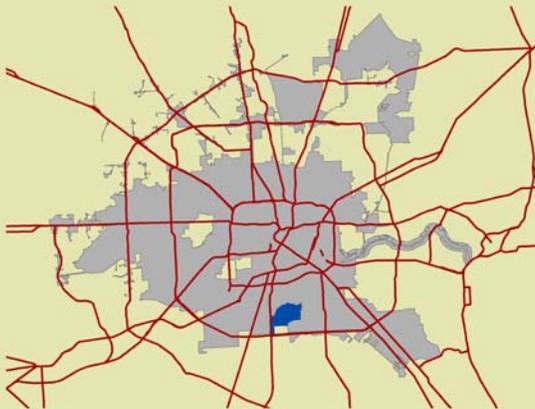


1999-2003



Community Health Profiles

South Acres/ Crestmont Park Super Neighborhood



*Providing Health Information
for Community Action*

Introduction



This community health profile highlights important health issues facing the residents of the South Acres/Crestmont 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. South Acres/Crestmont Park Super Neighborhood will hereinafter be referred to as “South Acres/Crestmont 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 South Acres/Crestmont Park and across the city of Houston.

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Director
Houston Department of Health and Human Services

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Community Resources

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

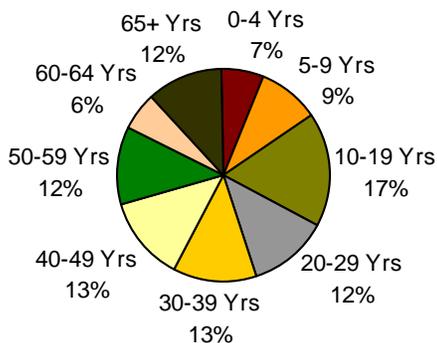


South Acres/ Crestmont Park at a Glance

The total population of South Acres/Crestmont Park was 17,428, according to the 2000 census.*

Age

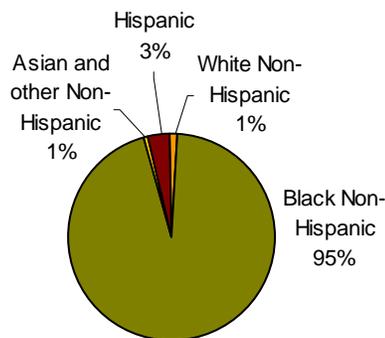
At the time of the 2000 census, one-third of South Acres/Crestmont Park residents were under the age of 20. More than half (56%) were between 20 and 64 years of age, and 12% were 65 or older.



Race, Ethnicity, National Origin

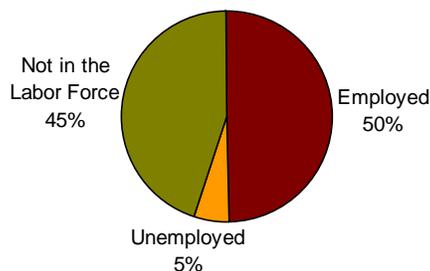
The majority of residents in South Acres/Crestmont Park were Black. Hispanics were the second largest ethnic group, though they comprised only 3% of the population. Two percent of the population were other races.

Of the total population, a majority (82%) were native Texans; 2% were foreign born.



Employment

Half of South Acres/Crestmont Park residents, ages 16 and over, were either unemployed or were not in the labor force in 1999.

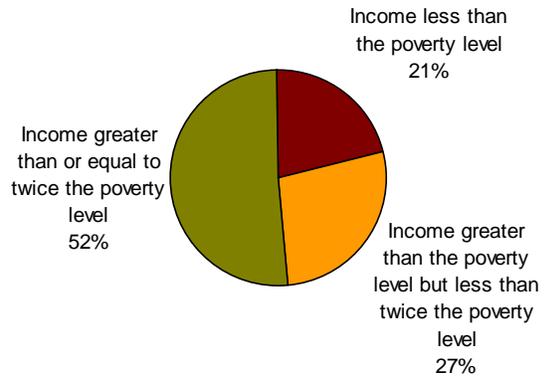


* Data Source: U.S. Census 2000. Total population was calculated from census block-level data using Summary File 1. For purposes of describing demographics using Summary File 3, the super neighborhood is defined by the following census geographies: Tract 3315; Tract 3316, Block Groups 1-5; and Tract 3317, Block Groups 2 and 3.

Poverty

Twenty-one percent of the population in South Acres/Crestmont Park lived below the poverty level in 1999. Nearly half (48%) of all residents in the super neighborhood had incomes less than twice the poverty level.

Of those living below the poverty level, 45% were children under 18 years of age; 10% were adults 65 and older.

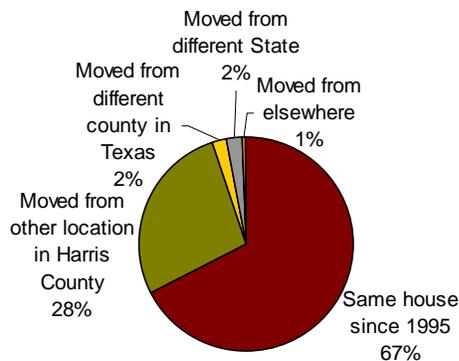
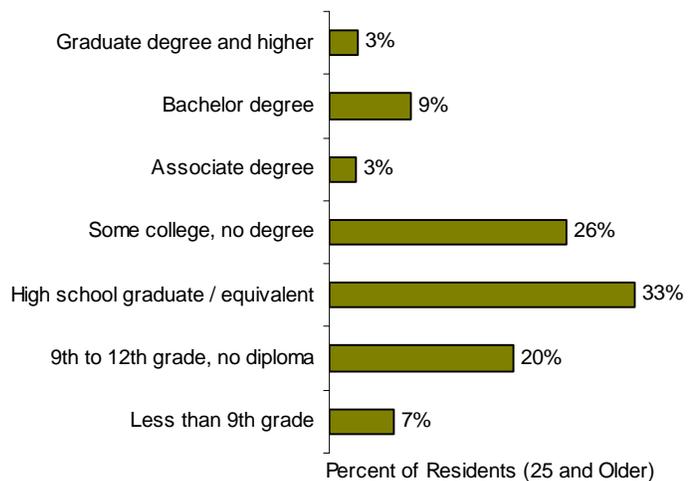


