Austin/Travis County Health and Human Services Department

2012 Critical Health Indicators Report

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1.0 Executive Summary

"All public health is local - it's got to start and be sustained at the local level."[1] We believe that to be true at Austin/Travis County Health and Human Services (A/TCHHSD). As part of our effort to better understand our community's health status and develop strategies to improve public health, we have compiled the first Critical Health Indicators report for the City of Austin and Travis County. This report represents A/TCHHSD's inaugural effort to gather, analyze, and present information on selected diseases, conditions, and risk factors in one succinct report for community, city, and county use.

A wide range of health indicators are included in this report: Leading Causes of Death; Reportable Conditions; HIV/AIDS/STDs; Maternal, Child, and Adolescent Health; Chronic Disease Conditions and Risk Factors; and Suicide. The health indicator data provide a snapshot of our community's health status, health behavior, and public health system performance. The report illustrates both the overall burden of disease in our community and areas where improvement is needed, including health disparities that exist in our community.

Selected highlights from the report are listed below.

Mortality: The leading causes of death among Travis County residents over the past decade mirror state and national trends and include cancer, heart disease, accidents, stroke, and chronic lung disease.

- Tobacco remains the leading cause of preventable death in Austin and Travis County. In 2008, almost 600 deaths in Travis County were caused by cigarettes and other tobacco products.
- Twenty percent of deaths were caused by heart disease (n=917 deaths), with mortality due to heart disease concentrated in persons over 45 years of age.

Maternal, Child, and Adolescent Health: This report section examines a number of different Maternal, Child, and Adolescent health indicators for Travis County; many of which show differences by race and ethnicity.

- Infant mortality rates among Black mothers is over two times higher than infant mortality rates among both Hispanic and White mothers.
- Hispanic and Black females had the highest percentage of births to teen mothers – 4 and 8 times the percent for White mothers, respectively.

[1] Howard Koh, Assistant Secretary for Health DSHS

Chronic Disease: Cardiovascular disease and diabetes are two important chronic diseases that affect residents in Travis County. Risk factors for these and many other diseases include tobacco use and obesity or being overweight.

- Blacks and Whites have about two times the rate of cardiovascular disease than Hispanics.
- Eight percent of Travis County adults report being told by a doctor they have diabetes.
- About one-fourth of adults in the county, over 118,000 persons, are considered clinically obese.

Health Disparities: A special section is devoted to examining health disparities in Travis County. These disparities are related to race/ethnicity, access to care, income, education and a number of other risk factors.

- The mortality rate from diabetes among Blacks and Hispanics was more than double the rate for Whites.
- From 2006 to 2008 the percentage of mothers who identify as Black and Hispanic with "Late or No Prenatal Care" was over twice that of White mothers. Late or no prenatal care is often related to a mother's ability to access medical care and low birth weight.
- Babies born to Black mothers were at highest risk among the three race/ethnicity groups to be born prematurely and/or with a low birth weight.
- Blacks have higher rates of HIV, AIDS, and selected STDs.
- Blacks and Hispanics are at higher risk of being overweight and being diagnosed as clinically obese, than Whites.
- The lack of any kind of health care coverage is associated with a higher prevalence of being overweight and obese in the county.

Thank you for your interest in the health and well-being of the residents of the City of Austin and Travis County. We invite your comments and observations as to how we can improve this report. Most importantly, we hope that you will share with us how we can use these data to improve the public health of our community.

Respectfully,

Carlos Rivera, MPH, MBA, LCSW
Director
Austin/Travis County Health and Human Services Department

2.0 Demographic Characteristics

The City of Austin is the 14th largest city in the United States according to the 2010 U.S. Census.[2] With a population of 790,390, Austin is the county seat of Travis County and state capital of Texas. Austin is also home of The University of Texas; home to a number of innovative, internationally recognized business ventures; and the self-proclaimed "Live Music Capital of the World." The Austin-Round Rock-San Marcos metropolitan area is also the 35th-largest metropolitan area in the United States with a population of approximately 1.7 million people.[2]

Table 2-1 summarizes the latest data on selected demographic characteristics from the 2010 U.S. Census for the city, county, and state. Although the racial and ethnic distributions of the Austin and Travis County population are similar to the State of Texas, there are some noteworthy differences. As with the state, Whites comprise the majority of both the city and the county population (68.3 to 69.3%). Blacks at the city and county levels comprise a lower percentage of the population at about 8%, compared with almost 12% across the state. Both the city and county have a higher percentage of Asians (approximately 6%) compared with the state at about 4%. The proportions of Hispanics are lower for both the city and county (35.1% and 33.5% respectively) than at the state level (about 38%). For the state, 2.7% of the population reported "two or more races" for their race, whereas, the city and the county population reported 3.3% and 3.4% respectively.

Table 2-2 summarizes the social, economic, and housing data from the American Community Survey.[3] Children under 18 years of age are the most impacted by poverty. The percent of "children less than 18 years" below the poverty level ranged between 25.5% and 27.7% at the city, county, and state level. For "all people" combined, the percent in poverty was lower than "children under 18 years" with the difference between the city, county, and state ranging from 18% to 21%. The percent of families whose income was below the poverty level in the preceding 12 months was almost identical for the state and Travis County (13.8% and 13.7%) and slightly higher for the City of Austin at 15.1%.

Other social and economic indicators show that the City of Austin and Travis County are similar to the State of Texas. For example, the unemployment rate is very similar across the city, county, and state with a range of 8.2% to 8.8%. The percent of the civilian non-institutionalized population with health insurance coverage is slightly higher in the city and county (approximately 78% to 79%) than the state (76%). More children under the age of 18 years are covered by insurance at the city and the county levels than at the state level.

One area where Austin/Travis County differs from the state is in educational attainment. Over 27% of the city and the county population have attained a bachelor's degree compared with the state's 17%. For graduate or professional degrees, the gap is somewhat wider with 16% of both the city and the county population reporting advanced degrees versus approximately 9% of the overall state population.

[2] U.S. Census Bureau, 2010 Census
[3] U.S. Census Bureau, 2010 American Community Survey 1-Year Estimates.

Table 2-1. Selected demographic characteristics for the City of Austin, Travis County, and the State of Texas, 2010 U.S. Census.

TOTAL POPULATION	City of Austin		Travis County		Texas	
	Number	Percent	Number	Percent	Number	Percent
	790,390	**100.0%**	**1,024,266**	**100.0%**	**25,145,561**	**100.0%**
HOUSEHOLDS						
Total households	324,892	100.0%	404,467	100.0%	8,922,933	100.0%
With own children <18 years	84,342	26.0%	116,974	28.9%	3,056,060	34.2%
Single-parent households with own children < 18 years	27,533	32.6%	34,943	29.9%	940,562	30.8%
AGE						
Under 5 years	57,982	7.3%	75,774	7.4%	1,928,473	7.7%
Under 18 years	175,465	22.2%	245,037	23.9%	6,865,824	27.3%
19 to 64 years	559,230	70.8%	704,470	68.8%	15,677,851	62.3%
65 years and over	55,695	7.0%	74,759	7.3%	2,601,886	10.3%
Median age (years)	31.0		31.9		33.6	
GENDER						
Male	399,738	50.6%	516,637	50.4%	12,472,280	49.6%
Female	390,652	49.4%	507,629	49.6%	12,673,281	50.4%
RACE ONLY						
One Race	763,664	96.6%	990,434	96.7%	24,466,560	97.3%
White	539,760	68.3%	709,814	69.3%	17,701,552	70.4%
Black/African American	64,406	8.1%	87,308	8.5%	2,979,598	11.8%
American Indian/Alaska Native	6,901	0.9%	8,555	0.8%	170,972	0.7%
Asian	49,864	6.3%	59,333	5.8%	964,596	3.8%
Native Hawaiian/Other Pacific Islander	529	0.1%	718	0.1%	21,656	0.1%
Some Other Race	102,204	12.9%	124,706	12.2%	2,628,186	10.5%
Two or More Races	26,726	3.4%	33,832	3.3%	679,001	2.7%
RACE/ETHNICITY						
Hispanic or Latino (of any race)	277,707	35.1%	342,766	33.5%	9,460,921	37.6%
Not Hispanic or Latino	512,683	64.9%	681,500	66.5%	15,684,640	62.4%
White alone	385,271	48.7%	517,644	50.5%	11,397,345	45.3%
Black or African American alone	60,760	7.7%	82,805	8.1%	2,886,825	11.5%
American Indian and Alaska Native alone	1,967	0.2%	2,611	0.3%	80,586	0.3%
Asian alone	49,159	6.2%	58,404	5.7%	948,426	3.8%
Native Hawaiian and Other Pacific Islander alone	401	0.1%	540	0.1%	17,920	0.1%
Some Other Race alone	1,448	0.2%	1,813	0.2%	33,980	0.1%
Two or More Races	13,677	1.7%	17,683	1.7%	319,558	1.3%

Table 2-2. Employment, health insurance, poverty, and educational level for the City of Austin, Travis County, and the State of Texas.

EMPLOYMENT	City of Austin		Travis County		Texas	
	Estimate	Percent	Estimate	Percent	Estimate	Percent
Population 16 years and over	633,380		808,150		19,123,208	
In labor force	458,086	72.3%	577,469	71.5%	12,465,332	65.2%
Percent Unemployed		8.4%		8.2%		8.8%
HEALTH INSURANCE COVERAGE						
Civilian non-institutionalized population	790,207		1,024,735		24,779,450	
With health insurance coverage	615,865	77.9%	813,389	79.4%	18,903,976	76.3%
No health insurance coverage	174,342	22.1%	211,346	20.6%	5,875,474	23.7%
Civilian non-institutionalized population under 18 years	178,506		246,097		6,876,022	
No health insurance coverage	22,931	12.8%	28,491	11.6%	996,493	14.5%
PERCENTAGE OF FAMILIES AND PEOPLE WHOSE INCOME IN THE PAST 12 MONTHS IS BELOW THE POVERTY LEVEL						
All families		15.1%		13.7%		13.8%
All people		20.8%		19.2%		17.9%
Under 18 years		27.8%		25.5%		25.7%
MEDIAN HOUSEHOLD INCOME (dollars)	$47,434		$51,743		$48,615	
EDUCATIONAL ATTAINMENT						
Population 25 years and over	502,032		653,758		15,772,122	
Less than High School	72,420	14.4%	88,484	13.5%	3,048,321	19.3%
High school graduate (includes equivalency)	86,897	17.3%	115,631	17.7%	4,033,241	25.6%
Some college or Associate's degree	123,451	24.6%	168,175	25.7%	4,598,790	29.2%
Bachelor's degree	138,296	27.5%	179,053	27.4%	2,733,721	17.3%
Graduate or professional degree	80,968	16.1%	102,415	15.7%	1,358,049	8.6%
LANGUAGE SPOKEN AT HOME						
Population 5 years and over	736,484		954,746		23,327,776	
English only	494,454	67.1%	662,138	69.4%	15,208,179	65.2%
Spanish	191,244	26.0%	226,719	23.7%	6,899,506	29.6%
Other non-Spanish languages	50,786	6.9%	65,889	6.9%	1,220,091	5.2%

Data source: U.S. Census Bureau, 2010 American Community Survey 1-Year Estimates.

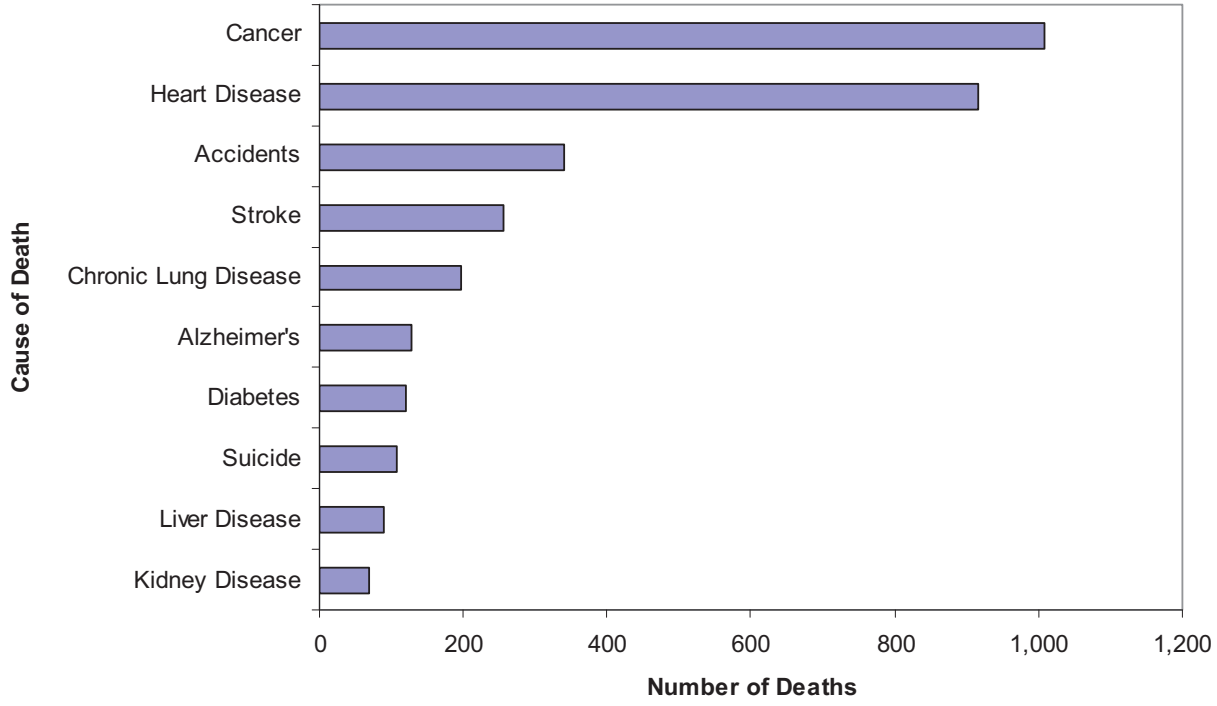
3.0 Leading Causes of Death

Understanding the leading causes of death in a community is necessary in order to target short-term prevention and intervention efforts to address preventable causes of death such as accidents, but is also essential to implement longer-term prevention strategies to target chronic conditions such as cancer and heart disease. This section provides information on the leading causes of death for 2008 and the three-year period 2006 through 2008 with a focus on race/ethnicity, underlying causes of death, and age-related factors.

Mortality

In 2008 in Travis County, there was a total of 4,519 deaths, of which, there were 2,344 males and 2,175 females. Cancer and heart disease were the top two leading causes of death among Travis County residents in 2008, far ahead of all other causes of death. Figure 3-1 lists the top 10 causes of death.

Figure 3-1. Leading causes of death in Travis County, 2008.



Data Source: Texas Department of State Health Services Center for Health Statistics

The following provides a summary of additional facts about the mortality experience of Travis County in 2008:

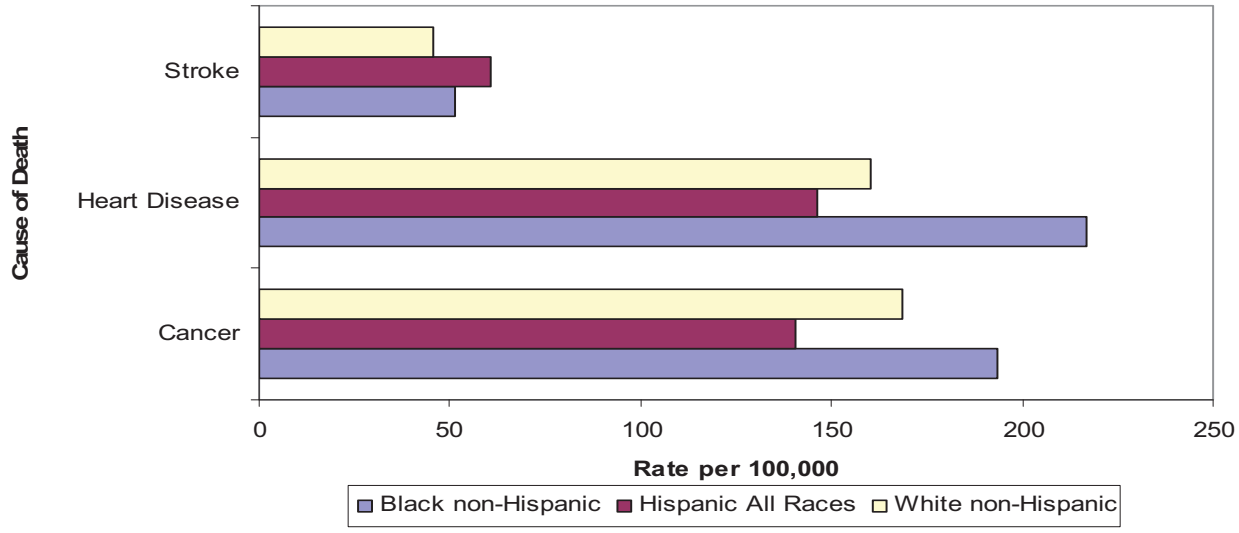
- Cancer, which represents 22.3% of total deaths (n=1,008 deaths), is the leading cause of death in Travis County. While cancer is not the leading cause of death for Texas, it does account for 22% of the total deaths for the state.
- In Travis County, lung cancer was the most common form of cancer (n=255 deaths) followed by colorectal cancer (n=89 deaths) and breast cancer (n=82 deaths).

- Twenty percent of deaths were caused by heart disease (n=917 deaths), with mortality due to heart disease concentrated in persons over 45 years of age. The leading cause of death for the State of Texas is heart disease, causing 23% of total deaths, concentrated in persons over the age of 45.
- Motor vehicle accidents were the leading cause of death for persons aged 15 to 24 in Travis County, as well as Texas.
- Diabetes, which is the seventh leading cause of death in the county, remains a significant cause of death for Hispanics and Blacks. A similar trend is seen for the state.
- Death rates were higher for men than women for the 10 leading causes of death with the exception of stroke and Alzheimer's disease. A similar trend is also seen across Texas.
- There were three times as many deaths from heart disease as there were from stroke, which is the third leading cause of death. For the state, there were four times as many deaths from heart disease as there were for stroke.
- Overall, cancer (n=1,008 deaths) and heart disease (n=917 deaths) caused over 40% of all deaths, as compared with Texas in which they caused over 45% of all deaths.

Race/Ethnicity: 2006 - 2008

Figure 3-2 shows the top three causes of death for Travis County broken out by race and ethnicity for the three-year period, 2006 through 2008 combined. As shown in the figure below, people of different races and ethnicities had different mortality experiences for cancer, heart disease, and stroke. Blacks had the highest rates of cancer and heart disease. Hispanics had the highest rate of stroke. For the state during the same time period, Blacks had the highest mortality rates for all three causes of death.

Figure 3-2. Age-adjusted mortality rates for the three leading causes of death by race/ethnicity in Travis County, 2006-2008.

