*** * * * This is not a current Epi Profile * * * ***

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2009
Integrated Epidemiological Profile for HIV/AIDS Prevention and Care Planning

Houston HSDA & EMA

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In Harris and Fort Bend Counties, minorities make up the "majority" of residents. White/Anglo are the majority in all other counties.

- Hispanics/Latinos make up 30% of the EMA's and HSDA's populations and 32% of the state's.
  - Twenty percent of EMA and HSDA residents were born outside the U. S. This compares to 14% in the state of Texas. These foreign born residents most frequently come from North, Central and South America.
  - Mexico is the most frequent place of foreign birth, accounting for about half of those born outside the U. S.
  - Approximately one-third of EMA and HSDA residents are "linguistically isolated," meaning they speak English less than "very well." The predominant second language is Spanish.
- Non-Hispanic Blacks/African-Americans are 17% of the people in the region compared to 11% in Texas.
- Asians are 5% of the local population and less than 3% of those living in the state. Fort Bend County has the largest percentage of Asian residents.

Both the EMA and the HSDA have higher median incomes than the state overall. Within the EMA, the median income is nearly $47,000 per year and within the HSDA, the median income is $42,000. This compares to just under $40,000 for Texas. Fort Bend ($64,000 per year) and Montgomery ($50,000 per year) have the two highest median incomes as well as the highest levels of educational attainment.

The EMA and HSDA have lower poverty rates than Texas overall, but the poverty rate is higher than found throughout the U. S. The region has approximately 14% poverty; the state has 15.4%, and the U. S. has only 12.4%.

As a state, Texas ranked first in the U. S. in 1998 according to percent of population uninsured (24.5%) and second in size of the uninsured population (4,880,000). In the

10-county area, counties ranged between one-fifth and one-quarter of their populations uninsured. In addition, all of the HSDA counties have full or partial designation as medically underserved areas (MUA). Six entire counties are designated as medically underserved.

- Liberty County, the county with the highest unemployment in the region, has the highest mortality rate of the 10 HSDA Counties, ranking thirteenth in the state of Texas. They have the highest infant mortality rate in the state, and are in the top 15 for cancer, lower respiratory diseases and accidents.
- Fort Bend has the lowest death rate of the ten HSDA counties, ranking 197 in the state.

SURVEILLANCE DATA

At the end of 2007, a total of 19,393 people were living with HIV/AIDS in the Houston HSDA, more than half (11,232; 58%) of whom had an AIDS diagnosis. There were 914 newly reported HIV cases, and 933 new AIDS cases for the year.

There are people living with HIV/AIDS in all 10 HSDA counties with 94% of cases reported in Harris County.

Males have an HIV prevalence rate that is two times higher than that of females, and an AIDS prevalence rate that is three times higher. However, there are indications of an increase in new HIV infections among women, who represent 31% of living HIV cases in both the EMA and HSDA, but only 23% of living AIDS cases.

Blacks/African-Americans have the highest rate of new HIV and new AIDS infections – almost six times higher than the infection rate for Hispanics/Latinos and more than seven times higher than that of Whites/Anglos. More than half of new diagnoses for both HIV and AIDS are among Blacks/African-Americans (55%), followed by Hispanics/Latinos (24%) and Whites/Anglos (19%). Black/African-American women constitute the largest percentage (73%) of newly diagnosed women of childbearing age. Hispanic men are infected with HIV at a rate of more than 4 times that of Hispanic/Latina women, and 4 times higher for AIDS. There is also an increase in new HIV and AIDS diagnoses among Hispanic MSMs.

The 25 to 44 age group has the highest rates of new HIV and AIDS infections. The HIV infection rate among youth aged 13 to 24 is over two times higher than their rate for AIDS diagnoses. Black/African-American youth in particular are disproportionately affected by HIV/AIDS.

Male to male contact accounts for 42% of all HIV/AIDS cases in the HSDA, followed by heterosexual contact (24%) and intravenous drug use. Unreported risk among those with HIV accounts for approximately 28% of new HIV diagnoses and 17% of AIDS diagnoses.

SERVICE UTILIZATION

Service utilization, other than primary care, is evaluated using the CPCDMS system, which includes Ryan White Part A and B data. Utilization patterns on primary medical care, case management, dental care, substance abuse treatment, mental health therapy and counseling and ADAP services are compared to surveillance data on those living with HIV disease. *Please note that the most current epidemic data for this report is 2007 data from DSHS HARS, while service utilization data from the CPCDMS is from 2008*.

PRIMARY MEDICAL CARE:

- White PLWHA are under-represented in primary medical care services.
- Primary care is accessed proportionately by PLWHA of all ages and both genders.

CASE MANAGEMENT:

- White PLWHA is under-represented in case management, while Black PLWHA account for a higher proportion of clients than the regional epidemic.
- Overall, case management utilization is proportional by age and gender.

DENTAL CARE:

- There is a disproportionately higher access of dental care by older adults.
- Black/African-American PLWHA are under-utilizing dental services, while Hispanics are slightly overrepresented among those who use dental services.

SUBSTANCE ABUSE TREATMENT:

- Treatment is under-utilized by Hispanics and disproportionately used more by White PLWHA.
- Adults aged 25-44 tended to utilize this service more, while there is under-representation in substance abuse clients for older adults aged 55+.

MENTAL HEALTH THERAPY AND COUNSELING:

- White PLWHA account for a higher proportion among those utilizing services when compared to their proportion among the epidemic. Noteworthy is that White males account for the largest proportion of mental health clients.
- Black PLWHA are under-represented among those utilizing mental health services.
- From 2006 to 2008, there appears to be a trend towards more rural clients while service utilization decreased for adults aged 25 to 34 and increased for older adults aged 55+.

ADAP:

- Hispanic PLWHA over-utilized ADAP services while White PLWHA appear to be under-represented among ADAP clients when compared to their distribution within the regional epidemic.
- Usage by gender and age group appear to be proportional when compared to the regional epidemic.

UNMET NEEDS ESTIMATES

Identifying people who are aware of their HIV positive status and who are not receiving HIV medical care is a Health Resources Services Administration (HRSA) mandate, and a central focus of regional and national planning. One of the first steps in designing effective interventions is identifying the number and characteristics of those who are out-of-care, known as the "unmet need."

Unmet need for medical care is defined following the HRSA definition such that a PLWHA is said to have unmet need for medical care if there is no evidence of either a CD4 count, a viral load (VL) test or antiretroviral therapy (ART) during the 12 months of interest. If there is evidence of one of these three things being present, the person is considered to have their medical needs met.

As of December 31, 2007, the number of PLWA was 11,358 and the number of PLWH (non-AIDS, aware) was 7,891. The total number of people living with HIV and AIDS in the Houston EMA was 19,249.

The number of PLWA in care was 7,766, or 68% of the total number of PLWA in the Houston EMA as of December 31, 2007. The number of PLWH (non-AIDS, aware) in care was 4,303 (55%) among all PLWH in the EMA. The total number of PLWHA who received HIV primary medical services as of the end of 2007 was 12,069 (63%).