Education

Twenty-seven percent of South Acres/Crestmont Park residents, ages 25 and over, reported that they had not graduated from high school.

One-third of residents reported a high school diploma (or the equivalent) as their highest level of educational attainment.

Forty-one percent of residents had attained education beyond the high school level, with 15% earning a college degree.



Population Stability

The majority (67%) of South Acres/Crestmont Park residents had lived in the same house since 1995. Twenty-eight percent moved to the neighborhood from other locations in Harris County between 1995 and 1999.

Five 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 and cause-specific annual average mortality rates than those of Houston as a whole.

Leading Causes of Mortality, South Acres/Crestmont Park, Houston, Texas, 1999-2003

Rank	Cause of Death	South Acres/Crestmont Park		Houston	South Acres/Crestmont Park - Houston
		Deaths	Rates*	Rates*	Rates
	All Causes	861	1194.8	888.3	306.5
1	Heart Disease	265	371.7	261.8	109.9
2	Cancer	222	290.0	197.6	92.4
3	Stroke	51	79.3	75.9	3.4
4	Diabetes Mellitus	32	40.3	28.0	12.3
5	Accidents	24	--	34.4	--
6	Chronic Lower Respiratory Disease	22	--	31.8	--
7	Septicemia	19	--	17.8	--
8	Kidney Disease	17	--	15.7	--
9	HIV/AIDS	18	--	13.7	--
10	Alzheimer's Disease	13	--	20.5	--

Other Causes of Death of Particular Interest, South Acres/Crestmont Park, Houston, Texas, 1999-2003

Cause of Death	South Acres/Crestmont Park		Houston	South Acres/Crestmont Park - Houston
	Deaths	Rates*	Rates*	Rates
Coronary Heart Disease	150	210.4	174.1	36.3
Bronchus-Lung Cancer	47	53.6	52.8	0.8
Firearm Related	15	--	7.4	--
Motor Vehicle Accident	9	--	13.2	--
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**
Heart Disease	1540.1	1665.4	674.4
Cancer	1168.7	1209.8	812.6
Accidents	793.5	--	--
Homicide	655.4	--	-
HIV/AIDS	613.7	--	-
Stroke	212.4	--	-
Chronic Liver Disease-Cirrhosis	186.3	--	-
Septicemia	170.7	--	-
Diabetes Mellitus	169.4	--	-
Specific Causes of Interest			
Coronary Heart Disease	646.3	670.6	375.5
Bronchus-Lung Cancer	231.9	--	-
Firearm Related	585.0	--	-
Motor Vehicle Accident	400.0	--	-
Drug-Induced Cause	225.4	--	-

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, HIV/AIDS and coronary heart disease had higher impact on YPLL rates among males than females, while premature deaths from cancer had higher impact among 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 heart disease, cancer, accidents, homicide, and HIV/AIDS related deaths in this community than any other causes.

The age-adjusted annual average YPLL rates for heart disease and cancer were higher in the super neighborhood than those in Houston. Comparison of other age-adjusted YPLL rates is not possible because of the relatively small number of deaths occurring before age 65 in South Acres/Crestmont Park. YPLL is not reported where fewer than 5 deaths occurred.

Leading Causes of Premature Death §	Male YPLL Rates (number of deaths)	Female YPLL Rates (number of deaths)
Heart Disease	1540.7(48)	1539.5(41)
Homicide	1398.0(15)	
Accidents	1293.1(13)	389.0(5)
Cancer	920.3(37)	1369.8(47)
HIV/AIDS	786.4(10)	473.9(7)

Specific Causes of Interest		
Firearm Related	1307.7(13)	
Motor Vehicle Accident	894.1(9)	
Coronary Heart Disease	815.5(30)	509.3(17)

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

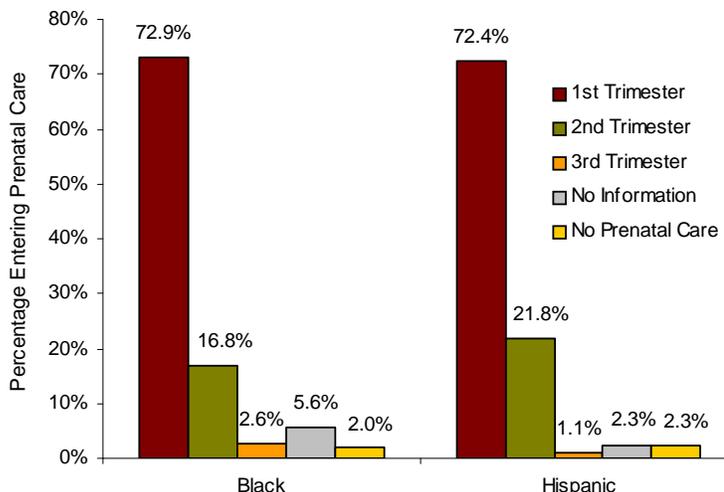
Data Sources: Texas Department of State Health Services, Vital Statistics; US Census, 2000