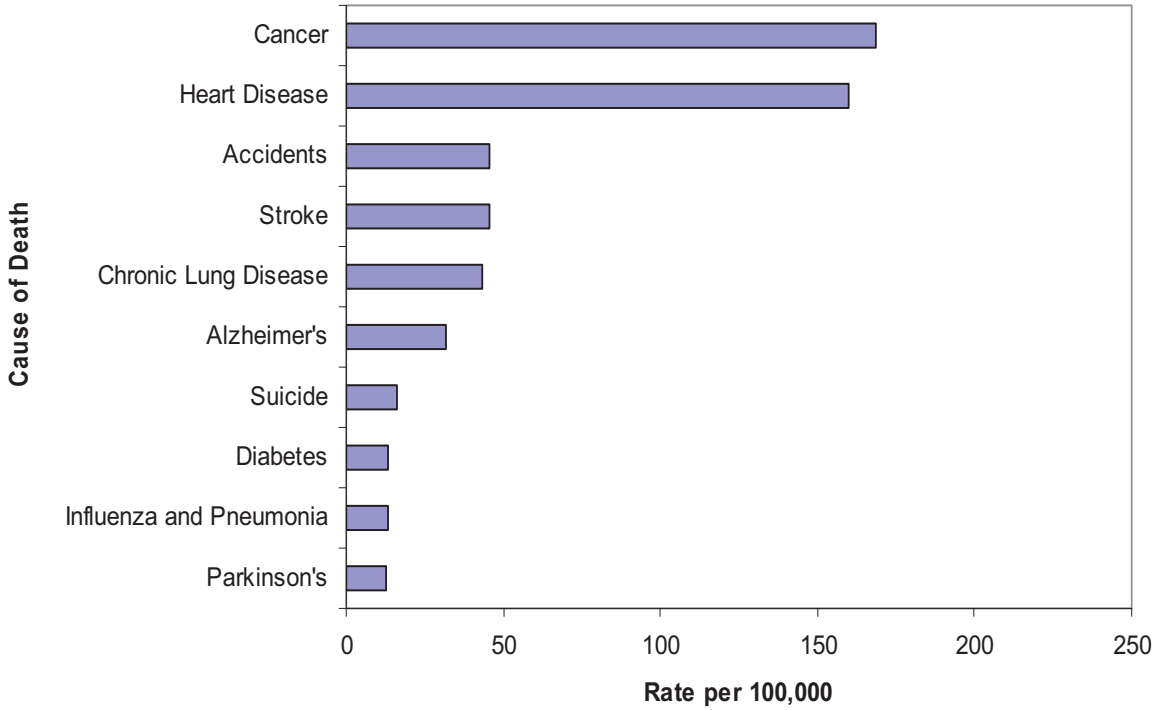


Age-Adjusted rates use 2000 Standard Population
Data Source: Texas Department of State Health Services Center for Health Statistics

Figures 3-3, 3-4, and 3-5 detail the mortality rates for the top 10 leading causes of death for each race/ethnicity group. Highlights include:

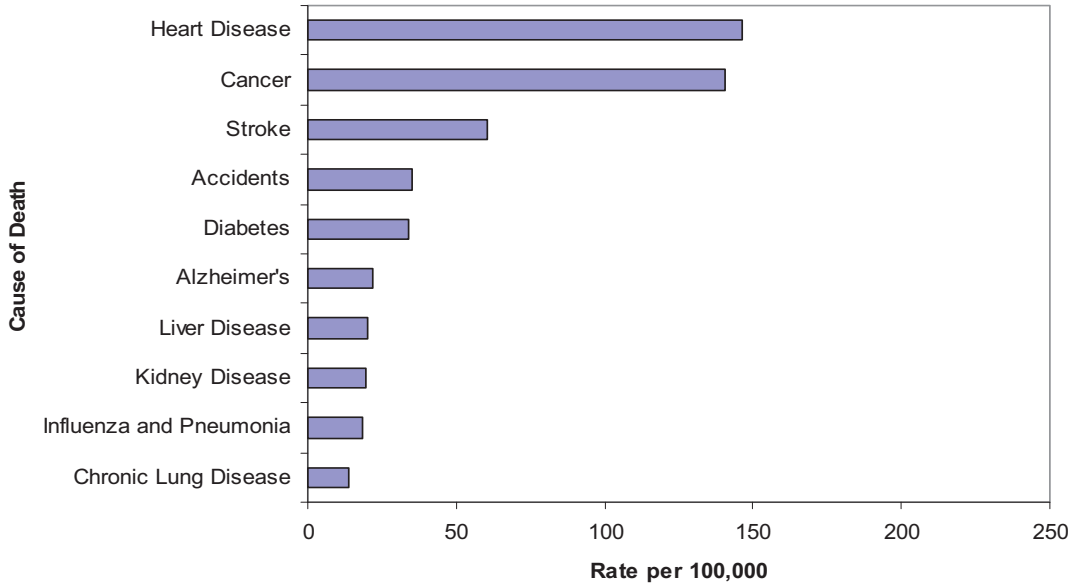
- Cancer ranked higher as a cause of death for Whites than Blacks and Hispanics. Lung cancer was the most frequent form of cancer experienced by all race/ethnicities; a similar trend to the entire state.
- The mortality rate from diabetes among Blacks and Hispanics was more than double the rate for Whites. For the state, Hispanics had a diabetes mortality rate slightly less than double that of Whites; while Blacks had rates similar to those experienced in Travis County.
- HIV among Blacks in Travis County is the eighth leading cause of death. For the state, HIV is the 12th leading cause of death among Blacks.

Figure 3-3. Age-adjusted mortality rates for the 10 leading causes of death among Whites in Travis County, 2006-2008.



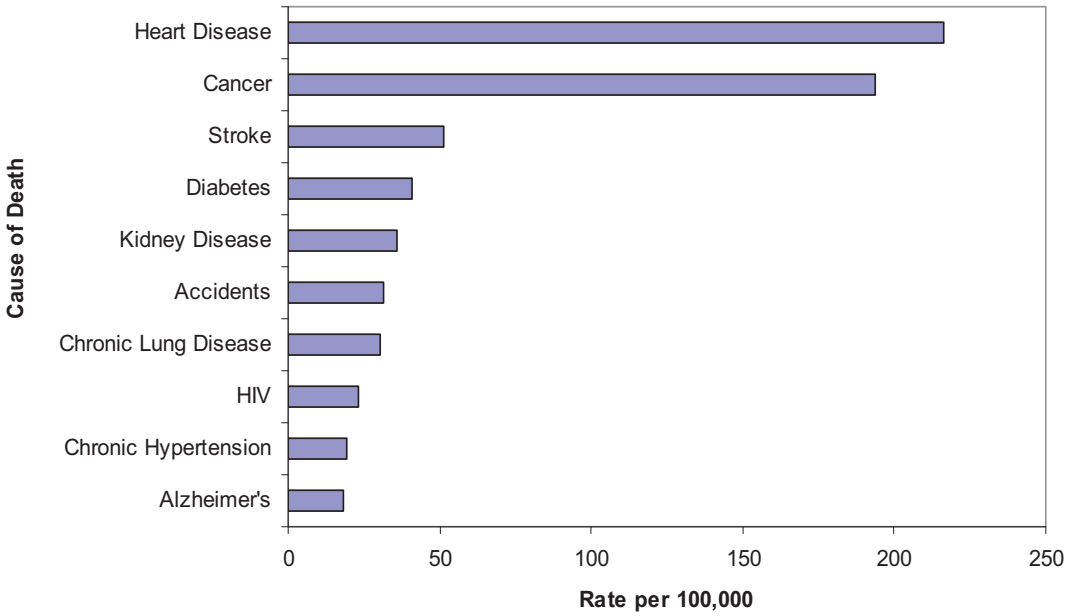
Age-Adjusted rates use 2000 Standard Population
Data Source: Texas Department of State Health Services Center for Health Statistics

Figure 3-4. Age-adjusted mortality rates for the 10 leading causes of death among Hispanics in Travis County, 2006-2008.



Age-Adjusted rates use 2000 Standard Population
Data Source: Texas Department of State Health Services Center for Health Statistics

Figure 3-5. Age-adjusted mortality rates for the 10 leading causes of death among Blacks in Travis County, 2006-2008.

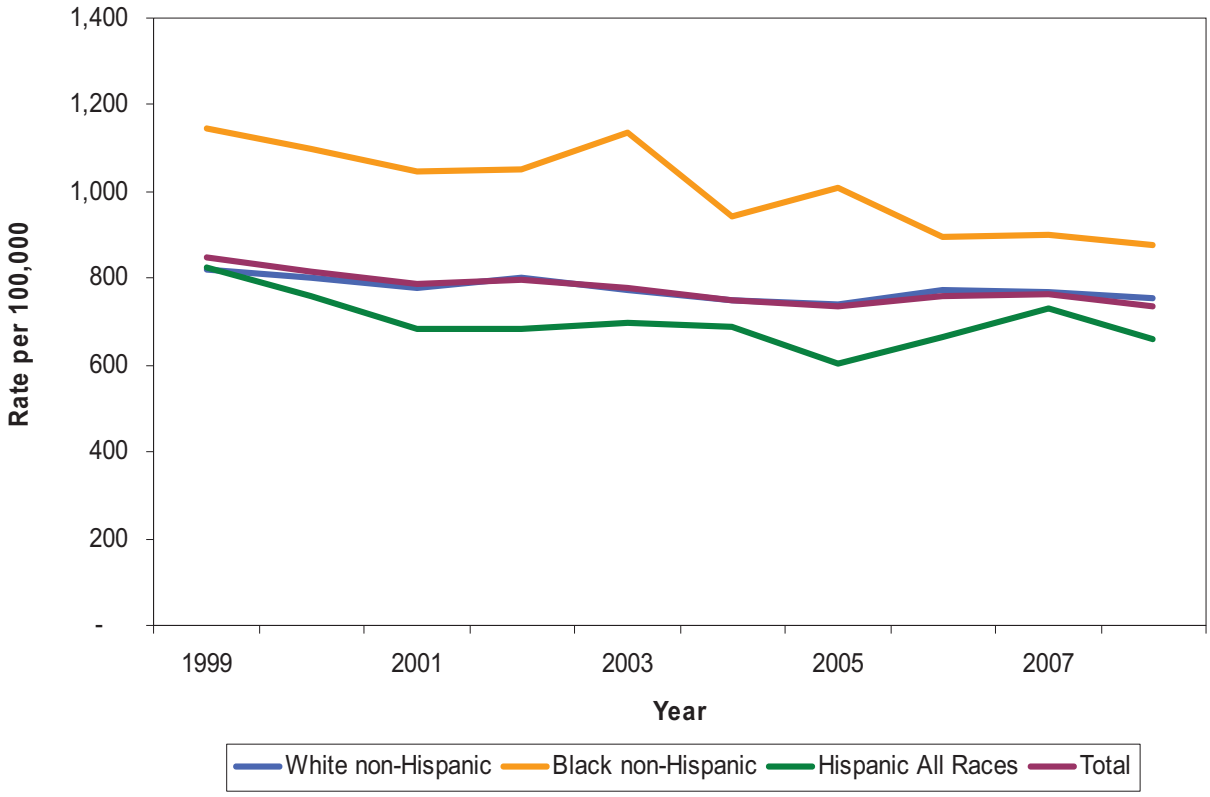


Age-Adjusted rates use 2000 Standard Population
Data Source: Texas Department of State Health Services Center for Health Statistics

Mortality Trends

The age-adjusted mortality rate for Travis County has been declining slightly over the past decade (Figure 3-6). The biggest decline in overall age-adjusted mortality rates are among Blacks.

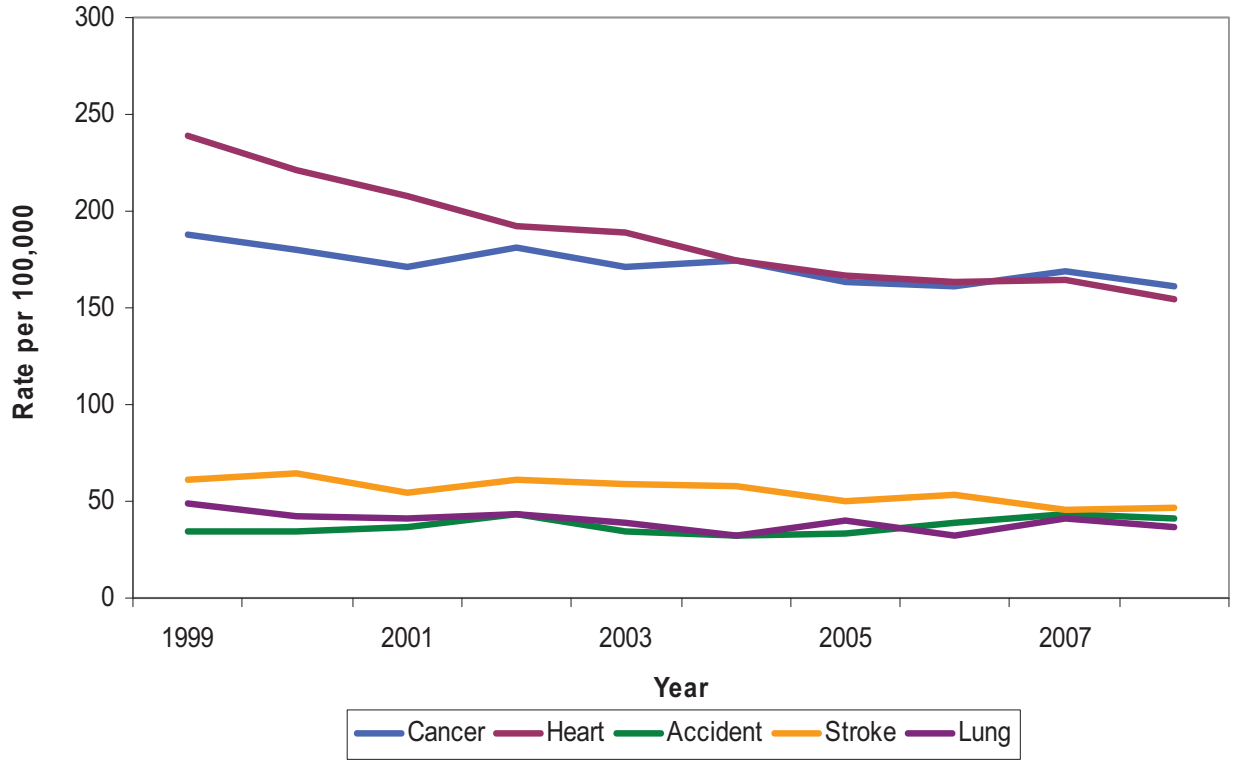
Figure 3-6. Age-adjusted mortality rates by race/ethnicity for Travis County, 1999-2008.



Data Source: Texas Department of State Health Services Center for Health Statistics

The leading causes of death in Travis County over the past decade have been cancer, heart disease, accidents, stroke and chronic lung disease (Figure 3-7). During that period, the mortality rate from cancer surpassed heart disease.

Figure 3-7. Age-adjusted mortality rates by cause of death for Travis County, 1999-2008.



Age-Adjusted rates use 2000 Standard Population
Data Source: Texas Department of State Health Services Center for Health Statistics

4.0 Reportable Conditions

Disease surveillance is an essential component of any public health system and is used to monitor disease trends over time, detect disease outbreaks, and increase our knowledge of risk factors contributing to disease development. Under Texas law, health care providers, hospitals, laboratories, schools, and others are required to report cases of nearly 80 different diseases and health conditions to local and state health officials. These notifiable conditions range from vaccine preventable diseases (i.e. Pertussis, Measles, Hepatitis B) to infectious diseases (i.e. Shigellosis, Meningitis) to arboviral infections (i.e. West Nile Virus, Typhus).

The Epidemiology and Health Statistics Unit at the Austin/Travis County Health and Human Services Department receives case reports and collects additional detailed information through case investigation. Data collected may include demographic characteristics such as sex, race, ethnicity and age; types of exposures; and clinical information specific to the disease or condition. Timely case investigations provide an understanding of the disease burden within the community and guides appropriate prevention strategies or implementation of protective measures necessary to reduce the spread of disease in the community.

Table 4-1 lists the most frequently reported notifiable conditions in Travis County from 2006 through 2010 and includes the corresponding 2010 state data. As shown in Table 4-1, Travis County experienced a higher burden of these reportable diseases in 2010 as compared to the state. For some diseases, the incidence rate was significantly higher. For example, the incidence rate of amebiasis infections in 2010 was five times higher than the state rate. Despite a decline from 2009 to 2010, pertussis infections were eight times that of the 2010 state incidence rate.

Table 4-1. Number of cases and rates[1] of the most frequently reported notifiable conditions in Travis County and the State of Texas, 2006-2010.[2]

CONDITION	2006 Travis		2007 Travis		2008 Travis		2009 Travis		2010 Travis		2010 Texas	
	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate
Amebiasis	26	2.8	65	6.9	102	10.3	112	11.1	41	4.0	200	0.8
Campylobacteriosis	71	7.7	151	15.9	114	11.5	131	12.9	182	17.8	2,001	8.0
Chicken Pox (Varicella)	505	54.4	408	43.1	255	25.8	140	13.8	127	12.4	2,760	11.0
Hepatitis B, Acute	24	2.6	34	3.6	27	2.7	31	3.1	18	*	394	1.6
Meningitis, Aseptic	106	11.4	112	11.8	96	9.7	102	10.1	124	12.1	1,663	6.6
Pertussis	139	15.0	122	12.9	91	9.2	701	69.2	908	88.6	2,848	11.3
Salmonellosis	141	15.2	142	15.0	244	24.7	199	19.6	259	25.3	4,930	19.6
Shigella	152	16.4	64	6.8	148	15.0	75	7.4	176	17.2	2,626	10.4
***Streptococcus*, Group A**	32	3.4	14	*	28	2.8	24	2.4	18	*	355	1.4
***Streptococcus*, Group B**	42	4.5	30	3.2	44	4.5	49	4.8	54	5.3	825	3.3
Streptococcus pneumoniae	66	7.1	111	11.7	109	11.0	129	12.7	128	12.5	1,912	7.6

Note: Annual data based on corresponding MMWR year. The number of cases reported includes both probable and confirmed conditions when applicable.
Data source: Austin/Travis County NEDSS
[1]Rate per 100,000 population.
[2] Data generated on November 15, 2011.
*Rates are not calculated on diseases or conditions with fewer than 20 cases.

The difference in rates for many of the conditions is primarily due to more complete reporting of these conditions by Travis County health care providers. The A/TCHHSD works closely with area health care providers to educate them on the reporting process and encourage reporting. Case investigations may also identify additional cases that may not have been reported, but are

linked to an active case. Even with these concerted efforts, there is still not 100% reporting of all conditions. The number of cases and incidence rates shown in Table 4-1 are likely underestimates of the true disease burden. For a more comprehensive list of notifiable conditions, please see Table 14-1 in the Appendix, Section 14.0.

5.0 Maternal and Child Health

Maternal child heath indicators are often used as community benchmarks, providing a glimpse into the health status of a population. This section presents birth data and infant mortality data by a variety of maternal and infant characteristics. Viewing data in this manner can be useful for understanding the relationships between risk factors and infant mortality. However, it is also important to note that women with one risk factor will often also have additional risk factors. Table 5-1 provides information on the number of births for Travis County and the state by race/ethnicity and selected risk factors including prenatal care, prematurity, and low birth weight.

Late initiation of prenatal care or no prenatal care, both of which are often related to a mother's ability to access medical care, is one very important risk factor. As shown in Table 5-1, the three-year average for "Late or No Prenatal Care" in Travis County is very similar to that for the state. In Travis County, the percent of births with "Late or No Prenatal Care" was fairly consistent from 2006 through 2008.

Low birth weight and preterm births are two risk factors closely linked with infant mortality, another common maternal and child health indicator. The CDC notes that the causes of preterm births are numerous, complex, and remain poorly understood and that psychosocial, biological, and clinical factors all may affect a woman's risk of preterm birth.[4] For Travis County, the percentage of total premature births (<37 weeks gestation) has declined slightly from 12.8% in 2006 to 10.5% in 2008. The three-year average is also slightly below the state's three-year average.

There are substantial differences among race/ethnicity groups for the risk factors listed in Table 5-1. The percentage of Black mothers with "Late or No Prenatal Care" was over twice that of White mothers from 2006 to 2008. Babies born to Black mothers were at highest risk among all race/ethnicity groups to be born premature and/or with a low birth weight.