Using the inputs for care patterns obtained, the Houston EMA estimates that 3,592 (32%) of the diagnosed PLWA were not receiving HIV primary medical care. For PLWH, 3,588 (45%) were found to be out-of-care. After combining the two groups, the total number of PLWHA who had unmet need in the Houston EMA through the end of 2007 was 7,180 (37%) among all PLWHA. Please note that estimates provided by TDSHS indicate that the Houston EMA has the highest level of unmet need (37% by their estimates) when compared to other EMAs in the state (Fort Worth 31%, San Antonio 30%, Dallas 26% and Austin 23%).

INTRODUCTION

In order to effectively plan and implement HIV prevention and care services, local organizations require profiles of individuals who are infected with and at risk for acquiring HIV disease. Information about who is infected, their backgrounds and risk factors lay the foundation for local and regional prevention and care planning. This epidemiological profile provides detailed information about the current HIV/AIDS epidemic in the Houston Eligible Metropolitan Area (EMA) and Health Service Delivery Area (HSDA). The Houston EMA includes a six county area with Harris County/Houston at the center. Other counties comprising the EMA include: Chambers, Fort Bend, Liberty, Montgomery and Waller. The HSDA is composed of these six plus Austin, Colorado, Walker and Wharton counties.

The Health Resources Services Administration (HRSA), the organization that oversees federal funding for care of people living with HIV and AIDS (PLWHA) through Ryan White Program Parts A through F, and the Centers for Disease Control and Prevention (CDC), the organization that is responsible for HIV surveillance and prevention activities, have recently drafted guidelines for epidemiological profiles that bring together information from HIV care, surveillance and prevention. These guidelines identify five key questions that should be answered by the epidemiological profile. These include:

1. What are the sociodemographic characteristics of the general population in your service area?
2. What is the scope of the HIV/AIDS epidemic in your service area?
3. What are the indicators for risk of HIV infection and AIDS in the population covered by your service area?
4. What are the patterns of service utilization of HIV-infected persons in your area?
5. What are the number and characteristics of persons who know they are HIV-positive but who are not receiving HIV primary medical care?

This epidemiological profile is organized around these five questions, with each representing a section of the report.

Data were compiled from a variety of sources to provide the most complete picture of the HIV epidemic in the Houston EMA/HSDA. When interpreting the data, keep in mind that each data source has strengths and limitations. A brief description of each data source follows.

SOCIODEMOGRAPHIC DATA

U. S. Bureau of the Census (Census Bureau)

The government, through the Bureau of the Census, collects and provides information about the people and the economy of the United States. The Census Bureau's website (www.census.gov) includes data on demographic characteristics of the population, such as age, race, Hispanic ethnicity and gender/sex. It also provides information on family structure, educational attainment, income level, housing status and the proportion of people who live at or below the poverty level.

Information is available for very small geographic areas, such as block groups, but for this analysis county-level data is used. Totals for the six county EMA and the ten county HSDA are provided. In most cases, statewide information for Texas is provided for comparison.

When collecting data, the Census Bureau collects information on race and ethnicity separately. Therefore, Hispanic ethnicity is collected for people of both white and black races. Within race, however, it is possible to identify members of each race that are non-Hispanic. In order to provide information that is consistent and comparable to the HIV surveillance data, this report differentiates people who are White/Anglo, non-Hispanic, black non-Hispanic and Hispanic. Some information, such as poverty, is only collected by race (white, black, Asian) with ethnicity (Hispanic or non-Hispanic) included as a separate category. In these cases, direct comparisons from population data cannot be made (e.g. the racial breakdown of the population cannot be compared with the racial breakdown of those living in poverty).

Texas Comptroller's Winter 2001-2002 County Forecast

County and state population projections to 2010 are from this source. Projections are based upon the 2000 U. S. Census.

Texas Department of Labor

While the Census Bureau provided unemployment data from 2000, more current information is available from the Texas Department of Labor. Average unemployment from 2003 is used.

Texas Department of State Health Services (DSHS)

The Texas Department of State Health Services (DSHS) collects county-level data for a range of health status indicators. These include natality and morbidity and mortality for a range of diseases. For this profile, DSHS's publication, "Selected Demographic and Public Health Measures: Rankings for Texas Counties 1998-2000," is used. This report combines data from 1998 through 2000, and provides county rankings from highest to lowest, with identical values given the same rank. Mortality and morbidity measures with 20 or fewer numerator events in the three-year period are not ranked and designated as "NR." Natality measures based on a denominator of 20 or fewer are also not ranked. Mortality data used in this report were age-adjusted using the 2000 standard population. The system for coding of mortality changed between 1998 and 1999. Please refer to the full report for an explanation of these changes.

DSHS data is also used for Medicaid enrollment statistics. These were taken from the DSHS website by county.

HIV/AIDS SURVEILLANCE

AIDS was made a reportable disease in the State of Texas in March of 1983, while HIV infection became voluntarily reportable in 1987. In February 1994, the Control of Communicable Disease Act of Texas was amended to expand the information that must be reported for an HIV infection. The new regulations required name based reporting for all HIV-infected individuals less than 13 years of age. Laboratories that perform CD4 testing have been required to report suspect AIDS cases (those with a CD4 count below 200 or a CD4 percent below 14%) since January 1994. In January 1999, HIV infection became reportable for all persons who have a diagnostic test performed after 1998. On January 1, 2000, a detectable viral load was added to the reportable diagnostic tests.[1]

Texas is one of several states that have unique HIV/AIDS reporting. Whereas most states are responsible for all HIV/AIDS reporting, six Texas cities are designated as independent reporting sites. To ensure complete HIV/AIDS reporting at the state level, Houston transfers its data to the State who then provides this data to the Centers for Disease Control and Prevention. With the initiation of name-based reporting of HIV, and to standardize reporting jurisdictions for all communicable diseases, the Houston Department of Health and Human Services (HDHHS) reporting jurisdiction was modified to include only Houston and Harris County. Since 1989 Houston has received direct funding from the CDC to conduct HIV/AIDS surveillance.

[1] The Houston Department of Health and Human Services (HDHHS) conducts HIV/AIDS surveillance as authorized in the Texas Administrative Code, Title 25, Part 1, Chapter 97. Rule §97.132 of Subchapter F. This requires physicians, dentists, hospitals, clinical laboratories and certain school officials to report HIV and AIDS to the local health authority. The Surveillance Program collects data in accordance with Rule §97.133 of Subchapter F which requires that reports of AIDS, HIV infection, CD4+T lymphocyte cell count below 200 cells/microliter, or CD4+ T-lymphocyte percentage of less than 14% shall be made using all of the information (collected by the reporting entities listed in Rule §97.132) found in the most current version of forms CDC 50.42B, CDC 50.42C, or STD-28.

HIV and AIDS data are systematically collected and entered into the HIV/AIDS Reporting System (HARS) developed by the CDC. A systematic surveillance system has been established to ensure that data is as complete as possible and quality assurance procedures are in place.

DATA LIMITATIONS

The data for HIV may not be representative of the epidemic in the population in that some individuals may not know they are positive therefore do not test. In addition, individuals who choose to test anonymously rather than confidentially, will not be reported or contribute to an accurate picture of the epidemic.