Maternal and Child Health

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

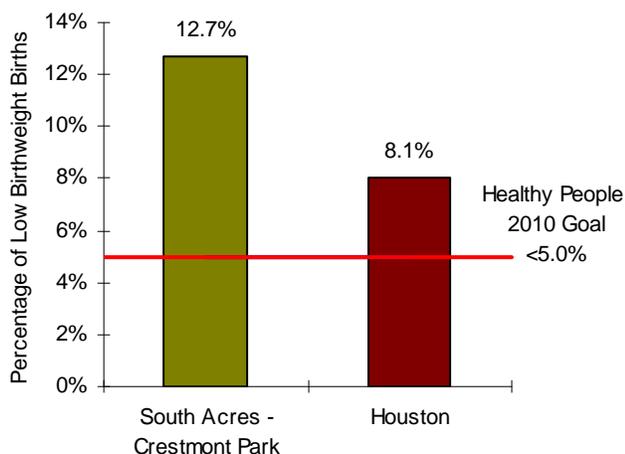
Entry into Prenatal Care by Trimester of Pregnancy, 1999-2003

Similar proportions of pregnant Black and Hispanic women reported entering prenatal care in the first trimester. A small proportion of women in both groups entered prenatal care very late in their pregnancy, or received no care at all.



Low Birth Weight Births (LBWB), 1999-2003

Approximately 13% of live births in South Acres/Crestmont Park were of low birth weight (2500 grams or less), which was higher than the proportion in Houston. Both were far higher than the Healthy People 2010 goal of reducing this outcome to less than 5% of live births.

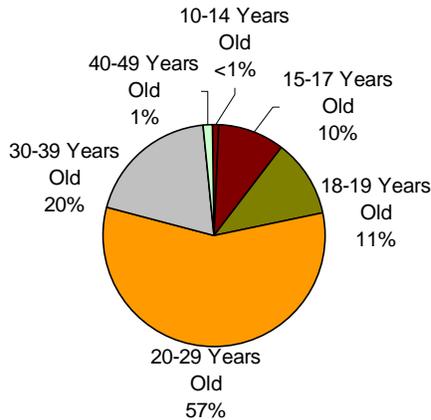


Low birth weight is a factor significantly related to infant mortality. Infants born with low birth weights are at increased risk for serious health problems and long term disabilities such as mental retardation, cerebral palsy, and respiratory, vision, and hearing problems. Low birth weight and infant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

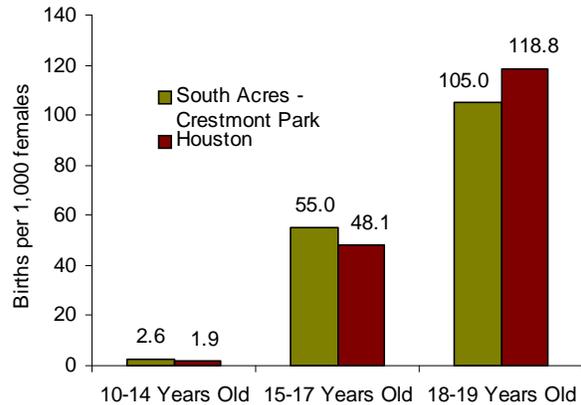
Births to Teen Mothers

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.



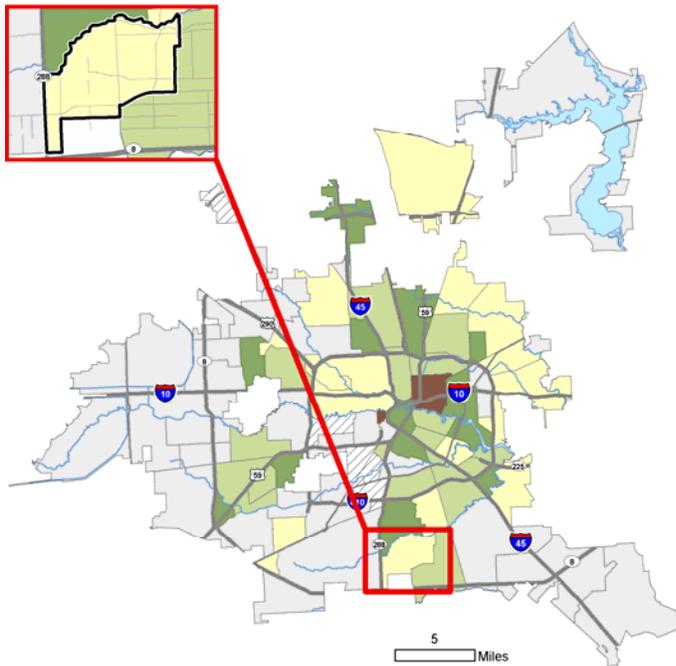
Births by Age of Mother, 1999-2003

A total of 1,211 births were recorded over the period among mothers in South Acres/Crestmont Park. More than 1 out of every 5 births was to a young mother (10-19 years of age).



