Part One:

Health Status Indicators

BY PUBLIC HEALTH REGION

Health Status Indicators by Public Health Regions

Total Deaths*

Total Deaths (ICD-9 Codes 001- 799, E800 - E999, ICD-10 Codes A01-Y89)
Healthy People 2000 Objective(s): Not Available
Healthy People 2000 Target .....475.0 deaths per 100,000 population[1]

Rationale: The total death rate is an indication of lifestyle decisions, improvements in public health, and advances in biotechnology affecting all populations and ages.

Risk Factors and Prevention: Since the largest contributors to total death are chronic diseases, individuals must not only be aware of the need for proper diet, exercise, smoking cessation, diabetic control, and blood pressure, but also be willing to make the changes necessary for a healthier life. Public health initiatives, including advanced analytic techniques, enhanced disease surveillance, and improved public health education have had an impact on reducing the total death rate.

National Overview

- The reduction of the total death rate since 1900 is the result of improvements in community sanitation, immunizations, antibiotics, medical technology, and maternal/child health.
- From 1900 to 1999, life expectancy at birth has increased by 29.4 years for all races. The biggest change during this time period has been an average increase of 38.4 years of life among African-Americans.[2]
- The age-adjusted total death rate declined 9.2 percent from 1990 to 1999.

1990 - 2000 Total Deaths* by Public Health Regions (PHR), Texas, & United States

PHR	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
1	536.4	531.5	515.9	539.1	535.9	527.0	528.3	527.8	510.2	535.8	509.2
2	559.4	562.8	553.2	542.2	561.4	560.5	545.3	541.5	545.8	567.3	546.7
3	558.7	544.5	539.9	549.6	537.3	532.4	525.2	516.8	505.5	505.8	500.9
4	554.3	542.8	555.0	574.8	585.9	579.8	586.7	594.0	590.3	591.8	571.2
5	580.5	589.4	585.1	581.9	576.5	566.8	597.7	582.8	596.6	578.5	588.9
6	582.9	574.3	555.3	559.0	552.2	540.9	528.8	522.1	505.5	501.9	502.5
7	507.5	510.3	523.8	529.6	525.7	515.5	503.2	506.5	495.3	496.9	470.3
8	519.2	509.2	520.7	526.2	522.2	508.9	503.9	505.9	485.9	498.2	481.5
9	533.8	519.9	520.2	533.3	526.3	538.5	545.3	519.4	508.2	514.8	524.2
10	471.2	472.4	467.5	479.0	467.6	447.2	446.5	439.4	431.7	426.3	428.6
11	484.0	460.9	466.5	479.9	465.6	475.9	455.0	468.1	447.5	440.5	421.1
TEXAS	543.9	535.5	532.8	540.0	533.8	526.6	519.5	515.9	504.1	504.6	495.9
U.S.	519.5	513.4	504.2	513.0	507.1	503.8	491.2	478.8	471.2	471.8	N/A

*Age-adjusted to 1940 U.S. standard population per 100,000 population.

Data Sources: Texas Mortality - Bureau of Vital Statistics, Texas Department of Health; Population - Texas State Data Center, Texas A & M University System; and U.S. Mortality - CDC WONDER, Centers for Disease Control and Prevention.

Health Status Indicators by Public Health Regions

Total Deaths* (continued)

Texas Trends

- The Texas death rate declined 8.8 percent from 1990 to 2000.
- Texas **did not** attain the target (475 deaths per 100,000) discussed in CDC *HP2000 Statistical Notes*.
- From 1980 to 2000, the total death rate declined 19.6 percent among whites, 17.3 percent among African-Americans, and 20.2 percent among Hispanics.

Information Resources

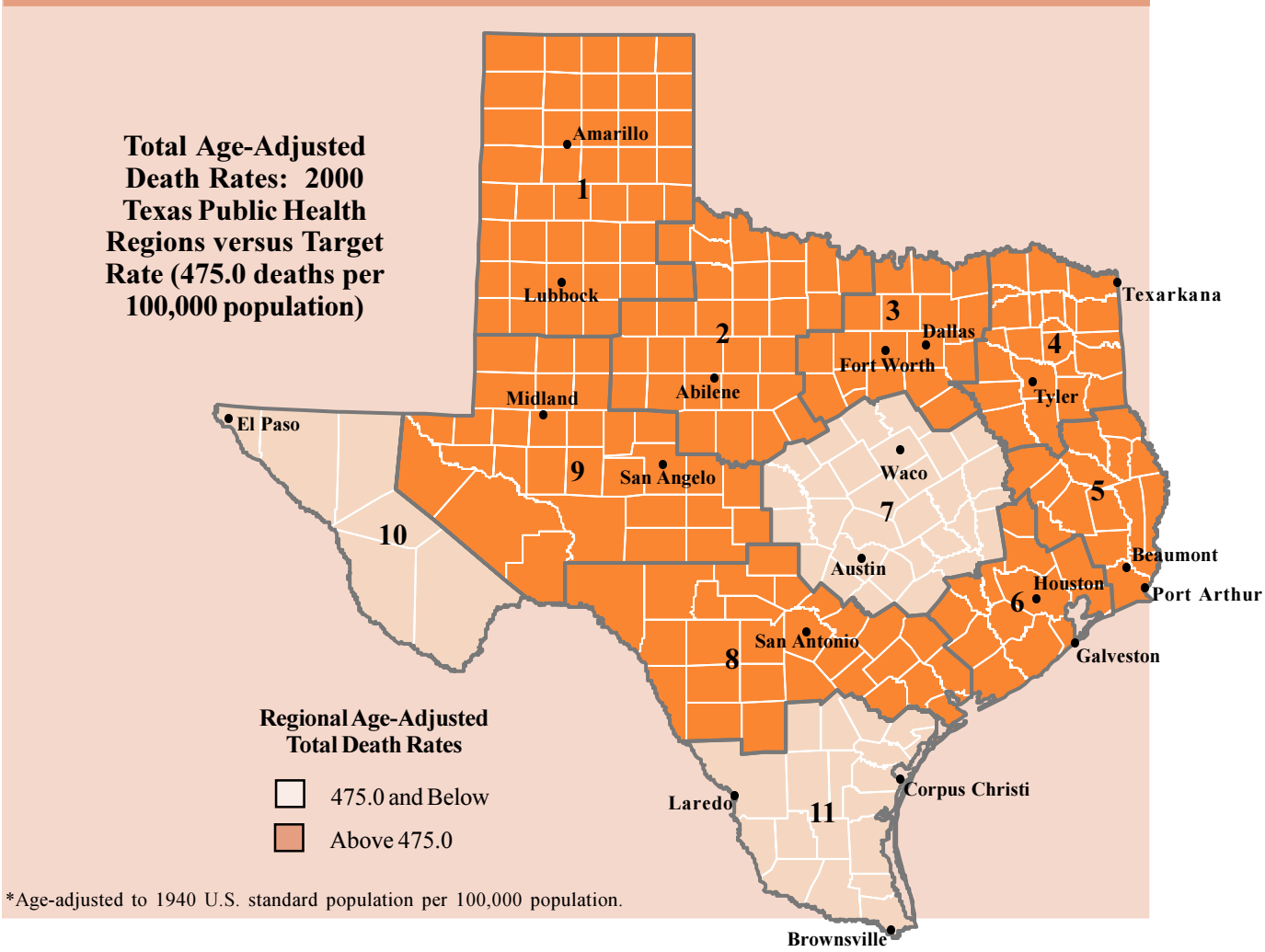
- TDH, Bureau of Vital Statistics
- CDC, CDC WONDER, and National Center for Health Statistics (NCHS)

Notes

[1] The CDC (*HP2000*) does not identify an objective, nor specify a year 2000 target for this indicator. However, the CDC *HP2000 Statistical Notes* uses an age-adjusted target of 475.0 total deaths per 100,000 population. The target of 475.0 deaths was derived by aggregating the mutually exclusive age-adjusted death rates for those with year 2000 targets and adjusted for those without. (K.G. Keppel and J.N. Pearcy. *Healthy People 2000: An Assessment Based on the Health Status Indicators for the United States and Each State*. November 19, 2000. No 19. CDC. NCHS).

[2] Eberhardt, M.S., D.D. Ingram, D.M. Makuc, et al. 2001. *Health United States, 2001 with Urban and Rural Health Checkbook.* Hyattsville, MD: NCHS.

Total Deaths*



*Age-adjusted to 1940 U.S. standard population per 100,000 population.

Health Status Indicators by Public Health Regions

Infant Mortality*

Infant Mortality (ICD-9 Codes 001-799, E800-E999; ICD-10 Codes A01-Y89)

Healthy People 2000 Objective(s): 14.1

Healthy People 2000 Target: .....7.0 infant deaths per 1,000 live births

Rationale: The infant mortality rate (IMR) is widely used as an indicator of an area's public health practices and overall health.

Risk Factors and Prevention: Risk factors for increased infant mortality include congenital anomalies, infections, barriers to maternal healthcare, prematurity or low birth weight, age of mother, pregnant women who smoke, and mothers who fail to acquire prenatal care in the first trimester. Prevention efforts have focused on initiatives to improve maternal health, family planning, and health education (especially among high risk groups) as well as the development of better neonatal intensive care units and perinatal technology.

National Overview

- The national infant mortality rate declined steeply from approximately 100 infant deaths per 1,000 live births in 1900[1] to 7.0 per 1,000 in 1999.[2]
- The national mortality rate for infants with mothers of African-American ancestry (14.0) was more than twice that of infants with white (5.8) or Hispanic (5.7) mothers in 1999.[2]
- The national infant mortality rates among infants with mothers of African-American ancestry (34.2 percent change) declined more slowly than among infants with white mothers (46.8 percent change) from 1980 to 1999.[2]

1990 - 2000 Infant Mortality Rates* by Public Health Regions (PHR), Texas, & United States

PHR	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
1	8.0	8.8	9.0	9.7	8.9	7.8	7.1	8.3	8.4	7.1	8.9
2	8.8	10.3	8.1	8.6	8.5	8.7	8.1	7.1	8.4	7.5	8.8
3	8.9	8.1	7.9	7.4	6.9	6.2	6.1	6.3	6.4	6.7	5.4
4	8.7	7.0	8.7	9.4	7.3	7.2	6.8	6.6	7.6	7.4	8.5
5	9.2	11.6	9.6	10.8	9.7	8.3	8.0	8.0	9.3	8.2	6.8
6	8.3	8.1	8.5	8.0	7.9	6.5	6.6	6.2	6.3	6.0	5.2
7	7.5	6.6	6.6	6.2	5.9	6.7	5.9	6.3	6.2	5.3	5.5
8	7.6	7.0	7.1	7.6	7.4	7.9	7.5	7.2	6.5	6.2	5.0
9	8.0	7.6	8.6	6.5	7.3	6.7	7.6	10.0	5.4	7.2	8.0
10	6.3	6.6	6.9	6.1	5.8	5.1	4.9	4.6	6.1	5.4	4.4
11	6.2	5.9	5.7	6.1	5.8	6.8	4.3	5.3	4.6	4.8	5.3
TEXAS	8.0	7.7	7.7	7.5	7.1	6.5	6.3	6.4	6.4	6.2	5.7
U.S.	9.2	8.9	8.5	8.4	8.0	7.6	7.3	7.2	7.2	7.1	N/A

*For infant deaths within the first year of life per 1,000 live births in the same reporting year.

Data Sources: Texas Mortality and Natality - Bureau of Vital Statistics, Texas Department of Health; and U.S. Mortality - CDC WONDER, Centers for Disease Control and Prevention.

Health Status Indicators by Public Health Regions

Infant Mortality* (continued)

Texas Trends

- Between 1990 and 1999, the decline in Texas' infant mortality rate (22.5 percent) was slightly less than the change in the national infant mortality rate (22.8 percent).
- Texas has met the year 2000 target of 7.0 infant deaths per 1,000 live births every year since 1995.
- Texas' infant mortality rate in 2000 for African-American infants (6.6) under 28 days of age was more than twice that of white (2.8) and Hispanic (3.2) infants in 2000 because of a higher incidence of premature births.
- Congenital anomalies (23.9 percent) and Sudden Infant Death Syndrome (11.3 percent) caused 35.2 percent of infant deaths in year 2000.

Information Resources

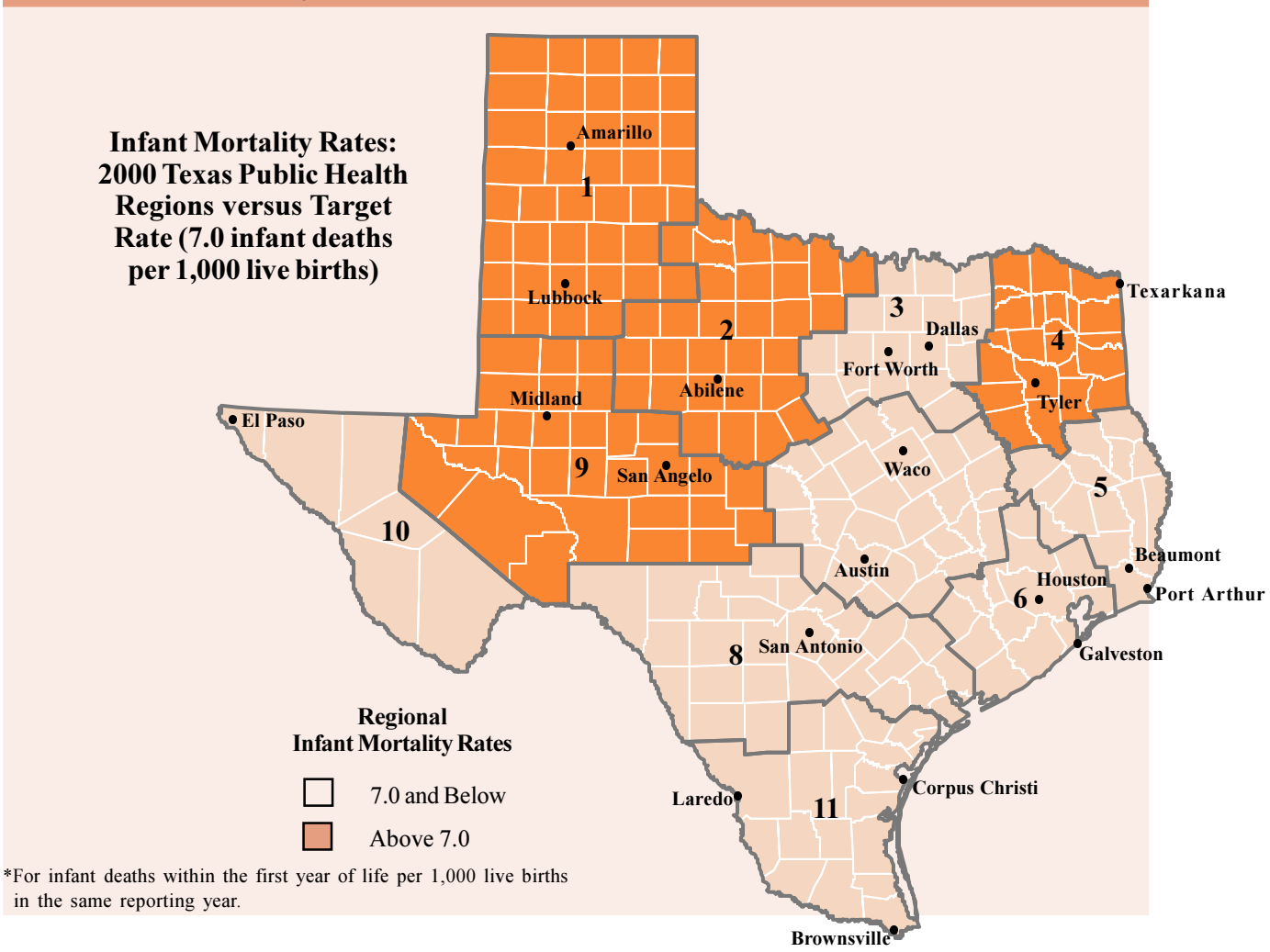
- TDH, Bureau of Vital Statistics, Bureau of Children's Health, and Bureau of Women's Health
- CDC, Office of Women's Health, and NCHS
- The Alan Guttmacher Institute

Notes

[1]CDC. 1999. "Achievements in Public Health, 1900-1999: Healthier Mothers and Babies." *CDC Weekly*. October 1, 1999. 48(38):849-858.

[2]M.S. Eberhardt, D.D. Ingram, and D.M. Makuc, et al. 2002. *Health, United States, 2002 with Urban and Rural Health Chartbook*. Hyattsville, MD: NCHS.

Infant Mortality Rate*



*For infant deaths within the first year of life per 1,000 live births in the same reporting year.

Health Status Indicators by Public Health Regions

Motor Vehicle Crash Deaths*

Motor Vehicle Crash Deaths (MVCD) per 100,000 population **(ICD-9 Codes E810-E825; ICD-10 Codes V02-V04, V09.0, V09.2, V12-V14, V19.0-V19.2, V19.4-V19.6, V20-V79, V80.3-V80.5, V81.0-V81.1, V82.0-V82.1, V83-V86, V87.0-V87.8, V88.0-V88.8, V89.0, V89.2)**
Healthy People 2000 Objective(s): 2.4
Healthy People 2000 Target .....14.2 deaths per 100,000 population

Rationale: Motor vehicle crash deaths are the leading cause of injury-related death in the nation.

Risk Factors and Prevention: Individuals who drive while impaired by alcohol, young males between 16 to 24 years, and males aged 80 years or older have the highest risk of dying from a motor vehicle accident.[1] Approximately 38 percent of the reduction in motor vehicle crash deaths since 1975 can be attributed to public information programs, driver behavioral changes, technological advances, state speed laws, life-saving devices, and regional trauma and emergency medical systems.[2]

National Overview

- Approximately 42,000 people died on national roads and highways in 2000.[3]
- The overall rate of MVCD declined 37.0 percent between 1950 and 1999.[4]
- MVCD among males declined 43.4 percent and among females 14.8 percent between 1950 and 1999.[4]
- The MVCD rate is highest among persons aged 16 to 19 years (29.0 deaths per 100,000 persons), 20 to 24 years (28.0), and 80 years and older (25.0).[1]

1990 -2000 Motor Vehicle Crash Deaths* by Public Health Regions (PHR), Texas, & United States

PHR	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
1	20.8	18.3	19.6	16.9	22.7	21.6	19.5	21.7	20.0	---	19.9
2	19.5	19.4	16.5	16.4	21.5	18.7	23.6	20.5	20.8	---	20.1
3	16.9	16.2	15.0	14.4	14.7	16.2	17.7	17.3	16.3	---	15.2
4	29.0	28.1	23.4	28.1	32.3	30.3	36.0	36.7	32.2	---	32.7
5	26.9	28.6	27.1	25.6	24.6	29.8	33.9	33.3	33.9	---	30.4
6	21.0	19.6	17.4	16.3	15.5	13.5	18.5	16.4	16.8	---	17.1
7	17.1	17.1	20.7	16.9	18.4	18.0	20.9	20.3	20.7	---	20.7
8	14.6	16.2	15.7	17.4	18.4	17.4	19.3	16.2	16.9	---	17.2
9	23.9	17.2	16.8	20.3	22.4	19.8	24.4	17.0	20.1	---	19.8
10	16.9	17.2	18.9	21.8	17.4	13.7	15.7	16.2	13.3	---	14.6
11	21.2	16.7	18.1	20.4	17.2	17.5	18.8	16.5	17.1	---	15.2
TEXAS	19.4	18.3	17.8	17.5	17.9	17.5	20.3	18.9	18.7	---	18.2
U.S.	18.4	16.9	15.7	15.9	16.0	16.2	16.1	15.8	15.5	15.2	N/A

*Age-adjusted to 1940 U.S. standard population per 100,000 population.
--- No 1999 data available, see Appendix 2.