HIV data has not been reportable for as many years as has AIDS in Texas, therefore HIV data is not as complete as AIDS data and trend analysis of HIV data cannot be properly performed.

In addition, reporting lags may contribute to underestimations in the data. Although every effort is made to identify sources of AIDS and HIV reports, HIV/AIDS recent data is not complete.

When data reports, encompass two jurisdictional areas, data are affected by reporting schedules. For example, Houston data includes only the City of Houston and Harris County. Any reports that would require Houston data also, would have to come through the Texas HARS system. Reporting delays or data cleaning at the State level would not allow a complete and timely picture.

HIV/AIDS CORE SURVEILLANCE PROJECTS

The HIV/AIDS Core Surveillance Program consists of the following projects: HIV/AIDS Surveillance, Expanded HIV Risk Assessment Project (EHRAP) and Sampling for Transmission Risk (STR). The Program also has the following Supplemental Projects: Enhanced Perinatal Surveillance (EPS), Adult Spectrum of Disease Project (ASD), HIV Testing Survey (HITS), Supplement to HIV/AIDS Surveillance (SHAS), Survey of HIV Disease and Care (SHDC), Behavioral Surveillance, HIV Incidence Surveillance and the Program Evaluation Project. The special projects are designed to capture information about HIV/AIDS that are beyond the scope of core surveillance. These studies are conducted in select populations and may not be representative of the epidemic in the general population. These studies are also time sensitive and limited in scope.

CENTRALIZED PATIENT CARE DATA MANAGEMENT SYSTEM (CPCDMS)

Houston's Centralized Patient Care Data Management System (CPCDMS) is a computer database application that compiles and tracks health, demographic and service utilization. The system enables Ryan White Part A funded agencies and other users to share client eligibility information and to document services delivered to clients. Records are created, accessed and updated by providers via high-speed Internet connections using each client's unique 11-character code. Client demographic information is collected through a registration process that establishes a client's eligibility for Part A services. Examples of information collected at registration include: race, ethnicity, income, mode of transmission, co-morbidities, insurance status, year of diagnoses and more. Service providers enter service encounter information for each client. This information, broken out by service contract and funding source into units, supports billing and other reporting activities.

QUESTION 1.1:

WHAT ARE THE SOCIODEMOGRAPHIC CHARACTERISTICS OF THE GENERAL POPULATION IN HOUSTON?

WHAT ARE THE SOCIODEMOGRAPHIC CHARACTERISTICS OF THE GENERAL POPULATION IN HOUSTON?

This section provides information on the demographic and socioeconomic characteristics of the EMA and HSDA.

SUMMARY

The EMA is comprised of six counties and the HSDA includes these six plus four others. The population center of the region is Harris County, with over 80% of the EMA population and nearly 79% of the HSDA population. Outside Harris County most counties are rural with three EMA counties and two HSDA counties reporting 60% or more rural residents.

The EMA and HSDA are projected to grow at a faster rate than Texas overall, 18% compared to 16% for the state.

- The fastest growing counties include Montgomery (29%), Fort Bend (27%) and Waller (26%).
- Age groups with significant projected growth in the EMA and HSDA include 13 to 24, 45 to 64 and 65 and older.

In Harris and Fort Bend Counties, minorities make up the "majority" of residents. White/Anglo are the majority in all other counties.

- White, non-Hispanics are the largest population group in the EMA and the HSDA, comprising 46% of the EMA's and HSDA's populations compared to 52% of the state's.
- Hispanics/Latinos make up 30% of the EMA's and HSDA's populations and 32% of the state's.
- Non-Hispanic Blacks/African-Americans are 17% of the people in the region compared to 11% in Texas.
- Asians are 5% of the local population and less than 3% of those living in the state.

Twenty percent of EMA and HSDA residents were born outside the U. S. This compares to 14% in the state of Texas. These foreign born residents most frequently come from North, Central and South America. Mexico is the most frequent place of foreign birth, accounting for about half of those born outside the U. S.

Approximately one-third of EMA and HSDA residents are "linguistically isolated," meaning they speak English less than "very well." The predominant second language is Spanish.

Within the EMA, the median income is nearly $47,000 per year which is $5,000 higher than in the HSDA and $7,000 higher than is found in the state.

- Fort Bend County residents have the highest median household income in the HSDA, nearly $64,000 per year.
- Montgomery County is second highest with over $50,000 per year.
- These two counties also have the highest level of educational attainment.

In 2003, unemployment in the EMA, the HSDA and the state was in the range of 6.8% to 6.9%.

- Liberty County had the highest 2003 unemployment rate, 10.4%.

Both the EMA and the HSDA have lower rates of poverty than in Texas overall, with 13.9% and 14%, respectively, living in poverty compared to 15.4% for the state.

As a state, Texas ranked first in the U. S. in 1998 according to percent of population uninsured (24.5%) and second in size of the uninsured population (4,880,000). In the HSDA, county populations ranged between one-fifth and one-quarter uninsured.

All of the HSDA counties have full or partial federal designation as medically underserved areas. Six entire counties are designated as medically underserved.

- Harris County has 18 neighborhoods with medically underserved census tracts. In addition, Harris County has four medically underserved populations. The latter are populations which are medically disadvantaged due to economic, racial or ethnic reasons.

Liberty County has the highest mortality rate of the 10 HSDA counties, ranking thirteenth in the state of Texas. They have the highest infant mortality rate in the state, and are in the top 15 for cancer, lower respiratory diseases and accidents.

- Fort Bend has the lowest death rate of the ten HSDA counties, ranking 197 in the state.