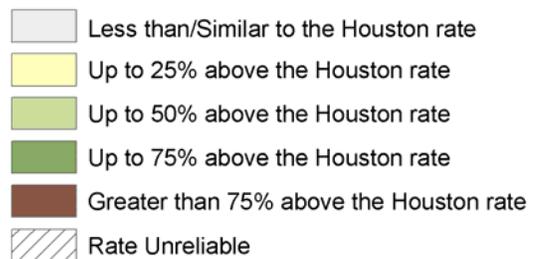
Births to Teen Mothers, 1999-2003

The annual average rate of births to 15-17 year-old teens in South Acres/Crestmont Park (55.0 per 1,000 females aged 15 to 17 years) was 14% higher than that for females in the same age in Houston, overall. The rate among 18-19 year-old females in South Acres/Crestmont Park was 12% lower than that for the same age group in Houston.



Births to Teen Mothers by Super Neighborhood, 1999-2003

South Acres/Crestmont Park was among the neighborhoods in Houston with elevated annual average rates of births to teen mothers (15-17 years of age).



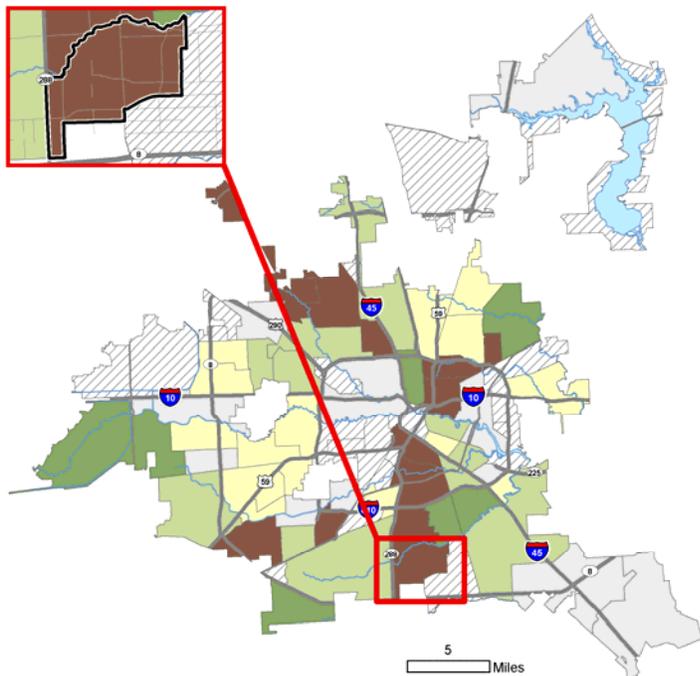
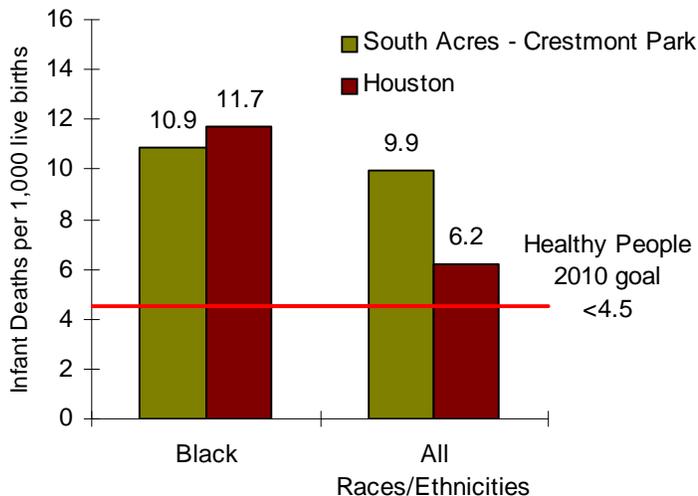
Data Sources: Texas Department of State Health Services, Vital Statistics; US Census 2000

Infant Mortality

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

Infant Mortality Rate, 1999-2003

The annual average mortality rate in South Acres/Crestmont Park was 60% higher than Houston's IMR and more than twice the Healthy People 2010 goal of 4.5 infant deaths per 1,000 live births. All infant deaths were among Blacks. The annual average IMR among Blacks in South Acres/Crestmont Park was slightly lower than that of Blacks in Houston as a whole.



Infant Mortality Rate by Super Neighborhood 1999-2003

South Acres/Crestmont Park was among the neighborhoods with the highest annual average infant mortality rates in the city.

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

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

Leading Causes of Hospitalization

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

Principal Diagnosis, Multiple Level Clinical Classification of ICD 9	Counts
1 Diseases of the circulatory system	1630
Diseases of the heart	1029
Cerebrovascular disease	272
Hypertension	181
2 Complications of pregnancy; childbirth; and the puerperium	988
Complications mainly related to pregnancy	326
Indications for care in pregnancy; labor; and delivery	218
Normal pregnancy and/or delivery	155
3 Certain conditions originating in the perinatal period	893
Liveborn	865
Other perinatal conditions	13
Short gestation; low birth weight; and fetal growth retardation	7
4 Diseases of the respiratory system	757
Respiratory infections	313
Asthma	152
Chronic obstructive pulmonary disease and bronchiectasis	109
5 Diseases of the digestive system	722
Lower gastrointestinal disorders	207
Upper gastrointestinal disorders	98
Biliary tract disease	87
6 Neoplasms	680
Benign neoplasms	212
Secondary malignancies	81
Maintenance chemotherapy; radiotherapy	64
7 Injury and poisoning	663
Complications	355
Fractures	133
Poisoning	40

In South Acres/Crestmont Park, during the years 1999-2002, the most common causes of hospitalization were related to issues of cardiovascular and cerebrovascular diseases, child birth and perinatal period conditions, respiratory and digestive diseases.