Data Sources: Texas Mortality - Bureau of Vital Statistics, Texas Department of Health; Population - Texas State Data Center, Texas A & M University System; and U.S. Mortality - CDC WONDER, Centers for Disease Control and Prevention.

Health Status Indicators by Public Health Regions

Motor Vehicle Crash Deaths* (Continued)

Texas Trends

- Texas **did not** meet the *HP2000* 14.2 death rate target by year 2000.
- MVCD has shown a consistent decline from 1996 to 2000.

Information Resources

- TDH, Bureau of Disease, Injury, and Tobacco Prevention
- CDC, NCHS

Notes

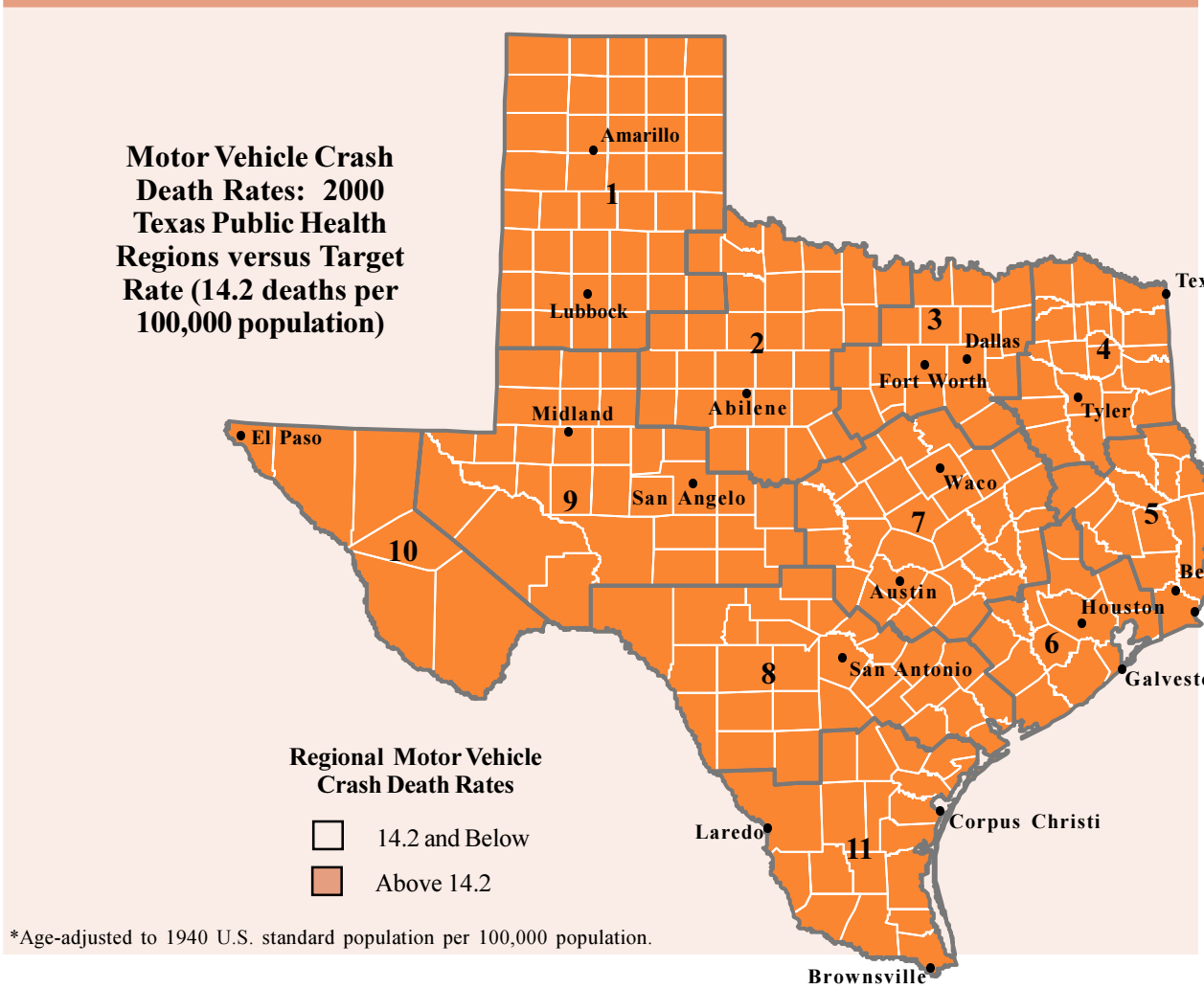
[1]Insurance Institute for Highway Safety. 2001. "Fatality Facts General." http://www.hwysafety.org/safety_facts/fatality_facts/general.htm.

[2]A.B. Nathens, G.J. Jurkovich, F.P. Ravara, and R.V. Maier. 2000. "Effectiveness of State Trauma Systems in Reducing Injury-Related Mortality: A National Evaluation." *Journal of Trauma*. 49(1):168-169.

[3]CDC. 2001. "Injury Fact Book, 2000." http://www.cdc.gov/ncipc/fact_book/17_Motor_Vehicle_Crashes.htm.

[4]M.S. Eberhardt, D.D. Ingram, and D.M. Makuc, et al. 2001. *Health, United States, 2001 with Urban and Rural Health Chartbook*. Hyattsville, MD: NCHS. Table 30.

Motor Vehicle Crash Deaths*



*Age-adjusted to 1940 U.S. standard population per 100,000 population.

Health Status Indicators by Public Health Regions

Suicide Deaths*

Suicide Deaths per 100,000 population **(ICD-9 Codes E950-E959; ICD-10 Codes X60-X84,Y87.0)**
Healthy People 2000 Objective(s): 7.2
Healthy People 2000 Target .....10.5 deaths per 100,000 population

Rationale: Suicide is the eleventh leading cause of death in the United States and ranks third among persons aged 15-24 years.[1] Suicide and attempted suicide can be reduced by recognizing and treating behavioral and/or mental health problems.

Risk Factors and Prevention: Risk factors leading to suicide include mental illness, traumatic life events, substance abuse, exposure to previous suicides, a family history of mental illness or violence, diminished social networks, and the presence of firearms in the home.[2] High risk groups include Native Americans, the homeless, runaway adolescents, and white males 65 years and older. Prevention measures include developing mentoring programs for children, elder safety-net programs, and educational programs on depression for primary care physicians.

National Overview

- Almost twice as many people committed suicide (29,199 persons) as were murdered (16,889) in 1999.[3]
- Females are more likely to attempt suicide; males are more likely to die from suicide.[1]
- Suicide rates among females declined faster (28.6 percent) than males (14.6 percent) from 1950 to 1999.[4]
- Suicides among children aged 14 years or younger have quadrupled from 1950 to 1999.[1,4,5]

1990 - 2000 Suicide Deaths* by Public Health Regions (PHR), Texas, & United States

PHR	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
1	17.4	12.9	12.1	15.4	12.5	16.5	12.3	15.7	12.6	10.8	11.5
2	12.9	12.1	14.6	9.6	14.0	14.2	14.6	11.7	14.1	11.4	11.9
3	11.8	12.2	12.1	13.1	12.3	11.6	11.0	11.2	10.1	10.0	8.7
4	15.3	12.3	13.2	14.0	13.2	11.4	13.7	12.6	13.0	11.5	12.4
5	12.9	14.1	11.2	12.3	11.4	11.7	12.7	11.1	12.2	12.3	13.2
6	12.9	12.5	11.9	12.9	12.7	11.1	10.7	10.3	10.7	9.4	9.7
7	11.6	11.7	12.2	11.5	12.1	11.5	11.8	10.5	11.4	10.1	10.0
8	12.2	13.1	11.7	12.5	13.7	12.9	12.0	10.6	9.5	9.6	10.2
9	14.7	12.9	12.8	11.1	12.7	14.0	13.0	13.0	11.3	12.6	11.0
10	10.9	10.0	9.6	9.9	9.7	9.0	9.3	7.4	5.7	5.1	8.4
11	7.9	9.0	10.9	9.1	10.6	7.6	7.5	7.4	7.5	6.0	6.5
TEXAS	12.3	12.1	11.9	12.3	12.3	11.5	11.2	10.7	10.4	9.6	9.6
U.S.	11.5	11.4	11.1	11.3	11.2	11.1	10.8	10.6	10.4	9.9	N/A

*Age-adjusted to 1940 U.S. standard population per 100,000 population.

Data Sources: Texas Mortality - Bureau of Vital Statistics, Texas Department of Health; Population - Texas State Data Center, Texas A & M University System; and U.S. Mortality - CDC WONDER, Centers for Disease Control and Prevention.

Texas Trends

- Texas attained the year 2000 target for suicide deaths in 1998 and has experienced a significant downward trend in the rate since 1993.
- Nearly eight of ten Texas suicides in year 2000 were committed by males. White males accounted for almost 60 percent of the state's total suicides.

Information Resources

- Texas Department of Mental Health and Mental Retardation
- TDH, Injury Epidemiology and Surveillance Program

Notes

[1]CDC. 2002. "Suicide in the United States." http://www.cdc.gov/ncipc/factsheets/suifacts.htm. April 24, 2003.

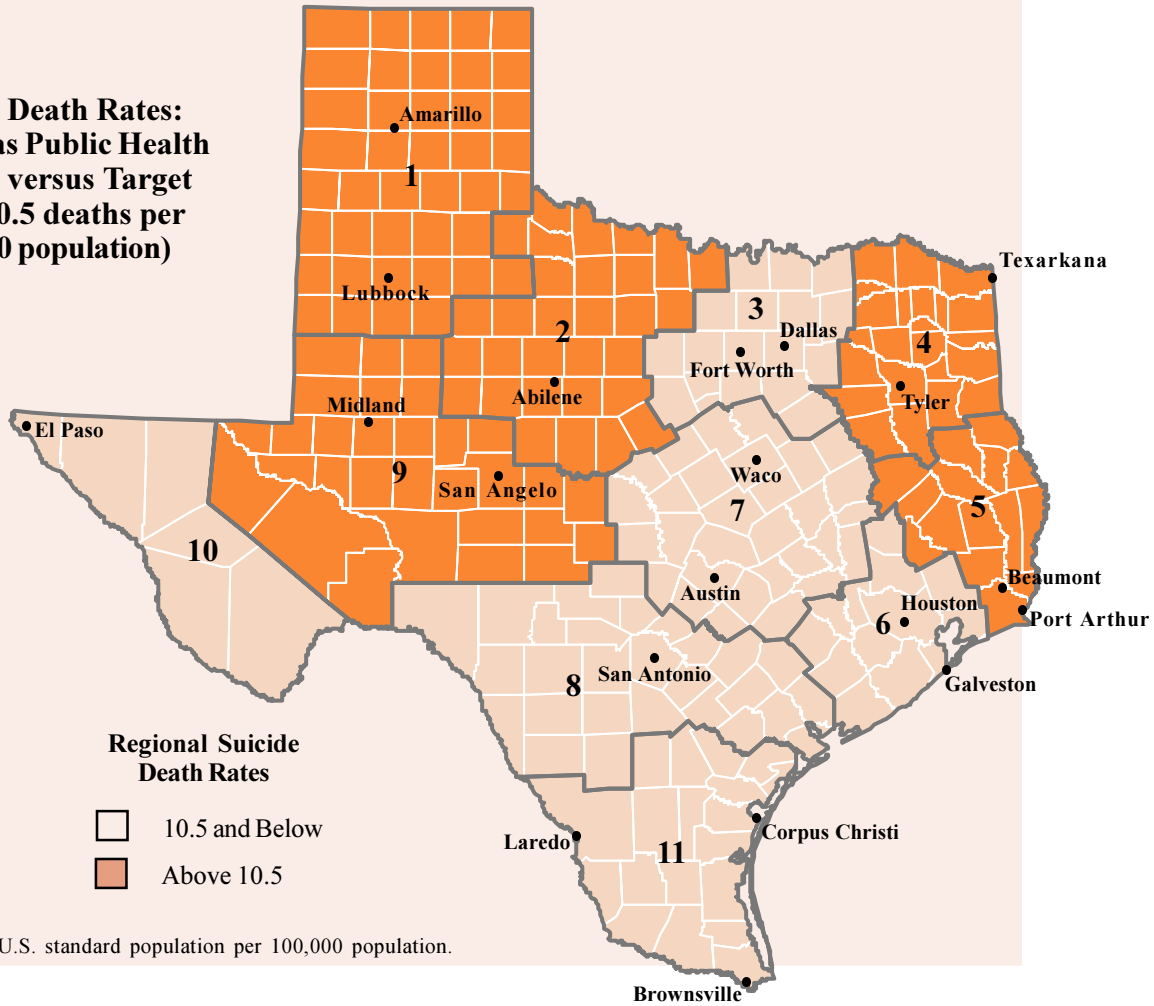
[2]CDC. 2001. "Preventing Suicide." http://www.cdc.gov/safeusa/suicide.htm. October 30, 2001.

[3]CDC. 2002. CDC Wonder. http://wonder.cdc.gov.

[4]M.S. Eberhardt, D.D. Ingram, and D.M. Makuc, et al. 2001. *Health, United States, 2001 with Urban and Rural Health Chartbook*. Hyattsville, MD: NCHS.

[5]CDC. 1997. "Rates of Homicide, Suicide, and Firearm-Related Death Among Children - 26 Industrialized Countries." *CDC MMWR Weekly*. February 7, 1997. 46(05):101-105.

Suicide Deaths*



*Age-adjusted to 1940 U.S. standard population per 100,000 population.

Health Status Indicators by Public Health Regions

Homicide Deaths*

Homicide Deaths per 100,000 population **(ICD-9 Codes E960-E969; ICD-10 Codes X85-Y09, Y87.1)**

Healthy People 2000 Objective(s): 7.1

Healthy People 2000 Target .....7.2 deaths per 100,000 population

Rationale: Homicides consistently rank among the top seven leading causes of death for individuals up to age 44 years.[1]

Risk Factors and Prevention: Homicides often result from conflict between acquaintances with ready access to a firearm. Poverty and drug use are contributing factors. Women in abusive relationships with a male partner are at increased risk of homicide. Individuals most likely to commit murder are males under 25 years.[2] Positive role models for young males and violence reduction methods are tools for homicide prevention.

National Overview

- National homicide rates nearly doubled between 1950 and 1990, but have slightly declined by a third throughout the 1990s.[3]
- Homicide was the second leading cause of death in 1999 among persons of all races aged 15-24 years.[3]
- Homicides were eight times more likely to occur among African- American males aged 15-24 years (with a rate of 85.0 deaths per 100,000 persons) than white males and only 2.4 times more likely among Hispanic males in 1999 in the same age cohort.[3]
- Homicides were 3.3 times more likely to occur among males (10.2 deaths per 100,000 persons) than females (3.1 deaths per 100,000 persons) in 1999.[4]

1990 - 2000 Homicide Deaths*
by Public Health Regions (PHR), Texas, & United States

PHR	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
1	7.5	7.5	5.6	7.0	7.5	7.7	6.4	4.9	4.7	4.8	5.1
2	8.5	9.6	7.3	6.5	4.6	4.8	7.9	2.3	3.5	4.8	2.9
3	16.0	20.1	16.9	14.2	13.4	11.6	8.8	8.8	8.8	7.5	7.7
4	9.4	10.0	11.1	12.9	13.3	9.1	10.3	8.3	8.5	7.0	7.6
5	12.0	12.8	13.9	11.6	12.1	8.6	10.4	9.0	7.1	8.0	6.5
6	20.0	21.5	17.0	16.5	14.6	12.6	10.1	9.8	9.5	8.7	7.8
7	8.1	8.8	7.4	7.1	7.7	5.4	4.8	5.4	4.9	4.2	4.4
8	16.4	17.1	16.4	17.0	14.8	10.1	8.9	7.3	6.9	7.8	6.3
9	9.6	10.2	9.1	6.1	7.9	5.6	6.8	3.7	2.8	3.6	5.1
10	7.7	8.5	6.5	8.5	7.6	5.7	5.1	4.8	2.4	2.9	3.7
11	9.9	10.4	8.5	10.4	9.0	8.9	7.2	6.6	6.7	4.8	5.9
TEXAS	14.1	15.8	13.3	12.8	11.8	9.7	8.3	7.6	7.3	6.7	6.6
U.S.	10.1	10.8	10.3	10.6	10.1	9.2	8.3	7.8	7.1	6.7	N/A

*Age-adjusted to 1940 U.S. standard population per 100,000 population.

Data Sources: Texas Mortality - Bureau of Vital Statistics, Texas Department of Health; Population - Texas State Data Center, Texas A & M University System; and U.S. Mortality - CDC WONDER, Centers for Disease Control and Prevention.

Health Status Indicators by Public Health Regions

Homicide Deaths* (continued)

Texas Trends

- Texas attained the year 2000 target of 7.2 homicide deaths in 1999.
- Almost one-third of the 1,329 homicides in Texas during 2000 were among 15-24 year olds.
- Homicide rates declined 53 percent among Texans between 1990 and 2000. Between 1990 and 2000, statewide homicide rates declined 66 percent among African-Americans, 53 percent among Hispanics, 44 percent among whites, and 41 percent among other ethnic groups.