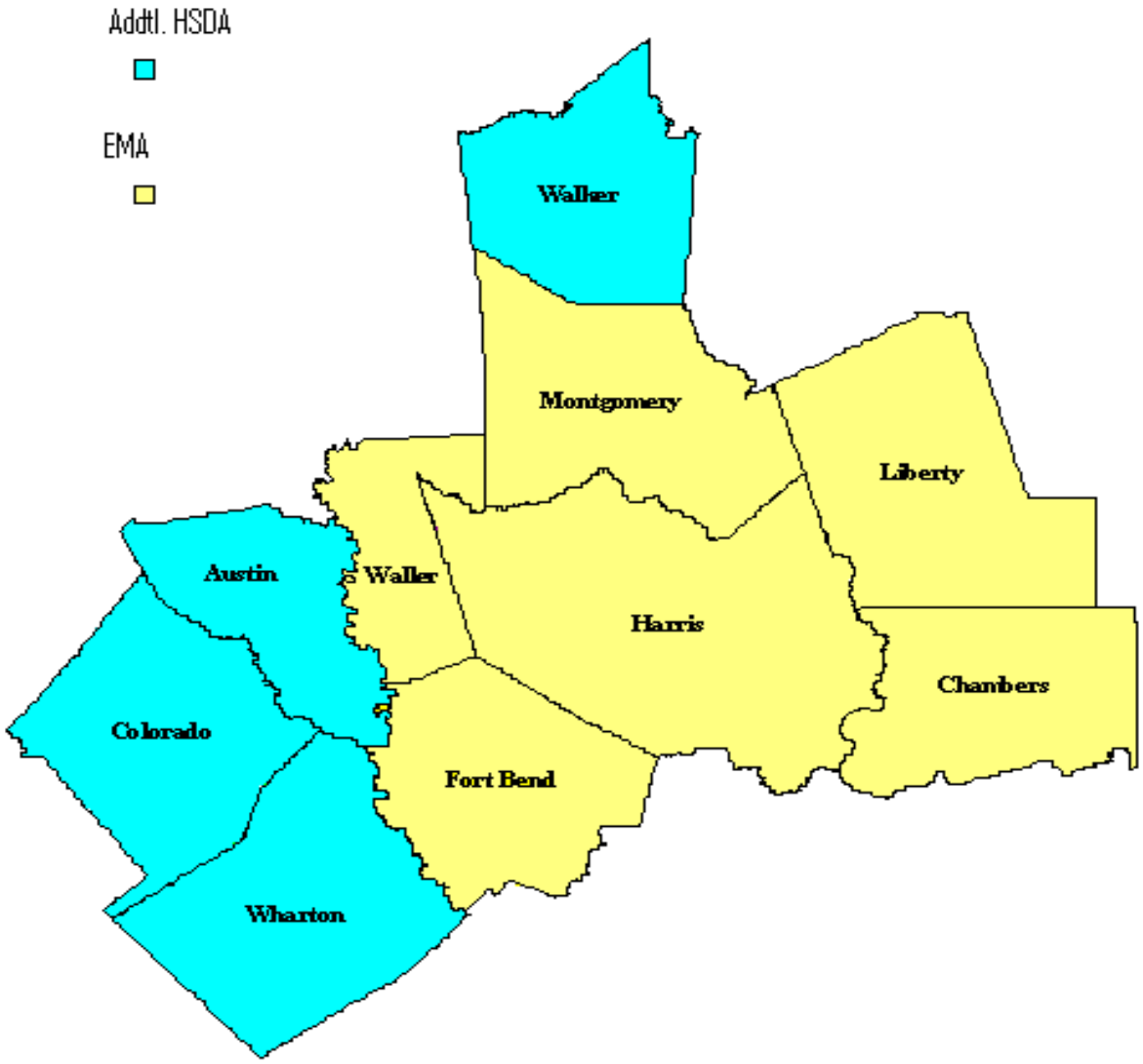
THE GEOGRAPHIC REGION

The Houston area HSDA, referred to in this document, covers 9,415 square miles of southeast Texas and makes up 3.5% of the state's area. It is an area roughly the size of the state of New Hampshire.

Ten counties make up the region, and throughout this document they are grouped by the HIV community planning funding sources. Under the Ryan White Program, the Health Resources Services Administration (HRSA) uses the Eligible Metropolitan Area (EMA) for Ryan White Part A funding, and Health Services Delivery Area (HSDA) for funding under Part B.

- The EMA includes six counties: Chambers, Fort Bend, Harris, Liberty, Montgomery and Waller.
- The HSDA is composed of these six plus Austin, Colorado, Walker and Wharton. Figure 1.1.1 maps the EMA and identifies the four additional counties that make up the HSDA.

Figure 1.1.1: Houston EMA/HSDA Area Map



An Eligible Metropolitan Area (EMA) is an area designated by the Health Resources and Services Administration (HRSA) – a division of the United States Department of Health and Human Services – as eligible to receive Ryan White Program Part A funds. An EMA must have a population of at least 500,000 persons and a total of at least 2,000 cumulative AIDS cases (as reported by the Centers for Disease Control for the most recent 5-year period). The geographic boundaries of EMAs are defined by the U. S.

Census Bureau; some EMAs include just one city, some are composed of several cities and/or counties and others extend over more than one state. The Houston EMA is a 6-County area that consists of Chambers, Fort Bend, Harris, Liberty, Montgomery, and Waller counties in southeast Texas.

The Houston HIV Service Delivery Area (HSDA) is a 10-county area designated by the state to receive Ryan White Part B and DSHS funds. The counties within the HSDA encompass the entire EMA with the addition of Austin, Colorado, Walker and Wharton counties. Part B and DSHS funds are intended to improve the quality, availability and organization of health care and support services for PLWHA (with an emphasis on rural populations) and are administered by the Houston Regional HIV/AIDS Resource Group. In addition to Part B and DSHS funds, the Resource Group administers other local HIV/AIDS funding streams such as Part C (funding to community-based organizations for outpatient early intervention services) and Part D (services for children, youth, women and families).

The Houston HSDA, including the entire EMA, contains more than 4.3 million people across 9,415 square miles (population density = 299.47 people/square mile), with 98% of the population residing in Harris County (population density = 1,630 people/square mile). Harris County is the most populous county in Texas, the third most populous in the nation, and the home of approximately 95% of the HSDA's reported HIV/AIDS cases.

URBAN VS. RURAL AND POPULATION DENSITY

The U. S. Census Bureau identified urban and rural areas within regions. Harris County is home to Houston, the urban center of the region.

- Over 98% of the Harris County's 3,400,000 residents are considered urban residents.
- Other counties with large percentages of urban residents include Fort Bend (89.9%), Montgomery (64.0%) and Walker (63.7%).
- The population of three EMA counties and two HSDA counties have 60% or greater rural residents. These include: Chambers (64.2%), Liberty (64.1%), Waller (63.4%), Austin (62.8%) and Colorado (60.4%). Refer to Table 1.1.1.

Population density considers the number of residents for every square mile of land area.

- The most rural counties have the lowest population density, and the most urban have the highest. Population density for each county is reflected in Table 1.1.2.

Table 1.1.1: Houston EMA/HSDA Counties and Total Urban vs. Rural Areas, 2000

County	Total Population	Urban Population	Rural Population
Chambers	26,031	35.8%	64.2%
Fort Bend	354,452	89.9%	10.1%
Harris	3,400,578	98.2%	1.8%
Liberty	70,154	35.9%	64.1%
Montgomery	293,768	64.0%	36.0%
Waller	32,663	36.6%	63.4%
EMA TOTAL	**4,177,646**	**93.2%**	**6.8%**
Austin	23,590	37.2%	62.8%
Colorado	20,390	39.6%	60.4%
Walker	61,758	63.7%	36.3%
Wharton	41,188	50.3%	49.7%
HSDA TOTAL	**4,324,572**	**91.8%**	**8.2%**
TEXAS TOTAL	**20,851,820**	**82.5%**	**16.6%**

Source: U. S. Census Bureau, 2000 (www.census.gov). Retrieved on March 25, 2004

Table 1.1.2: Houston EMA/HSDA Counties and Total Population Density, 2000

County	Population	Land Area in Square Miles	Population Density per Square Mile of Land Area
Chambers	26,031	599.31	43.4
Fort Bend	354,452	874.64	405.3
Harris	3,400,578	1,728.83	1967.0
Liberty	70,154	1,159.68	60.5
Montgomery	293,768	1,044.03	281.4
Waller County	32,663	513.63	63.6
EMA TOTAL	**4,177,646**	**5,920.12**	**470.2**
Austin	23,590	652.59	36.1
Colorado	20,390	962.95	21.2
Walker	61,758	787.45	78.4
Wharton	41,188	1,090.13	37.8
HSDA TOTAL	**4,324,572**	**9,413.24**	**299.47**
TEXAS TOTAL	**20,851,820**	**261,797.12**	**79.6**

Source: U. S. Census Bureau, 2000 (www.census.gov). Retrieved on March 25, 2004.