[4] http://www.cdc.gov/reproductivehealth/maternalinfanthealth/PretermBirth.htm

Table 5-1. Key Maternal and Child Health Indicators for Travis County and the State of Texas, 2006-2008.

INDICATOR	Travis County			Travis County	Texas
	2006	2007	2008	2006-2008 Average	2006-2008 Average
Number of Births by Race/Ethnicity of Mother					
Black non-Hispanic	1,333	1,292	1,265	1,297	45,973
White non-Hispanic	5,864	5,977	6,127	5,989	138,420
Hispanic All Races	7,957	8,243	8,135	8,112	201,802
Total[1]	16,152	16,656	16,585	16,464	404,001
Percent of Births by Risk Factor					
Late or No Prenatal Care[2]					
Black non-Hispanic	43.6%	43.7%	41.4%	42.9%	45.6%
White non-Hispanic	21.8%	18.6%	20.7%	20.3%	28.5%
Hispanic All Races	54.3%	53.6%	56.5%	54.8%	45.3%
Total[1]	39.8%	38.4%	40.0%	39.4%	38.9%
Prematurity[3]					
Black non-Hispanic	21.1%	17.7%	16.0%	18.3%	17.8%
White non-Hispanic	11.7%	11.4%	9.7%	10.9%	12.2%
Hispanic All Races	12.4%	11.5%	10.5%	11.5%	13.4%
Total[1]	12.8%	11.8%	10.5%	11.7%	13.4%
Low Birth Weight[4]					
Black non-Hispanic	18.9%	17.0%	17.9%	18.0%	17.3%
White non-Hispanic	8.1%	8.9%	7.6%	8.2%	8.9%
Hispanic All Races	8.5%	8.1%	7.9%	8.1%	8.9%
Total[1]	9.3%	9.1%	8.7%	9.0%	9.9%

[1]The total includes other races and ethnicities.
[2]" Late prenatal care" is considered prenatal care started in the second or third trimester. Percent calculated for" late or no prenatal care" is based on the total number of births.
[3] Prematurity is defined as a birth with less than 37 weeks gestation. Percent calculated for" prematurity" is based on the total number of births.
[4] "Low birth weight birth" is considered a birth weight of less than 2,500 grams (5 pounds, 8 ounces). Percent calculated for" low birth weight" is based on the total number of births.
Data source: Texas Department of State Health Services (DSHS), Center for Health Statistics, Texas Births 2006-2008. See also http://soupfin.tdh.state.tx.us/birth05.htm

Births to Teen Mothers

According to CDC, infants born to teen age mothers are at greater risk for low birth weight, preterm birth, and death in infancy when compared with births to adult women.[5] The teen birth rate is defined as the percentage of females younger than 20 years of age who had a live birth during a given year. Table 5-2 provides information on the teen birth rate for females less than 20 years of age and a subset of that population, mothers 15 – 17 years old, by race/ethnicity. The percent of births for all race/ethnicities for both age categories in Travis County is below the state average for 2006 through 2008. As shown in Table 5-2, however, the discrepancy between Blacks, Whites, and Hispanics is apparent both in Travis County and at the state level. Whites have the lowest percent of births to 15 – 17 year olds and females less than 20 years old and Hispanics have the highest percentage.

[5] http://www.cdc.gov/nchs/data/databriefs/db58.htm

Table 5-2. Births to women under the age of 20 years old by age category for Travis County and the State of Texas, 2006 – 2008.

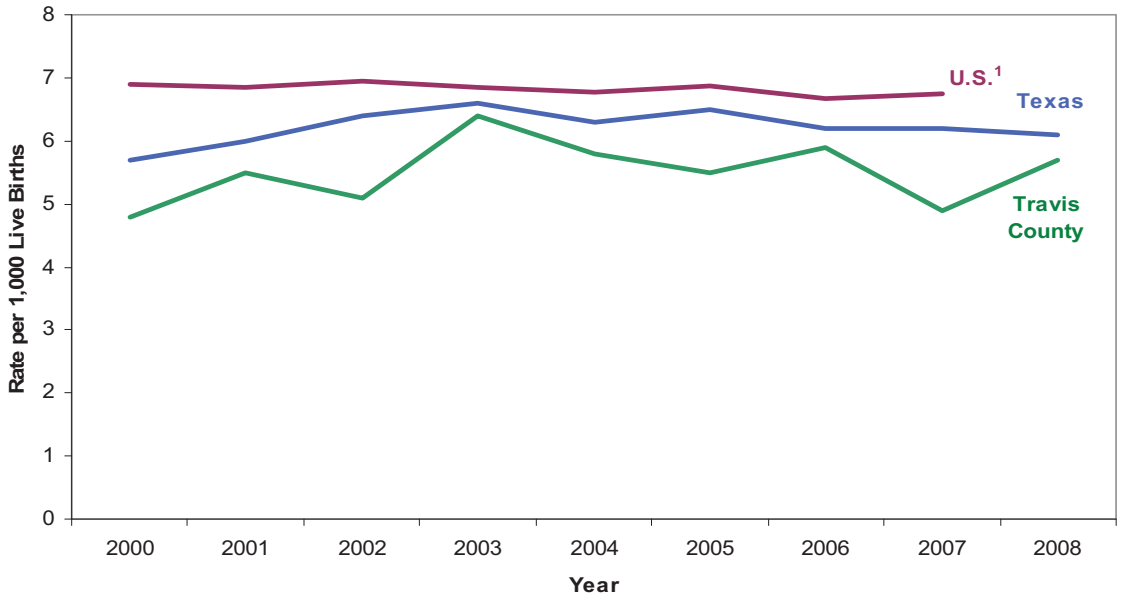
MOTHER'S AGE CATEGORY	Travis County			Travis County	Texas
	2006	2007	2008	2006-2008 Average	2006-2008 Average
Percent of Total Births to Females under 20 Years Old					
Black non-Hispanic	15.3%	14.8%	12.7%	14.3%	17.2%
White non-Hispanic	3.5%	3.5%	3.1%	3.4%	8.6%
Hispanic All Races	16.4%	15.5%	15.6%	15.9%	17.0%
Total	10.7%	10.1%	9.9%	10.2%	13.5%
Percent of Total Births to Females 15-17 Years Old					
Black non-Hispanic	4.1%	5.2%	3.8%	4.4%	5.6%
White non-Hispanic	0.7%	0.7%	0.8%	0.8%	2.3%
Hispanic All Races	6.3%	6.2%	5.8%	6.1%	6.4%
Total	3.7%	3.8%	3.5%	3.7%	4.7%

Data source: DSHS, Center for Health Statistics, Texas Births 2006-2008.

Infant Mortality

As shown in Figure 5-1 below, the infant mortality rate in Travis County has been consistently lower than either the state or national rate from 2000 through 2008. Over the nine-year period illustrated below, the Travis County rate has varied between 4.8 and 6.4 per 1,000 live births with the changes in the rate from year to year most likely due to random fluctuations. Nationwide the infant mortality rate declined 9% from 1995 to 2000. However, the nationwide rate of decline has slowed to only 2% since 2000.

Figure 5-1. Infant mortality rates for Travis County, the State of Texas, and the United States[1], 2000-2008.



Data Source: Texas Department of State Health Services Center for Health Statistics

[1] Infant mortality rates for the U.S. have not been published at the time of this report.

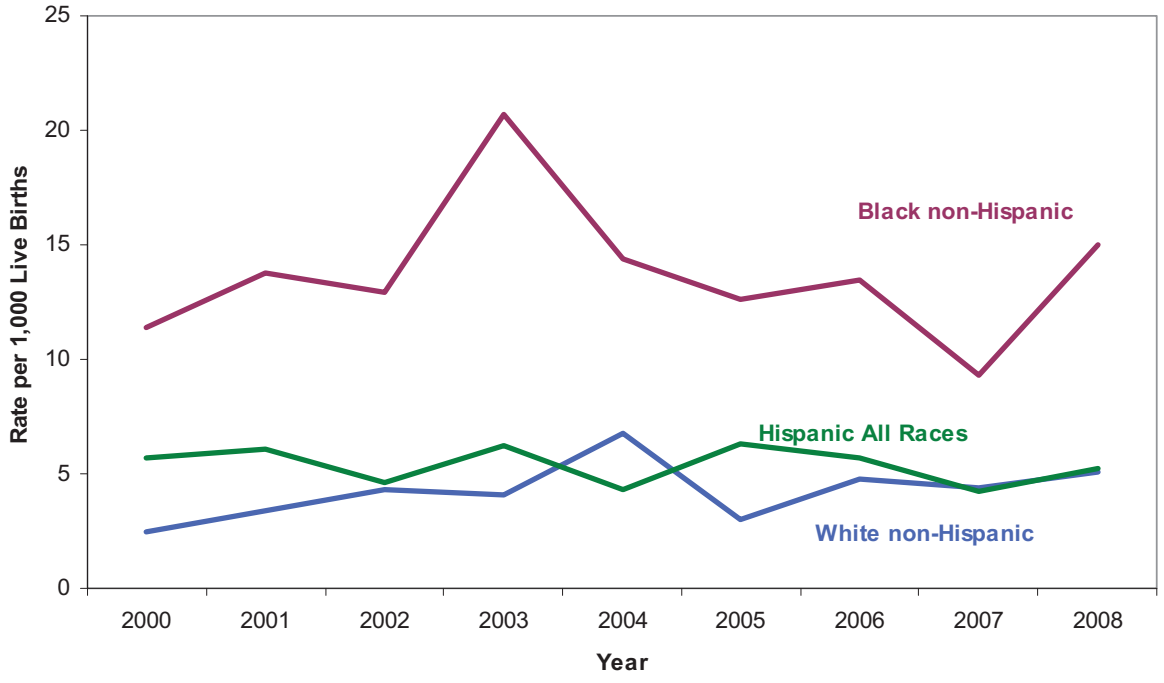
Infant mortality rates may also be used to identify potential health disparities by race/ethnicity. Nationally and for the State of Texas, the infant mortality rate is more than two times higher among Blacks than Whites. A similar disparity by race/ethnicity is present in Travis County (Table 5-3 and Figure 5-2). The three-year average infant mortality rate for Blacks from 2006 to 2008 was 12.6 per 1,000 live births while White and Hispanic infants had rates of 4.7 and 5.0 per 1,000 live births, respectively. Reasons for the difference may relate to socio-economic status and access to healthcare; however, many of the differences by race/ethnicity remain unexplained.

Table 5-3. Infant mortality rates per 1,000 live births for Travis County and the State of Texas, 2006 – 2008.

Infant Mortality Rates per 1,000 Live Births	Travis County			Travis County	Texas
	2006	2007	2008	2006 – 2008 Average	2006 – 2008 Average
Black non-Hispanic	13.5	9.3	15.0	12.6	11.3
White non-Hispanic	4.8	4.4	5.1	4.7	5.6
Hispanic All Races	5.7	4.2	5.2	5.0	5.4
Total	5.9	4.9	5.7	5.5	6.2

Data source: Texas Department of State Health Services (DSHS), Center for Health Statistics, Texas Births 2006-2008. See also http://soupfin.tdh.state.tx.us/birth05.htm

Figure 5-2. Infant mortality rates by race/ethnicity for Travis County, 2000-2008.

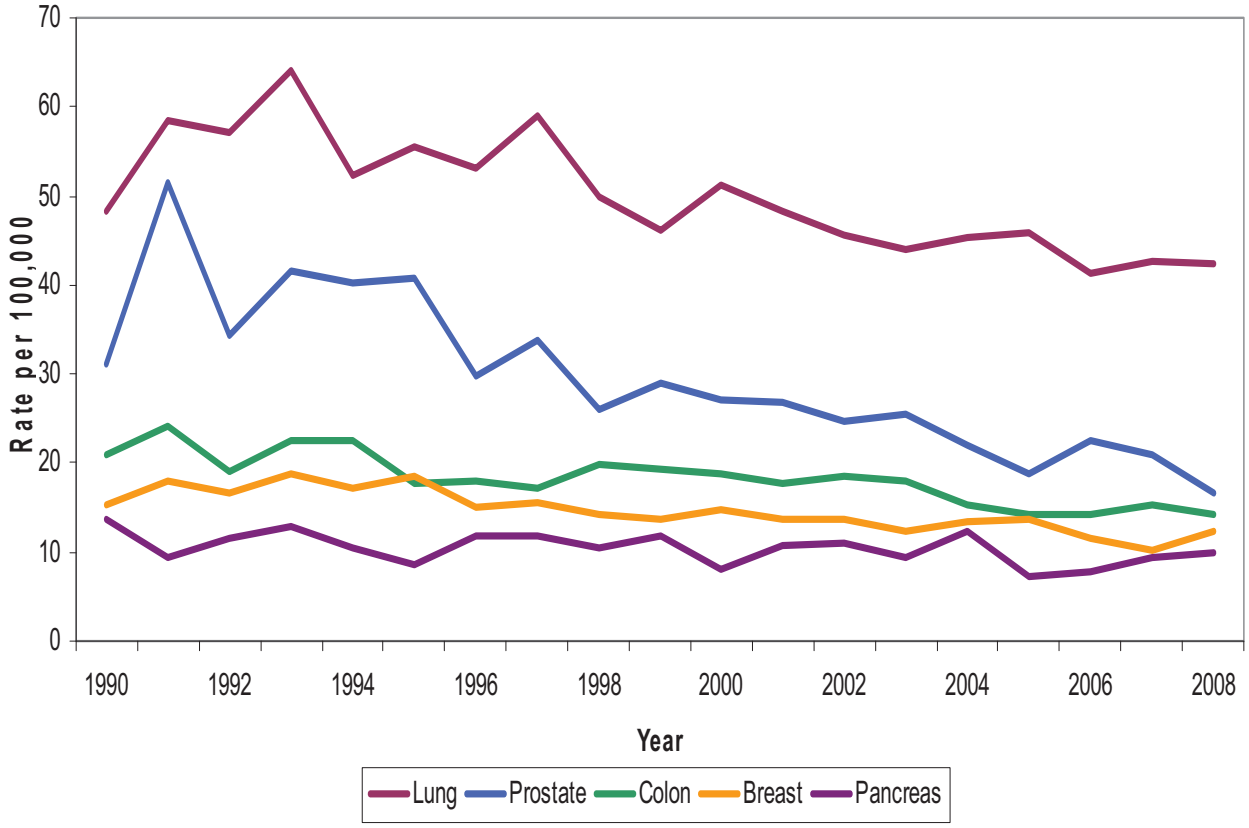


Data Source: Texas Department of State Health Services Center for Health Statistics

6.0 Cancer

While cancer mortality rates have been declining over the past two decades (Figure 6-1), it has become the leading cause of death in Travis County, surpassing the historic number one cause of death - heart disease. In 2008, over 1,000 people died of cancer in Travis County.

Figure 6-1. Age-adjusted cancer mortality rates for the five most common cancer sites for Travis County, 1990-2008.

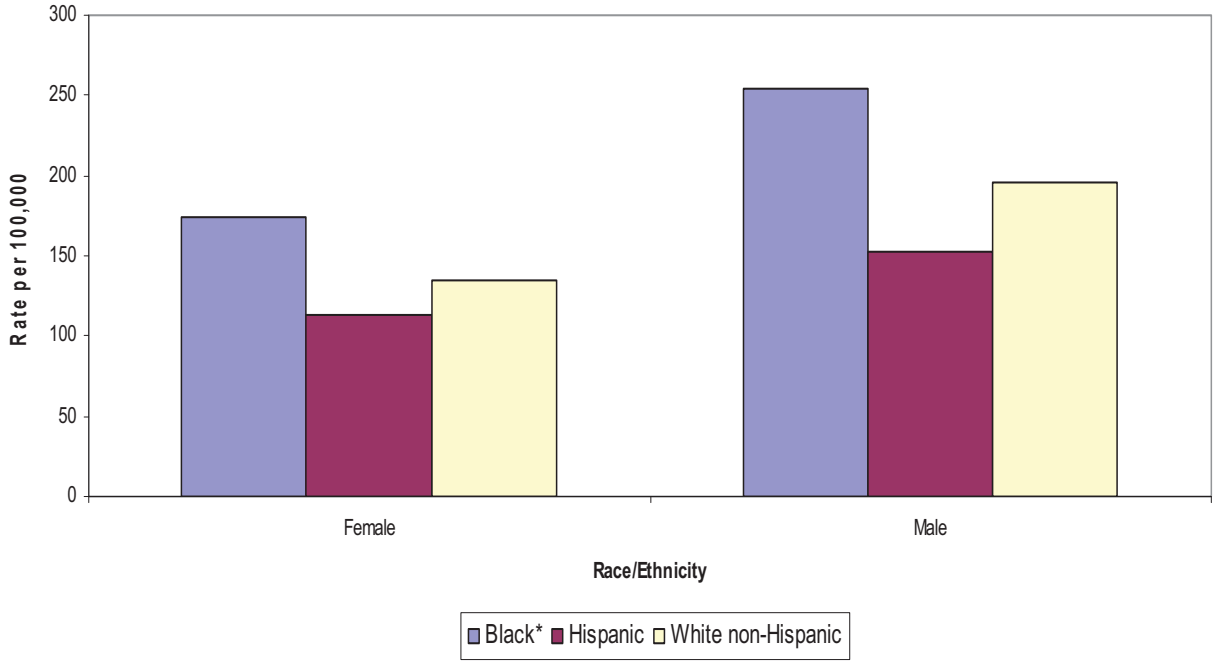


Rates are age-adjusted to the 2000 U.S Standard Population

Data source: Texas Cancer Registry Mortality File, March 2011

Cancer affects men and women at different rates. In Travis County, males typically have higher cancer mortality rates than females, after adjusting for age (Figure 6-2). There are also differences among race and ethnicity groups. Blacks have higher age-adjusted cancer mortality rates than Whites, while Hispanics have the lowest cancer mortality rates. Cancers of the lung and bronchus, prostate, colon and rectum, and breast are the most commonly diagnosed cancer sites. Deaths from these four cancers sites account for approximately 50% of all cancer deaths.

Figure 6-2. Age-adjusted cancer mortality rates by gender and race/ethnicity for Travis County 2008.



Age-Adjusted rates use 2000 Standard Population

Data Source: Texas Department of State Health Services Center for Health Statistics

*The "Black" race category includes Black Hispanics and Black non-Hispanics.

7.0 HIV/AIDS

A/TCHHSD conducts HIV/AIDS surveillance by collecting and compiling information about newly diagnosed cases and then sharing that de-identified information to help improve detection, treatment, and prevention in Travis County. The data collected include demographic characteristics such as sex, race, ethnicity and age; mode of exposure to HIV; and clinical information specific to HIV/AIDS. All data are kept confidential and private. A/TCHHSD does, however, report information to the Texas Department of State Health Services and then onto the CDC so that state and national data and trends may be tracked.

HIV/AIDS data collected for Travis County does have limitations. HIV/AIDS surveillance data only includes persons who have been tested confidentially, but not those tested anonymously. AIDS surveillance data only represents persons with end-stage HIV disease. For a table summarizing the number of newly diagnosed HIV/AIDS cases, please refer to Table 14-2 in the Appendix, Section 14.0.

HIV

In 2010, Travis County reported 197 new diagnosis of HIV. Historically, the majority of HIV cases have been reported among men. This held true in 2010 with males accounting for 86% (n=169) of the total cases. Other highlights of the Travis County HIV data include:

- Historic trends in HIV data show that the majority of newly diagnosed cases are among Whites/Other. In 2010 in Travis County, Whites/Other made up 48% (n=95) while Blacks comprised 24% (n=47) and Hispanics comprised 28% (n=55) of new HIV diagnoses.
- Although the majority of reported HIV cases each year are Whites/Other, over time the highest rate of cases are among Blacks.
- In 2010, the HIV rate among Blacks (56.8 per 100,000) was over three times higher than the HIV rate among Whites/Other (15.9 per 100,000) and over three times higher than the HIV rate among Hispanics (16.0 per 100,000).
- By age group, HIV diagnoses peak in persons under 30 years old.