Information Resources

- TDH, Bureau of Disease, Injury, and Tobacco Prevention, and Bureau of Vital Statistics
- CDC, Disease Prevention and Health Promotion
- U.S. Department of Justice, Bureau of Justice Statistics

Notes

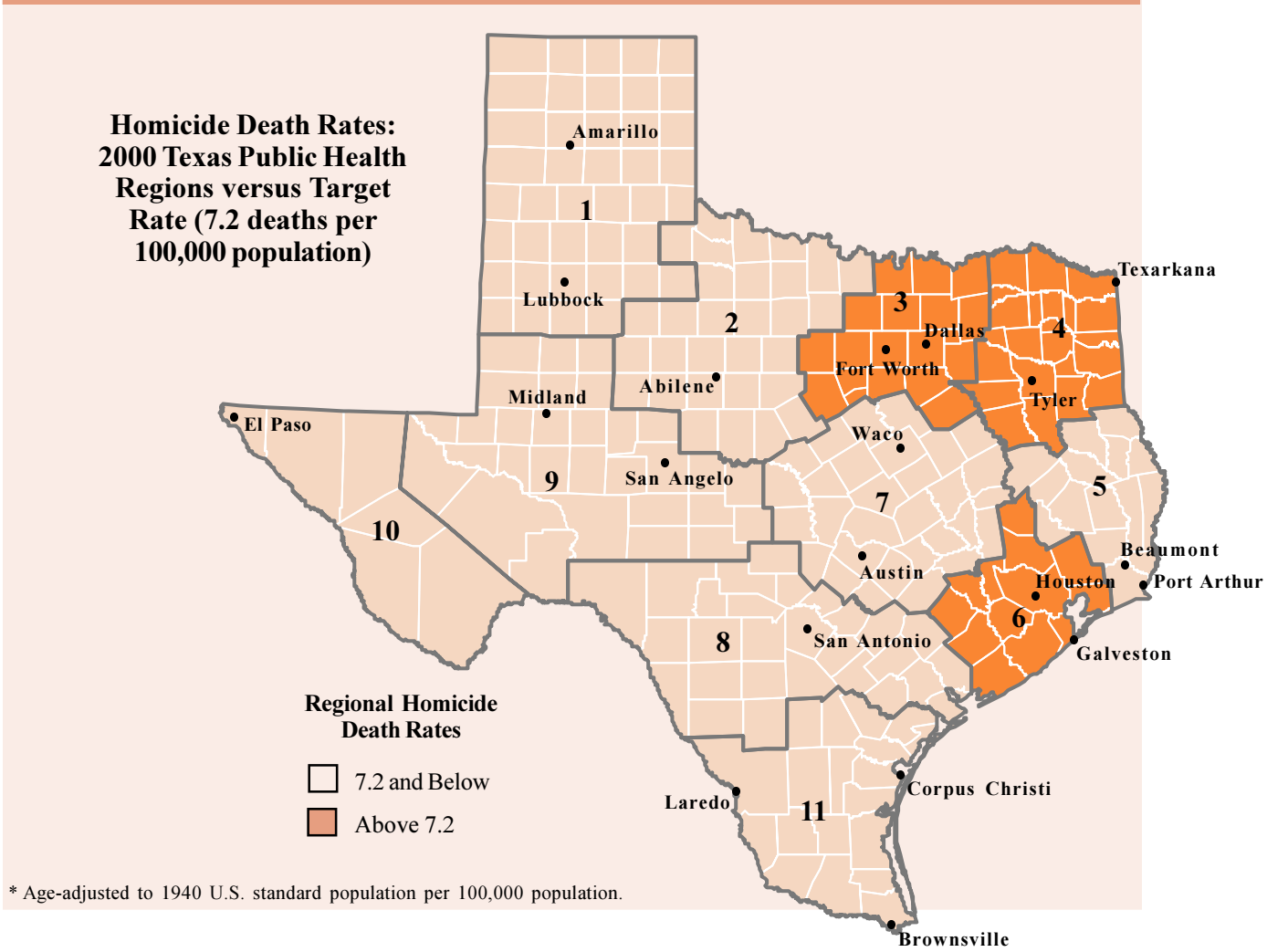
[1] CDC. Web-based Injury Statistics Query and Reporting System (WISQARS). (2001). National Center for Injury Prevention and Control, CDC. "10 Leading Causes of Death, United States." http://cdc.gov/ncipc/wisqars. August 29, 2002.

[2] Bureau of Justice. 2000. "Homicide Trends in the U.S.: Long Term Trends and Patterns." Bureau of Justice Statistics. http://www.ojp.usdoj.gov/bjs/homicide/hmrt.htm.

[3] M.S. Eberhardt, D.D. Ingram, and D.M. Makuc, et al. 2001. *Health, United States, 2001 with Urban and Rural Health Chartbook*. Hyattsville, MD: NCHS.

[4] CDC. 2002. CDC Wonder. http://wonder.cdc.gov.

Homicide Deaths*



* Age-adjusted to 1940 U.S. standard population per 100,000 population.

Health Status Indicators by Public Health Regions

Lung Cancer Deaths*

Lung Cancer Deaths (ICD-9 Codes 162, ICD-10 Codes C33-C34)
Healthy People 2000 Objective(s): 3.2 and 6.2
Healthy People 2000 Target: ..... 42.0 deaths per 100,000 population

Rationale: Lung cancer, the leading cause of cancer death among both sexes, can be largely prevented by lifestyle decisions. Environmental pollutants and genetic susceptibility are also risk factors.

Risk Factors and Prevention: Smoking, second-hand exposure to tobacco smoke, environmental pollutants, and genetic susceptibility are risk factors that may contribute to the development of lung cancer. Public health initiatives have focused on decreasing smoking frequency, banning advertising in child-dominated venues, and increasing federal taxes on cigarettes. A reduction in smoking rates is essential for reducing mortality since treatment for lung cancer is largely ineffective.[1]

National Overview

- Lung cancer deaths comprise nearly 30 percent of all cancer deaths, with nearly 157,000 individuals dying in 2000.[2]
- More women have died from lung cancer than breast cancer since 1987. The CDC reports approximately 63,000 females died from lung cancer while 41,000 died from breast cancer in 1999.[3]
- Although lung cancer remains more likely to afflict males, during the 25 year period 1974-1999, the incidence of this disease more than doubled among females while declining slightly among males.[4]

1990 - 2000 Lung Cancer Deaths* by Public Health Regions (PHR), Texas, & United States

PHR	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
1	34.1	34.6	38.7	36.7	32.8	38.1	39.3	34.1	35.5	29.3	30.3
2	46.0	43.4	41.8	49.3	42.1	42.4	44.5	44.7	41.2	44.4	40.0
3	46.8	42.9	42.9	44.7	41.1	41.2	41.3	38.7	38.4	36.2	37.0
4	44.1	50.0	47.8	48.6	46.0	50.1	49.7	49.4	48.7	49.5	47.9
5	51.3	51.5	52.3	51.6	47.5	48.6	51.1	48.3	51.4	44.4	43.5
6	43.6	42.7	43.8	41.9	42.0	39.6	40.2	40.7	38.7	37.1	36.9
7	38.4	39.9	39.6	40.3	39.8	40.3	38.6	40.8	39.8	36.0	36.4
8	34.0	32.6	34.7	36.3	34.3	34.3	32.1	32.4	32.4	29.0	28.6
9	39.4	40.5	40.3	38.4	39.3	40.9	38.4	40.3	39.4	34.2	36.8
10	22.2	25.4	24.7	24.1	22.2	21.1	23.9	21.1	20.8	19.0	19.6
11	33.7	27.1	28.4	30.1	31.4	27.2	26.2	27.1	26.4	25.7	21.7
TEXAS	41.1	40.0	40.5	40.9	39.1	39.0	38.8	38.2	37.6	35.1	34.8
U.S.	39.9	39.6	39.3	39.3	38.7	38.3	37.9	37.4	37.0	35.7	N/A

*Age-adjusted to 1940 U.S. standard population per 100,000 population.

Data Sources: Texas Mortality - Bureau of Vital Statistics, Texas Department of Health; Population - Texas State Data Center, Texas A & M University System; and U.S. Mortality - CDC WONDER, Centers for Disease Control and Prevention.

Health Status Indicators by Public Health Regions

Lung Cancer Deaths* (continued)

Texas Trends

- Texas attained the year 2000 target for lung cancer deaths each year from 1990 through 2000.
- Texas lung cancer death rates declined significantly between 1990 and 2000.
- Texas males follow the nation in having higher rates than females. African-American males (77.1 per 100,000) and white females (29.2 per 100,000) have the highest rates among their genders. Hispanic females had the lowest rate (8.3 per 100,000).
- Between 1990 and 2000, the Hispanic population in Texas consistently exhibited the lowest lung cancer death rates.

Information Resources

- TDH, Cancer Registry, and Behavioral Risk Factor Surveillance System
- American Cancer Society

Notes

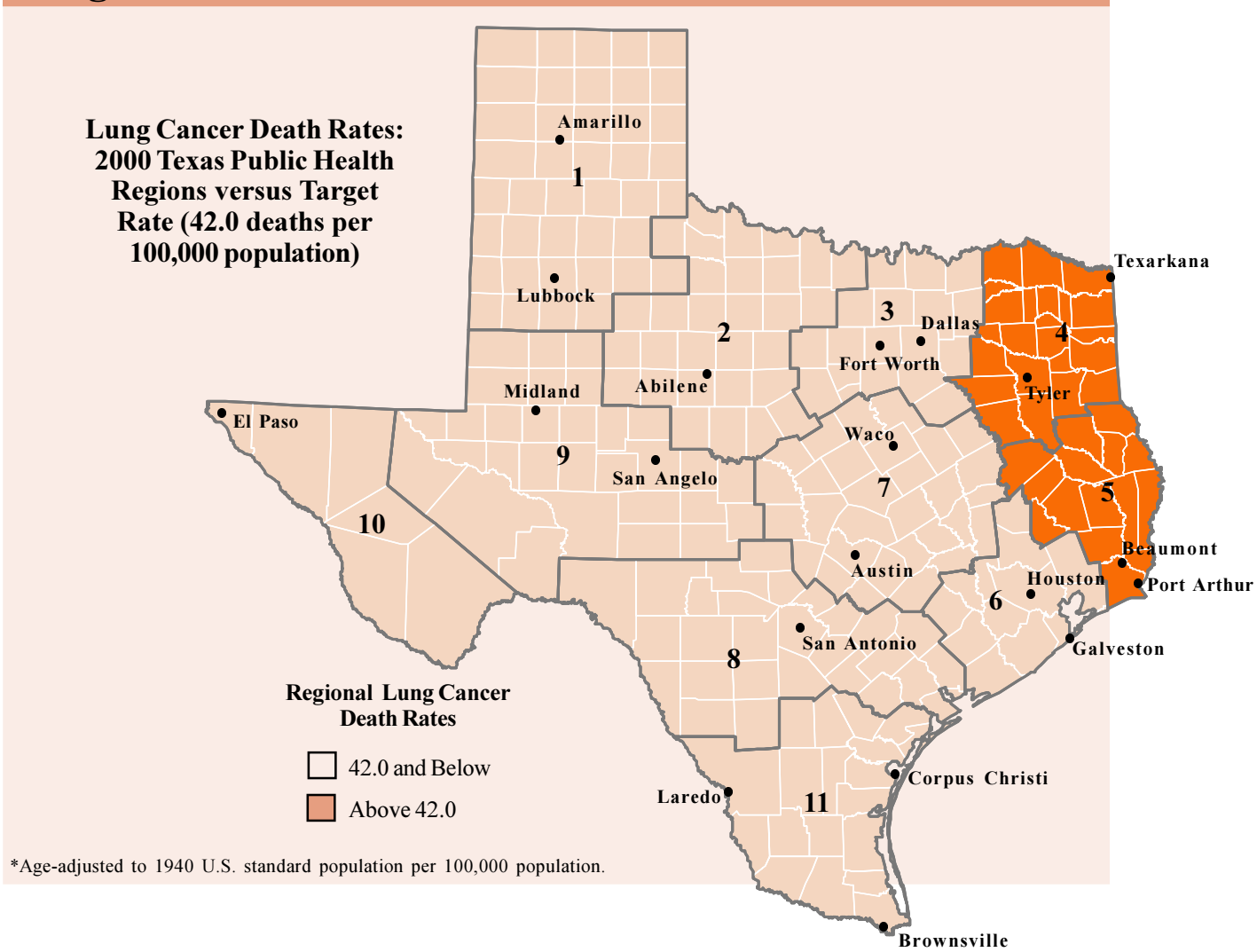
[1]Harvard Center for Cancer Prevention. 1998. "Genetic Susceptibility to Lung Cancer". Harvard School of Public Health. Boston, MA. http://www.hsph.harvard.edu/digest/geneticsuscept.html.

[2]American Lung Association. 2001. "Facts About Lung Cancer". http://www.lungusa.org/diseases/lungcanc.html.

[3]CDC. 2002. CDC Wonder. http://wonder.cdc.gov.

[4]American Lung Association. 2002. "Trends in Lung Cancer Morbidity and Mortality". http://www.lungusa.org/data/lc/LCO2PT1.pdf.

Lung Cancer Deaths*



*Age-adjusted to 1940 U.S. standard population per 100,000 population.

Health Status Indicators by Public Health Regions

Female Breast Cancer Deaths*

Breast Cancer Deaths per 100,000 female population **(ICD-9 Code 174; ICD-10 Codes C50.0-C50.9)**

Healthy People 2000 Objective(s): 16.3

Healthy People 2000 Target ..... 20.6 deaths per 100,000 female population

Rationale: Breast cancer is the second leading cause of cancer death among women. Early detection and treatment greatly improves the prognosis for breast cancer patients.

Risk Factors and Prevention: Risk factors include family history, no children or first child born after 30 years of age, consumption of 2 to 4 ounces[1] of alcohol per day, recent use of oral contraceptives or post-menopausal estrogens, or prior treatment for Hodgkin's disease. Prevention is facilitated through the use of regular self examination, education, and early screening tools.

National Overview

- Breast cancer is the second leading cause of cancer death among women of all racial/ethnic groups in the United States. Nearly 41,000 women died from this disease in 1999.[2]
- Between 1990 and 1999 national breast cancer death rates have declined 22 percent.
- A widespread increase in the use of early detection methods produced an increase in the incidence of early cancers and a decrease in mortality among white women.[2,3]

1990 - 2000 Female Breast Cancer Deaths* by Public Health Regions (PHR), Texas, & United States

PHR	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
1	17.5	20.8	21.1	18.3	22.1	19.4	17.6	20.7	17.6	17.1	13.9
2	15.6	20.6	23.4	21.1	19.5	23.2	20.6	19.3	20.2	16.2	16.5
3	22.6	20.8	23.0	20.1	19.0	20.4	19.5	17.4	17.8	17.1	18.2
4	23.1	22.7	20.2	17.9	23.9	23.1	16.5	18.7	19.9	15.4	18.3
5	20.5	20.7	19.7	18.8	20.3	17.9	18.1	15.9	18.3	16.3	19.5
6	23.1	22.5	21.5	22.8	21.8	22.4	20.3	19.0	20.1	20.0	18.3
7	17.6	19.3	19.1	21.1	19.7	19.6	18.7	20.5	19.9	19.4	15.3
8	21.0	17.6	22.9	18.3	19.4	18.1	19.0	18.1	18.6	18.3	18.4
9	18.4	22.9	19.2	25.2	18.5	19.6	18.2	17.8	21.5	15.4	14.4
10	17.6	21.2	19.5	21.2	20.0	22.0	20.5	22.0	19.3	17.9	17.2
11	20.2	16.1	17.3	17.6	17.0	19.4	14.9	17.4	14.8	15.1	15.0
TEXAS	20.9	20.4	21.2	20.3	20.0	20.4	18.9	18.5	18.7	17.6	17.3
U.S.	23.1	22.7	21.9	21.5	21.3	21.0	20.2	19.4	18.8	18.0	N/A

*Age-adjusted to 1940 U.S. standard population per 100,000 female population.

Data Sources: Texas Mortality - Bureau of Vital Statistics, Texas Department of Health; Population - Texas State Data Center, Texas A & M University System; and U.S. Mortality - CDC WONDER, Centers for Disease Control and Prevention.

Health Status Indicators by Public Health Regions

Female Breast Cancer Deaths* (continued)

Texas Trends

- Texas and all of its public health regions attained the year 2000 target by 1999.
- Between 1990 and 2000 breast cancer death rates in Texas have decreased 20.8 percent among white women, 8.4 percent among Hispanics, and 5.1 percent in African American women.

Information Resources

- TDH, Cancer Registry, and Breast and Cervical Cancer Program
- CDC, CDC WONDER, and Cancer Prevention and Control
- American Cancer Society

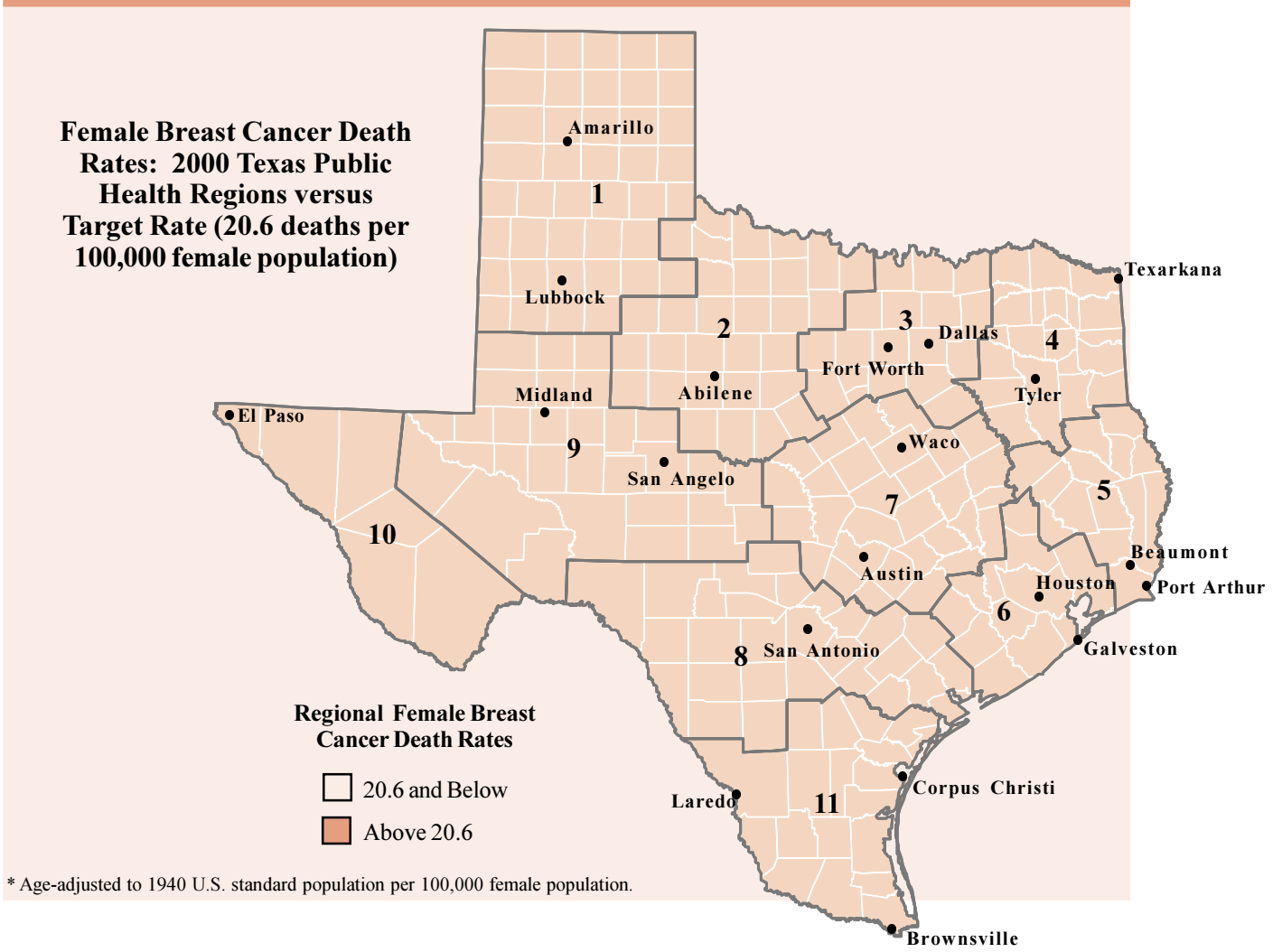
Notes

[1]S.A. Ballagh. 1999. "Alcohol: The link between hormone replacement and breast cancer risk." *Women's Health Issues* 9(6): 338-342.

[2]CDC. 2002. CDC Wonder. http://wonder.cdc.gov.

[3]American Cancer Society, Department of Epidemiology and Surveillance Research. "Breast Cancer Facts & Figures 2001-2002." http://www.cancer.org/downloads/STT/BrCaFF2001.pdf.

Female Breast Cancer Deaths*



* Age-adjusted to 1940 U.S. standard population per 100,000 female population.

Health Status Indicators by Public Health Regions

Cardiovascular Disease Deaths*

Cardiovascular Disease Deaths per 100,000 population **(ICD-9 Codes 390-448; ICD-10 Codes I00-I78)**
Healthy People 2000 Objective(s): Not Available
Healthy People 2000 Target .....Not Available

Rationale: Almost a million Americans die each year as a result of cardiovascular disease (which includes deaths due to heart disease and stroke).