POPULATION DISTRIBUTION AND GROWTH

According to the 2000 U. S. Census report, there are 4,324,572 persons residing in the 10-county HSDA area.

- This is 20% of the population of Texas in the EMA and 21% in the HSDA.
- Over 81% of the people living in the EMA live in Harris County and nearly 79% of those in the HSDA live in Harris County.
- The second largest county is Fort Bend (9%) followed by Montgomery County (7%).
- The smallest counties by population include Colorado, Austin and Chambers, each with less than 30,000 residents.

Both the EMA and the HSDA populations are projected to grow approximately 18% between 2000 and 2010. This is faster growth than the 16% that is projected for Texas overall.

- The fastest growing counties include Montgomery (29%), Fort Bend (27%) and Waller (26%).
- The slowest growing counties are the four outside the EMA, Colorado (3.5%), Wharton (5.8%), Austin (8.4%) and Walker (9.6%). Refer to Table 1.1.3.
- The 45 to 64 age group is projecting the greatest growth in the EMA, HSDA and state, between 41% and 45%.
- This is followed by the 65+ group, but the EMA and HSDA are projected to grow at a faster rate than the state, 37% for the EMA, 35% for the HSDA compared to 22% for Texas.
- Youth, those 13 to 24 years, are projected to increase 15% in the EMA and 14% in the HSDA compared to 12% for the state. Refer to Table 1.1.4. Refer to Appendix A for population projections by age, gender and county.
- Relatively slow growth, 6.5%, is projected for the 25 to 44 year age group.

Table 1.1.3: Houston EMA/HSDA Counties and Total Population Growth by County, 2000 through 2010

County	Population 2000		Population 2010		Percent Change 2000-2010
	#	%*	#	%*	
Chambers	26,031	0.6%	31,375	0.6%	20.5%
Fort Bend	354,452	8.2%	449,811	8.8%	26.9%
Harris	3,400,578	78.6%	3,951,682	77.6%	16.2%
Liberty	70,154	1.6%	81,930	1.6%	16.8%
Montgomery	293,768	6.8%	379,363	7.5%	29.1%
Waller	32,663	0.8%	41,137	0.8%	25.9%
EMA Total	**4,177,646**	**96.6%**	**4,935,298**	**96.9%**	**18.1%**
Austin	23,590	0.6%.	25,582	0.5%	8.4%
Colorado	20,390	0.5%	21,101	0.4%	3.5%
Walker	61,758	1.4%	67,664	1.3%	9.6%
Wharton	41,188	1.0%	43,560	0.9%	5.8%
HSDA Total	**4,324,572**	**100.0%**	**5,093,205**	**100.0%**	**17.8%**
Texas Total	**20,851,820**	**100.0%**	**24,178,507**	**100.0%**	**16.0%**

Source: Texas comptroller's winter 2001-2002 county forecast (www.window.state.tx.us). Retrieved on March 25, 2004.

*Reflects percent of total HSDA population

Table 1.1.4: Houston EMA/HSDA and Texas Total Projected Population Change by Age, 2000 through 2010

County	Population 2000		Population 2010		Percent Change 2000-2010
	#	%	#	%	
EMA COUNTIES					
Under 2 years	137,130	3.3%	149,476	3.0%	9.0%
2-12 years	755,031	18.1%	798,633	16.2%	5.8%
13-24 years	744,824	17.8%	857,075	17.4%	15.1%
25-44 years	1,379,256	33.0%	1,468,249	29.7%	6.5%
45-64 years	850,192	20.4%	1,236,403	25.1%	45.4%
65 and older	311,213	7.4%	425,462	8.6%	36.7%
Total	**4,177,646**	**100.0%**	**4,935,298**	**100.0%**	**18.1%**
HSDA COUNTIES					
Under 2 years	140,638	3.3%	153,444	3.0%	9.1%
2-12 years	775,471	17.9%	819,610	16.1%	5.7%
13-24 years	777,164	18.0%	889,303	17.5%	14.4%
25-44 years	1,420,468	32.8%	1,512,477	29.7%	6.5%
45-64 years	881,084	20.4%	1,273,478	25.0%	44.5%
65 and older	329,747	7.6%	444,893	8.7%	34.9%
Total	**4,324,572**	**100.0%**	**5,093,205**	**100.0%**	**18.1%**
TEXAS					
Under 2 years	652,970	3.1%	730,538	3.0%	11.9%
2-12 years	3,608,917	17.3%	3,868,799	16.0%	7.2%
13-24 years	3,799,040	18.2%	4,256,960	17.6%	12.1%
25-44 years	6,537,409	31.4%	6,915,579	28.6%	5.8%
45-64 years	4,186,017	20.1%	5,892,533	24.4%	40.8%
65 and older	2,067,467	9.9%	2,514,098	10.4%	21.6%
Texas Total	**20,851,820**	**100.0%**	**24,178,507**	**100.0%**	**16.0%**

Source: Texas comptroller's winter 2001-2002 county forecast (www.window.state.tx.us). Retrieved on March 25, 2004.

RACE/ETHNICITY

While the EMA and the HSDA have similar racial and ethnic make ups, they differ from Texas overall.

- White, non-Latinos are the largest population group in the HSDA, comprising 46% of overall HSDA population.
- Hispanics/Latinos are a somewhat smaller percentage in the EMA and HSDA than the state, 30% in the region and 32% in the state.
- Non-Hispanic Blacks/African-Americans are a larger percentage of the population in the EMA and HSDA than in the state, making up over 17% of the people in the region compared to 11% in Texas.
- Larger percentages of Asians also live in the EMA and HSDA than in the state overall. Asians are 5% of the regional population and less than 3% of those living in the state. Refer to Table 1.1.5, and Figure 1.1.2.

In Harris and Fort Bend Counties, minorities make up the "majority" of residents. White/Anglo are the majority in all other counties.

- By county, Harris County has the most racially and ethnically diverse population with 33% Hispanic/Latino, 18% Black/African-American and 5% Asian.
- The counties with the largest percentages of Black/African-American residents are Waller (29%), Walker (24%), and Fort Bend (20%).
- The counties with the largest percentage of Hispanic/Latino residents are Harris (33%), Wharton (31%) and Fort Bend (21%).
- Fort Bend County has the largest percentage of Asian residents with over 11%. Refer to Table 1.1.5 and Figure 1.1.3.
- In the EMA and HSDA, women make up a larger percentage of the Black/African-American population than men, and men are a larger percentage of the Hispanic/Latino population than women. Refer to Table 1.1.6.
- Of the Hispanic/Latino population, the largest percentage is of Mexican heritage. Mexicans comprise 24% of Harris County residents and 22% of Wharton County residents.
- Twenty percent of EMA and HSDA residents were born outside the U. S. This compares to 14% in the state of Texas. In both the region and the state, these foreign born residents most frequently come from North, Central and South America. Mexico is the most frequent place of foreign birth, accounting for about half of those born outside the U. S.
- Approximately 4% of the EMA and HSDA populations were born in Asia.