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

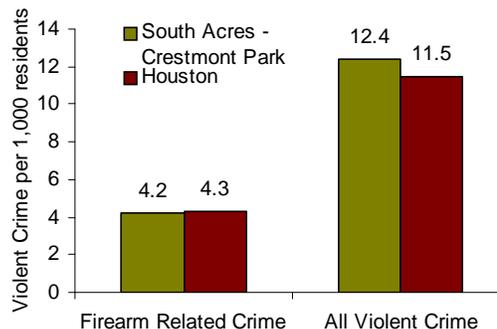
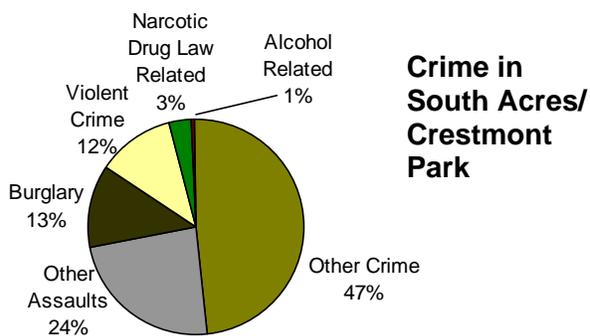
8 Mental disorders	590
Affective disorders	181
Schizophrenia and related disorders	176
Other psychoses	63
9 Endocrine; nutritional; and metabolic diseases and immunity disorders	428
Diabetes mellitus with complications	211
Fluid and electrolyte disorders	131
Other nutritional; endocrine; and metabolic disorders	36
10 Diseases of the genitourinary system	399
Diseases of the urinary system	216
Diseases of female genital organs	158
Diseases of male genital organs	25

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

Crime

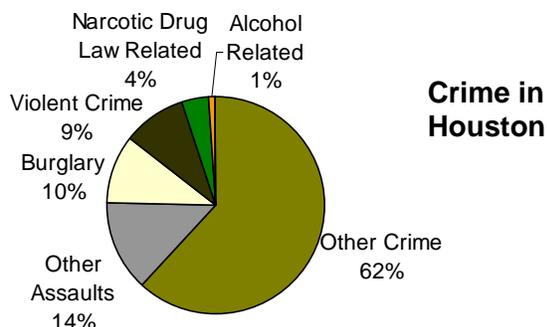
The crime rate in urban areas is of concern to the residents, law enforcement and the local government. Crimes place stress on the residents of neighborhoods and affect their well-being. Of particular concern are violent crimes that threaten residents' lives, such as those involving firearms.

Overview of Crime, 1999-2003



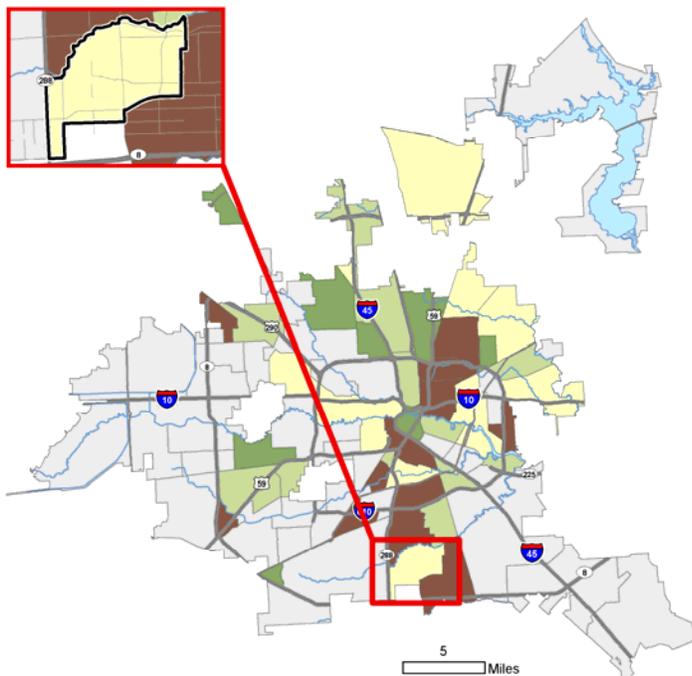
Violent Crime, 1999-2003

The annual average rate of violent crime in South Acres/Crestmont Park was 12.4 per 1,000 population, slightly higher than that of Houston as a whole. The firearm-related violent crime rate in South Acres/Crestmont Park was 4.2 per 1,000 population, similar to the Houston rate.



Rate of Violent Crime by Super Neighborhood, 1999-2003

South Acres/Crestmont Park was among the neighborhoods in Houston with elevated 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, 16 newly-acquired cases of tuberculosis were identified among residents of South Acres/Crestmont Park, representing 1.2% of all cases diagnosed in Houston in that period. The rate in this super neighborhood was 18.4 compared to 13.6 per 100,000 in Houston. Both rates appeared far higher than the 2010 Healthy People target of 1 case per 100,000 population.

The majority (81.3%) of these cases were Black males 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 submersion cases were reported among South Acres/Crestmont 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.