Risk Factors and Prevention: The three major components of cardiovascular disease death are coronary heart disease, stroke, and high blood pressure. Healthy lifestyle choices are the best preventive measures to avoid development of risk factors such as obesity, diabetes, high serum cholesterol, and high triglycerides. Uncontrollable risk factors include gender, heredity, and age.

National Overview

- Cardiovascular disease deaths have remained the leading cause of death in the U.S. since 1919.[1]
- Cardiovascular disease claimed 958,775 lives (about 40 percent of all deaths) in the U.S. in 1999.[1]
- There are higher cardiovascular disease risk factors among black and Hispanic women than among white women of comparable socioeconomic status.[1]
- A 16.8 percent decline in the overall national cardiovascular death rate occurred between 1990 and 1999.

1990 - 2000 Cardiovascular Disease Deaths* by Public Health Regions (PHR), Texas, & United States

PHR	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
1	211.1	206.1	198.0	198.4	193.0	194.1	182.1	181.5	177.1	182.8	166.5
2	226.0	218.7	221.0	210.2	216.6	219.6	195.4	198.2	200.2	204.0	185.8
3	209.0	203.3	201.3	203.4	198.0	194.9	193.8	192.9	184.3	182.8	179.8
4	207.7	197.0	203.5	207.3	205.6	205.1	205.4	210.7	205.2	206.5	196.9
5	213.2	214.9	211.5	205.8	203.6	197.0	209.7	218.9	202.9	213.5	204.7
6	210.2	205.1	199.6	201.2	198.5	198.9	193.4	193.9	183.8	179.0	176.6
7	190.8	182.6	193.0	190.8	189.0	184.6	180.1	179.1	176.1	171.5	159.3
8	182.5	175.3	179.4	178.1	179.2	179.7	176.7	182.2	169.4	169.0	159.0
9	192.6	188.6	178.8	191.2	182.7	182.7	188.0	183.8	177.1	170.2	176.8
10	169.8	160.3	153.3	153.6	146.4	145.0	143.7	139.8	137.6	132.5	136.6
11	166.7	159.4	160.8	160.3	165.3	159.4	165.1	164.4	159.2	148.5	139.4
TEXAS	199.9	193.6	193.2	193.5	191.3	189.2	186.5	187.4	179.7	177.3	171.4
U.S.	189.8	185.0	180.3	181.7	176.8	174.9	170.7	166.1	161.2	157.9	N/A

*Age-adjusted to 1940 U.S. standard population per 100,000 population.

Data Sources: Texas Mortality - Bureau of Vital Statistics, Texas Department of Health; Population - Texas State Data Center, Texas A & M University System; and U.S. Mortality - CDC WONDER, Centers for Disease Control and Prevention.

Health Status Indicators by Public Health Regions

Cardiovascular Disease Deaths* (continued)

Texas Trends

- The cardiovascular disease death rate has steadily decreased since 1990.
- South, central, far west and the panhandle Texas Public Health Regions had lower rates than the state overall (see Cardiovascular Disease Deaths map).
- In 2000, African-Americans had the highest cardiovascular disease death rate (263.8) followed by whites (166.5) and Hispanics (139.5).

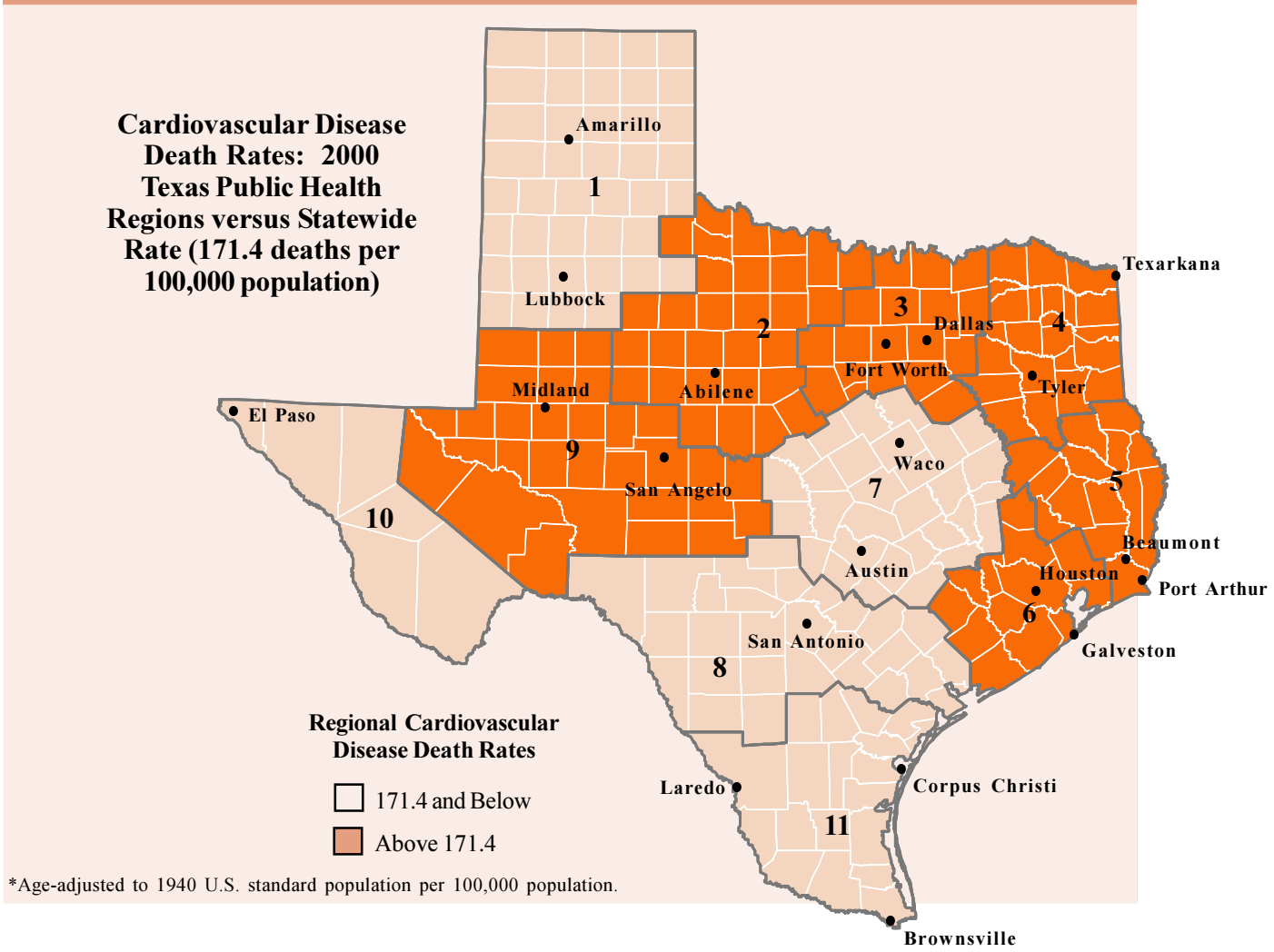
Information Resources

- TDH, Bureau of Disease Injury and Tobacco Control
- CDC, Chronic Disease Epidemiology Program
- American Heart Association

Notes

[1]American Heart Association. *2002 Heart and Stroke Statistical Update*. Dallas, Texas: American Heart Association; 2001.

Cardiovascular Disease Deaths*



*Age-adjusted to 1940 U.S. standard population per 100,000 population.

Health Status Indicators by Public Health Regions

Heart Disease Deaths*

Heart Disease Deaths per 100,000 population **(ICD-9 Code 390-398, 402, 404-429; ICD-10 Codes I00-I09, I11, I13, I20-I51)**

Healthy People 2000 Objective(s): 15.1

Healthy People 2000 Target ..... 130.0 deaths per 100,000 population

Rationale: Heart disease, the primary contributor to cardiovascular disease deaths, causes half a million deaths in the U.S. each year.[1]

Risk Factors and Prevention: An active lifestyle which includes exercise, a low fat diet, maintenance of a normal weight and blood pressure, and the avoidance or cessation of smoking can lower the risk of heart disease deaths. Treatment for hypertension, recognition of the onset of a heart attack, and timely access to emergency medical services are also factors which could prevent unnecessary heart disease deaths.

National Overview

- Eight-five percent of people who die of heart disease are age 65 or older.[1]
- National heart disease deaths declined 18.9 percent from 1990 to 1999.
- The prevalence of obesity, a major risk factor for heart disease deaths, has increased among adults and children in the U.S. since 1990.[2]

1990 - 2000 Heart Disease Deaths* by Public Health Regions (PHR), Texas, & United States

PHR	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
1	169.4	160.8	154.5	157.5	151.7	152.6	138.6	139.9	139.7	144.3	129.3
2	177.3	169.6	175.2	166.9	171.7	172.8	153.5	154.2	153.0	156.0	140.2
3	165.2	159.8	159.9	157.0	155.2	151.4	149.5	148.6	141.0	140.5	137.0
4	163.0	152.4	157.3	164.3	158.6	160.2	157.6	162.2	158.6	159.5	149.8
5	166.3	169.0	170.0	162.0	160.7	152.0	164.3	173.0	161.5	168.6	161.4
6	166.6	161.9	157.1	157.2	155.2	152.6	149.8	150.4	141.5	136.9	133.9
7	150.2	144.5	154.1	151.7	147.6	145.3	141.9	140.8	139.5	134.8	121.2
8	145.9	137.4	144.6	140.7	140.2	139.2	139.6	142.6	132.2	131.4	121.8
9	153.3	153.3	143.8	151.2	145.8	140.2	150.6	145.7	139.8	135.2	141.7
10	132.2	128.4	122.2	117.8	111.5	110.6	109.8	106.9	101.4	101.9	103.1
11	133.3	123.8	124.5	125.0	130.2	123.5	129.1	129.5	124.3	113.3	108.1
TEXAS	158.0	152.0	152.9	151.7	149.8	146.8	145.0	145.8	139.3	137.1	131.1
U.S.	152.0	148.2	144.3	145.3	140.4	138.3	134.5	130.5	126.7	123.3	N/A

*Age-adjusted to 1940 U.S. standard population per 100,000 population.

Data Sources: Texas Mortality - Bureau of Vital Statistics, Texas Department of Health; Population - Texas State Data Center, Texas A & M University System; and U.S. Mortality - CDC WONDER, Centers for Disease Control and Prevention.

Health Status Indicators by Public Health Regions

Heart Disease Deaths* (continued)

Texas Trends

- Texas **has not** met the year 2000 target.
- Overall, the heart disease death rate in Texas has declined 13.2 percent since 1990.
- In 2000, heart disease death rates were highest for African-Americans (197.2) followed by whites (128.8) and Hispanics (104.6).

Information Resources

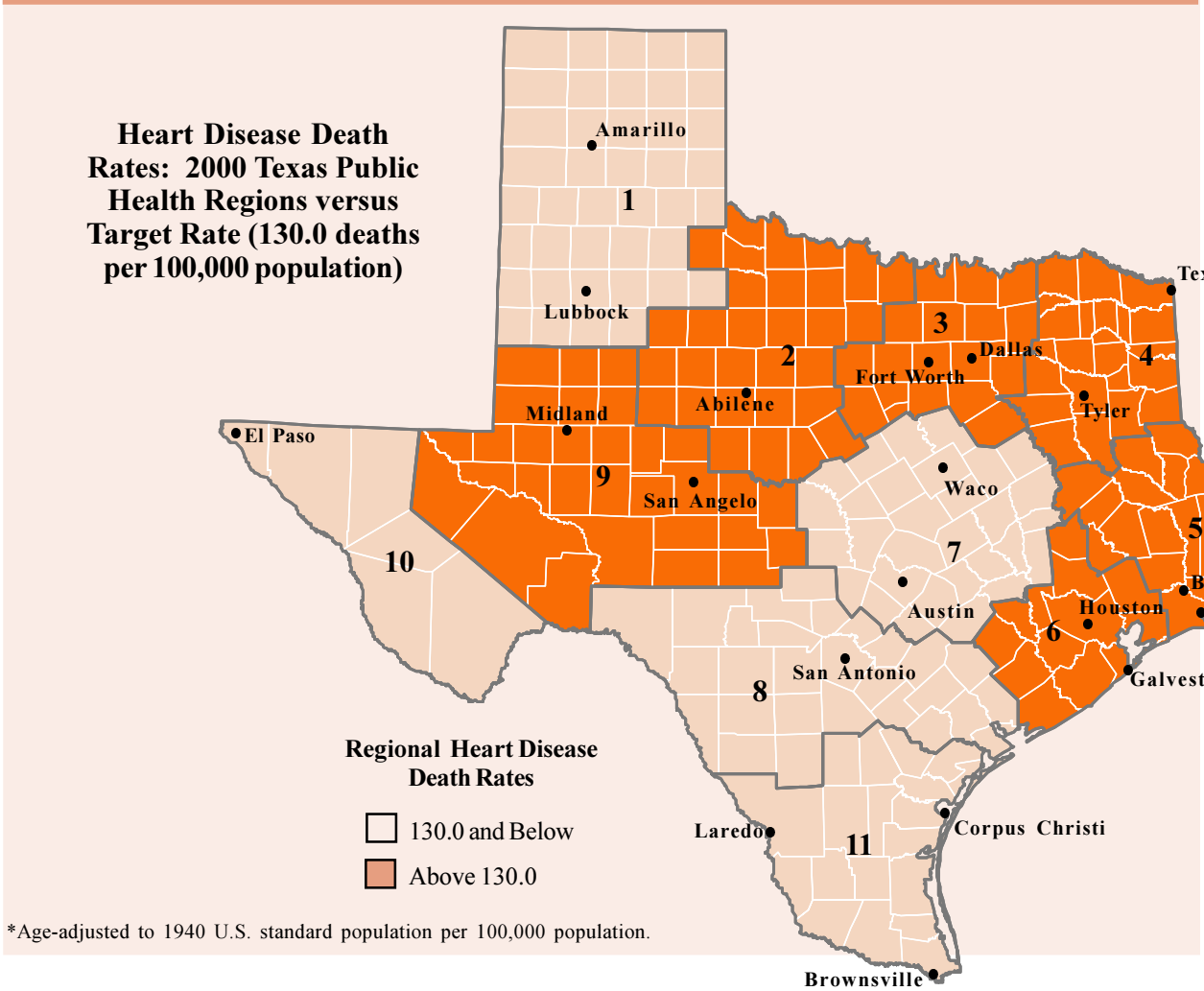
- TDH, Bureau of Disease Injury and Tobacco Control
- CDC, Chronic Disease Epidemiology Program
- American Heart Association

Notes

[1] American Heart Association. 2002 Heart and Stroke Statistical Update. Dallas, Texas: American Heart Association; 2001.

[2] CDC. 1999. "Achievements in Public Health, 1990-1999: Decline in Deaths from Heart Disease and Stroke in the United States, 1990-1999." *CDC MMWR Weekly*. August 6, 1999. 48(30):649-656.

Heart Disease Deaths*



*Age-adjusted to 1940 U.S. standard population per 100,000 population.

Health Status Indicators by Public Health Regions

Stroke Deaths*

Stroke Deaths per 100,000 population **(ICD-9 Codes 430-438; ICD-10 Codes I60-I69)**
Healthy People 2000 Objective(s): 15.2
Healthy People 2000 Target ..... 20.0 deaths per 100,000 population

Rationale: Stroke is the third leading cause of death nationally[1] and is a major cause of disability.

Risk Factors and Prevention: Risk factors for stroke include hypertension, inadequate diabetes control, obesity, tobacco use, elevated levels of homocystine, excessive alcohol consumption, sedentary lifestyle, and high fat diet. Uncontrollable risk factors include age, gender, race, a family history of stroke, or a personal history of diabetes.

National Overview

- Stroke is the third leading cause of death in the U.S., after heart disease and cancer.[1]
- Men suffer more strokes than women, but women are more likely to die from stroke.[1]
- Sixty-one percent of all stroke deaths in 1999 were among women.[2]
- African-Americans have two to three times the risk for stroke compared with whites and are more likely to die of stroke.[2]
- The national stroke mortality rate declined 8.3 percent between 1990 and 1999.

1990 - 2000 Stroke Deaths*
by Public Health Regions (PHR), Texas, & United States

PHR	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
1	30.3	30.4	32.5	29.2	28.9	29.9	30.7	28.6	28.2	28.5	27.9
2	36.0	34.5	34.6	32.2	33.1	34.9	32.5	32.6	34.8	37.2	34.8
3	32.3	31.9	31.3	32.8	32.1	32.7	34.5	33.8	32.4	31.6	31.8
4	32.5	33.2	35.6	32.7	34.3	33.2	36.1	35.3	32.9	35.7	36.4
5	35.4	32.1	32.3	32.8	33.0	32.9	32.3	33.2	30.7	34.2	31.3
6	32.5	31.6	31.2	32.5	31.7	34.1	32.4	32.7	30.6	31.2	32.9
7	30.5	28.4	29.8	29.0	31.0	29.4	27.1	27.3	25.4	27.7	27.6
8	28.2	27.7	25.6	27.6	29.7	31.5	26.6	29.6	27.5	28.2	28.1
9	27.9	25.9	25.9	27.3	27.1	30.7	26.4	29.8	26.6	26.9	24.3
10	28.9	23.7	21.6	27.2	25.7	24.2	25.6	23.6	26.3	23.3	25.3
11	24.1	25.4	26.4	26.0	25.4	27.2	25.9	25.6	25.5	26.0	22.9
TEXAS	31.1	30.2	30.1	30.6	30.8	31.6	30.8	30.9	29.5	30.1	30.2
U.S.	27.7	26.8	26.2	26.5	26.5	26.7	26.4	25.9	25.1	25.4	N/A

*Age-adjusted to 1940 U.S. standard population per 100,000 population.

Data Sources: Texas Mortality - Bureau of Vital Statistics, Texas Department of Health; Population - Texas State Data Center, Texas A & M University System; and U.S. Mortality - CDC WONDER, Centers for Disease Control and Prevention.

Health Status Indicators by Public Health Regions

Stroke Deaths* (continued)

Texas Trends

- Texas and its public health regions **did not** meet the year 2000 target.
- The statewide rates changed little throughout the 1990s.
- The stroke death rate in 2000 among African-Americans was 1.7 times higher than the white and Hispanic stroke death rates.