AIDS

In 2010, Travis County reported 87 newly diagnosed cases of AIDS. Eighty-five percent (n=74) of the newly diagnosed AIDS cases were male. Forty-three percent (n=37) were Whites/Other. Additional summary information for AIDS in Travis County includes:

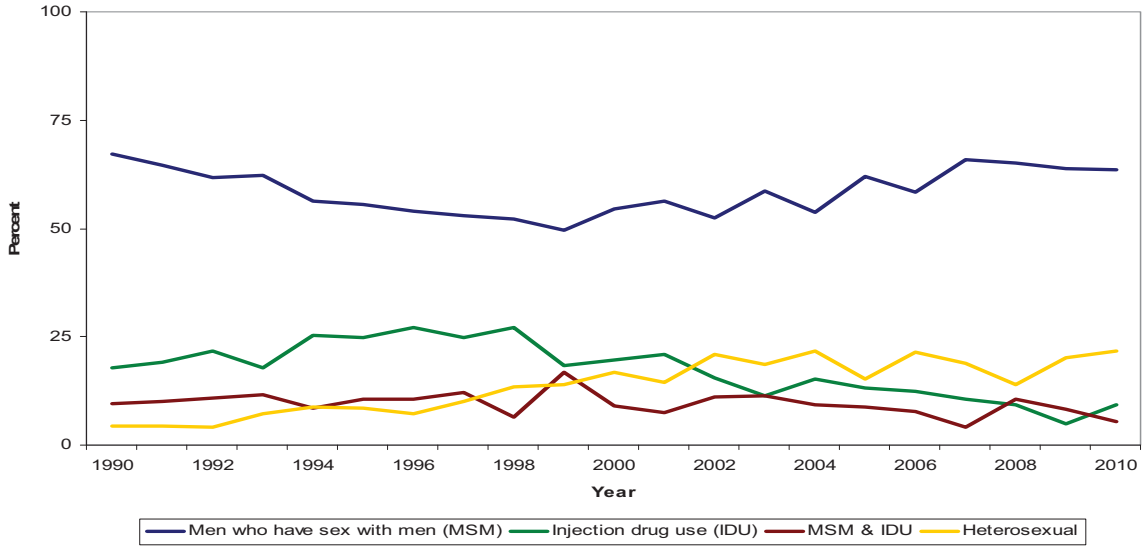
- In 2010, the rate of AIDS cases among males (14.3 per 100,000) was over five times higher than the rate of AIDS cases among females (2.6 per 100,000).
- In 2010, the rate of AIDS cases among Blacks (25.4 per 100,000) was four times higher than the rate of AIDS cases among Whites/Other (6.2 per 100,000) and almost three times higher than the rate of AIDS cases among Hispanics (8.5 per 100,000).
- By age group, AIDS diagnosis peaks in persons in their 30s. It is likely that the people being diagnosed with AIDS in their 30s were actually infected during their 20s.

AIDS Exposure Categories

Figure 7-1 shows the four major exposure categories for people who were diagnosed with AIDS from 1990 through 2010. These include "Men who have Sex with Men" (MSM), "Injection Drug Use" (IDU), Heterosexual transmission, and the combined risk factors of MSM and IDU. During the 1980's (not shown on the graph), male to male sexual (MSM) contact accounted for 80% to 90% of newly diagnosed cases of AIDS each year. As shown on the graph, however, the proportion of "MSM" decreased throughout the 1990's, but has been steadily increasing since 1998. Other highlights include:

- In 2010, over 63% of newly diagnosed AIDS cases reported MSM as their exposure category.
- Injection drug use as a risk factor for AIDS has been on a steady decline since the late 1990s. In 2010, 9.2% of new AIDS diagnoses reported IDU and 5.4% of new AIDS diagnosis reported MSM and IDU as their exposure category.
- Heterosexual transmission has been on a steady trend upward since 1990.
- In 2010, about 20% of new AIDS diagnoses were from heterosexual exposures. Heterosexual risk is only an identified mode of exposure if a partner has an identified risk.

Figure 7-1. Newly diagnosed AIDS cases by redistributed exposure category for Travis County, 1990-2010.

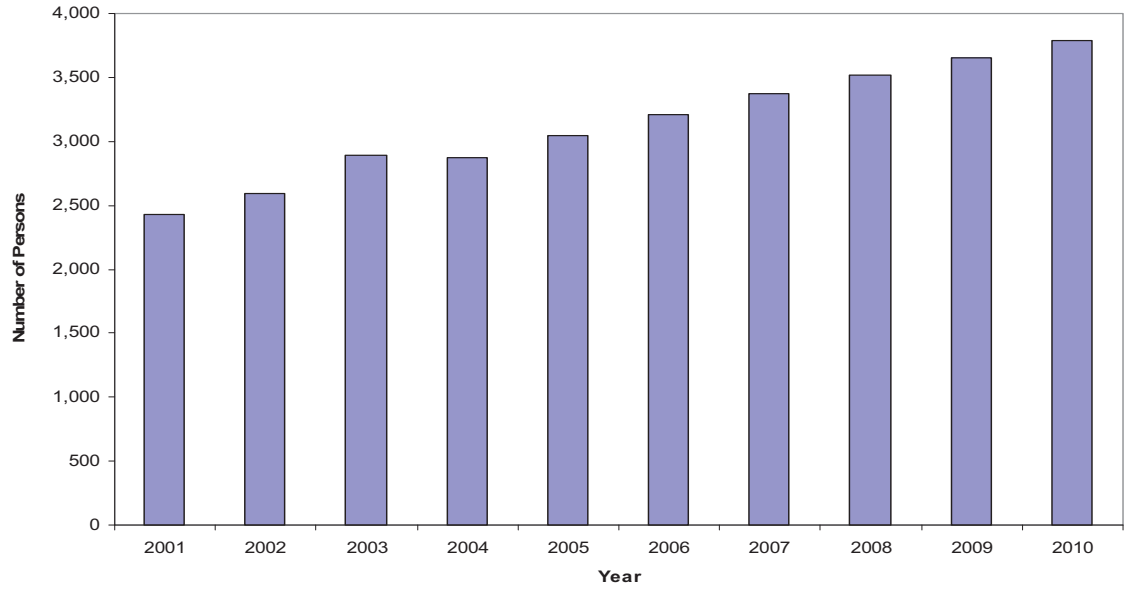


Data source: Texas Department of State Health Services, HIV/STD Program eHARS 2010

People Living with HIV/AIDS (PLWHA)

Due to medical advancements in treatment and the standardization of routine testing, many people are becoming aware of their HIV status, monitoring their health, seeking treatment, and living longer with HIV infection. Figure 7-2 shows the increase in PLWHA over the past decade. In 2010, there were 3,791 reported persons living with HIV/AIDS in Travis County, an increase from 2009 (n=3,649).

Figure 7-2. Number of persons living with HIV/AIDS (PLWHA) in Travis County, 2001-2010.

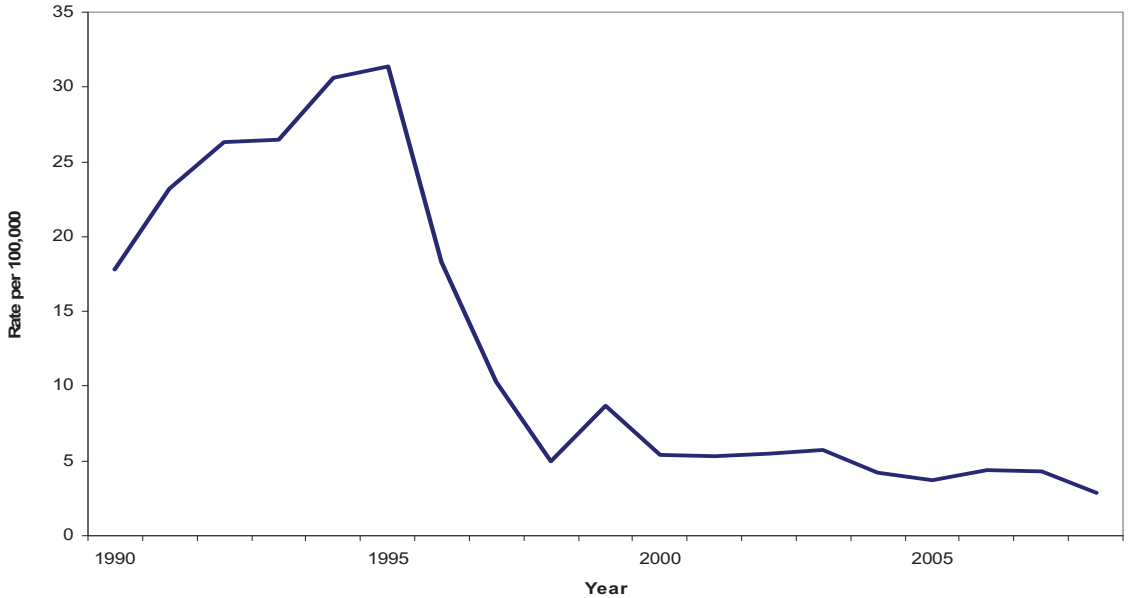


Data source: Texas Department of State Health Services HIV/STD Program.

HIV/AIDS Mortality

Figure 7-3 shows the age-adjusted HIV/AIDS mortality rates for Travis County. The introduction of highly active antiretroviral therapy (HAART) and cocktail therapies in the mid 1990s caused a dramatic decrease in the age-adjusted mortality rates for HIV/AIDS.

Figure 7-3. Age-adjusted HIV/AIDS mortality rates for Travis County, 1990-2008.



Data source: Texas Department of State Health Services Center for Health Statistics

8.0 Sexually Transmitted Diseases

In 1997, the Institute of Medicine (IOM) called Sexually Transmitted Diseases (STDs) the "hidden epidemic of enormous health and economic consequence in the United States". [6] The report goes on to say that we all should have an interest in STD prevention because all communities are impacted by STDs and all individuals directly or indirectly pay for the costs of these diseases. One important potential impact of STDs is the association with HIV infection. There is substantial biological evidence demonstrating that the presence of STDs increases the likelihood of both transmitting and acquiring HIV. Individuals who are infected with STDs are at least two to five times more likely than uninfected individuals to acquire HIV infection if they are exposed to the HIV virus through sexual contact.[7] This section summarizes information for the three STDs for which there are federally-funded control programs: chlamydia, gonorrhea, and syphilis. For a table summarizing the number of 2010 STDs cases, please refer to Table 14-3 in the Appendix, Section 14.0.

Chlamydia

Chlamydia is the most frequently reported bacterial STD in the United States with more than one million cases of sexually transmitted *Chlamydia trachomatis* infection reported to CDC in 2010. This represents the largest number of cases ever reported to CDC for any condition. Chlamydia is known as a "silent" disease because the majority of infected people have no symptoms. If untreated, chlamydia infections can progress to serious reproductive and other health problems with both short-term and long-term consequences. Nationally, rates of reported chlamydia infections among women have been increasing annually since the late 1980s, when public programs for screening and treatment of females were first established to avert pelvic inflammatory disease (PID) and related complications.[8]

Chlamydia rates in both Travis County and the State of Texas have shown a steady increase from 2000 through 2010 (Figure 8-1). Comparing county, state, and national chlamydia rates for 2010, Travis County had the highest rate at 594.5 per 100,000 population. The state rate was 467.3 per 100,000 and the national rate was 426.0 per 100,000 for 2010.

The following provides a summary of additional facts about chlamydia in Travis County in 2010:

- Travis County recorded 5,902 new cases of chlamydia in 2010.
- Seventy one percent of Travis County chlamydia cases were among females.
- Travis County ranked 15th among Texas counties in 2010 for chlamydia rates.[9]
- In 2010, the majority of reported chlamydia cases (82%) were diagnosed among people 15 to 34 years old.
- Blacks and Hispanics had the highest rates of chlamydia over the past decade in Travis County. (Figure 8-2).

[6] The Hidden Epidemic: Confronting Sexually Transmitted Disease. IOM. 1997
[7] http://www.cdc.gov/std/hiv/STDFact-STD-HIV.htm
[8] http://www.cdc.gov/std/stats10/natoverview.htmhttp://www.cdc.gov/std/stats10/natoverview.htm
[9] http://www.dshs.state.tx.us/hivstd/reports/default.shtmhttp://www.dshs.state.tx.us/hivstd/reports/default.shtm Texas STD Surveillance Report 2010

Figure 8-1. Chlamydia rates for Travis County and the State of Texas, 2000-2010.

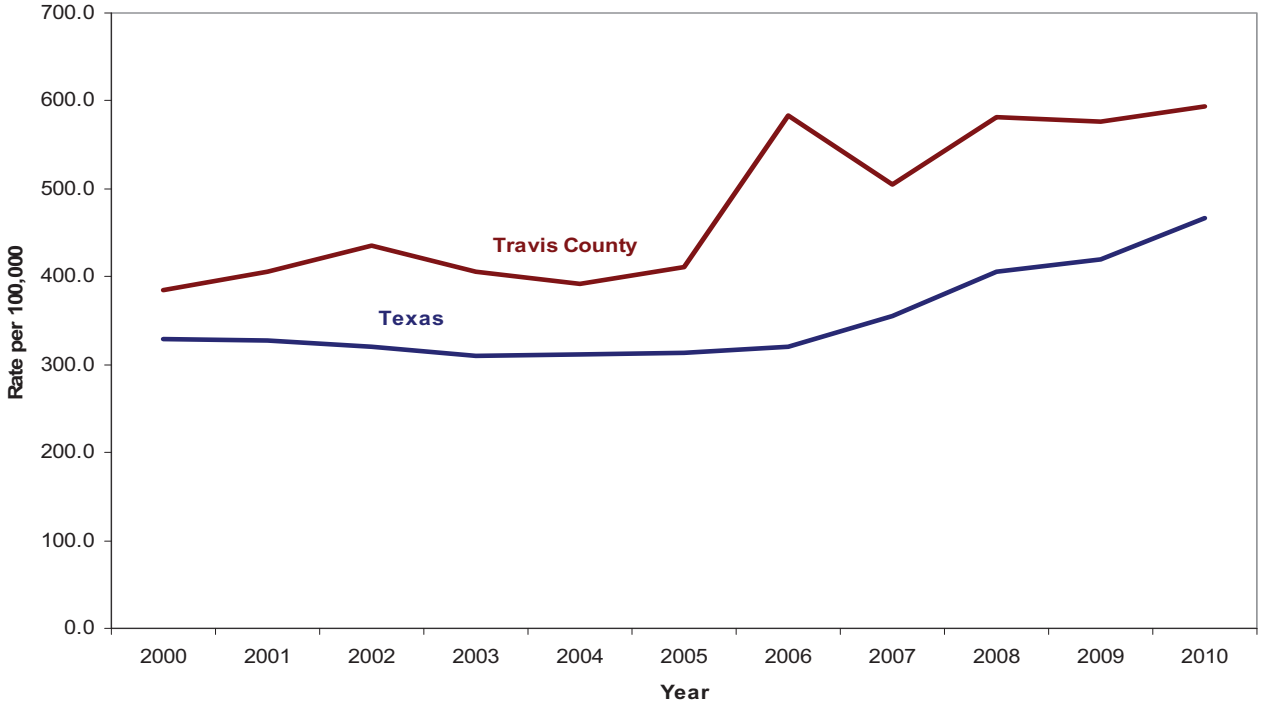
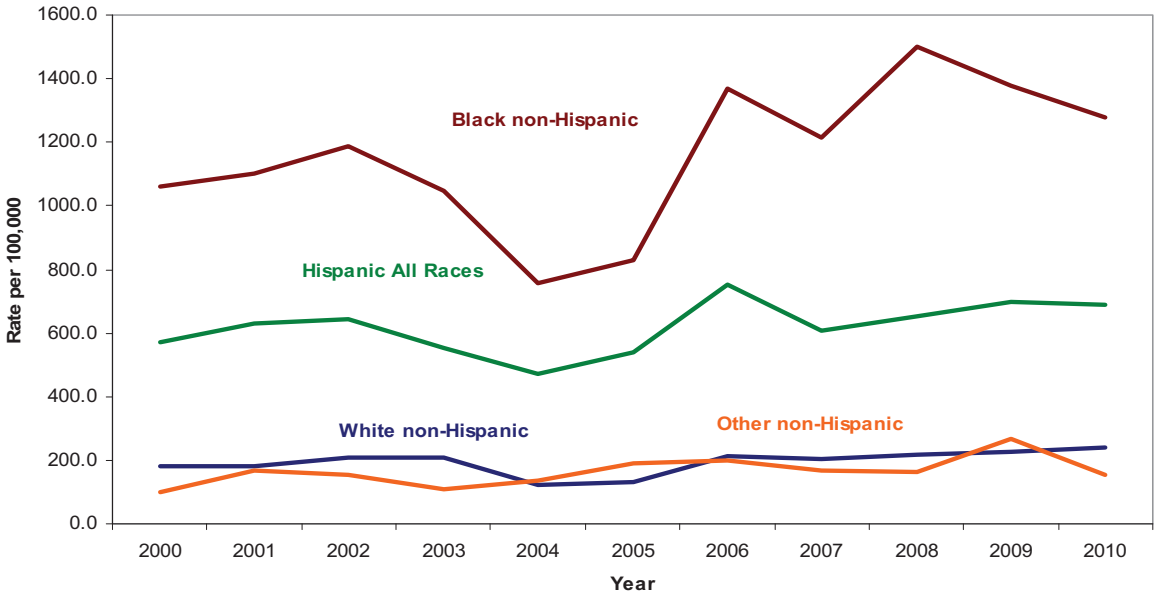


Figure 8-2. Chlamydia rates for Travis County by race/ethnicity, 2000-2010.



Data source: Texas Department of State Health Services, HIV/STD Program STD*MIS 2011

Gonorrhea

Gonorrhea is the second most commonly reported notifiable disease in the United States. Untreated infections of *Neisseria gonorrhoeae* are one of the major causes of PID in the United States. Although an individual's sexual behavior can increase the risk of acquiring gonorrhea, social determinants of health, such as poverty, may also contribute to the burden of gonorrhea in a community.[10]

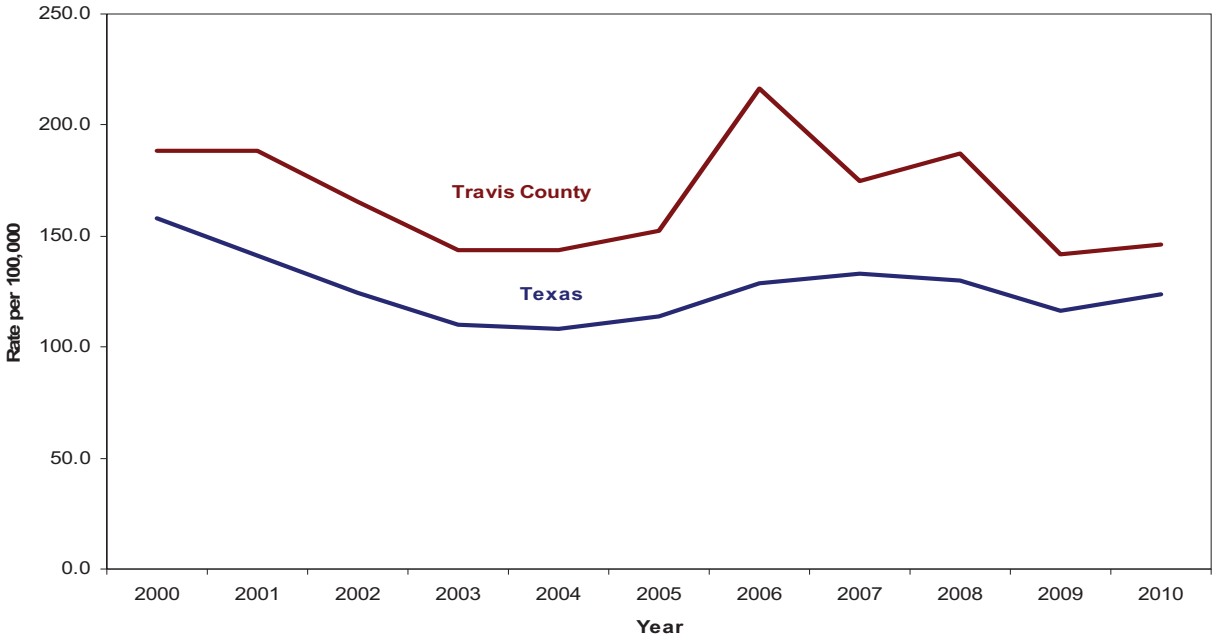
Travis County has higher rates of gonorrhea than either the State of Texas or the United States. In 2010, the rate for Travis County was 146.3 per 100,000 population while the state rate was 124.0 per 100,000 and the national rate was 100.8 per 100,000. Figure 8-3 shows county and state rates from 2000 to 2010.