Table 1.1.5: Houston EMA/HSDA Counties and Total Population by Race and Ethnicity, 2000

County	Total Pop	White, Non-Hispanic	Black/ African-American, Non-Hispanic	Hispanic/ Latino	Asian, Non-Hispanic	Other, Non-Hispanic
	N	%	%	%	%	%
Chambers	26,031	77.6%	9.7%	10.8%	0.7%	1.2%
Fort Bend	354,355	46.2%	19.6%	21.1%	11.2%	1.9%
Harris	3,399,186	42.1%	18.2%	32.9%	5.1%	1.6%
Liberty	70,136	74.6%	12.8%	10.9%	0.3%	1.5%
Montgomery	293,688	81.4%	3.4%	12.6%	1.1%	1.4%
Waller	32,660	49.9%	29.1%	19.4%	0.4%	1.3%
EMA TOTAL	**4,176,056**	**46.1%**	**17.2%**	**29.9%**	**5.2%**	**1.6%**
Austin	23,589	71.9%	10.5%	16.1%	0.3%	1.2%
Colorado	20,387	64.6%	14.5%	19.7%	0.2%	1.0%
Walker	61,733	60.1%	23.8%	14.1%	0.8%	1.3%
Wharton	41,170	53.0%	14.7%	31.3%	0.3%	0.7%
HSDA TOTAL	**4,322,935**	**46.6%**	**17.3%**	**29.6%**	**5.0%**	**1.6%**
TEXAS TOTAL	**20,851,820**	**52.4%**	**11.3%**	**32.0%**	**2.7%**	**1.6%**

Source: U. S. Census Bureau, 2000 (www.census.gov). Retrieved on March 25, 2004.
Percentage calculations are based on the total population of each gender

Table 1.1.6 Houston EMA/HSDA Total Population by Race, Ethnicity and Gender, 2000

County	Total Pop	White, Non-Hispanic	Black/ African-American, Non-Hispanic	Hispanic/ Latino	Asian, Non-Hispanic	Other, Non-Hispanic
	N	%	%	%	%	%
EMA-female	2,098,020	46.5%	18.3%	28.5%	5.2%	1.6%
EMA-male	2,079,626	45.6%	16.2%	31.3%	5.2%	1.7%
HSDA-female	2,165,988	47.0%	18.2%	28.2%	5.0%	1.6%
HSDA-male	2,158,584	46.1%	16.3%	31.0%	5.0%	1.7%

Source: U. S. Census Bureau, 2000 (www.census.gov). Retrieved on March 25, 2004.
Percentage calculations are based on the total population of each gender

Figure 1.1.2: Houston EMA/HSDA and Texas Total Population by Race and Ethnicity, 2000