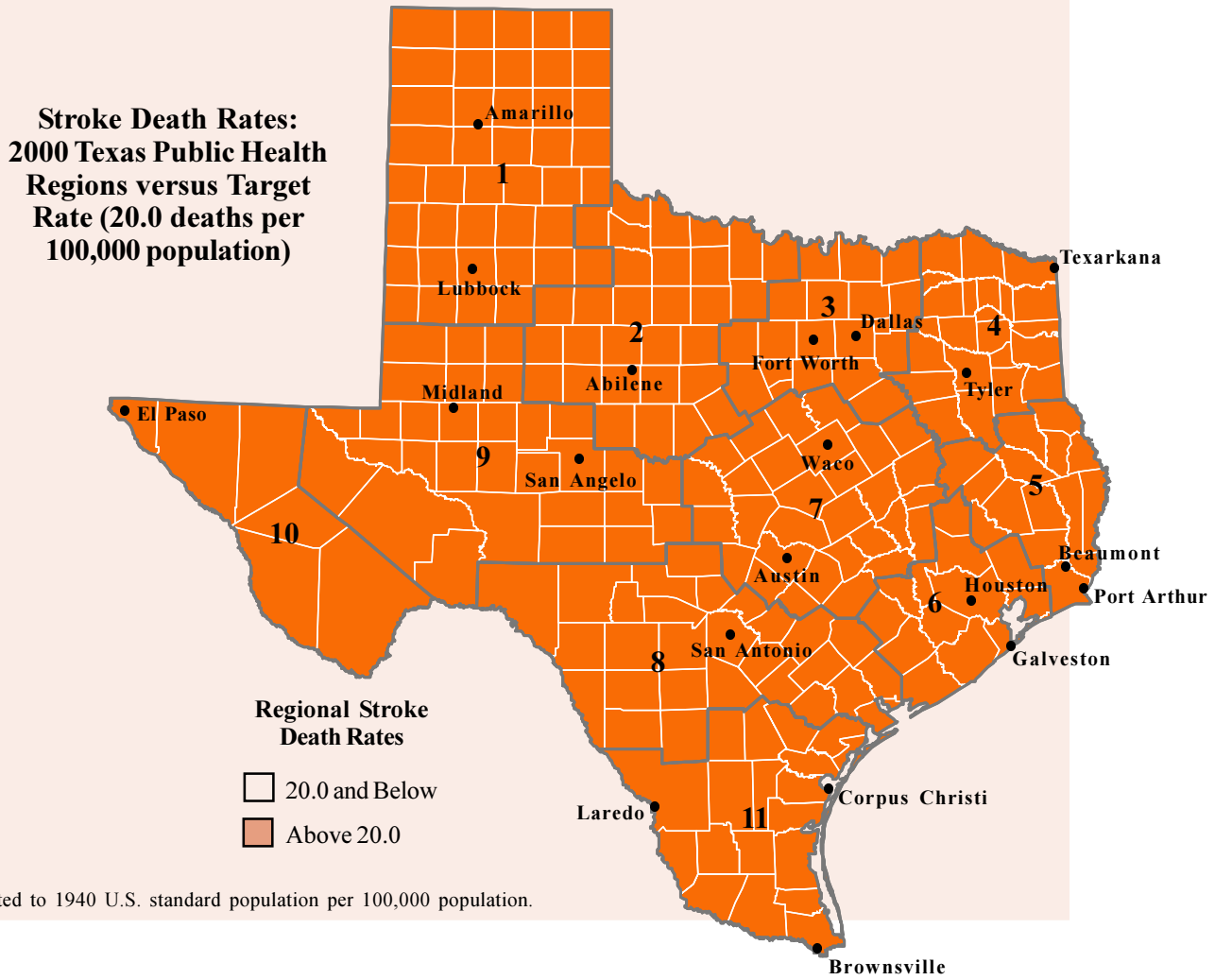
Information Resources

- TDH, Bureau of Disease, Injury and Tobacco Control
- CDC, Chronic Disease Epidemiology Program
- American Heart Association

Notes

[1]American Heart Association. *2002 Heart and Stroke Statistical Update*. Dallas, Texas: American Heart Association, 2001.
[2]*Stroke*. 1999, 30:736-743.

Stroke Deaths*



*Age-adjusted to 1940 U.S. standard population per 100,000 population.

Health Status Indicators by Public Health Regions

Work-Related Injury Deaths*

Work-Related Injury Deaths per 100,000 population **(ICD-9 Codes E800-E807, E810-E999; ICD-10 Codes V01-V06, V09-V18, V19.0-V19.6, V19.8-V19.9, V20-V89.3, V89.9, V90-V99, W00-Y09, Y85-Y86, Y87.0-Y87.1)**†

Healthy People 2000 Objective(s): 10.1

Healthy People 2000 Target ..... 2.1 deaths per 100,000 workers 16 years and older

Rationale: Work-related injury deaths can be reduced by emphasizing industry safety standards and injury prevention programs.

Risk Factors and Prevention: Risk factors include unsafe workplace procedures, poor employee driving habits, and a lack of emphasis on safety in the workplace. Prevention activities that address work-related injury and death include initiating and promoting workplace safety programs, developing safer work practices, and enforcing regulations for safer work environments.

National Overview

- The highest rate of work-related injury deaths (13.6 per 100,000) occurred among workers aged 65 years and older.[1]
- The leading causes of work-related injury death varied by gender. Men were more likely to die from workplace motor vehicle accidents and women from workplace homicides.[1]
- Workplaces with fewer than ten employees had the highest fatality rates (8.6 deaths per 100,000) in 1997.[1]

1990 - 2000 Work-Related Injury Deaths* by Public Health Regions (PHR), Texas & United States

PHR	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
1	5.9	4.7	4.5	4.3	6.2	4.2	5.3	5.0	3.4	4.8	4.2
2	5.3	4.0	4.9	4.1	4.2	3.6	8.2	5.2	4.0	4.7	6.1
3	3.0	3.4	3.0	3.0	3.1	2.3	2.8	2.9	2.6	2.5	2.7
4	5.7	3.1	4.1	4.7	3.9	4.0	2.8	5.2	4.5	5.0	5.0
5	6.1	5.6	3.4	3.6	3.9	3.9	4.2	4.5	4.3	3.9	4.2
6	4.9	4.6	3.1	3.6	3.4	2.9	3.4	2.7	2.8	3.0	2.9
7	3.9	3.0	2.8	3.7	2.8	3.2	1.2	2.1	3.8	1.6	2.5
8	3.9	2.8	3.6	2.9	3.3	2.7	2.7	1.9	2.3	2.6	3.0
9	8.6	8.2	5.0	3.9	5.7	7.7	6.3	3.5	4.2	4.5	7.1
10	1.6	1.8	2.4	2.1	1.9	1.7	1.6	1.2	1.4	0.6	2.6
11	3.2	4.3	2.6	2.9	2.7	2.7	3.1	2.3	2.6	2.1	2.1
TEXAS	4.2	3.9	3.3	3.4	3.4	3.0	3.2	2.9	3.0	2.8	3.1
U.S.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

* All rates are per 100,000 workers, aged 16 years and above. National statistics are not available using this exact definition.

† Work-related injuries should be indicated on the death file.

Data Sources: Texas Mortality - Bureau of Vital Statistics, Texas Department of Health; Population - Texas State Data Center, Texas A & M University System.

Health Status Indicators by Public Health Regions

Work-Related Injury Deaths* (continued)

Texas Trends

- Although the statewide rates declined 33.3 percent between 1990 and 1999, Texas **did not** meet its year 2000 target.
- The construction industry was the primary source of work-related injury death in 1996 for Texas, followed by transportation, communication and public utilities, and service industries.[2]
- Of all the racial/ethnic groups in Texas, Hispanics continued to have the highest rates in 2000 and the smallest decrease from 1990.

Information Resources

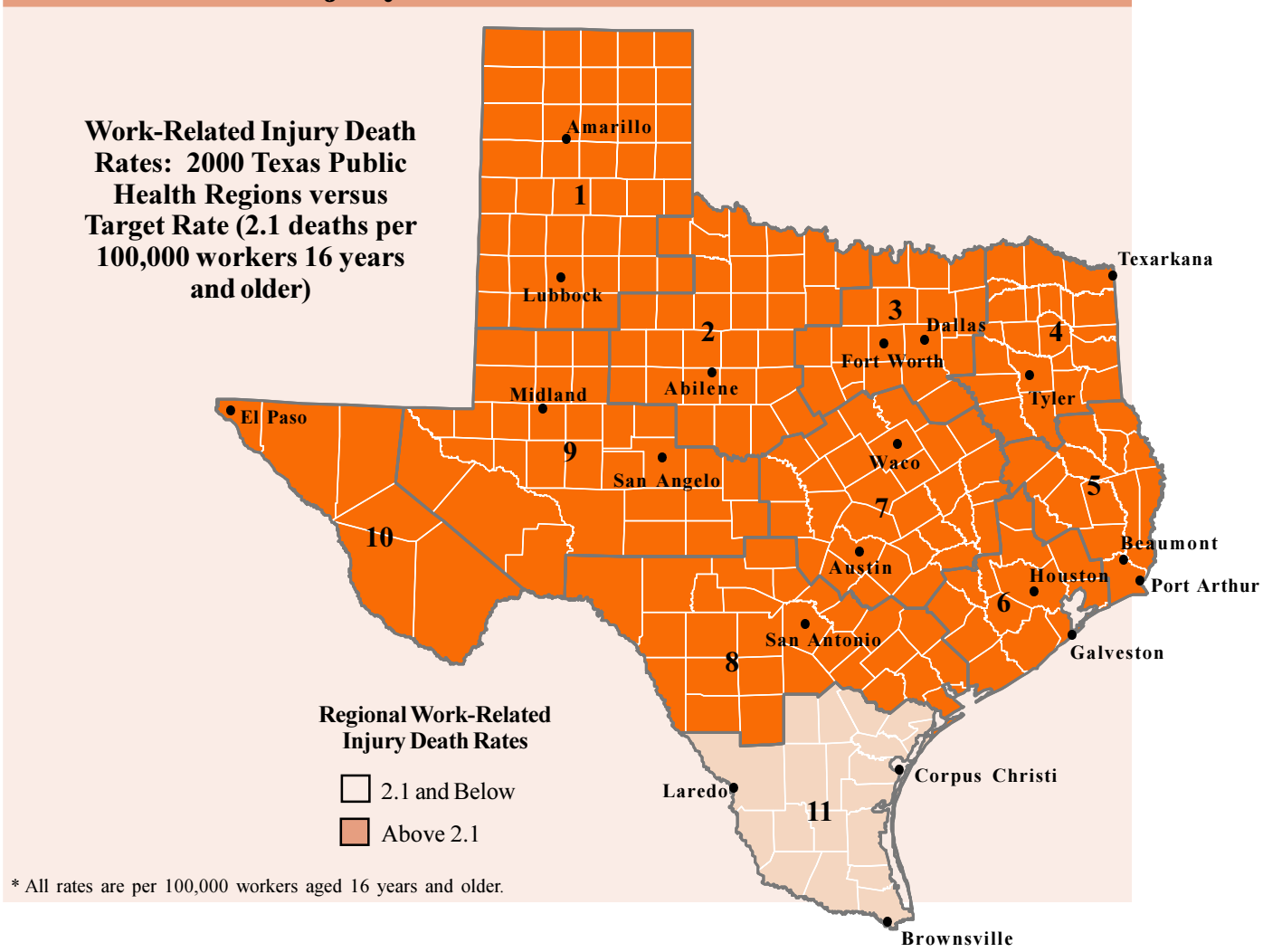
- TDH, Bureau of Epidemiology, Injury Epidemiology and Surveillance Program
- CDC, National Institute for Occupational Safety and Health

Notes

[1]National Institute for Occupational Safety and Health. 2000. *Worker Health Chartbook, 2000*. DHHS (NIOSH) Publication No. 2000-127. CDC. Department of Health and Human Services. www.cdc.gov/niosh.

[2]National Institute for Occupational Safety and Health. 1998. Occupational Safety and Health in Texas. Fact sheet. www.cdc.gov/NIOSH/98tx.htm.

Work-Related Injury Deaths*



* All rates are per 100,000 workers aged 16 years and older.

Health Status Indicators by Public Health Regions

Measles Incidence*

Measles Incidence per 100,000 population
Healthy People 2000 Objective(s): 20.1
Healthy People 2000 Target ..... 0.0 cases per 100,000

Rationale: Measles can be prevented and ultimately eradicated through a comprehensive program of immunizations.

Risk Factors and Prevention: Measles is an extremely infectious viral disease. Many Americans are at risk of infection from the measles virus, but vaccination against the measles virus is protective.

National Overview

- The national measles incidence decreased from over 500,000 cases annually in 1963[1] (when a vaccine became available) to only 86 cases in 2000.[2]
- Fifty-three importation-associated† measles cases explained 62 percent of all reported cases in year 2000; the remaining 38 percent were due to unknown sources.[2]
- While a national immunization program has almost eradicated measles, outbreaks still occur in the U.S. among immigrants and unimmunized residents.[3]

1990 - 2000 Measles Incidence* by Public Health Regions (PHR), Texas, & United States

PHR	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
1	1.6	7.7	0.3	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0
2	10.5	0.0	0.0	0.0	0.2	0.0	0.2	0.0	0.0	0.0	0.0
3	63.4	1.4	0.2	0.0	0.2	0.0	0.0	0.0	0.0	0.0	0.0
4	13.8	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
5	6.1	1.3	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0
6	3.8	0.3	0.6	0.2	0.1	0.0	1.0	0.0	0.0	0.0	0.0
7	29.5	2.8	0.6	0.0	0.1	0.0	0.0	0.2	0.0	0.2	0.0
8	4.1	0.7	1.0	0.0	0.1	0.5	0.0	0.0	0.0	0.0	0.0
9	12.3	1.0	0.2	0.0	0.0	0.7	0.0	0.0	0.0	0.0	0.0
10	48.0	0.0	0.0	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0
11	28.1	6.2	72.5	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0
TEXAS	26.0	1.7	6.2	0.1	0.1	0.1	0.3	0.0	0.0	0.0	0.0
U.S.	11.2	3.8	0.9	0.1	0.4	0.1	0.2	0.1	0.0	0.0	N/A

*All rates are per 100,000 population.
†Importation-associated cases are cases reported among persons who were infected outside of the United States, import linked (cases epidemiologically linked to an imported case), or import virus (case linked to an imported virus).

Data Sources: Texas Morbidity - Associateship for Disease Control and Prevention, Texas Department of Health; Population - Texas State Data Center, Texas A & M University System; and U.S. Morbidity - *Health, United States, 1994; Health, United States, 1996-1997; and Health, United States, 2001 (see Appendix 1 for references).*

Measles Incidence* (continued)

Texas Trends

- Texas attained the year 2000 target for measles incidence in 1998 and 2000. The statewide measles rates have been negligible since 1993. Only 14 cases have been reported in Texas since 1997.
- Measles outbreaks among school-aged children in the late 1980s prompted recommendations for new vaccination protocols and resulted in lower measles incidence between 1993 and 2000.

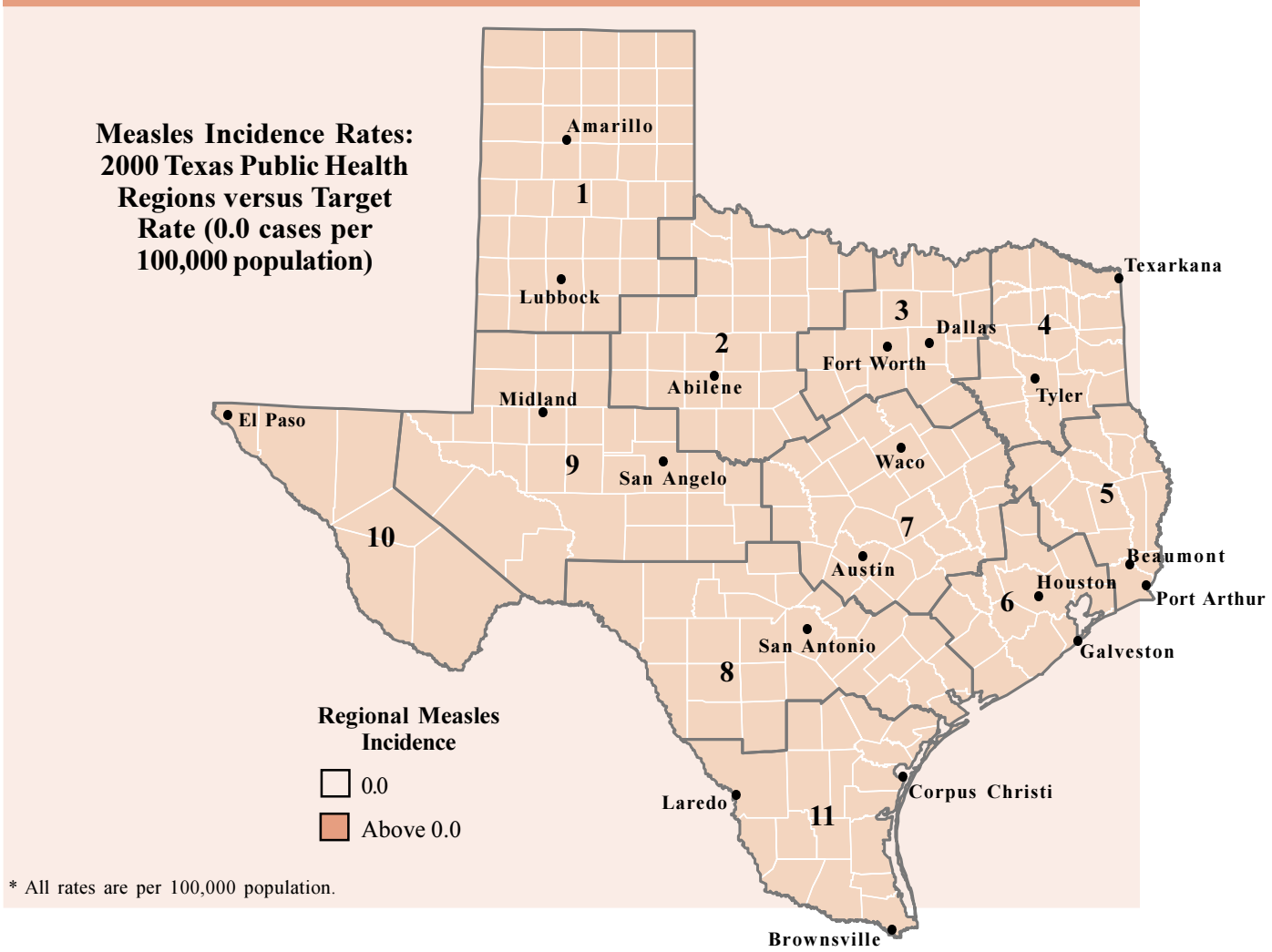
Information Resources

- TDH, Bureau of Communicable Disease Control, and Bureau of Immunization and Pharmacy
- CDC, National Center for Infectious Diseases, *Emerging Infectious Diseases Journal*

Notes

[1]CDC. 1997. "U.S. Childhood Immunization Update: Measles." Fact sheets. http://www.nfid.org/factsheets/measlesupdate.htm.
[2]CDC. 2002. "Measles - United States. 2000." MMWR Weekly, 51 (06); 120-3.
[3]Health MSN with WebMD. 2000. "Measles and Rubella." http://content.health.com/content.

Measles Incidence*



* All rates are per 100,000 population.

Health Status Indicators by Public Health Regions

Tuberculosis Incidence*

Tuberculosis Incidence per 100,000 population

Healthy People 2000 Objective(s): 20.4
Healthy People 2000 Target ..... 3.5 cases per 100,000

Rationale: Tuberculosis (TB) causes more deaths world wide than any other infectious disease. The continued decline of TB rates and the suppression of the more deadly drug-resistant strains in the U.S. depend on effective prevention and treatment efforts in high risk populations.