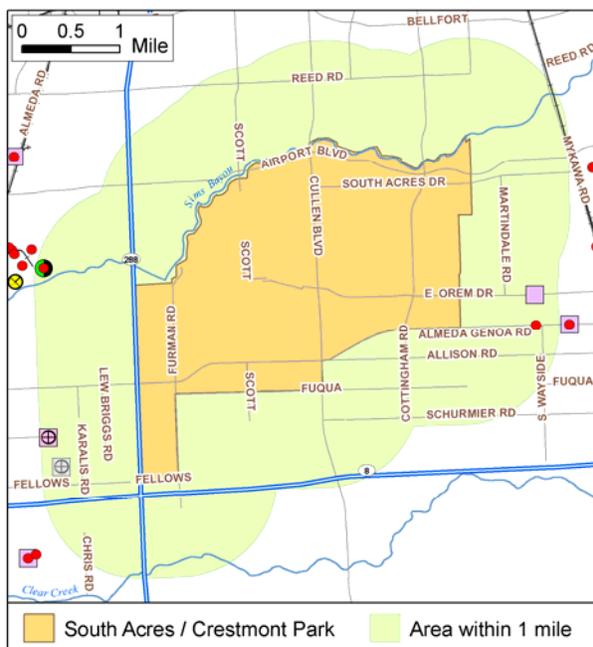
Food-related diseases are typically under-reported. It is likely that many more cases occurred from 1999 to 2003 than were actually reported to health officials.

Typically Reported Diseases	Number of Cases
Hepatitis A	<5
Shigellosis	7
Salmonellosis	8
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 South Acres/Crestmont Park, there are 2 Toxic Release Inventory (TRI) reporting facilities, 1 Large Quantity Generator (LQG) of hazardous waste, 1 major discharger of air pollutants, and 2 landfills (1 active and 1 closed).

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.

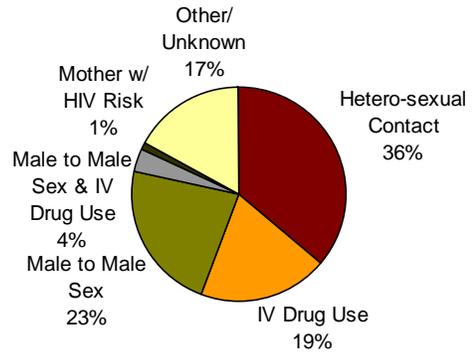
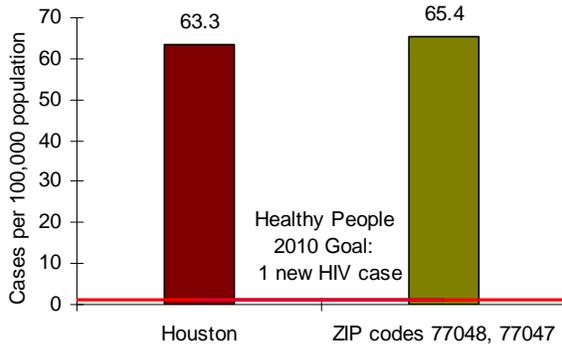
The EPA provides reports concerning federally regulated facilities through an online application called Envirofacts (www.epa.gov/enviro/index.html).

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.

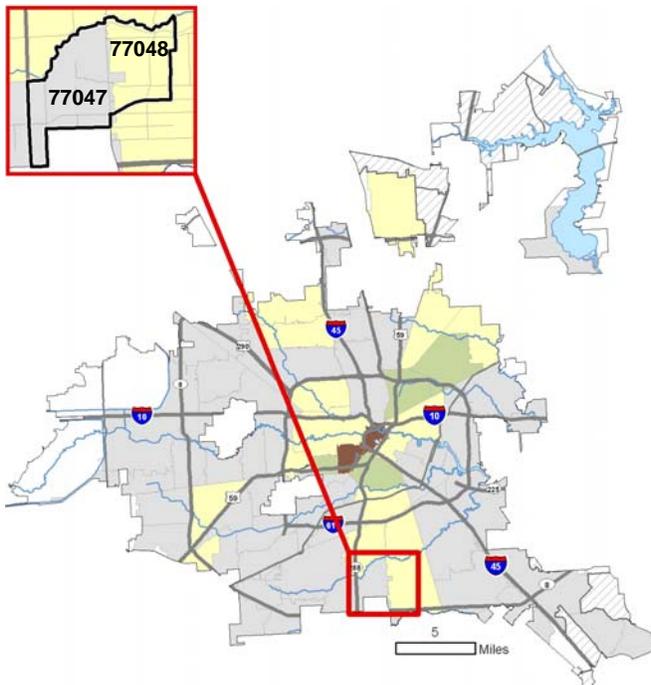


New HIV Diagnosis Rate, 1999-2003

The annual average rate of new HIV diagnosis in zip codes 77048 and 77047 (which include South Acres/Crestmont Park) was slightly above the Houston-wide rate during the period; it was far above the 2010 Healthy People goal of reducing infections to less than 1 new case per 100,000 population.

HIV Risk Factors, 1999-2003

In nearly one-fifth of all reported cases, the mode of transmission was unknown. Thirty-six percent of cases reported hetero-sexual contact; 23% reported male-to-male sex; 19% reported IV drug use. Male-to-male sex and IV drug use was reported in 4% of new cases.



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

The annual average rate of new HIV diagnosis in zip code 77047 was lower than that of many other zip codes in Houston, while the rate in zip code 77048 was higher than that of many 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.