The following provides a summary of additional facts about the gonorrhea in Travis County for 2010:

- Travis County reported 1,452 new cases of gonorrhea in 2010.
- Over the last decade, the rates of gonorrhea have been consistently higher in Travis County than the State of Texas.
- Travis County ranked fifth among Texas counties in 2010 for gonorrhea rates.[11]
- Gonorrhea is most frequently reported among males. Rates for males have consistently been higher than females for the last decade.
- Blacks have consistently had the highest rates of gonorrhea over the past decade in Travis County. (Figure 8-4).
- Since 2000, the majority of reported gonorrhea cases occur from individuals between the ages of 15 and 34 years old.
- In 2010, the majority of reported gonorrhea cases (74%) were diagnosed among people 15 to 29 years old; 83% among people aged 15 to 34.

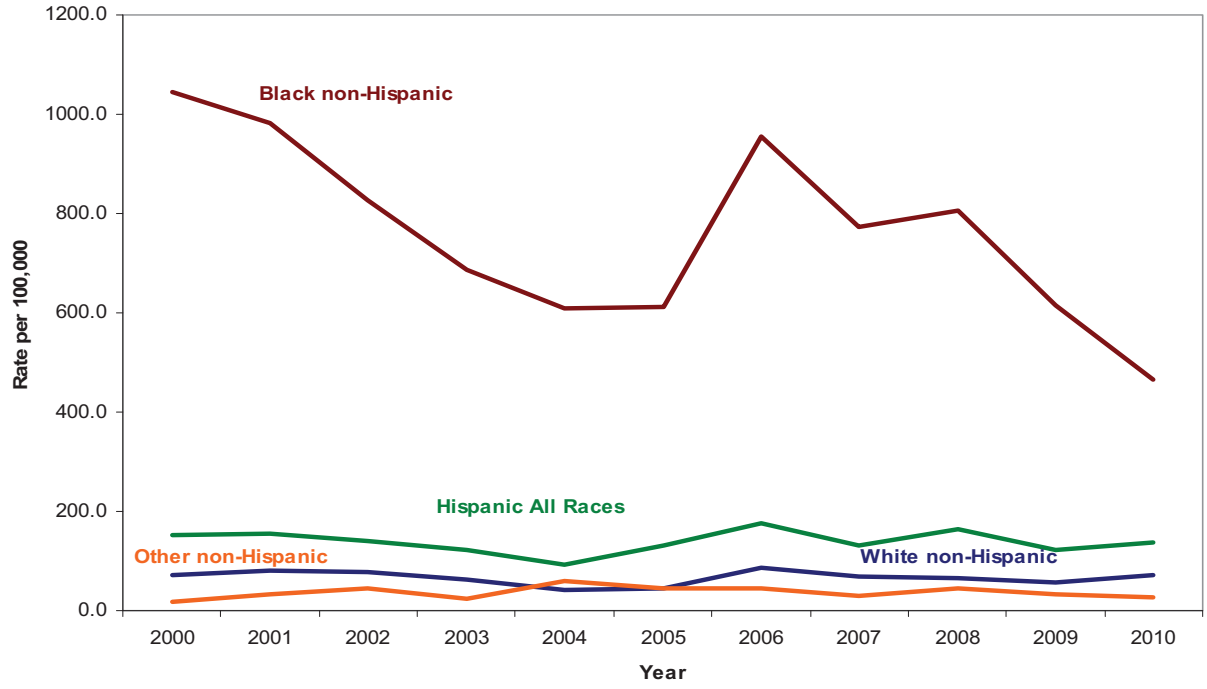
[10] http://www.cdc.gov/std/stats10/gonorrhea.htm
[11] http://www.dshs.state.tx.us/hivstd/reports/default.shtm. Texas STD Surveillance Report 2010

Figure 8-3. Gonorrhea rates for Travis County and the State of Texas, 2000-2010.



Data source: Texas Department of State Health Services, HIV/STD Program STD*MIS 2011

Figure 8-4. Gonorrhea rates for Travis County by race/ethnicity, 2000-2010.



Data source: Texas Department of State Health Services, HIV/STD Program STD*MIS 2011

Syphilis: Primary and Secondary Combined

Syphilis is the sexually transmitted disease caused by the spirochete bacterium, *Treponema pallidum.* Syphilis has often been called "the great imitator" because so many of the signs and symptoms are indistinguishable from those of other diseases.[12] The primary stage of syphilis is usually marked by the appearance of a single sore (called a chancre) which lasts 3 to 6 weeks. However, if adequate treatment is not administered, the infection will progress to the secondary stage. The secondary stage of syphilis is characterized by a bilateral rash or mucous membrane lesions. Without treatment, the infection will progress to the latent and possibly late stages of disease. Syphilis can be treated at any stage of the disease, but if left untreated can be fatal.

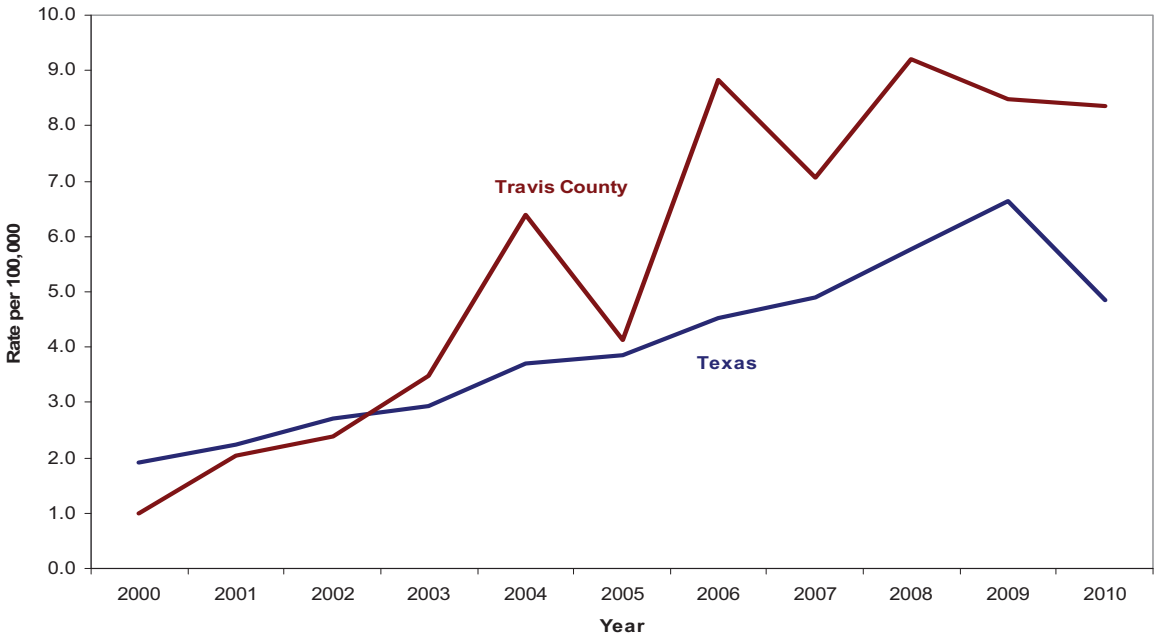
In Travis County, the 2010 rate for primary and secondary syphilis combined (8.4 per 100,000) was higher than either the state (4.9 per 100,000) or national rate (4.5 per 100,000). For the state and nation, 2010 represented the first overall decrease in primary and secondary syphilis in 10 years.[13] As illustrated in Figure 8-5, Travis County has shown an overall increase in syphilis rates from 2000 through 2009, but with more variance year-to-year.

The following provides a summary of additional facts about Syphilis in Travis County:

- Travis County reported 83 new cases of primary and secondary syphilis in 2010.
- Primary and secondary syphilis is most frequently reported among males. In 2010, 86% of reported cases were male (n=71).
- In 2010, the majority of reported syphilis cases (71%) were diagnosed among people 20 to 39 years old.
- Travis County ranked 13th among Texas counties in 2010 for combined primary and secondary syphilis rates.[14]
- Since 2003, the rates of primary and secondary syphilis in Travis County have surpassed the rates when compared to the State of Texas.
- Overall, in the State of Texas, primary and secondary syphilis cases among females and presumably heterosexual male cases were up 150% from 2004 to 2009 and seemed to be the driving force of the overall increase in primary and secondary syphilis.[15]
- As shown in Figure 8-6, trends in race/ethnicity and syphilis have changed dramatically in the last decade in Travis County.
- Since 2003, there have been marked increases in the syphilis rates in the Black population (Figure 8-6).
- At the beginning of the decade, cases were most frequently seen in 25-29 year olds. In 2010, that remained true, however there have been increases in every age group over 14 years old.

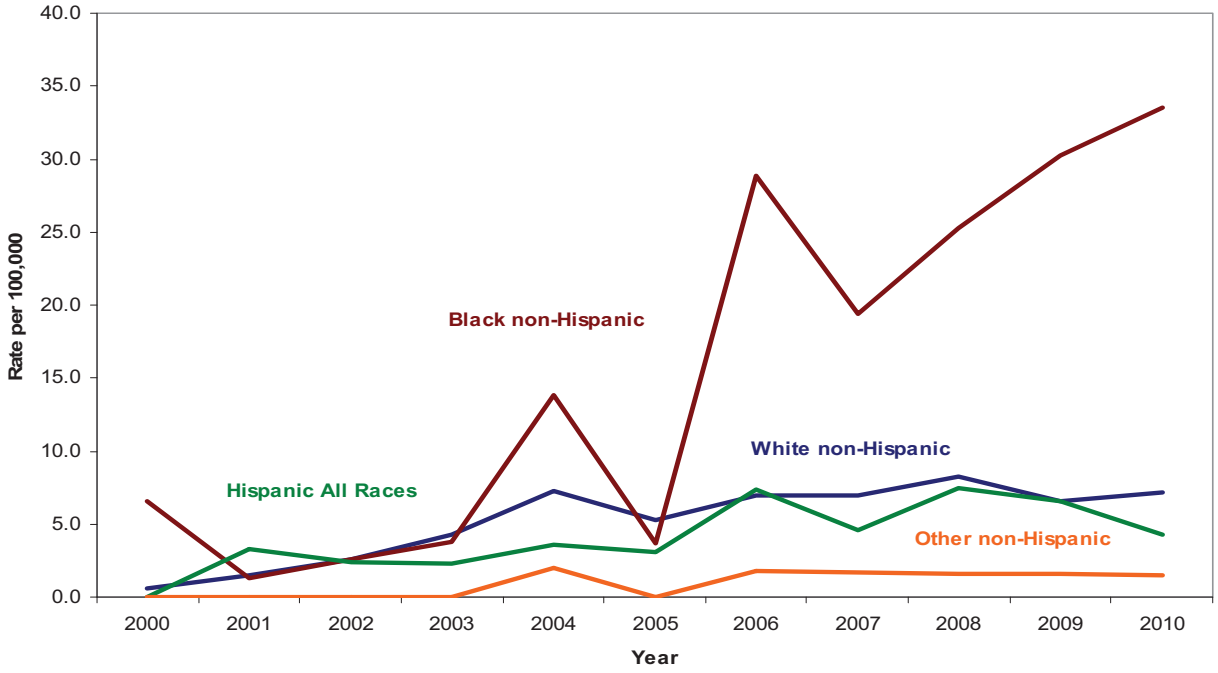
[12] http://www.cdc.gov/std/syphilis/STDFact-Syphilis.htm
[13] http://www.cdc.gov/std/stats10/Syphilis.htm
[14] http://www.dshs.state.tx.us/hivstd/reports/default.shtm Texas STD Surveillance Report 2010
[15] http://www.dshs.state.tx.us/hivstd/reports/default.shtm Texas STD Slide Set 2010

Figure 8-5. Rate of Primary and Secondary Syphilis Combined for Travis County and the State of Texas, 2000-2010.



Data source: Texas Department of State Health Services, HIV/STD Program STD*MIS 2011

Figure 8-6. Rates of Primary and Secondary Syphilis Combined by race/ethnicity for Travis County, 2000-2010.



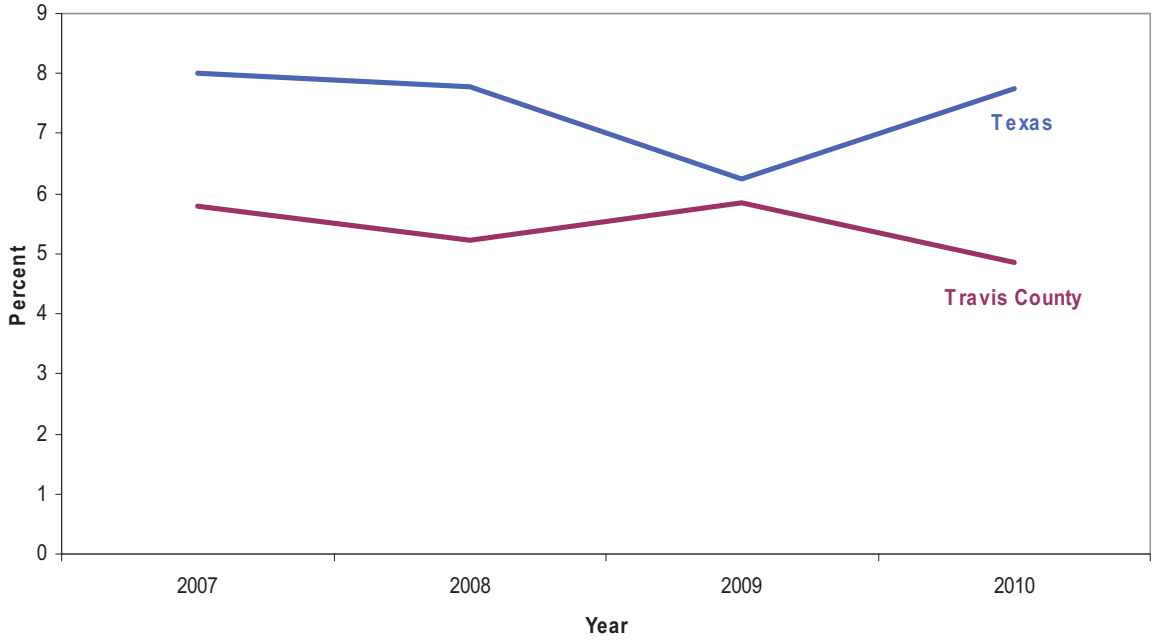
Data source: Texas Department of State Health Services, HIV/STD Program STD*MIS 2011

9.0 Chronic Disease Conditions

Cardiovascular Disease

The prevalence of cardiovascular disease among adults in Travis County has remained fairly constant at about 5% over the last four years and consequently below the prevalence for the entire state (Figure 9-1). Table 9-1 summarizes selected demographic characteristics for cardiovascular disease in Travis County. The prevalence of cardiovascular disease increases with increasing age in the Travis County population. Males are at higher risk of cardiovascular disease than females. Hispanics have lower prevalence of cardiovascular disease than non-Hispanics. Adults who reported having diabetes also reported higher prevalence of cardiovascular disease. Obesity and being overweight are strongly associated with cardiovascular disease as well. Over 8% of obese adults report having cardiovascular disease.

Figure 9-1. Cardiovascular disease prevalence estimates among adults in Travis County and the State of Texas, 2007-2010.



Data source: Texas Behavior Risk Factor Surveillance Survey (BRFSS) 2007-2010

Table 9-1. Prevalence estimates of cardiovascular disease among adults by select demographic characteristics for Travis County and the State of Texas, 2008-2010.

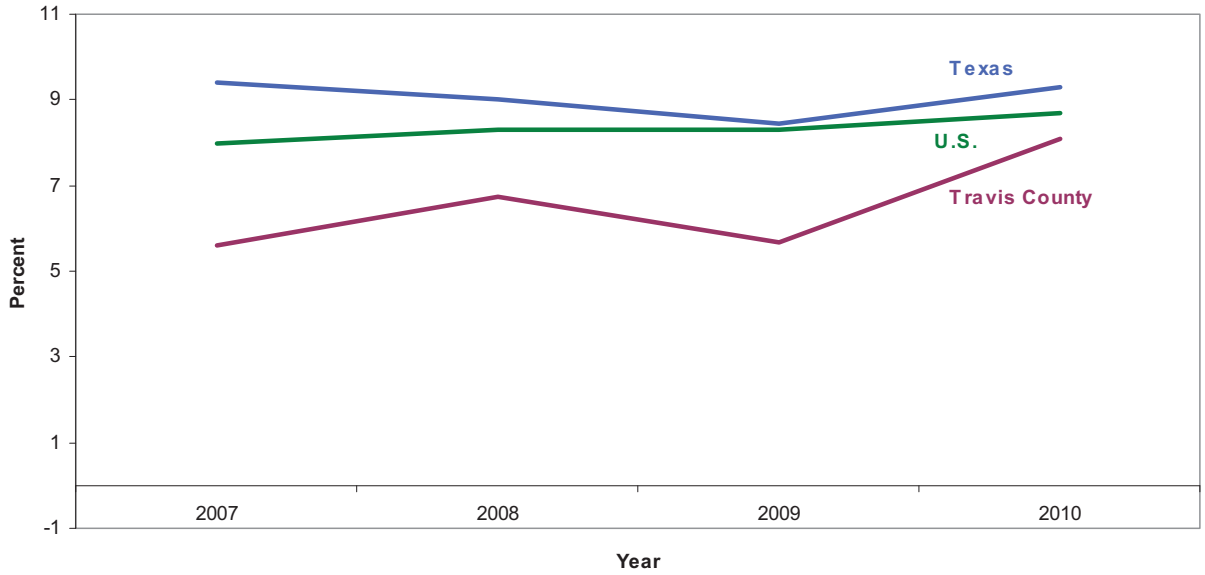
DEMOGRAPHIC CHARACTERISTIC	Travis County (Percent)	Texas (Percent)
Sex of Respondent		
Male	5.7	7.9
Female	4.9	6.6
Age Group		
18 to 44	1.3*	1.8
45 to 64	7.9	9.0
65+	24.2	25.8
Race/Ethnicity		
White non-Hispanic	6.6	8.5
Black non-Hispanic	6.5*	7.6
Hispanic All Races	2.7*	4.6
Education Categories		
< High School Graduate	5.2*	9.4
High School Graduate and Some College	6.1	8.2
College Graduate	4.8	5.0
Employed		
Yes	3.5	3.5
No	8.8	12.8
TOTAL	5.3	7.3

Data source: Texas Behavioral Risk Factor Surveillance Survey (BRFSS) 2008-2010
*Estimate unstable and should be interpreted with caution.