Risk Factors and Prevention: Risk factors include exposure to an individual with infectious TB of the lungs or throat. Prevention methods have focused on curative therapy with adequate nutrition and rest to prevent further transmission of the disease, especially multidrug-resistant strains, and the monitoring of high risk, immune-suppressed populations. The diagnosis of a child with tuberculosis serves as a sentinel of community-wide infection.[1]

National Overview

- TB rates for the U.S. declined dramatically in the 1940s and 50s. These rates increased after 1985 because co-incident cases of TB and human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS) started to impact TB control.[2]
- Between 1990 and 1999, the national tuberculosis rate declined 38 percent.
- Nearly three-quarters of reported active TB cases in 1999 were among minorities (54% African-Americans and Hispanics, 20% Asians).[2]

1990 - 2000 Tuberculosis Incidence* by Public Health Regions (PHR), Texas, & United States

PHR	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
1	5.7	8.6	6.7	5.2	5.8	6.5	5.0	1.9	5.6	3.5	3.8
2	4.2	5.9	5.4	4.5	6.5	4.4	6.1	5.8	2.5	4.2	3.6
3	10.3	10.7	10.3	11.0	11.8	9.5	8.6	8.8	8.1	7.3	6.1
4	9.2	9.6	9.5	10.0	8.5	8.5	6.1	5.9	5.8	5.9	4.5
5	10.2	13.6	10.4	9.3	9.7	8.6	8.8	6.8	5.3	6.6	6.1
6	18.9	20.3	22.7	21.5	21.6	21.8	17.3	16.8	11.7	11.3	9.5
7	9.7	11.4	12.0	9.5	8.5	7.6	7.8	6.3	6.9	6.1	5.2
8	11.7	12.0	10.1	9.4	10.7	8.5	8.9	7.9	7.0	6.5	5.9
9	5.7	7.1	7.6	6.0	7.0	4.1	5.0	5.4	6.5	5.2	5.7
10	17.2	24.4	16.7	11.8	15.8	15.7	13.0	11.4	11.6	8.5	8.1
11	25.2	25.9	23.7	21.2	22.2	20.3	17.1	15.3	16.8	12.5	12.8
TEXAS	13.2	14.6	14.2	13.3	13.8	12.7	11.0	10.2	9.0	8.1	7.2
U.S.	10.3	10.4	10.5	9.8	9.4	8.7	8.0	7.4	6.8	6.4	N/A

* All rates are per 100,000 population.

Data Sources: Texas Morbidity - Associateship for Disease Control and Prevention, Texas Department of Health; Population - Texas State Data Center, Texas A & M University System; and U.S. Morbidity - *Health, United States, 1994; Health, United States, 1996-97*; and *Health, United States, 2001* (see Appendix 1 for references).

Health Status Indicators by Public Health Regions

Tuberculosis Incidence* (continued)

Texas Trends

- The year 2000 target was **not met** at the state level.
- The tuberculosis incidence rate in Texas among African-Americans was, on average, approximately 4.4 times higher than white and 1.5 times higher than Hispanic between 1990 and 2000.

Information Resources

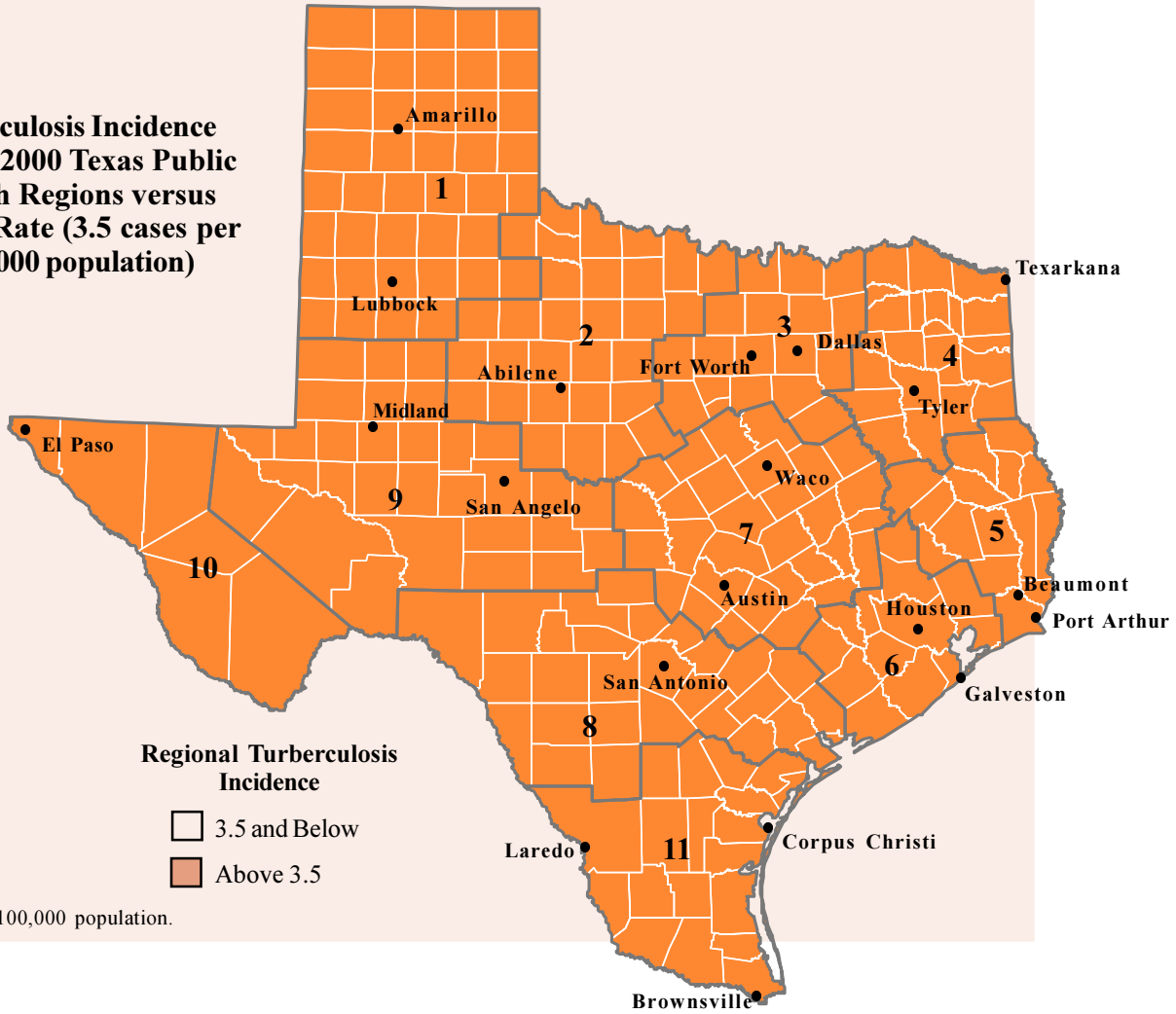
- TDH, Bureau of Communicable Disease Control, and Bureau of Disease Control and Prevention, Tuberculosis Elimination Division
- CDC, National Center for HIV, STD, and TB, Tuberculosis Elimination Division
- World Health Organization, Global Tuberculosis Program

Notes

[1] The Virtual Naval Hospital. 2001. "Tuberculosis" in *Put Prevention Into Practice: Clinician's Handbook of Preventive Services. 2nd Ed.* Ch 9, pp 1-7. http://vnh.org/PreventionPractice/ch09.html.

[2] National Institute of Allergy and Infectious Diseases. March 2002. "Tuberculosis Fact Sheet". http://www.niaid.nih.gov/factsheets/tb.htm.

Tuberculosis Incidence*



* All rates are per 100,000 population.

Health Status Indicators by Public Health Regions

Primary and Secondary Syphilis*

Primary and Secondary Syphilis per 100,000 population
Healthy People 2000 Objective(s): 19.3
Healthy People 2000 Target .....4.0 cases per 100,000

Rationale: Syphilis is a contagious, sexually transmitted disease (STD) that is the third most common communicable disease.[1] The incidence of primary and secondary syphilis is a sentinel for other STDs, including human immunodeficiency virus (HIV) and gonorrhea.

Risk Factors and Prevention: The primary risk factor is sexual activity with infected individuals. Treating exposed individuals can reduce the risk of further transmission.

National Overview

- Primary and secondary (p&s) syphilis rates in the U.S. reached epidemic proportion in 1990 (20.3 cases per 100,000), but dramatically decreased to 2.5 cases in 1999.[2]
- No cases of p&s syphilis were reported in 1999 for 79 percent of the counties in the United States.[2]
- The rates for p&s syphilis are 50 percent higher among men than women.[2]
- Women 20 to 29 and men 35 to 39 years of age have the highest 1999 p&s syphilis incidence rates.[2]
- In 1999, African-Americans had the highest rates of p&s syphilis (15.2 cases per 100,000 population) followed by American Indians/Alaskan Natives (2.7), Hispanics (1.8), whites (0.5) and Asian/Pacific Islanders (0.4).[3]

1990 - 2000 Primary and Secondary Syphilis Incidence* by Public Health Regions (PHR), Texas, & United States

PHR	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
1	N/A	5.1	2.5	1.6	2.2	1.4	0.5	0.6	0.6	0.3	0.3
2	N/A	10.8	8.3	6.1	5.6	0.6	1.3	0.5	0.9	1.6	0.7
3	N/A	38.7	25.4	18.8	11.2	9.0	7.0	4.0	3.0	3.5	2.6
4	N/A	37.2	20.7	12.7	15.2	14.9	10.8	7.4	4.1	4.4	1.4
5	N/A	37.7	35.1	48.8	37.3	16.8	6.6	6.9	4.3	3.9	2.8
6	N/A	47.7	29.0	16.8	11.9	11.6	4.4	4.8	2.4	2.5	2.0
7	N/A	19.7	16.1	13.3	11.0	6.5	4.6	2.4	2.0	1.5	0.9
8	N/A	12.8	6.6	4.9	4.5	4.5	1.6	1.5	1.6	1.9	3.5
9	N/A	6.9	2.7	7.0	3.4	0.4	0.7	0.6	0.6	0.2	0.2
10	N/A	4.4	2.3	2.7	0.7	0.3	1.4	0.4	0.3	1.2	0.9
11	N/A	4.3	3.6	2.0	3.6	1.3	1.1	0.8	0.2	0.2	0.8
TEXAS	30.4	28.8	18.7	13.7	10.1	7.7	4.4	3.3	2.2	2.3	1.9
U.S.	20.3	17.0	13.3	10.3	7.9	6.3	4.3	3.2	2.6	2.5	N/A

*All rates are per 100,000 population. Data were not available for 1990.

Data Sources: Texas Morbidity - Bureau of HIV and STD Prevention, Associateship for Disease Control and Prevention, Texas Department of Health; Population - Texas State Data Center, Texas A & M University System; and U.S. Morbidity - *Sexually Transmitted Disease Surveillance 1999*, 2000 (see Appendix 1 for reference).

Primary and Secondary Syphilis* (continued)

Texas Trends

- Texas met its year 2000 target in 1997.
- Primary and secondary syphilis rates declined significantly in Texas between 1991 and 2000.
- Syphilis rates among African-Americans decreased from 50.3 times the rates for whites in 1991, whereas in 2000 they were 11.4 times higher.
- Primary and secondary syphilis rates among African-Americans declined from 18.5 times the rates of Hispanics in 1991, whereas in 2000 they were 4.2 times greater.

Information Resources

- TDH, Bureau of HIV and STD Prevention
- CDC, National Center for HIV, STD, and TB Prevention

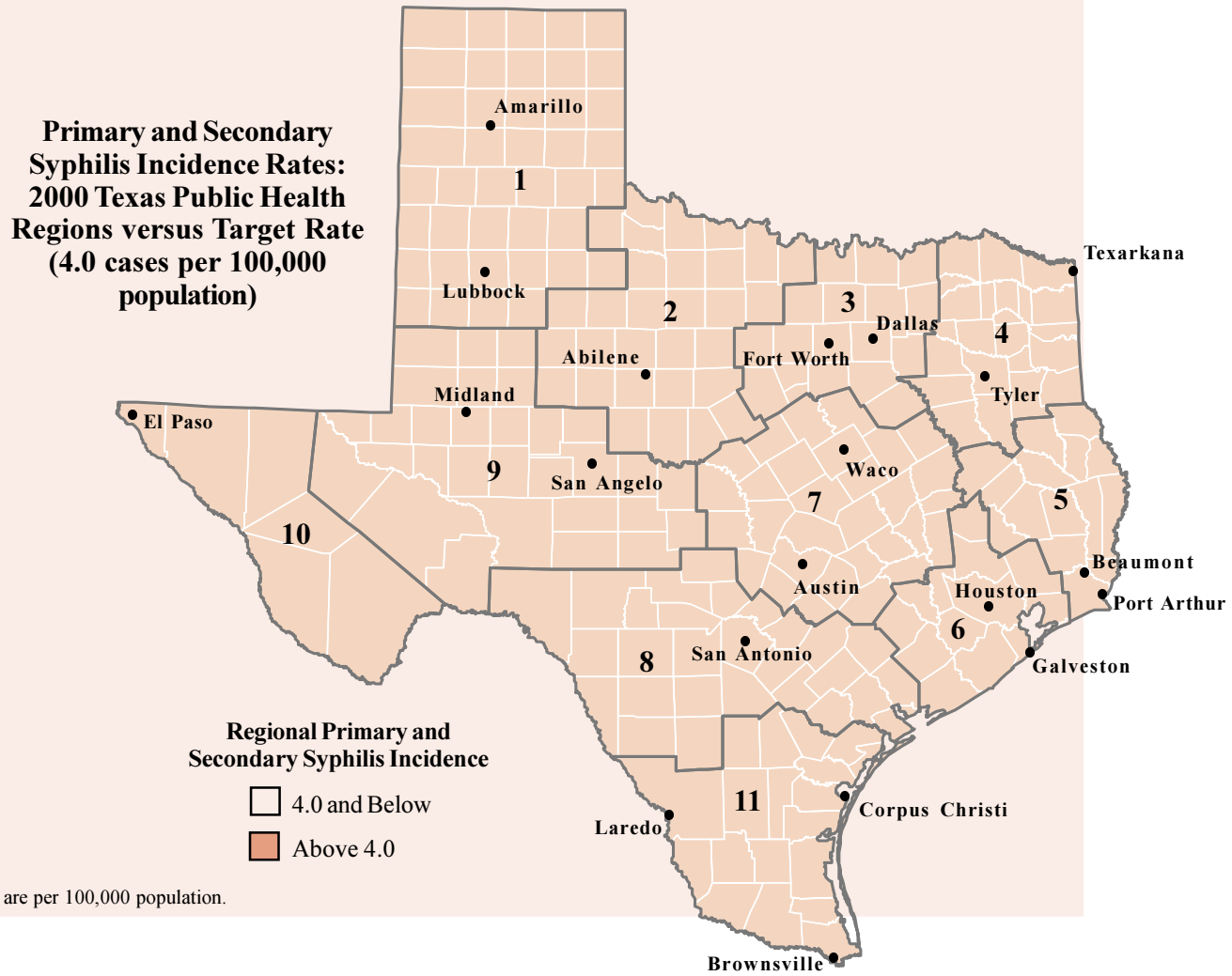
Notes

[1] MSN Health with WebMD. 1999. "Syphilis - Primary." http://content.health.msn.com/content/asset/adam_disease_syphilis-primary.

[2] CDC. 2002. "Tracking the Hidden Epidemics 2000." CDC National Center for HIV, STD and TB Prevention. October 30, 2002. http://www.cdc.gov/nchstp/od/news/RevBrochure1pdfsyphilis.htm.

[3] CDC. 2001. "Primary and Secondary Syphilis --United States, 1999." *CDC MMWR Weekly*. 50(07):113-7. February 23, 2001. http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5007a1.htm.

Primary and Secondary Syphilis*



* All rates are per 100,000 population.

Health Status Indicators by Public Health Regions

Low Birth Weight*

Low Birth Weight Incidence, percent of live births
Healthy People 2000 Objective(s): 14.5
Healthy People 2000 Target .....5.0 percent

Rationale: Low birth weight is associated with an increased risk of poor birth outcomes and long-term developmental problems.

Risk Factors and Prevention: The principal causes of low birth weight (2,500 grams or less at birth) are intrauterine growth retardation or delivery before completion of 37 weeks of gestation. These causes may be due to infection, overexertion, poor nutrition, or the use of tobacco, alcohol, or drugs during pregnancy. An increase in the number of multiple births through the 1990s has contributed, in part, to increasing numbers of low birth weight babies.

National Overview

- The percentage of low birth weight babies born in the U.S. decreased 11.4 percent between 1970 to 1990.[1] However, the percentage of low birth weight babies increased 8.6 percent between 1990 and 1999.
- The percentage of low birth weight babies born in 1999 was highest among non-Hispanic African-Americans (13.1) and lowest among Mexican-American Hispanics (6.0).[1]
- In 1999, 12.1 percent of babies born to smokers were low birth weight, compared to only 7.2 percent of babies born to nonsmokers.[1]

1990 - 2000 Low Birth Weight Incidence* by Public Health Regions (PHR), Texas, & United States

PHR	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
1	7.8	7.7	7.7	8.1	7.9	8.0	8.7	9.0	9.0	8.1	8.6
2	6.6	7.1	6.3	6.7	6.8	7.1	7.5	6.2	7.4	7.7	7.5
3	7.1	7.1	7.2	7.4	7.3	7.2	7.1	7.3	7.5	7.5	7.4
4	7.1	7.0	7.1	7.4	7.1	7.6	8.2	7.5	7.7	7.9	8.1
5	7.9	8.8	8.0	8.1	7.9	8.3	8.3	7.7	8.1	8.7	8.0
6	7.2	7.3	7.2	7.2	7.2	7.2	7.3	7.3	7.4	7.4	7.3
7	6.8	6.7	6.8	6.8	6.6	6.7	7.0	6.9	7.2	6.7	7.0
8	6.8	6.8	6.8	6.8	6.5	7.0	7.0	7.2	7.2	7.5	7.4
9	6.8	6.9	7.2	7.7	7.6	7.6	8.6	8.2	8.1	8.2	8.8
10	7.0	7.2	6.6	6.9	6.6	7.2	7.1	7.2	7.2	7.1	7.1
11	5.8	6.0	5.8	6.3	6.3	6.3	6.2	6.7	6.7	6.5	6.8
TEXAS	7.0	7.1	7.0	7.1	7.0	7.1	7.2	7.3	7.4	7.4	7.4
U.S.	7.0	7.1	7.1	7.2	7.3	7.3	7.4	7.5	7.6	7.6	N/A

*All percentages are per 100 live births.

Data Sources: Texas Natality - Bureau of Vital Statistics, Texas Department of Health; and U.S. Natality - *Health, United States, 1994*; and *Health, United States, 2001* (see Appendix 1 for references).

Health Status Indicators by Public Health Regions

Low Birth Weight* (continued)

Texas Trends

- Texas and each of its public health regions **did not** attain the year 2000 target.
- A modest increase in Texas' rate was evident during the 1990s and is consistent with the national trend.
- The percentage of low birth weight (LBW) African-American infants (12.7 percent) was almost twice that of LBW white infants (6.6 percent) or Hispanic infants (6.8 percent) in 2000.