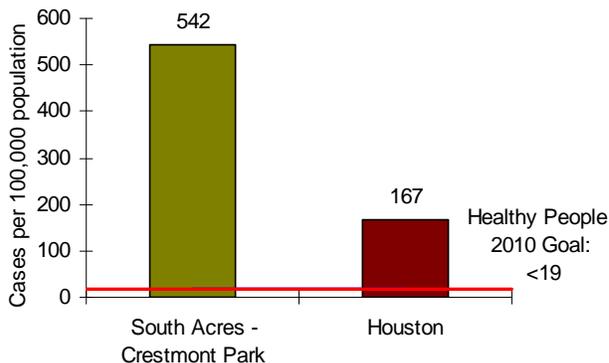
Data Source: HDHHS, Bureau of Epidemiology

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.

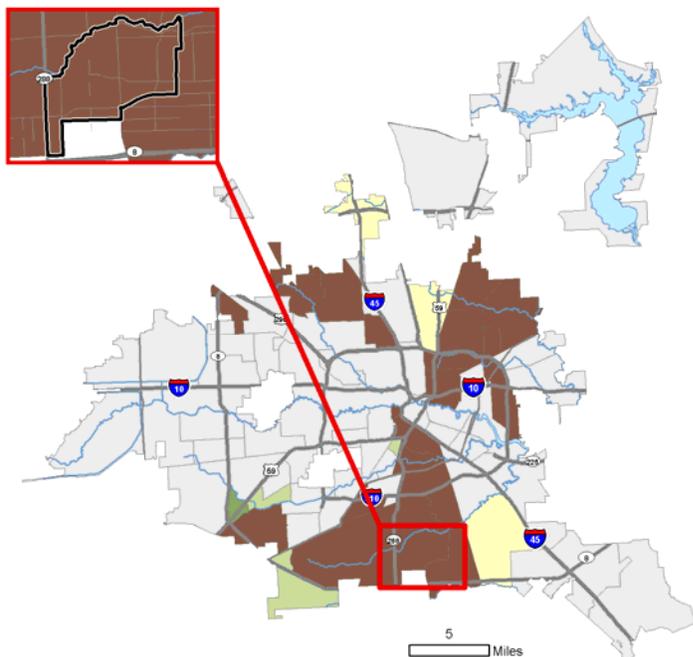
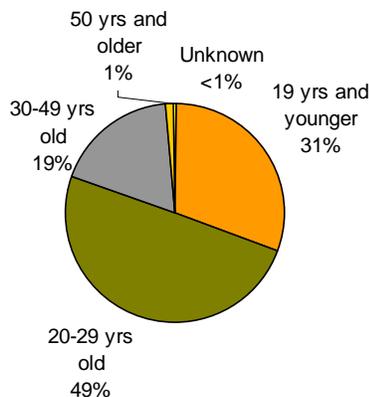
New Gonorrhea Infection, 1999-2003

The annual average rate of new gonorrhea infection in South Acres/Crestmont Park was more than three times that of Houston; both were much higher than the 2010 Healthy People goal of less than 19 cases per 100,000 population.



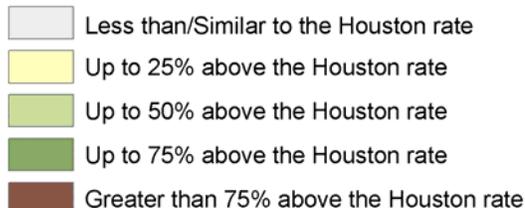
Gonorrhea infection by Age, Sex, Race/Ethnicity

Blacks, who represented 95% of South Acres/Crestmont Park residents, accounted for 92% of new cases. Slightly more than half (60%) of all cases occurred in males, and persons aged 20-29 years were the most affected age group.



Rates of Gonorrhea Infection by Super Neighborhood, 1999-2003

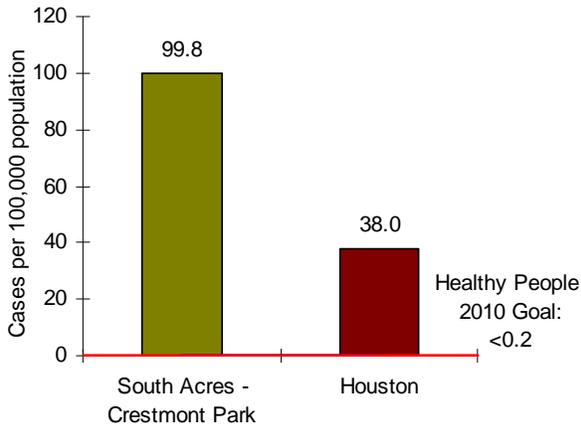
South Acres/Crestmont Park was among those super neighborhoods with the highest annual average rates of infection in the city.



Data Source: HDHHS, Bureau of Epidemiology

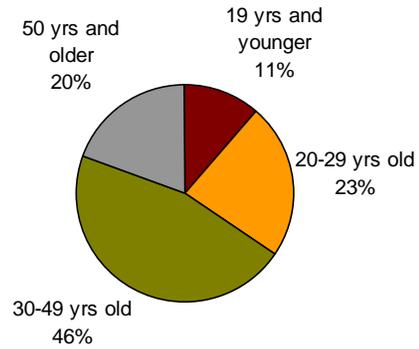
Syphilis

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.