Diabetes

Diabetes affects an increasing number of Travis County residents. In 2010, 8.1% of adults reported being told they have diabetes by their doctor. While the prevalence of diabetes in Travis County is lower than for Texas, that gap is narrowing (Figure 9-2).

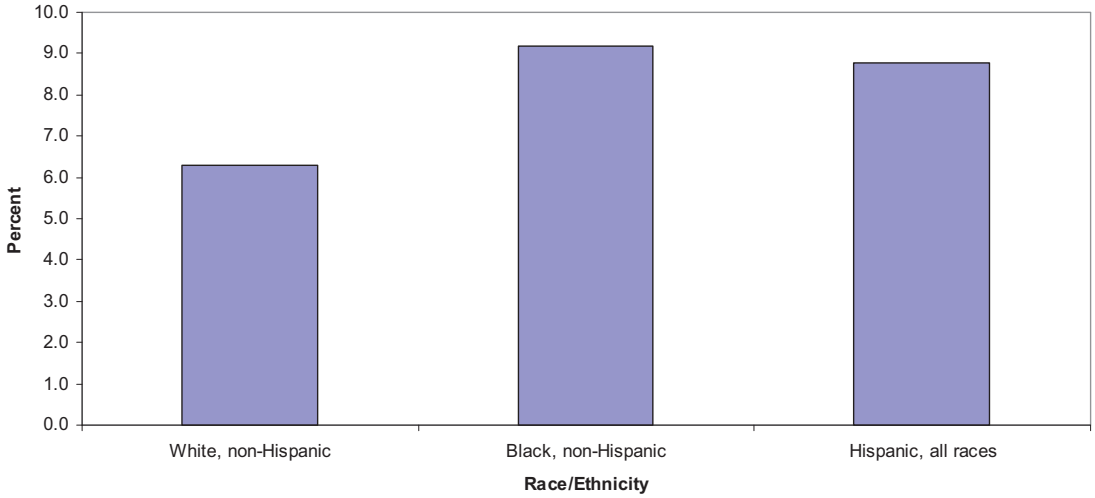
Figure 9-2. Diabetes prevalence estimates among adults in Travis County, the State of Texas and the United States, 2007-2010.



Data source: Behavior Risk Factor Surveillance Survey (BRFSS) 2007-2010

As illustrated in Figure 9-3, disparities among diabetes prevalence exist by race and ethnicity. The prevalence of diabetes was 8.8% among Hispanics and 9.2% among Blacks.

Figure 9-3. Diabetes prevalence estimates by race/ethnicity among adults for Travis County, 2008-2010.



Data source: Texas Behavior Risk Factor Surveillance Survey (BRFSS) 2008-2010

Table 9-2 summarizes prevalence estimates of diabetes in Travis County by selected demographic characteristics. Older Travis County residents are more likely to report being diagnosed with diabetes. The prevalence of diabetes was 11.7% among residents age 45 to 64 years and 16.0% among residents age 65 years and older. Adults with more education have lower prevalence of diabetes than those with less education. Obesity and being overweight are more prevalent among diabetics as well with over 18% of obese adults who report also having diabetes.

Table 9-2. Prevalence estimates of diabetes among adults by select demographic characteristics for Travis County and the State of Texas, 2008-2010.

DEMOGRAPHIC CHARACTERISTIC	Travis County (Percent)	Texas (Percent)
Sex of Respondent		
Male	6.7	9.3
Female	6.9	8.5
Age Group		
18 to 44	2.9	3.2
45 to 64	11.7	13.6
65+	16.0	21.0
Race/Ethnicity		
White non-Hispanic	6.3	8.2
Black non-Hispanic	9.2	13.3
Hispanic All Races	8.8	9.4
Education Categories		
< High School Graduate	10.9	12.3
High School Graduate and Some College	7.6	9.5
College Graduate	5.4	6.7
Employed		
Yes	5.7	6.1
No	9.0	13.0
TOTAL	6.8	8.9

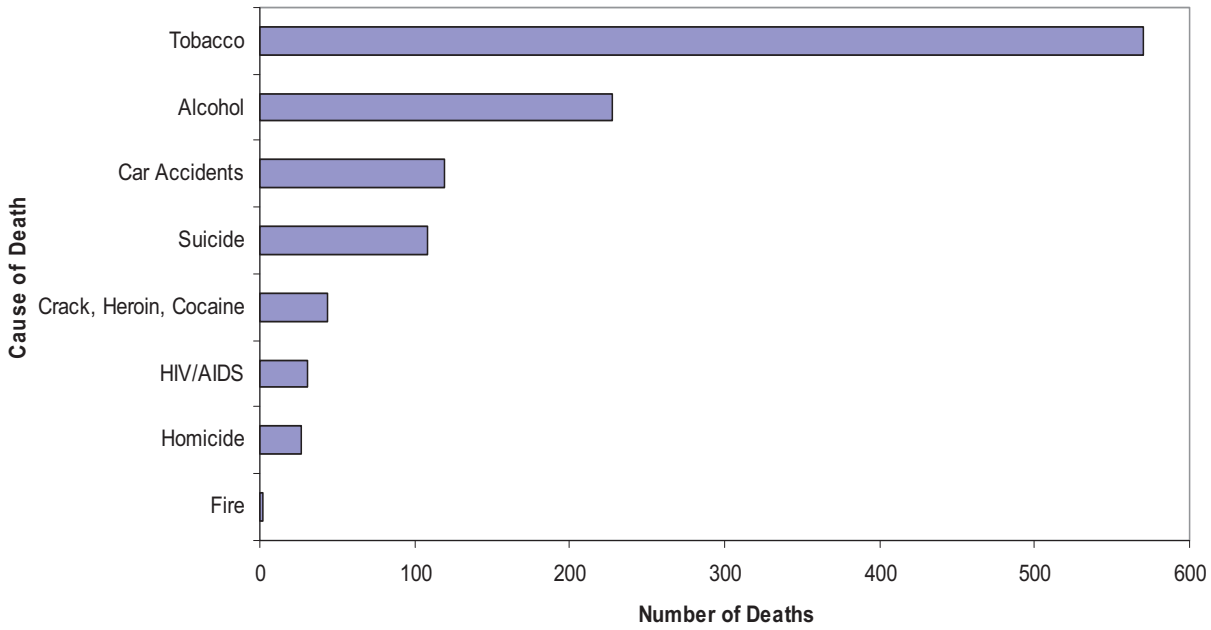
Data source: Texas Behavioral Risk Factor Surveillance Survey (BRFSS) 2008-2010

10.0 Chronic Disease Risk Factors

Tobacco

Tobacco remains the leading cause of preventable death in Austin and Travis County. In 2008, almost 600 deaths in Travis County – an average of 11 a week - were caused by cigarettes and other tobacco products. In Travis County, smoking causes more deaths than AIDS, crack, heroin, cocaine, alcohol, car accidents, fire, murder, and suicide combined (Figure 10-1). The use of tobacco, including smoking cigarettes and using smokeless tobacco, increases the risk of chronic diseases such as cardiovascular and respiratory diseases, as well as cancer of the lung, throat, stomach, kidney, and pancreas.[16]

Figure 10-1. Leading cause of preventable deaths in Travis County, 2008.



Data source: Mortality data were obtained from the Center for Health Statistics at the Texas Department of State Health Services. The estimated number of deaths due to tobacco use were based on Smoking-Attributable Mortality, Morbidity and Economic Costs (SAMMEC) calculation tood from Centers for Disease Control and Prevention (CDC). The estimated number of deaths due to alcohol were based on the Alcohol-Related Disease Impact (ARDI) calculation tool from CDC.

More than one in six Travis County adults uses tobacco products such as cigarettes, snus, snuff, chewing tobacco, pipes, or cigars, according to a 2010 population-based survey of county residents. Tobacco use in Travis County differs among genders, age groups, race and ethnicity, and income. Table 10-1 details those differences. The highlights include:

- Males are more likely than females to smoke and use tobacco.
- Adults ages 18-29 years have tobacco use rates double those of adults over age 65.
- Blacks have higher rates of any tobacco use than Whites or Hispanics.
- Adults with higher income levels have lower levels of smoking and tobacco use.

[16] http://www.cdc.gov/chronicdisease/resources/publications/aag/osh.htm

Table 10-1. Prevalence estimates of tobacco use by selected demographic characteristics for Travis County, 2010.

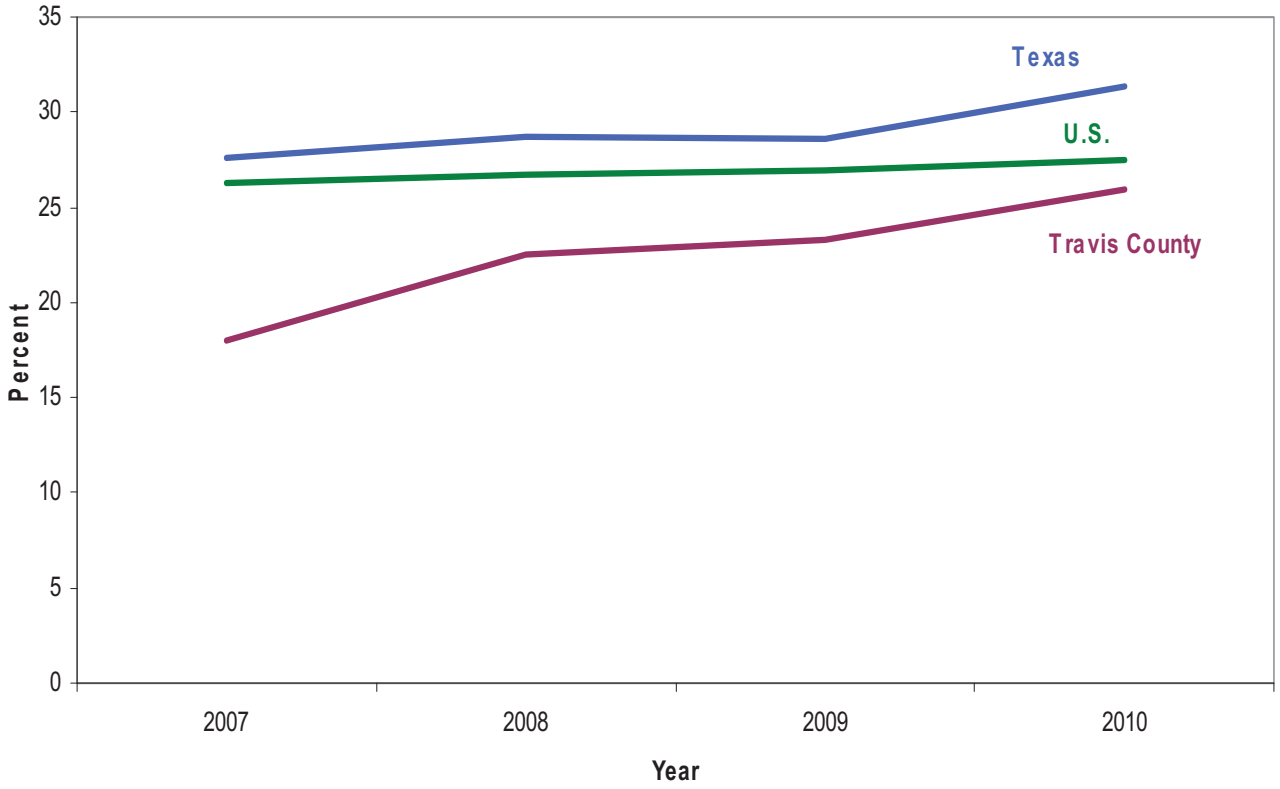
DEMOGRAPHIC CHARACTERISTIC	ANY TOBACCO USE (Percent)
Gender	
Males	27.7
Females	12.6
Age Group	
18-34	23.4
35-64	19.5
65+	9.8
Race/ethnicity	
White non-Hispanic	22.3
Black non-Hispanic	24.2*
Hispanic All Races	18.8
Education	
< High School Graduate	19.4*
High School Graduate	27.1
Some College	26.1
College Graduate	14.1
Annual Income	
<$50,000	20.1
$50,000+	19.3
All Travis County Residents	**20.4**

Data Source: Prevalence data for tobacco-use were estimated using the Travis County Communities Putting Prevention to Work (CPPW) Behavioral Risk Factor Surveillance Survey (BRFSS) conducted Fall 2010
*Estimate unstable and should be interpreted with caution.

Obesity

Over the last several years, there has been an increase in obesity among Travis County adults, mirroring the increase seen in Texas and the United States (Figure 11-2). About one-fourth of Travis County adults, over 118,000 persons, are considered clinically obese.

Figure 10-2. Obesity trends in Travis County, Texas and the United States, 2007-2010.



Data source: Behavioral Risk Factor Surveillance Survey (BRFSS) 2007-2010

The prevalence of obesity and being overweight vary by demographic group and socioeconomic indicators as shown in Table 10-2.

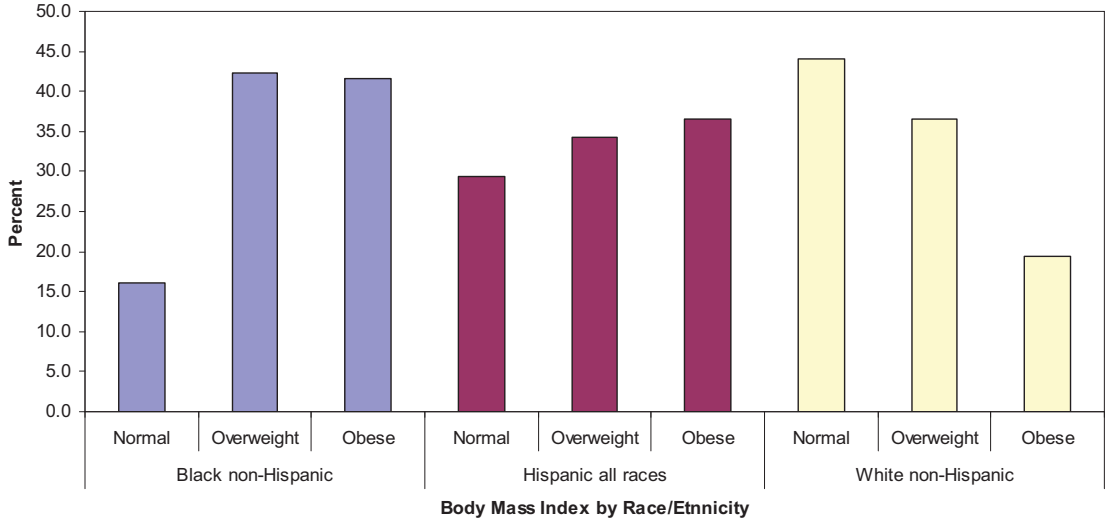
Table 10-2. Prevalence estimates of obesity, being overweight, and normal weight among adults by select demographic characteristics, Travis County, 2008-2010.

DEMOGRAPHIC CHARACTERISTIC	Obese BMI≥30 (Percent)	Overweight 25≤BMI<30 (Percent)	Normal Weight BMI<25 (Percent)
All County Residents	24.0	36.1	40.0
Sex of Respondent			
Male	22.6	44.3	33.1
Female	25.5	26.5	47.9
Age Group			
18 to 44	23.0	33.9	43.1
45 to 64	25.9	38.9	35.2
65+	23.6	40.5	35.9
Race/Ethnicity			
White non-Hispanic	19.4	36.5	44.1
Black non-Hispanic	41.7	42.2	16.1
Hispanic All Races	36.5	34.3	29.3
Income Categories			
< $25,000	32.5	33.9	33.7
$25,000 - $50,000	30.7	30.1	39.2
>$50,000	18.7	40.2	41.1
Education Categories			
< High School Graduate	49.0	29.5	21.5
High School Graduate and Some College	27.2	36.0	36.8
College Graduate	17.2	37.4	45.3
Health care coverage			
Yes	23.0	36.7	40.3
No	28.8	32.9	38.3
Employed			
Yes	23.4	39.0	37.6
No	24.1	31.2	44.6

Data source: Texas Behavioral Risk Factor Surveillance Survey (BFRSS) 2008 - 2010

Blacks and Hispanics have a higher risk of obesity and being overweight than Whites (Figure 10-3). Adults with lower education and lower income are also more likely to be overweight or obese. The lack of any kind of health care coverage is also associated with a higher prevalence of overweight and obesity.

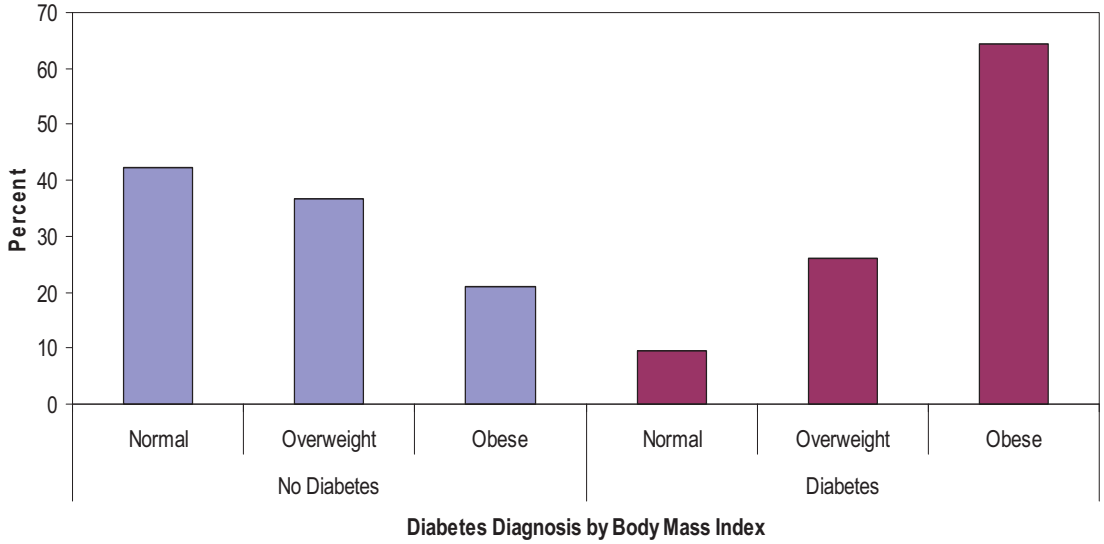
Figure 10-3. Body Mass Index by race/ethnicity among adults in Travis County, 2008-2010.



Data source: Texas Behavioral Risk Factor Surveillance Survey (BRFSS) 2008-2010

Adults who report being diagnosed with chronic conditions such as asthma, diabetes, and heart disease have higher prevalence of obesity and being overweight than those without these co-morbid conditions. Over three in five adults with diabetes are also obese (Figure 10-4).