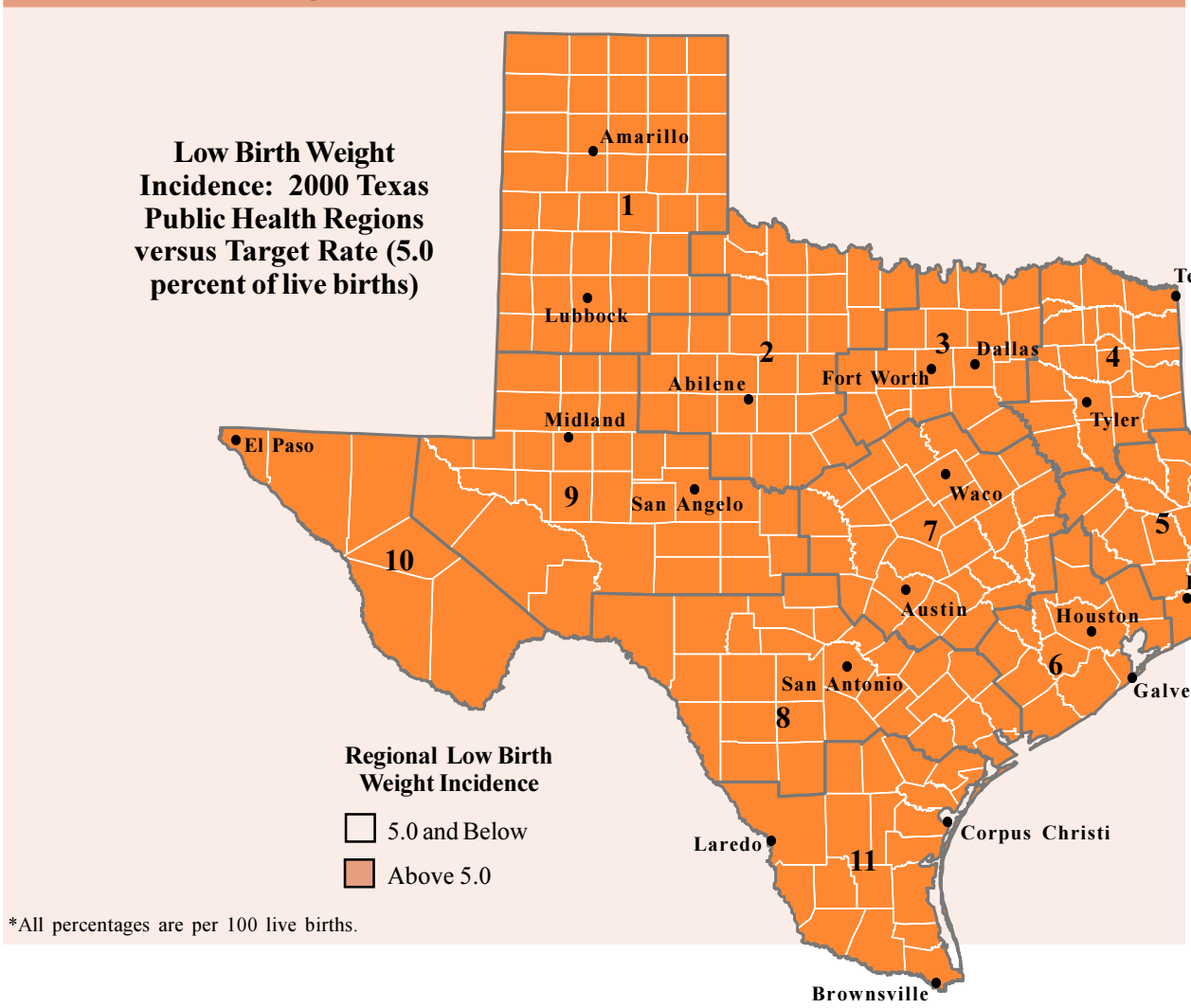
Information Resources

- TDH, Bureau of Vital Statistics, Bureau of Children's Health, and Bureau of Women's Health
- CDC, Office of Women's Health and NCHS
- National Center for Education in Maternal and Child Health

Notes

[1] National Center for Health Statistics. *Health, United States, 2001 with Urban and Rural Health Chartbook*. Hyattesville, Maryland: 2001. Table 12 p.142.

Low Birth Weight Incidence*



*All percentages are per 100 live births.

Health Status Indicators by Public Health Regions

Births to Mothers Aged 10 to 17*

Births to Mothers Aged 10 to 17, percent of live births
Healthy People 2000 Objective(s): 5.1
Healthy People 2000 Target .....Not Available

Rationale: Nearly 95 percent of all pregnancies to mothers 17 years and younger are unintended.[1] The children of teenage mothers are at greater risk of prematurity, low birth weight, and of living in poverty; they often have poor nutrition and inadequate health care and they may suffer more behavioral and social problems, and more abuse or neglect than children born to older mothers.[1]

Risk Factors and Prevention: Teenage girls who have little connection to family and school are at the greatest risk of destructive behaviors, including teen pregnancy. Parents who spend time with their teenagers and define appropriate behavior play a critical role in preventing teen pregnancy.[2]

National Overview

- The teen birth rate for the U.S. is the highest of all the developed countries with about one million teenage pregnancies occurring each year.
- Between 1972 and 1990, the teen birth rate in the U.S. increased 23 percent.[3]
- Nationally, the teen birth rate for Hispanics increased from 1991 through 1994 and then declined between 1994 and 1996.[3]
- The gap between African-American and white teenage birth rates has narrowed appreciably as the rates for both groups declined between 1991 and 1998.[3]

1990 - 2000 Births to Mothers Age 10 to 17* by Public Health Regions (PHR), Texas, & United States

PHR	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
1	7.1	8.0	8.2	8.3	8.8	8.9	8.9	8.6	8.4	8.5	7.9
2	7.1	6.3	7.5	8.3	8.1	8.8	9.1	8.9	7.9	8.0	7.3
3	5.3	5.6	5.6	5.6	5.8	5.9	5.6	5.6	5.4	5.1	4.9
4	7.1	7.3	7.6	8.1	8.6	8.1	8.3	7.7	7.4	7.2	6.3
5	6.5	7.4	7.1	7.9	8.0	8.4	8.0	7.7	6.9	6.9	6.3
6	5.4	5.6	5.8	5.8	6.3	6.1	6.1	6.0	5.5	5.3	4.9
7	5.7	6.0	5.8	6.0	6.2	6.2	6.1	5.8	5.5	5.2	4.8
8	6.9	6.7	7.0	7.4	7.9	8.1	7.7	7.9	7.3	7.1	6.8
9	7.2	8.2	7.8	8.4	8.7	9.2	9.2	9.2	9.9	9.3	9.0
10	5.9	6.4	6.7	6.6	6.9	6.9	6.6	7.1	6.6	6.5	6.6
11	6.3	7.1	7.4	7.8	7.7	8.3	8.2	8.1	7.9	7.5	6.9
TEXAS	5.9	6.3	6.4	6.6	6.9	6.9	6.8	6.7	6.4	6.1	5.7
U.S.	4.7	4.9	4.9	5.1	5.3	5.3	5.1	4.9	4.6	4.4	N/A

*All percentages are per 100 live births.

Data Sources: Texas Natality - Bureau of Vital Statistics, Texas Department of Health; and U.S. Natality - *Health, United States, 1998*; and *Health, United States, 2000* (see Appendix 1 for references).

Health Status Indicators by Public Health Regions

Births to Mothers Aged 10 to 17* (continued)

Texas Trends

- Mothers aged 10 to 17 years accounted for 5.7 percent of live births in Texas during 2000.
- In 2000, 7.9 percent of African-American mothers were age 17 years or younger, compared to 7.7 percent of Hispanics and 3.0 percent of whites.
- The number of births to teens between 1990 and 2000 declined 12.1 percent for white teens and 29.5 percent for African-American teens, but increased by 44.6 percent among Hispanic teen mothers.

Information Resources

- TDH, Bureau of Children's Health and Bureau of Women's Health
- CDC, Office of Women's Health
- The Alan Guttmacher Institute

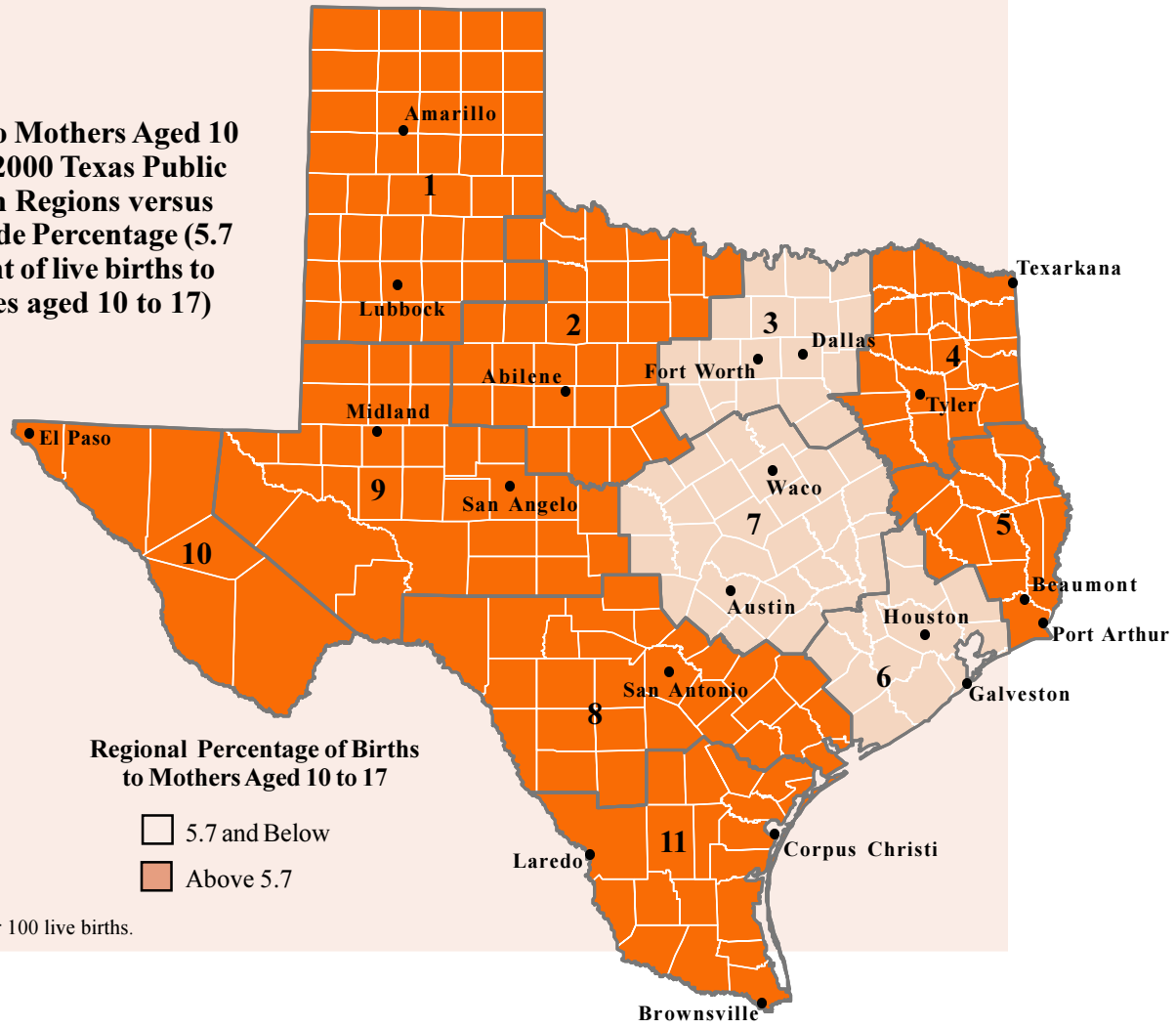
Notes

[1]CDC. 1999. "Teen Pregnancy." June 1, 1999. Chronic Disease Prevention. CDC. http://www.cdc.gov/nccdphp/teen.htm.

[2]Center for Population Research. 1999. "Less Sexual Activity, More Education, Changes in Contraception Key to Declining Teen Birth Rates." *Research on Today's Issues*. Population Reference Bureau for the Demographic and Behavioral Sciences Branch. National Institute of Child Health and Human Development, National Institutes of Health. Issue 10, December 1999.

[3]The National Campaign to Prevent Teen Pregnancy (2001). *Halfway There: A Prescription for Continued Progress on Preventing Teen Pregnancy*. Washington, D.C.

Births to Mothers Aged 10 to 17*



* All percentages are per 100 live births.

Health Status Indicators by Public Health Regions

Lack of Prenatal Care in First Trimester*

Lack of Prenatal Care in First Trimester, percent of live births
Healthy People 2000 Objective(s): 14.1
Healthy People 2000 Target .....10.0 percent

Rationale: Obtaining prenatal care (PNC) beginning in the first trimester is important for detecting pregnancy complications and preventing preterm delivery, which may place the mother or child at risk.

Risk Factors and Prevention: Women with unwanted or unplanned pregnancies, women without a regular health care provider prior to pregnancy, and women without a high school degree are least likely to receive PNC during the first trimester. Barriers to early or adequate PNC include language or cultural differences, fear of the medical system, a lack of awareness of the pregnancy, a lack of money or insurance, or a lack of availability and/or a lack of geographical access to services within the community.[1]

National Overview

- The percentage of pregnant women without prenatal care in their first trimester decreased among all racial/ethnic groups from 1989 through 1999.[1]
- African-American and Hispanic women were half as likely as white women to receive prenatal care during the first trimester in 1999.[1]
- Teenage mothers are nearly 24 percent more likely than women 20 years or older to postpone prenatal care until after the first trimester.[2]

1990 - 2000 Lack of Prenatal Care in First Trimester* by Public Health Regions (PHR), Texas, & United States

PHR	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
1	34.7	32.7	29.4	31.4	27.6	27.9	25.6	23.3	23.3	23.7	24.1
2	28.4	28.4	27.0	24.1	23.3	23.8	22.1	20.6	19.5	18.8	17.7
3	31.9	29.6	26.5	23.7	22.7	20.6	20.6	20.9	18.7	19.2	21.5
4	34.8	39.6	39.7	39.2	28.2	25.4	23.2	21.9	20.7	19.2	18.6
5	31.2	30.9	27.4	26.8	22.0	16.6	16.6	17.7	17.6	17.2	16.7
6	28.5	29.1	27.4	26.3	20.7	18.6	18.3	18.7	18.1	17.8	17.7
7	26.8	27.9	25.4	24.9	20.7	19.0	18.7	18.4	18.5	18.5	18.9
8	26.6	26.4	25.2	22.4	20.3	18.1	16.2	15.4	15.3	15.7	14.9
9	31.6	34.5	33.9	30.0	24.5	24.9	23.4	25.2	26.7	22.7	23.3
10	42.2	40.9	39.4	41.7	37.3	37.6	36.8	34.3	34.3	37.0	37.6
11	41.5	43.3	42.2	39.3	37.1	35.5	34.4	31.7	31.1	31.5	30.8
Texas	31.6	31.6	29.7	28.0	24.5	22.7	21.9	21.5	20.7	20.7	21.2
U.S.	24.2	23.8	22.3	21.1	19.8	18.7	18.1	17.5	17.2	16.8	N/A

*Not age-adjusted. All percentages are per 100 live births.

Data Sources: Texas Natality - Bureau of Vital Statistics, Texas Department of Health; and U.S. Natality - *Health, United States, 1994;* and *Health, United States, 2000* (see Appendix 1 for references).

Health Status Indicators by Public Health Regions

Lack of Prenatal Care in First Trimester* (continued)

Texas Trends

- **No** public health region attained the year 2000 target.
- The percentage of women failing to obtain prenatal care in the first trimester decreased 42.8 percent for African-American women, 39.6 percent for white women, and 33.0 percent for Hispanic women between 1990 and 2000.
- Among racial/ethnic groups in Texas, 28.8 percent of Hispanics, 23.7 percent of African-Americans, and 12.5 percent of whites lacked prenatal care in the first trimester in 2000.

Information Resources

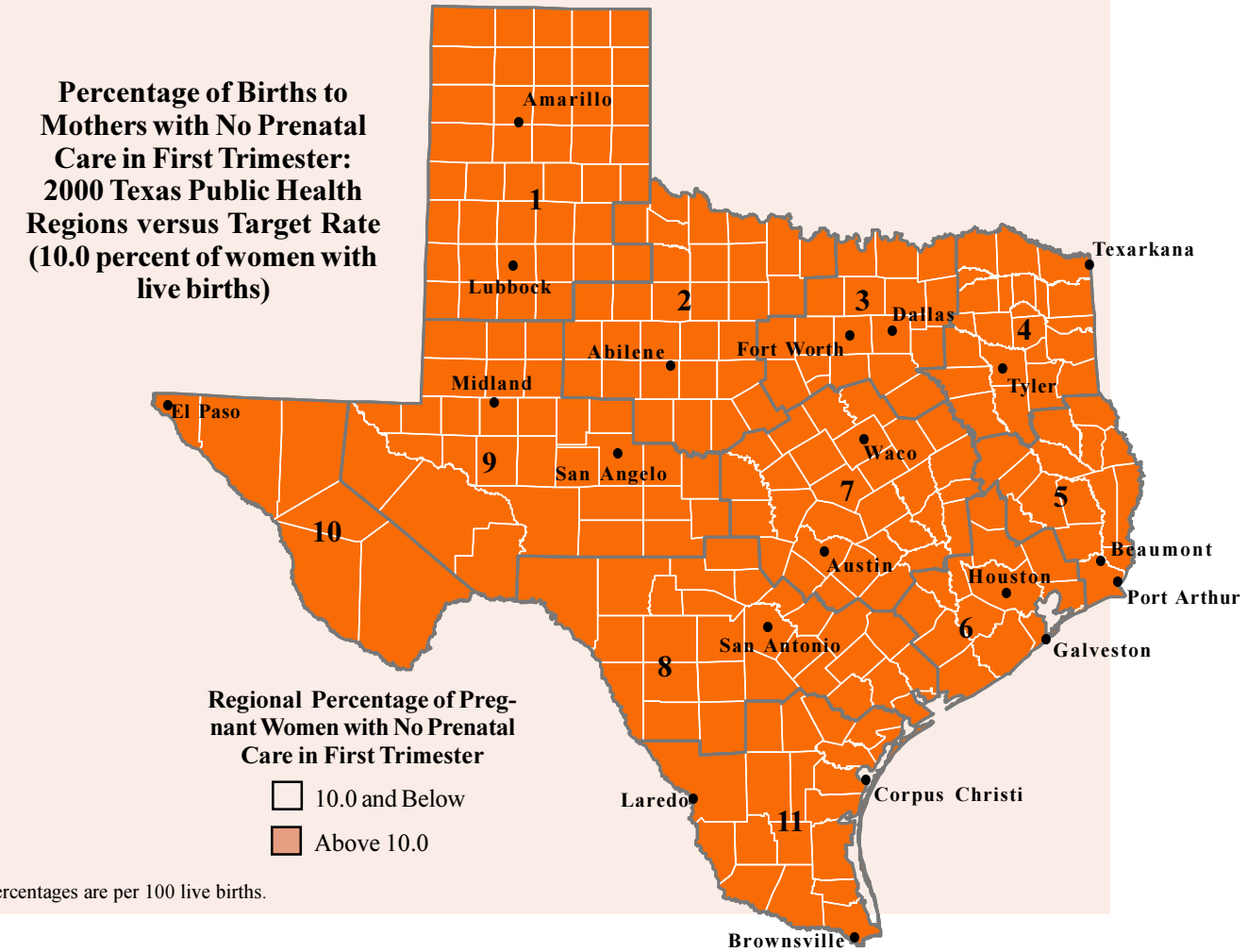
- TDH, Bureau of Children's Health and Bureau of Women's Health
- CDC, Office of Women's Health
- The Alan Guttmacher Institute

Notes

[1]Eberhardt MS, Ingram DD, Makuc DM, et al. Urban and Rural Health Chartbook. Health, United States, 2001. Hyattsville, Maryland: National Center for Health Statistics. 2001.