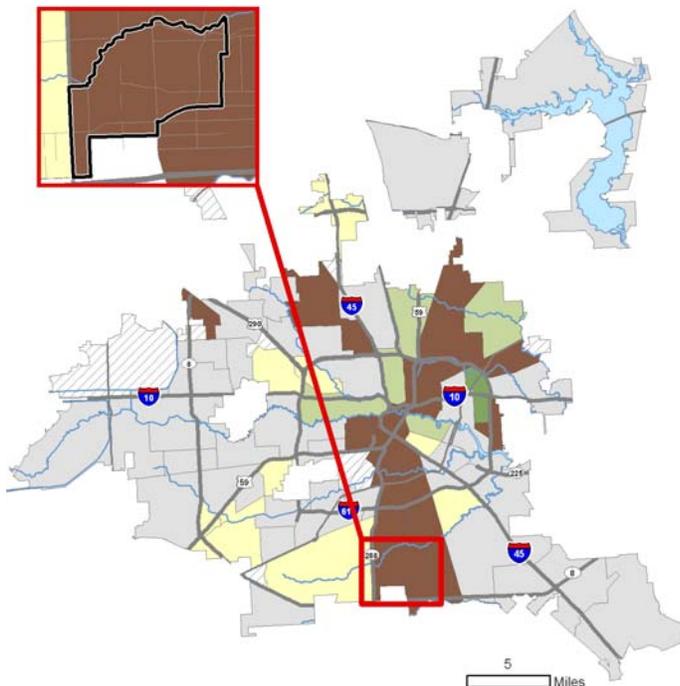
Rates of New Syphilis Infection, 1999-2003

The annual average rate of new syphilis infection in South Acres/Crestmont Park was nearly three times the Houston rate; both were far higher than the Healthy People 2010 goal.



Syphilis Cases by Age, Sex, Race/Ethnicity

From 1999 to 2003, 97% of new cases in South Acres/Crestmont Park occurred among Blacks. Adult males were more affected than females, accounting for 60% of new cases. Thirty to forty-nine year olds were the most affected age group.



Rates of Syphilis by Super Neighborhood, 1999-2003

South Acres/Crestmont Park was among the neighborhoods with the highest annual average rates of syphilis 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
- Rate Unreliable

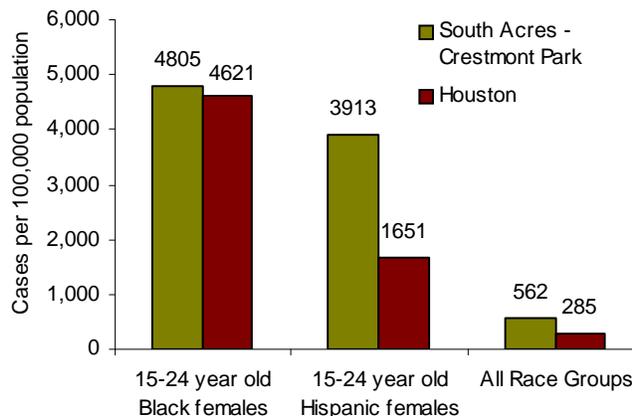
Data Source: HDHHS Bureau of Epidemiology

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.

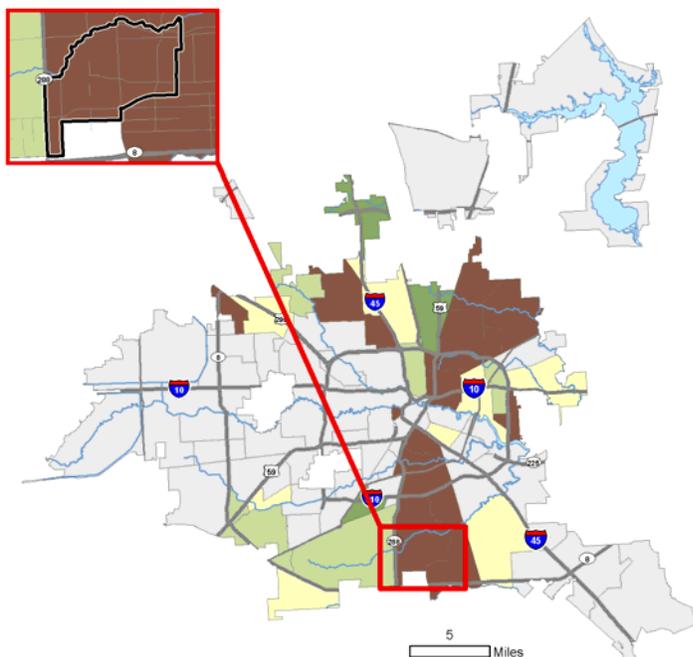
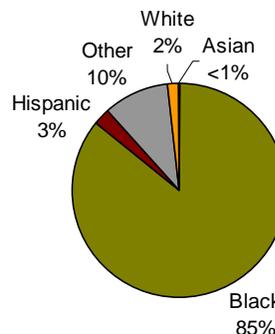
Rates of Chlamydia, 1999-2003

The annual average rate of chlamydia infection in South Acres/Crestmont Park was 562 per 100,000 population, nearly twice the Houston rate.



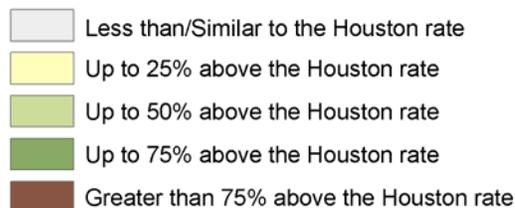
Chlamydia Infection By Age, Sex, and Race/Ethnicity, 1999-2003

In South Acres/Crestmont Park, 85% of all new cases were Black. Ninety-two percent of new infection occurred in those 29 years of age and younger. The majority (83%) of new cases were female.



Rates of Chlamydia by Super Neighborhood, 1999-2003

South Acres/Crestmont Park was among the neighborhoods with the highest 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.