Figure 10-4. Body Mass Index by diabetes diagnosis among adults in Travis County, 2008-2010



Data source: Texas Behavioral Risk Factor Surveillance Survey (BRFSS) 2008-2010

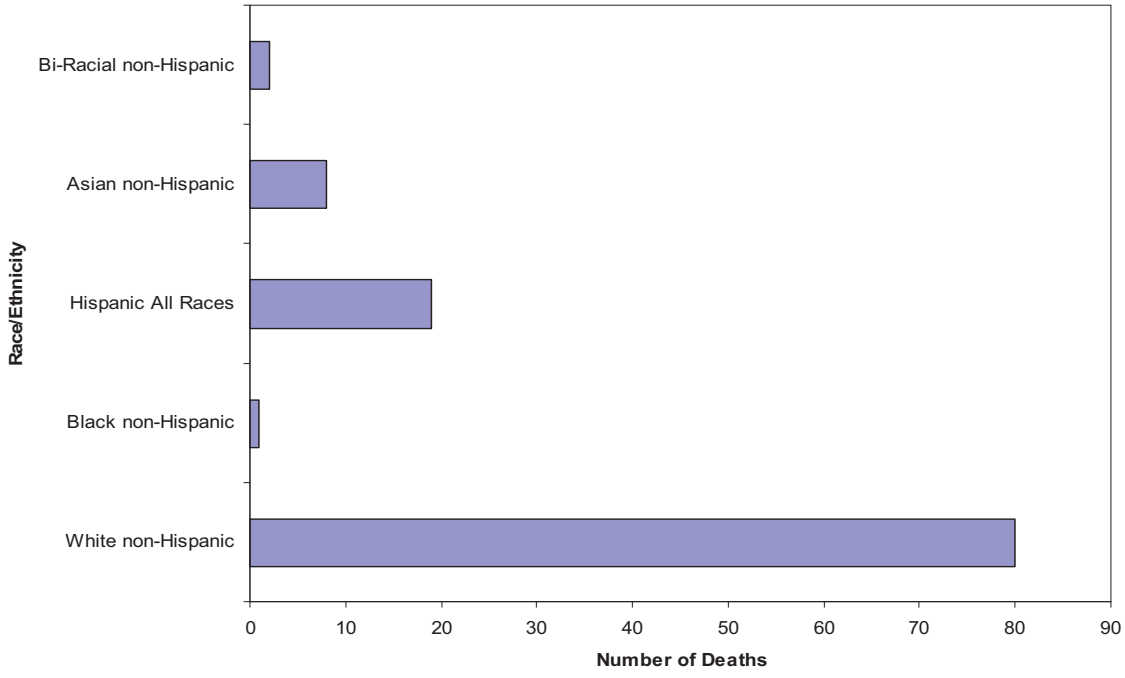
11.0 Suicide

The A/TCHHSD, on behalf of the City of Austin, annually compiles information on suicide from the Austin Office of Vital Records in order to facilitate a greater awareness and understanding of suicide in our community. The information presented in this section is taken from the 2010 Annual Report, "Deaths by Suicide in the City of Austin". It is important to note that the City of Austin boundaries extend from Travis County into both Hays and Williamson Counties. Subsequently, A/TCHHSD Office of Vital Records receives, processes, and reports records for City of Austin residents in Travis, Hays and Williamson Counties. The City of Austin data discussed in this section represents a portion of data within all three counties, but not any of these counties entirely. Also, the data presented in this section represent a snapshot or point in time representation of suicide data for 2010. The occurrence of suicide can vary from year-to-year. Additional data on suicide may also be found in the Appendix, Section 14.0.

Race/Ethnicity

As shown in Figure 11-1, most suicides occurring in the City of Austin, regardless of gender, were committed among Whites (72.7%). Overall most suicides occurring in the City of Austin were committed among males (81.0%). Among males who committed suicide most were among Whites (73.0%). Suicides among females (19.1%) were less common than among males (81.0%). Among females, most suicides occurred among Whites (71.4%). The percent of Asian females (14.3%) committing suicide is higher than Asian males (5.6%).

Figure 11-1. Number of suicide deaths by race/ethnicity for the City of Austin, 2010.



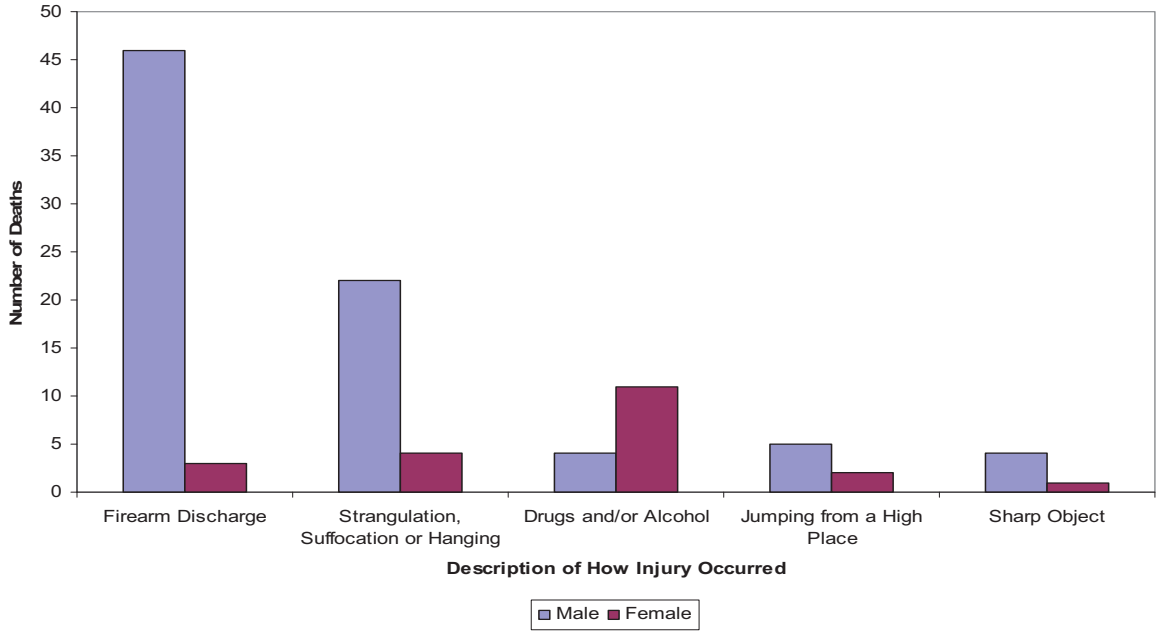
Data source: A/TCHHSD Office of Vital Records

Description of Injury

Firearm discharge is the most frequent method of suicide employed. Firearm discharge is followed in frequency by strangulation, suffocation, or hanging; drugs and/or alcohol use; jumping from a high place; and use of a sharp object. Figure 11-2 shows the suicide method employed by males and females for the 2010.

For males, firearm discharge is the most frequent form of suicide, followed by strangulation, suffocation, or hanging; and jumping from a high place. Among females, drugs and/or alcohol are the most frequent type of injury followed by strangulation, suffocation, or hanging; and firearm discharge.

Figure 11-2. Number of suicide deaths by select description of injury and sex for the City of Austin, 2010.

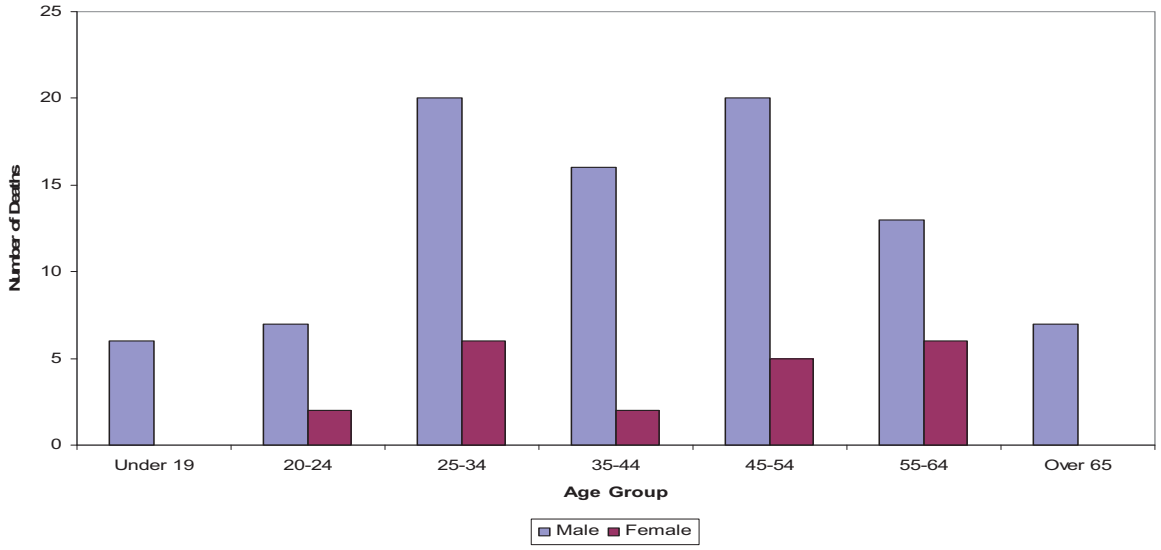


Data source: A/TCHHSD Office of Vital Records

Age Group

Figure 11-3 summarizes the suicide data by age group and sex. Suicides among males peaked in the age groups of 25-34 year olds (22.5%) and 45-54 year olds (22.5%). Suicides among females peaked in the age groups 25-34 year olds (28.6%) and 55-64 year olds (28.6%). Of note, there were no deaths attributed to suicide among females less than 19 years old or over 65 years old. Total suicides peaked in the age groups 25-34 year olds (23.6%) and 45-54 year olds (22.7%).

Figure 11-3. Number of suicide deaths by age group and gender for the City of Austin, 2010.

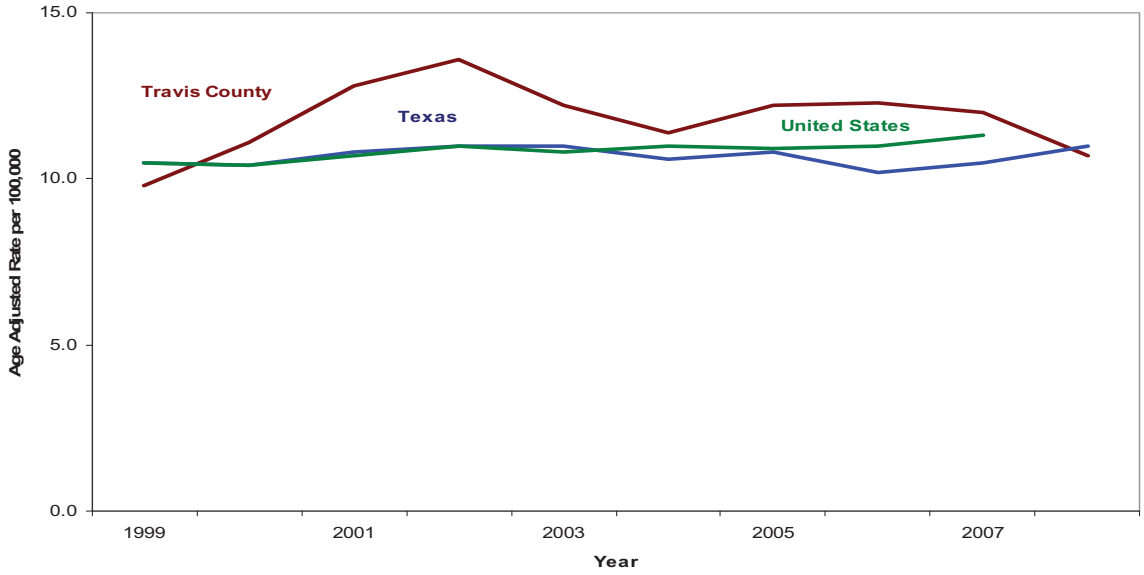


Data source: A/TCHHSD Office of Vital Records.

Suicide Mortality Rates

Figure 11-4 presents the age-adjusted suicide mortality rates from 1998 through 2008 for Travis County, the State of Texas, and the United States. Over this time period the suicide rate for Travis County has typically been above both the state and national rates, although for 2008 the county rate was below the state rate. National level mortality data are not yet available for 2008. Travis County and Texas mortality rates for suicide have remained relatively stable from 1999-2008 with normal fluctuations in data.

Figure 11-4. Age-adjusted suicide mortality rates per 100,000 for Travis County, the State of Texas, and the United States, 1999 – 2008.`



Data sources: Texas and Travis County level data: Texas Health Data - Death Data
http://soupfin.tdh.state.tx.us/death10.htm
National level data: CDC WISQARS Injury Mortality Reports http://webappa.cdc.gov/sasweb/ncipc/mortrate10_sy.html

12.0 Health Disparities

Healthy People 2020, a national initiative coordinated by the U.S. Department of Health and Human Services, defines a **health disparity** as "a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage(s). Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion." The goal of the Healthy People initiative is to ultimately eliminate disparities, achieve health equity, and improve the health of all groups.[17] A/TCHHSD is also committed to these goals.

The first step in reducing and ultimately eliminating health disparities in our community is to identify disparities that exist. This report brings together, for the first time, information on a number of different health conditions and diseases and allows us to describe the disease experience of the city and county. As noted in the definition above, there are a number of community and individual characteristics that may contribute to health disparities. A/TCHHSD does not routinely collect some of these data, nor do we routinely correlate the data directly with disease status. For this report, however, we take the first step and begin the process of examining selected health disparities, specific to select conditions, diseases, and demographic information and begin to raise awareness about the health disparities that exist within our community.

Based on the data presented in this report, a list of key health disparities for selected categories specifically for Austin/Travis County has been developed. The list includes disparities based on age, sex, race and ethnicity, education, income, and indirectly access to medical care.

<u>Mortality among Travis County Residents</u>

- Motor vehicle accidents were the leading cause of death for persons aged 15 to 24 in 2008.
- Death rates were higher for men than women for the 10 leading causes of death with the exception of stroke and Alzheimer's disease.
- The mortality rate from diabetes among Blacks and Hispanics was more than double the rate for Whites.
- HIV ranks eighth among the leading causes of death for Blacks. For Hispanics and Whites, HIV is not one of the top 10 leading causes of death.
- Most suicides were committed among Whites and most frequently committed among males.
- Males typically have higher cancer mortality rates than females, after adjusting for age.
- Blacks have higher age-adjusted cancer mortality rates than Whites, while Hispanics have the lowest cancer mortality rates.

<u>Maternal, Child, and Adolescent Health in Travis County</u>

- From 2006 to 2008 the percentage of mothers who identify as Black and Hispanic with "Late or No Prenatal Care" was over twice that of White mothers from 2006 to 2008.

[17] http://www.healthypeople.gov/2020/about/disparitiesAbout.aspx accessed 1/31/2012

Late initiation of prenatal care or no prenatal care are often related to a mother's ability to access medical care.

- Babies born to Black mothers were at highest risk among the three race/ethnicity groups to be born premature or with a low birth weight.
- Hispanic and Black females younger than 20 years old (including the 15-17 year old subset of females) had the highest percent of births to teen mothers – approximately 4 to 8 times the percent for White mothers.
- Blacks experience the highest rates of infant mortality, twice that of Hispanics and Whites.

HIV, AIDS and STDs in Travis County

- HIV
  - White/Other accounted for 48% of all newly diagnosed HIV cases in 2010.
  - The HIV rate in 2010, however, among Blacks was over three times higher than the rate of HIV cases among White/Other and Hispanics.
- AIDS
  - In 2010, the rate of AIDS cases among males was over five times higher than the rate of AIDS cases among females.
  - The rate of AIDS cases among Blacks was four times higher than the rate of AIDS cases among Whites/Other and almost three times higher than the rate of AIDS cases among Hispanics.
- STDs
  - Blacks have the highest rates of chlamydia, gonorrhea, and primary and secondary syphilis over the past decade.
  - The majority of cases of chlamydia and gonorrhea were reported among persons age 15-24 years old.

Chronic Disease among Travis County Adults

- Cardiovascular disease:
  - The prevalence of cardiovascular disease increases with age.
  - Males are at higher risk than females.
  - Hispanics have a lower prevalence of cardiovascular disease than non-Hispanics.
- Diabetes:
  - The prevalence of diabetes increases with age.
  - The prevalence of diabetes in adults decreases as level of education increases.
  - The prevalence of diabetes among Hispanics and Blacks is higher than the prevalence of diabetes among Whites.

Chronic Disease Risk Factors among Travis County Adults

- Tobacco use
  - Males are more likely than females to smoke and use tobacco.
  - Tobacco use rates among adults ages 18-29 years are double those of adults over age 65.
  - Blacks have higher rates of any tobacco use, in all forms, than Whites or Hispanics.

- Obesity
    - Blacks and Hispanics are at higher risk of being overweight and being diagnosed as clinically obese, than Whites.
    - Adults with lower education and lower income are more likely to be overweight or obese.
    - The lack of any kind of health care coverage is associated with a higher prevalence of obesity and being overweight in the county.
    - Adults who report being diagnosed with chronic conditions such as asthma, diabetes, and heart disease have higher prevalence of obesity and being overweight than those without these co-morbid conditions.

Many A/TCHHSD programs target the subpopulations with the greatest need of intervention in order to prevent and reduce adverse health outcomes. The effects of these activities may not be seen for several years to come, and the factors related to adverse health outcomes are multiple and complex. As CDC recently stated, "differences in health based on race, ethnicity, or economics can be reduced, but will require public awareness and understanding of which groups are most vulnerable, which disparities are correctable through available interventions, and whether disparities are being resolved over time." [18]

[18] http://www.cdc.gov/mmwr/pdf/other/su6001.pdf

13.0 Glossary of Key Terminology[19]

AGE-ADJUSTED MORTALITY RATE. A mortality rate statistically modified to eliminate the effect of different age distributions in the different populations.

BMI. Body mass index (BMI) is a measure of body fat based on height and weight that applies to adult men and women. BMI Categories: Underweight = <18.5; Normal weight = 18.5–24.9 ; Overweight = 25–29.9 ; Obesity = BMI of 30 or greater. [20]

BRFSS. Behavioral Risk Factor Surveillance System. The BRFSS is an on-going data collection program designed to measure behavioral risk factors in the U.S. adult, non-institutionalized, civilian population. The objective of the BRFSS is to collect uniform, state-specific data on preventive health practices and risk behaviors that are linked to chronic diseases, injuries, and preventable infectious diseases. Factors assessed by the BRFSS include safety-belt use, tobacco use, physical activity, diet, and use of cancer screening services, among others. Data are collected from a random sample of adults (one per household) through a telephone survey. [21]

CASE. In epidemiology, a countable instance in the population or study group of a particular disease, health disorder, or condition under investigation. Sometimes,an individual with the particular disease.

DEMOGRAPHIC INFORMATION. The ``person'' characteristics--age, sex, race, and occupation--of descriptive epidemiology used to characterize the populations at risk.

HEALTH. A state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.

HEALTH INDICATOR. A measure that reflects, or indicates, the state of health of persons in a defined population, e.g., the infant mortality rate.

INCIDENCE RATE. A measure of the frequency with which an event, such as a new case of illness, occurs in a population over a period of time. The denominator is the population at risk; the numerator is the number of new cases occurring during a given time period.

LOW BIRTH WEIGHT. A birth weight less than 5.5 pounds (2500 grams). Low birth weight is the single most important factor affecting neonatal mortality and is a determinant of post-neonatal mortality. [22]

MMWR. The Morbidity and Mortality Weekly Report, a weekly scientific publication prepared and published by the CDC (US Centers for Disease Control and Prevention). MMWR contains data and reports on specific health and safety topics. The data are on specific diseases as reported by state and territorial health departments.

MMWR YEAR. The MMWR Year (ccyy) for which case information is counted for MMWR publications.[23]

[19] Unless otherwise noted the reference is http://www.cdc.gov/reproductivehealth/epiglossary/glossary.htm
[20] http://www.nhlbisupport.com/bmi/
[21] http://www.dshs.state.tx.us/chs/brfss/
[22] http://www.cdc.gov/pednss/what_is/pnss_health_indicators.htm

MORBIDITY. Any departure, subjective or objective, from a state of physiological or psychological well-being.