[2]CDC. 2000. "Entry in Prenatal Care -- United States, 1989-1997." *CDC MMWR Weekly*. May 12, 2000. 49(18):393-398. http://www.cdc.gov/epo/mmwr/preview/mmwrhtml/mm4918a1.htm.

Lack of Prenatal Care in First Trimester*



* All percentages are per 100 live births.

Health Status Indicators by Public Health Regions

Childhood Poverty

Childhood Poverty, percent of children known to be living in poverty
Healthy People 2000 Objective(s): Not available
Healthy People 2000 Target .....Not available

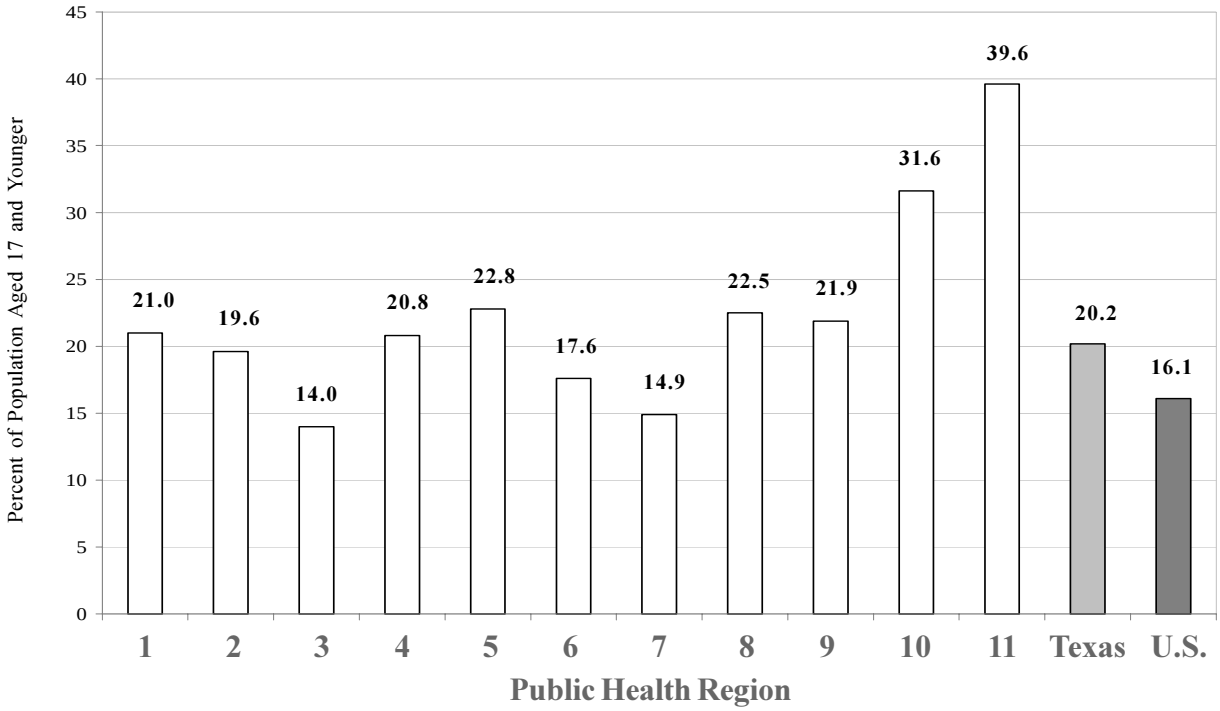
Rationale: Childhood poverty negatively affects the healthy growth and development of children through the increased risk of inadequate health care, poor nutrition, infant morbidity, mortality, and injury.[1]

Risk Factors and Prevention: Teenage parents, individuals who did not complete high school, single parents, and individuals who are unable to recover financially from economic restructuring and/or catastrophic illness are at the greatest risk for having children that live in poverty.

National Overview

- One-third of all U.S. children experienced poverty for at least one year prior to age 17.[2]
- In the early 1980s, the proportion of related children living in families with incomes below the poverty level fluctuated, reaching a high of 22 percent in 1993.[3]
- The poverty rate for related children has continued to decline from 18 percent in 1998 to 16 percent in 1999, the lowest rate since 1979.[3]
- The 1999 rates of poverty for related children aged 17 and younger among African-American (32.7 percent) and Hispanic (27.4 percent) children are three times greater than the rate for white children (9.7 percent).

1999 Percent of Childhood Poverty by Public Health Regions (PHR), Texas & United States



Data Sources: Population & Poverty Estimates - Center for Health Statistics, Health Demographics & Forecasting, Texas Department of Health, Texas State Data Center, Texas A & M University System. Based on the U.S. Census Bureau, Department of Commerce: 2000 Census Population Estimates.

Health Status Indicators by Public Health Regions

Childhood Poverty (continued)

Texas Trends

- The Texas public health regions bordering Mexico had a childhood poverty rate in 1999 that was almost twice the national rate.
- In Texas, 8.3 percent of white children, 29.7 percent of African-American children, and 30.9 percent of Hispanic children lived in poverty during 1999.

Information Resources

- TDH, Bureau of Children's Health and the Bureau of Women's Health
- National Center for Children in Poverty
- Department of Commerce, Bureau of the Census

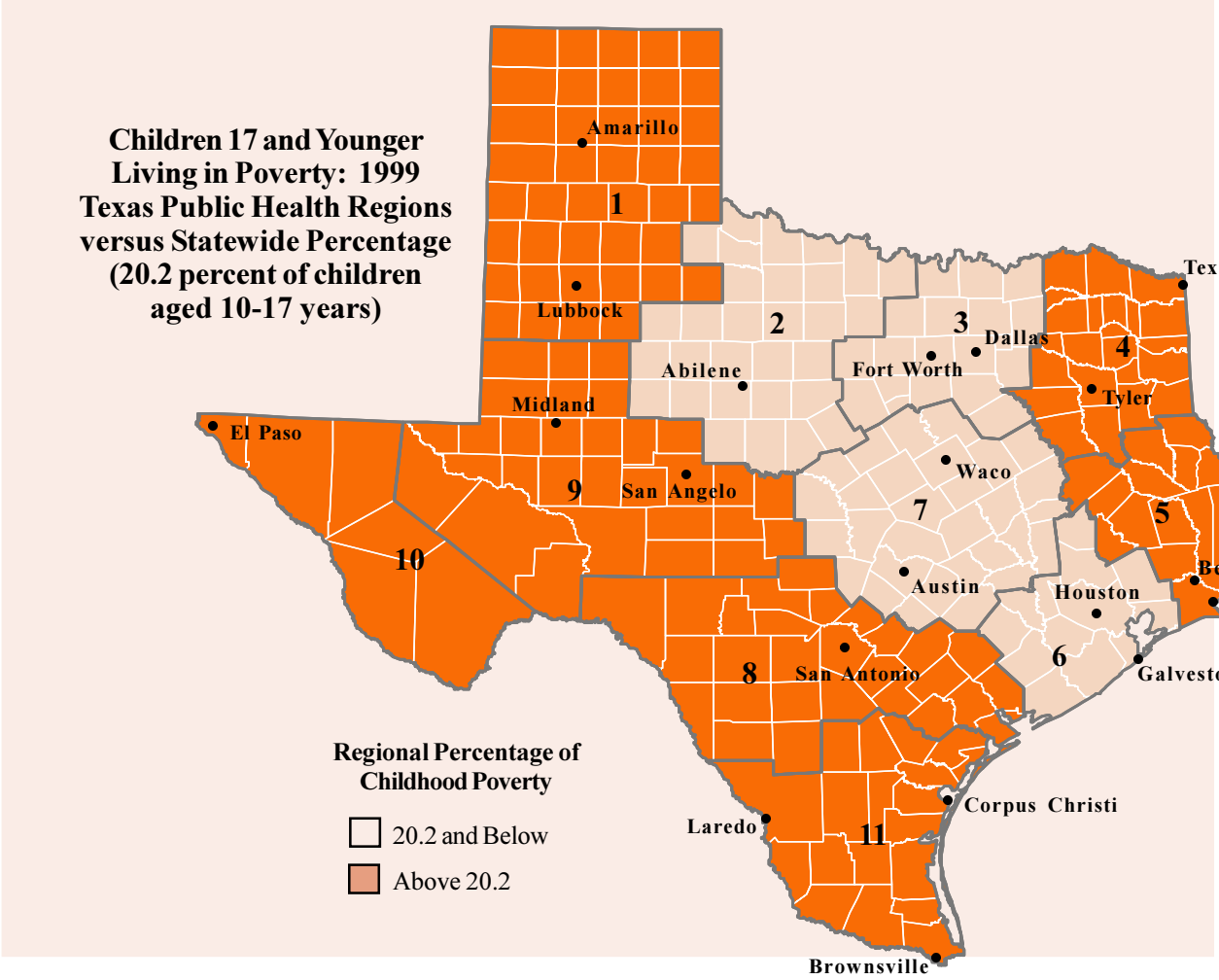
Notes

[1]J.L. Aber and N.G. Bennett. 1997. "The Effects of Child Poverty on Child Health and Development." *Annual Review of Public Health*. 18:463-483.

[2]S.L. Hofferth. 1997. Findings About Early Childhood Development, Poverty, and Child Care Environments. Science Writers Workshop. Office of Behavioral and Social Sciences Research. National Institutes of Health.

[3]Proctor, Bernadette D. and Joseph Dalaker, U.S. Census Bureau, Current Population Reports, P60-219, *Poverty in the United States: 2001*, U.S. Government Printing Office, Washington DC, 2002.

Childhood Poverty



Health Status Indicators by Public Health Regions

Air Quality

Air Quality, percent of persons living in nonattainment counties
Healthy People 2000 Objective(s): 11.5
Healthy People 2000 Target .....25.0 percent

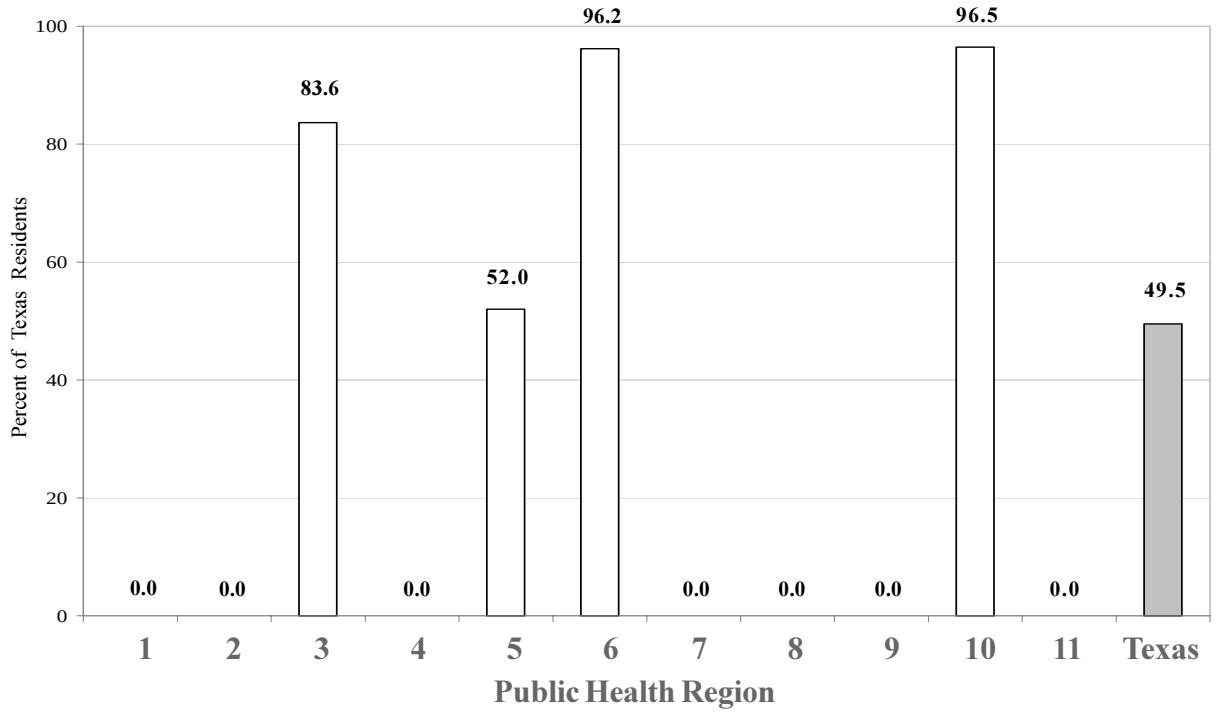
Rationale: Poor air quality has a direct effect on a community's health, particularly among individuals with chronic illnesses such as respiratory problems.

Risk Factors and Prevention: This indicator reflects the percentage of regional residents living in counties that the U.S. Environmental Protection Agency (EPA) and the Texas Commission on Environmental Quality (TCEQ) have declared Nonattainment Areas. This designation is derived from the national ambient air quality standards for six primary pollutants.[1] When communities exceed EPA air quality standards for any of these "criteria" pollutants, they are labeled a Nonattainment Area for that air contaminant standard (see Appendix 6 for a discussion of the standards). Heavy vehicular traffic, long driving times, and emissions from industry, dust, and smoke comprise the factors contributing to poor air quality. Individuals at the greatest risk for complications from poor air quality include those with chronic respiratory problems, the very young, and the elderly.

National Overview[1]

- Effective implementation of clean air laws and regulations have resulted in a 29 percent decrease in total emissions of the six principal air pollutants between 1970 and 2000.
- While reductions are seen in each of these pollutants, progress is slowest among ground level ozone - mainly due to the increased emissions in nitrogen oxides (NO_x). In the United States, levels in NO_x have increased by 20 percent between 1970 and 2000; ozone levels have worsened in the last 10 years.

2000 Percent of Residents Living in EPA- and TNRCC-Designated Nonattainment Counties by Public Health Regions (PHR), Texas



Data Sources: Nonattainment Counties - Texas Natural Resources Conservation Commission; Population Estimates - Center for Health Statistics, Health Demographics & Forecasting, Texas Department of Health, Texas State Data Center, Texas A & M University System. Based on the U.S. Census Bureau, 2000 Population Estimates.

Health Status Indicators by Public Health Regions

Air Quality (continued)

Texas Trends

- Public Health Regions (PHR) 3, 5, 6, and 10 failed to meet EPA air quality standards during the 1990s or 2000 with ozone as the most serious principle pollutant.[2] The most serious ozone nonattainment areas were located in PHR 6 ("Extreme and Severe"), and PHR 3 and 10 ("Serious"), whereas PHR 5 was considered "Moderate.[2] " Public Health Region 10 also received "Moderate" nonattainment for carbon monoxide (CO) and particulate matter (PM) contaminants.[2]
- The primary sources of the air pollution problems for PHRs 5 and 10 stem from the severe air quality problems of surrounding communities. For example, the principal contributor to PHR 5's air pollution is Houston's severe ozone. Likewise, Ciudad Juarez in Mexico emits particulate matter and ozone to the El Paso-Juarez air basin.[3]

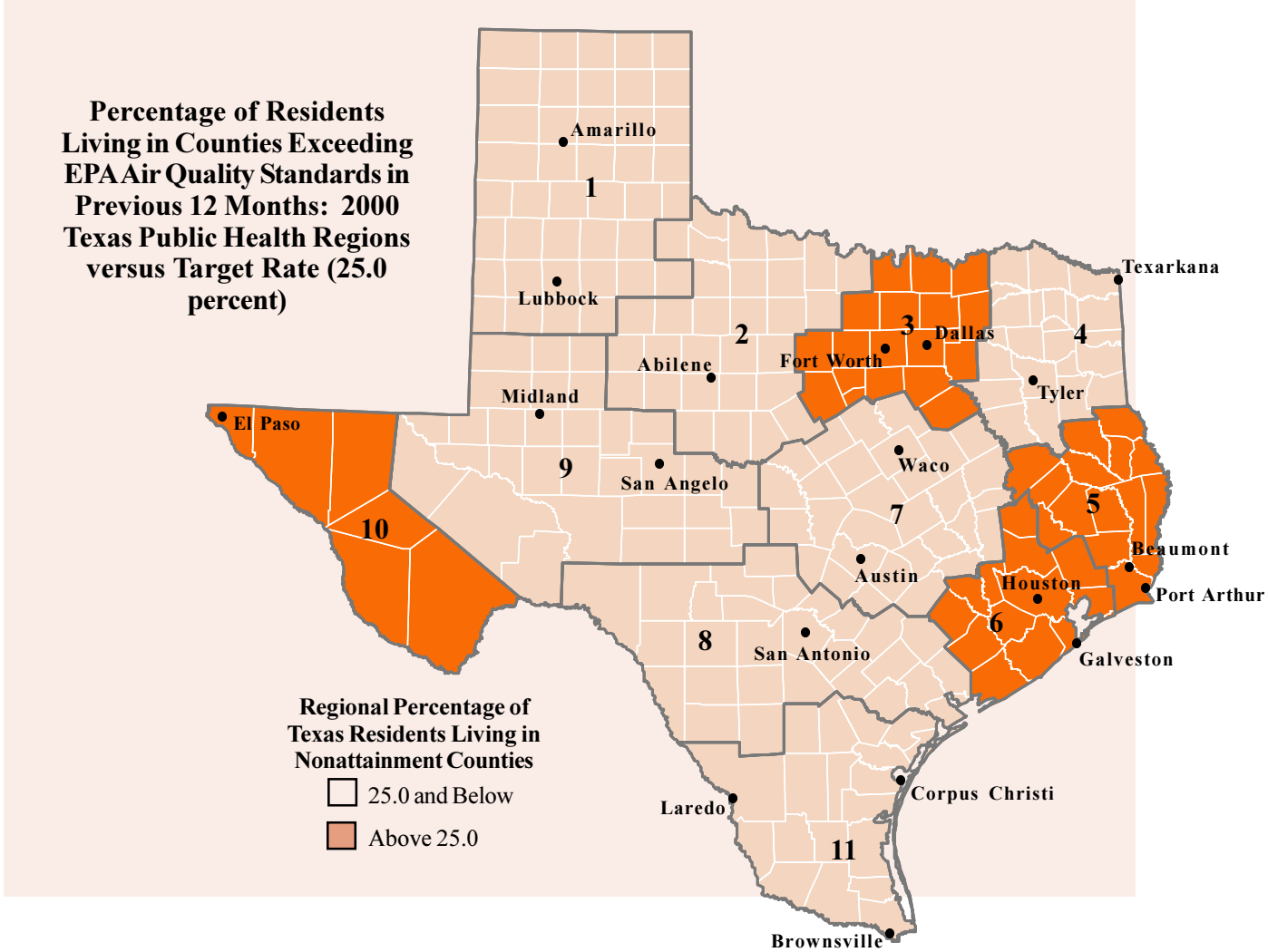
Information Resources

- TDH, Bureau of Environmental Health
- EPA, Office of Air and Radiation

Notes

[1]U.S. EPA Office of Air and Radiation. September 2001. "Latest Findings on National Air Quality: 2000 Status and Trends." http://www.epa.gov/air/aqtrnd00/index.html.

[2]U.S. EPA Office of Air and Radiation. 2002. "Welcome to the Green Book Nonattainment Areas for Criteria Pollutants." http://www.epa.gov/oar/oaqps/greenbk.

[3]P. Crimmins. 1999. "Clearing the Air: Texas Cities Face Deadlines on Clean Air Compliance." TNRCC. http://www.tnrcc.state.tx.us/admin/topdoc/pd/020/99-04/clearaironehr.html.

Air Quality