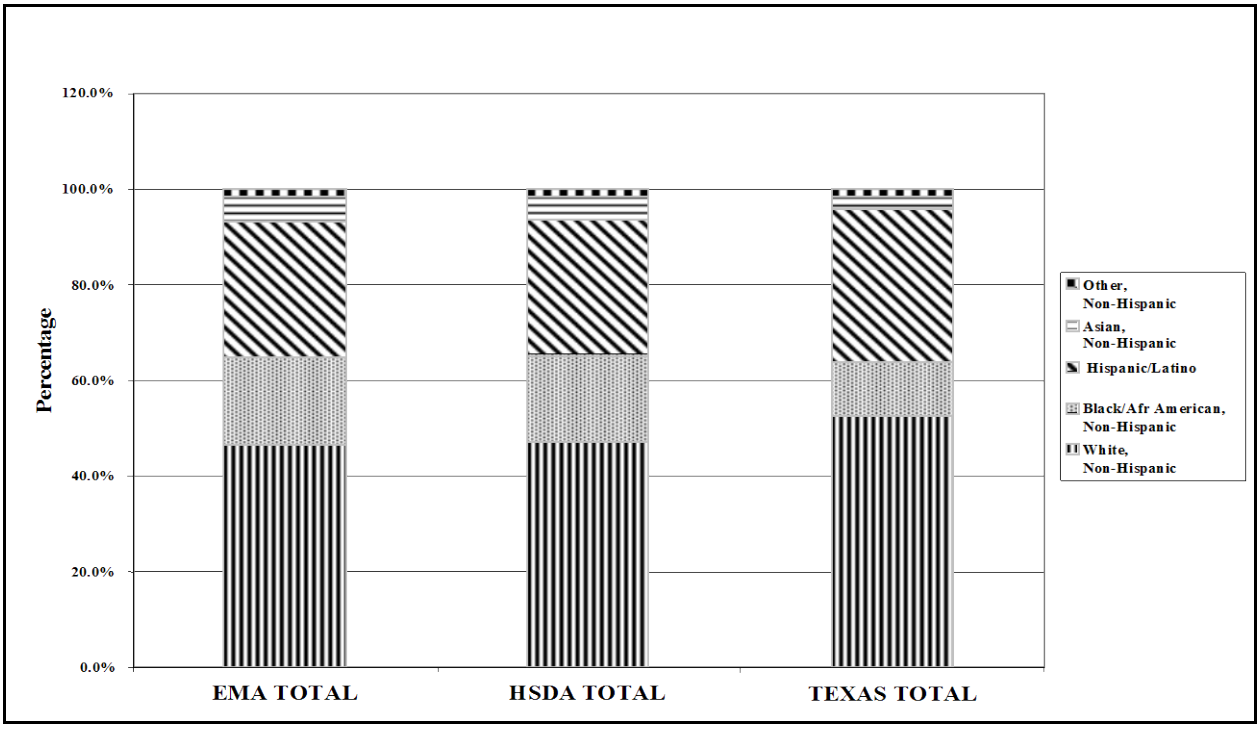


Figure 1.1.3: Houston EMA/HSDA Counties Population by Race and Ethnicity, 2000

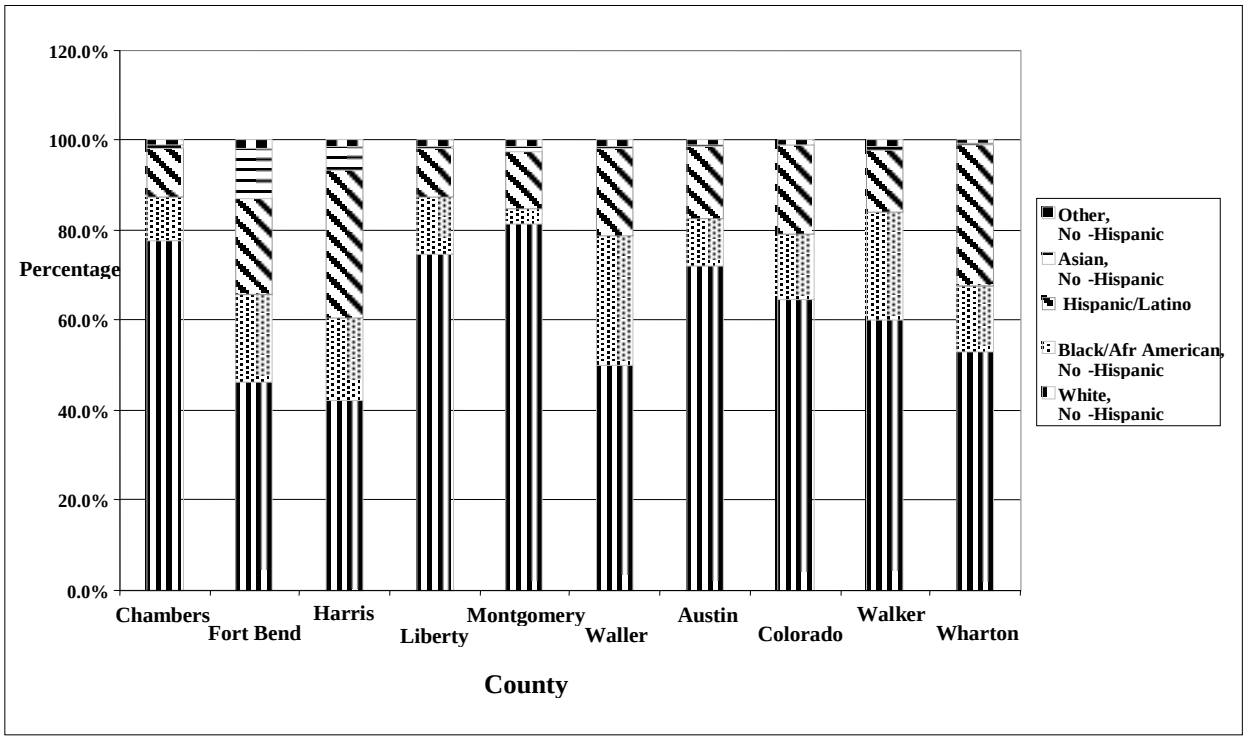


Table 1.1.7: Houston EMA/HSDA Counties and Total Hispanic/Latino by Country of Origin, 2000

County	Total Pop	Hispanic or Latino	Mexican	Puerto Rican	Cuban	Central American	South American	Other Hispanic or Latino
Chambers	26,031	10.8%	9.2%	0.1%	0.1%	0.1%	0.0%	1.3%
Fort Bend	354,452	21.1%	14.5%	0.3%	0.3%	1.0%	0.7%	4.3%
Harris	3,400,578	32.9%	24.0%	0.4%	0.2%	2.3%	0.7%	5.3%
Liberty	70,154	10.9%	9.2%	0.1%	0.0%	0.1%	0.0%	1.4%
Montgomery	293,768	12.6%	9.5%	0.2%	0.1%	0.7%	0.3%	1.9%
Waller	32,663	19.4%	16.0%	0.2%	0.1%	0.2%	0.1%	2.8%
EMA TOTAL	**4,177,646**	**29.9%**	**21.7%**	**0.3%**	**0.2%**	**2.0%**	**0.6%**	**4.9%**
Austin	23,590	16.1%	13.4%	0.1%	0.2%	0.2%	0.1%	2.2%
Colorado	20,390	19.7%	15.4%	0.1%	0.2%	0.1%	0.1%	4.0%
Walker	61,758	14.1%	11.7%	0.1%	0.0%	0.8%	0.1%	1.4%
Wharton	41,188	31.3%	22.1%	0.1%	0.1%	0.1%	0.0%	8.9%
HSDA TOTAL	**4,324,572**	**29.6%**	**21.5%**	**0.3%**	**0.2%**	**2.0%**	**0.6%**	**4.9%**
TEXAS TOTAL	**20,851,820**	**32.0%**	**24.3%**	**0.3%**	**0.1%**	**0.7%**	**0.2%**	**6.2%**

Source: U. S. Census Bureau, 2000 (www.census.gov). Retrieved on March 25, 2004.
Percentage calculations are based on the total population of each gender

Figure 1.1.4: Houston EMA/HSDA and Texas Hispanic/Latino by Country of Origin, 2000

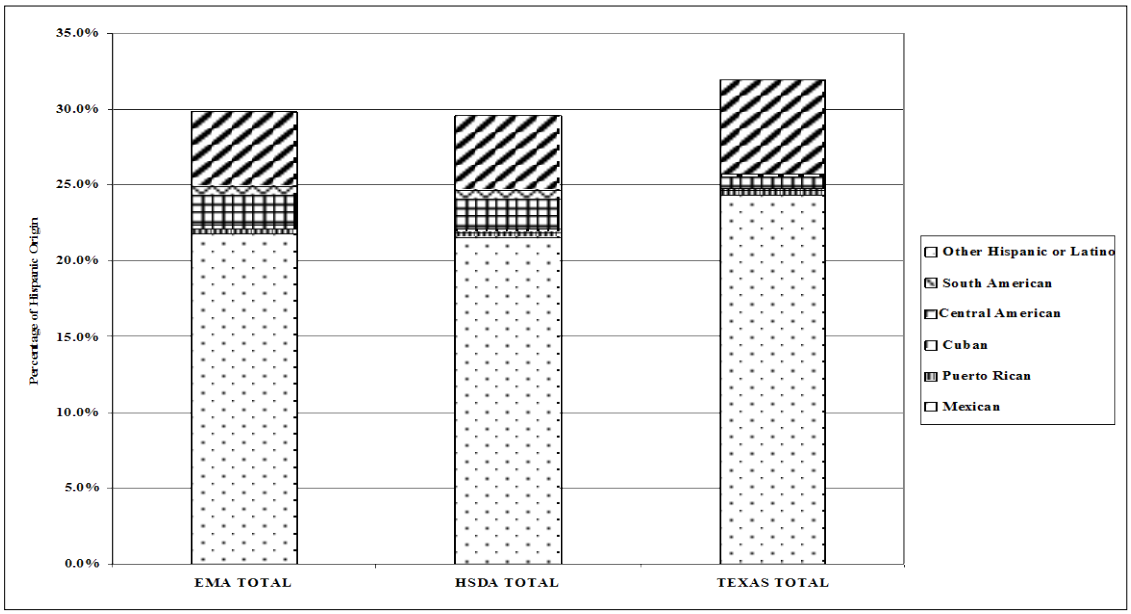


Figure 1.1.5: Houston EMA/HSDA Counties Hispanic/Latino by Country of Origin, 2000