MORTALITY RATE. A measure of the frequency of occurrence of death in a defined population during a specified interval of time.

MORTALITY RATE, INFANT. A ratio expressing the number of deaths among children under one year of age reported during a given time period divided by the number of births reported during the same time period. The infant mortality rate is usually expressed per 1,000 live births.

PREMATURITY / PREMATURE BIRTH. It is a birth that is at least three weeks before a baby's due date. It is also known as preterm birth (or less than 37 weeks — full term is 40 weeks). [24]

POPULATION. The total number of inhabitants of a given area or country. In sampling, the population may refer to the units from which the sample is drawn, not necessarily the total population of people.

PREVALENCE. The number or proportion of cases or events or conditions in a given population.

PUBLIC HEALTH SURVEILLANCE. The systematic collection, analysis, interpretation, and dissemination of health data on an ongoing basis, to gain knowledge of the pattern of disease occurrence and potential in a community, in order to control and prevent disease in the community.

RACE/ETHNICITY. In the report we have used the terms “White”, “Black”, and “Hispanic” to identify race and ethnic populations.[25] The definitions are provided below.

- "White”. A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. It includes people who indicate their race as "White" or report entries such as Irish, German, Italian, Lebanese, Near Easterner, Arab, or Polish." For the purposes of this report, White excludes Hispanics. In the HIV/AIDS section, the term “White/Other” is used. This category includes all persons with the exception of those classified as “Black” or “Hispanic”.
- "Black”. A person having origins in any of the Black racial groups of Africa. It includes people who indicate their race as 'Black, African Am., or Negro,' or provide written entries such as Kenyan, Nigerian, or Haitian." For the purposes of this report, “Black” excludes Hispanics, except where noted.
- “Hispanic”. The U.S. Census Bureau defines "Hispanic or Latino" as "a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin regardless of race." For the purposes of this report, “Hispanic” includes Hispanics of all races.

RATE. An expression of the frequency with which an event occurs in a defined population.

REDISTRIBUTED. Because a substantial proportion of cases of HIV infection and AIDS are reported to CDC without an identified risk factor, multiple imputation is used to assign a risk factor for these cases. Multiple imputation is a statistical approach in which each missing risk

[23] https://txnedss.dshs.state.tx.us:8009/PHINDox/Data%20Dictionaries/Line_List_of_Individual_Cases_Data_Dictionary.pdf
[24] http://www.cdc.gov/features/prematurebirth/
[25] http://en.wikipedia.org/wiki/Race_and_ethnicity_in_the_United_States_Census

factor is replaced with a set of plausible values that represent the uncertainty about the true, but missing, value. The plausible values are analyzed by using standard procedures, and the results from these analyses are then combined to produce the final results. In this report, multiple imputation has been used in tables displaying estimated values, by transmission category, for adults and adolescents, but not in tables displaying data for children (because the number of cases in children is small, missing risk factors were not imputed).[26]

RISK FACTOR. An aspect of personal behavior or lifestyle, an environmental exposure, or an inborn or inherited characteristic that is associated with an increased occurrence of disease or other health-related event or condition.

TREND. A long-term movement or change in frequency, usually upwards or downwards.

[26] http://www.cdc.gov/hiv/surveillance/resources/reports/2009report/pdf/technicalnotes.pdf

14.0 Appendices

Table 14-1. Travis County Notifiable Conditions: Number and Rate[1] of Reported Cases by Year, 2006-2010.[2]

Conditions	2006		2007		2008		2009		2010		2010 Texas	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Amebiasis	26	2.8	65	6.9	102	10.3	112	11.1	41	4.0	200	0.8
Anthrax	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Botulism[3]	0	0.0	0	0.0	0	0.0	0	0.0	1	-	8	-
Brucellosis	0	0.0	2	-	0	0.0	0	0.0	0	0.0	21	0.1
Campylobacteriosis	71	7.7	151	15.9	114	11.5	131	12.9	182	17.8	2,001	8.0
Chicken Pox (Varicella)	505	54.4	408	43.1	255	25.8	140	13.8	127	12.4	2,760	11.0
Cholera	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	2	-
Creutzfeldt-Jakob Disease	1	*	0	0.0	0	0.0	1	*	1	*	28	0.1
Cryptosporidiosis	44	4.7	12	*	168	17.0	10	*	8	*	359	1.4
Cyclosporiasis	0	0.0	0	0.0	0	0.0	1	*	0	0.0	9	*
Cysticercosis	0	0.0	0	0.0	1	*	0	0.0	1	*	6	*
Dengue	2	*	5	*	4	*	2	*	1	*	4	*
Diptheria	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Ehrlichiosis	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	4	*
Encephalitis[4]	2	*	3	*	1	*	0	0.0	1	*	14	*
Encephalitis, Nonarboviral	0	0.0	1	*	4	*	0	0.0	0	0.0	17	*
***Escherichia coli* (*E. Coli*), Shiga toxin-producing (STEC)**	7	*	4	*	3	*	4	*	8	*	351	1.4
***Haemophilus influenze* type b, invasive**	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	12	*
Hantavirus	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	*
Hemolytic Uremic Syndrome (HUS)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	19	*
Hepatitis A, Acute	11	*	11	*	9	*	9	*	12	*	139	0.6
Hepatitis B, Acute	24	2.6	34	3.6	27	2.7	31	3.1	18	*	394	1.6
Hepatitis C, Acute	1	*	1	*	0	0.0	0	0.0	1	*	35	0.1
Hepatitis Other, Acute[5]	0	0.0	0	0.0	1	*	0	0.0	0	0.0	12	*
Influenza-associated pediatric mortality	0	0.0	0	0.0	0	0.0	2	*	1	*	7	*
Legionellosis	5	*	2	*	5	*	3	*	5	*	136	0.5
Leishmaniasis	0	0.0	1	*	0	0.0	0	0.0	0	0.0	0	0.0
Listeriosis	1	*	1	*	6	*	2	*	7	*	53	0.2
Lyme Disease	2	*	2	*	8	*	8	*	4	*	142	0.6

Conditions	2006		2007		2008		2009		2010		Texas 2010	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Malaria	6	*	10	*	5	*	5	*	10	*	98	0.4
Measles	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Meningitis, Aseptic	106	11.4	112	11.8	96	9.7	102	10.1	124	12.1	1,663	6.6
Meningitis, Bacterial and Other[6]	10	*	9	*	12	*	2	*	7	*	242	1.0
Meningococcal Infection[7]	0	0.0	3	*	7	*	4	*	1	*	59	0.2
Mumps	5	*	0	0.0	1	*	1	*	5	*	121	0.5
Pertussis	139	15.0	122	12.9	91	9.2	701	69.2	908	88.6	2,848	11.3
Plague	1	*	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Poliomyelitis	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Primary Amoebic Meningoencephalitis (PAM)	0	0.0	1	*	0	0.0	0	0.0	0	0.0	1	*
Q Fever, Acute	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	10	*
Rabies, human	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Rubella	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Salmonellosis	141	15.2	142	15.0	244	24.7	199	19.6	259	25.3	4,930	19.6
Shigella	152	16.4	64	6.8	148	15.0	75	7.4	176	17.2	2,626	10.4
Smallpox	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Spotted Fever Rickettsiosis	1	*	1	*	5	*	5	*	2	*	34	0.1
***Streptococcus*, Group A**	32	3.4	14	*	28	2.8	24	2.4	18	*	355	1.4
***Streptococcus*, Group B**	42	4.5	30	3.2	44	4.5	49	4.8	54	5.3	825	3.3
Streptococcus pneumoniae	66	7.1	111	11.7	109	11.0	129	12.7	128	12.5	1,912	7.6
Taeniasis	0	0.0	0	0.0	0	0.0	2	*	0	0.0	1	*
Tetanus	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Trichinosis	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Tuberculosis[8]	41	4.4	55	5.8	44	4.5	61	6.0	68	6.6	1,385	5.5
Tularemia	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	*
Typhoid Fever	0	0.0	1	*	4	*	5	*	4	*	32	0.1
Typhus, Murine	0	0.0	2	*	33	3.3	34	3.4	15	*	136	0.5
Vancomycin-intermediate resistant *Staphylococcus aureus* (VISA)[9]	0	0.0	0	0.0	1	*	4	*	1	*	10	*

Conditions	2006		2007		2008		2009		2010		2010 Texas	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Vancomycin-resistant *Staphylococcus aureus* (VRSA)[10]	0	0.0	0	0.0	1	*	0	0.0	0	0.0	4	*
***Vibrio* Infections[11]**	3	*	3	*	2	*	5	*	6	*	79	0.3
West Nile Fever	2	*	2	*	1	*	2	*	1	*	3	*
Yellow Fever	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Yersiniosis	0	0.0	0	0.0	0	0.0	0	0.0	2	*	19	*

Disease Surveillance data source: Austin/Travis County Health and Human Services Department Epidemiology and Health Statistics Unit – National Electronic disease Surveillance System (NEDSS)
Travis County Tuberculosis Surveillance data source: Austin/Travis County Health and Human Services Department Communicable Disease Unit - Communicable Disease Case Information System (CDCIS)
Texas Tuberculosis Surveillance data source: Texas Department of State Health Services TB-HIV-STD and Viral Hepatitis Unit Texas TB Data (2006-2010) report http://www.dshs.state.tx.us/idcu/disease/tb/statistics/
*Rates are not calculated on diseases or conditions with fewer than 20 cases.

Considerations

- Unless otherwise noted, annual data is based on corresponding MMWR year.
- The number of cases reported is presumed to be underestimates of true disease incidence due to incomplete reporting.
- The number of cases reported includes both probable and confirmed conditions when applicable.
- Diseases listed reflect those that were notifiable in Texas based on Texas Administrative Code.
- Rates are not calculated on diseases or conditions with fewer then 20 cases since the calculation is unreliable and would have to be interpreted with caution.

[1] Rate per 100,000 population.
[2] Data generated on November 15, 2011.
[3] Botulism category is collapsed and can potentially include foodborne, infant, other (includes wounds), other unspecified, or wound cases of Botulism.
[4] Encephalitis category is collapsed and can potentially include Cache Valley Encephalitis, Eastern equine Encephalitis, Japanese Encephalitis, Powassan Encephalitis, St. Louis Encephalitis, Venezuelan equine Encephalitis, West Nile Encephalitis, Western equine Encephalitis, post-chickenpox Encephalitis, post-mumps Encephalitis, or Calif serogroup viral Encephalitis and meningitis.
[5] Hepatitis Other, Acute is collapsed and can potentially include acute cases of Hepatitis Delta co- or super-infection, Hepatitis E, or Hepatitis Non-ABC.
[6] Meningitis, Bacterial and Other includes all cases of Meningitis due to infectious agents (bacterial, fungal, parasitic) other than Aseptic (viral) Meningitis. It includes cases are also counted under specific etiologic agents such as *Haemophilus influenzae* serotype b, *Neisseria meningitides*, Group A *Streptococcus*, Group B *Streptococcus*, *Streptococcus* pneumoniae and *Listeria monocytogenes*.
[7] Includes all cases of invasive *Neisseria meningitides* including cases of meningitis, septicemia, and joint infections.
[8] Tuberculosis data is pulled by calendar year and not MMWR year.
[9] Vancomycin-intermediate resistant *Staphylococcus aureus* (VISA)—*Staphylococcus aureus* with a vancomycin minimum inhibitory concentration (MIC) of 4 µg/mL through 8 µg/mL.
[10] Vancomycin-resistant *Staphylococcus aureus* (VRSA)—*Staphylococcus aureus* with a vancomycin MIC of 16µg/mL or greater.
[11] *Vibrio* Infections category is collapsed and can potentially include *Vibrio parahaemolyticus*, *Vibrio vulnificus*, or *Vibrio* spp., non-toxigenic, and other or unspecified cases of *Vibrio*.

Table 14-2. Travis County Number of New AIDS and HIV Diagnosis, 2010.

Category	AIDS	HIV
GENDER		
Male	74	169
Female	13	28
RACE/ETHNICITY		
White non-Hispanic/Other	37	95
Black non-Hispanic	21	47
Hispanic All Races	29	55
AGE GROUPS		
Less then 30 years old	17	74
30-39 years old	30	56
40-44 years old	11	25
45 years old and older	29	42
TOTAL	**87**	**197**

Note: White/Other includes people of other and unknown race and ethnicity.
Data source: Texas Department of State Health Services HIV/STD Program.

Table 14-3. Travis County and State of Texas Sexually Transmitted Disease (STDs), 2010.

2010 Chlamydia					2010 Gonohrrea					2010 Primary and Secondary Syphilis				
	Travis County		State of Texas			Travis County		State of Texas			Travis County		State of Texas	
	Number	Rate	Number	Rate		Number	Rate	Number	Rate		Number	Rate	Number	Rate
Total	5,902	594.5	118,577	467.3	**Total**	1,452	146.3	31,453	124.0	**Total**	83	8.4	1,231	4.9
Gender					**Gender**					**Gender**				
Male	1,687	325.9	26,630	209.0	Male	812	156.9	14,386	112.9	Male	71	13.7	898	7.0
Female	4,207	885.4	91,884	727.5	Female	639	134.5	17,047	135.0	Female	12	2.5	332	2.6
Unknown	8		63		Unknown	1		20		Unknown	0		1	
Race/Ethnicity					**Race/Ethnicity**					**Race/Ethnicity**				
White non-Hispanic	1,121	242.3	24,347	212.8	White non-Hispanic	331	71.6	5,335	46.6	White non-Hispanic	33	7.1	213	1.9
Black non-Hispanic	1,183	1280.2	34,856	1,191.4	Black non-Hispanic	431	466.4	15,730	537.6	Black non-Hispanic	31	33.5	695	23.8
Hispanic All Races	2,563	689.5	48,228	489.7	Hispanic All Races	510	137.2	7,953	80.8	Hispanic All Races	16	4.3	300	3.0
Other	102	154.4	2,779	239.8	Other	18	27.2	586	50.6	Other	1	1.5	17	1.5
Unknown	933		8,367		Unknown	162		1,849		Unknown	2		6	
Age Group					**Age Group**					**Age Group**				
0-9	5	3.5	117	3.0	0-9	1	0.7	35	0.9	0-9	0	0.0	0	0.0
10-14	53	93.4	1,257	75.1	10-14	11	19.4	315	18.8	10-14	0	0.0	3	0.2
15-19	1,634	2810.3	39,558	2,184.4	15-19	323	555.5	9,405	519.4	15-19	8	13.8	137	7.6
20-24	2,133	2871.9	44,519	2,351.0	20-24	481	647.6	11,083	585.3	20-24	17	22.9	354	18.7
25-29	1,101	1216.3	18,501	931.9	25-29	270	298.3	5,133	258.6	25-29	18	19.9	241	12.1
30-34	518	492.1	8,019	419.7	30-34	136	129.2	2,436	127.5	30-34	10	9.5	160	8.4
35-39	244	257.1	3,465	180.1	35-39	98	103.3	1,242	64.5	35-39	14	14.8	103	5.4
40-44	124	160.4	1,594	89.2	40-44	63	81.5	752	42.1	40-44	8	10.3	91	5.1
45+	87	29.8	1,417	16.6	45+	68	23.3	1,015	11.9	45+	8	2.7	142	1.7
Unknown	3		130		Unknown	1		37		Unknown	0		0	

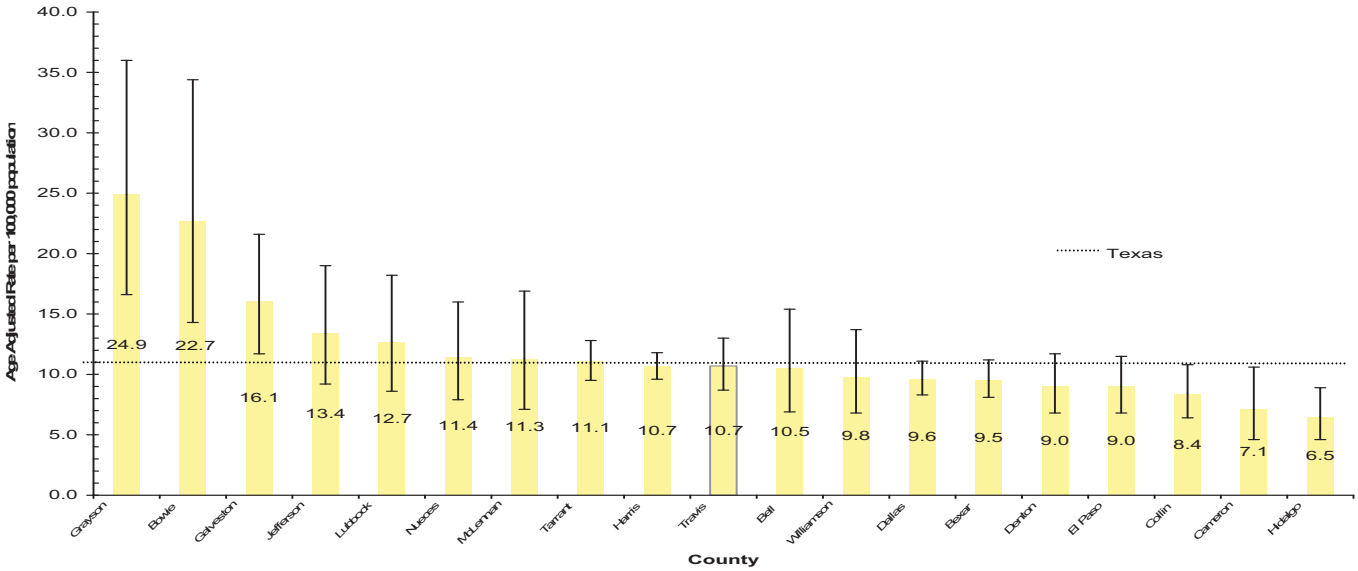
Note: Rate per 100,000. Rate for unknown categories not calculated.
Data source: Texas Department of State Health Services HIV/STD Program.

Table 14-4. City of Austin Suicide Mortality by Description of Injury, 2010.

Description of How Injury Occurred	Number	Percent
Intentional self-poisoning by or exposure to:		
Drugs and/or Alcohol[1]	15	13.6
Other Gases and Vapors; including carbon monoxide and motor vehicle exhaust gas[2]	3	2.7
Other and Unspecified Chemicals and Noxious Substances[3]	1	0.9
Intentional self harm by:		
Firearm Discharge[4]	49	44.5
Strangulation, Suffocation, or Hanging[5]	26	23.6
Jumping from a High Place[6]	7	6.4
Other Specified Means[7]	1	0.9
Sharp Object[8]	5	4.5
Drowning and/or Submersion[9]	1	0.9
Jumping or Lying before Moving Object[10]	2	1.8
Total	110	100.0

Data source: Austin/Travis County Health and Human Services Department Office of Vital Records (OVR)
[1] ICD 10 Codes X60 – X66, X68. [2] ICD 10 Code X67. [3] ICD 10 Code X69. [4] ICD 10 Codes X72 – X74. [5] ICD 10 Code X70. [6] ICD 10 Code X80.
[7] ICD 10 Code X83. [8] ICD 10 Code X78. [9] ICD 10 Code X71. [10] ICD 10 Code 81.

Figure 14-1. Suicide Mortality Age Adjusted Rate per 100,000 by Select Counties in the State of Texas, 2008.



Data Source: Texas Health Data - Death Data http://soupfin.tdh.state.tx.us/death10.htm

Age adjustment uses US 2000 standard population. The number of deaths attributed to suicide was too low to calculate a rate in the following neighboring counties: Bastrop, Blanco, Burnet, Caldwell, and Hays. In 2008, Travis County is the 5th largest county in terms of population in the state of Texas.

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