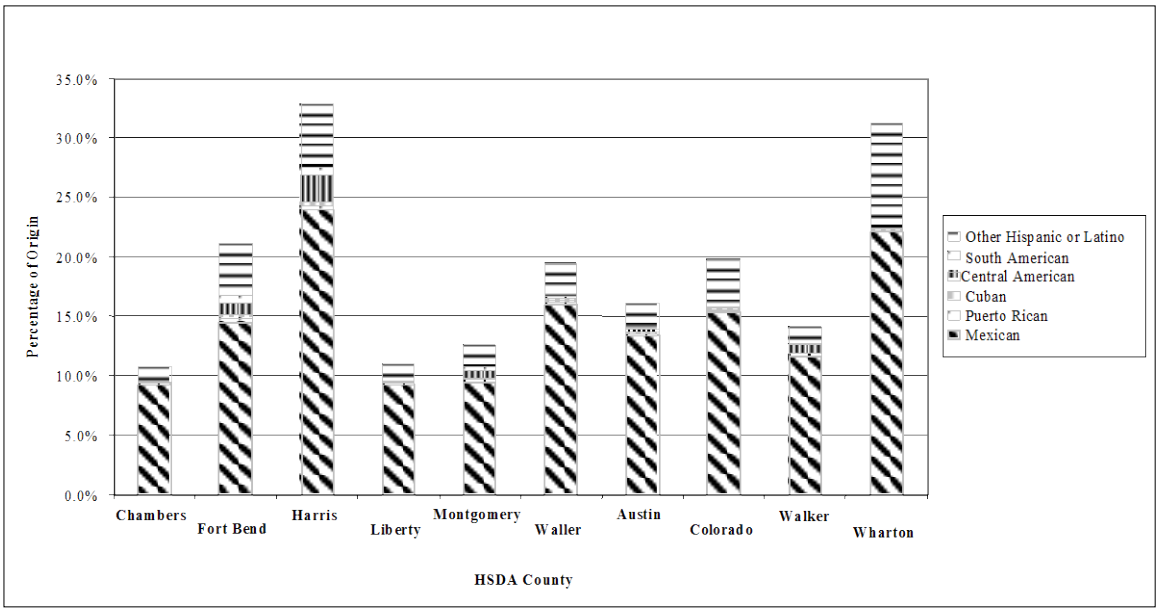
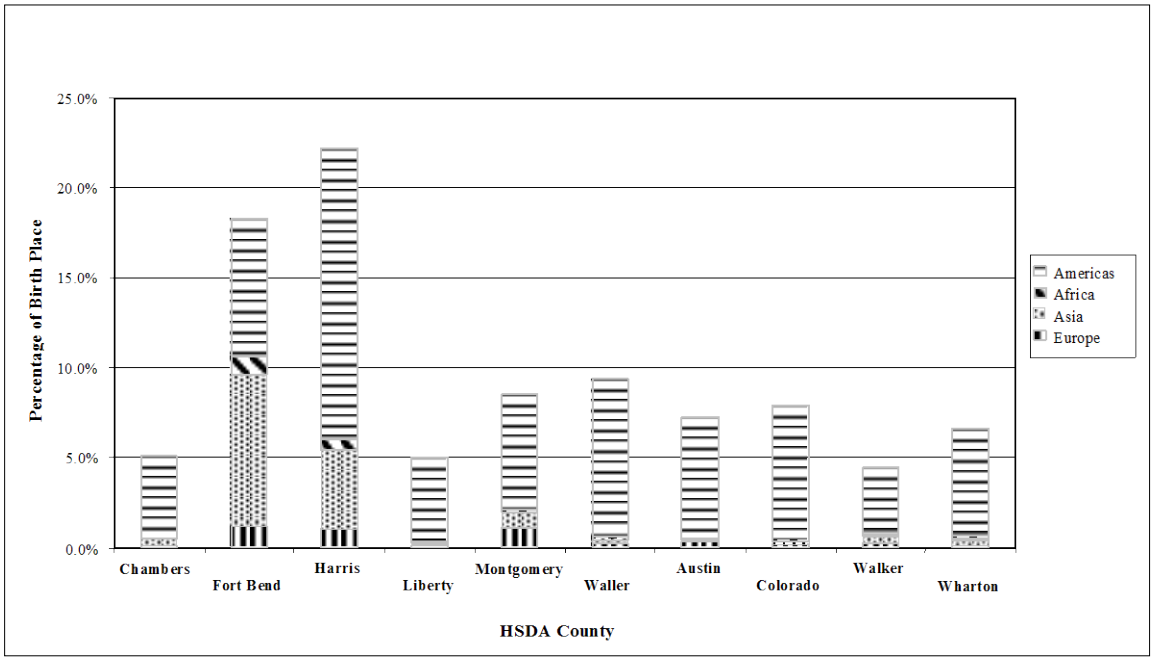


Table 1.1.8: Houston EMA/HSDA Counties and Total Foreign Born by Place of Birth, 2000

County	Total Population	Total Foreign Born	Birth Place for Foreign Born				
			Europe	Asia	Africa	Americas	Mexico
Chambers	26,031	5.1%	0.1%	0.3%	0.0%	4.6%	4.4%
Fort Bend	354,452	18.3%	1.2%	8.4%	1.0%	7.6%	4.5%
Harris	3,400,578	22.2%	1.1%	4.3%	0.7%	16.1%	11.6%
Liberty	70,154	5.1%	0.1%	0.2%	0.1%	4.7%	4.3%
Montgomery	293,768	8.6%	1.1%	0.9%	0.2%	6.4%	4.7%
Waller	32,663	9.4%	0.3%	0.2%	0.2%	8.8%	8.0%
EMA TOTAL	**4,177,646**	**20.5%**	**1.1%**	**4.3%**	**0.6%**	**14.4%**	**10.3%**
Austin	23,590	7.3%	0.3%	0.1%	0.0%	6.8%	6.1%
Colorado	20,390	7.9%	0.2%	0.2%	0.0%	7.5%	7.1%
Walker	61,758	4.5%	0.2%	0.4%	0.1%	3.7%	2.8%
Wharton	41,188	6.6%	0.1%	0.3%	0.1%	6.1%	5.7%
HSDA TOTAL	**4,324,572**	**20.0%**	**1.0%**	**4.2%**	**0.6%**	**14.1%**	**10.2%**
TEXAS TOTAL	**20,851,820**	**13.9%**	**3.5%**	**10.8%**	**1.5%**		

Source: U. S. Census Bureau, 2000 (www.census.gov). Retrieved on March 25, 2004.
Percentage calculations are based on the total population of each gender

Figure 1.1.6: Houston EMA/HSDA Counties Foreign Born by Place of Birth, 2000



Linguistic Isolation

Approximately one-third of EMA and HSDA residents are "linguistically isolated," meaning they speak English less than "very well."

- More than one-third of the people living in Harris County and 30% of the people living in Fort Bend speak English less than "very well."
- The largest percentages of linguistically isolated people are Spanish speaking.
- More than one-quarter of those who speak Indo-European languages (i.e., Spanish, Italian, Portuguese, Russian, German, Bengali, etc) are linguistically isolated.
- Very few of those speaking Asian and Pacific Islander languages report being linguistically isolated. Refer to Table 1.1.9.

Table 1.1.9: Houston EMA/HSDA Counties and Total Linguistic Isolation, 2000

County	Total 5+ Pop	English Only Pop	Speak other than English						
			Total Pop	Spanish		Indo-European		Speak Asian & Pacific Island	
				Total Pop	LI	Total Pop	LI	Total Pop	LI
Chambers	24,205	88.3%	2,834	2,265	43.9%	460	29.1%	87	8.0%
Fort Bend	327,666	69.3%	100,596	57,612	40.0%	16,603	24.8%	22,409	4.4%
Harris	3,121,999	63.8%	1,129,856	898,885	52.9%	87,470	28.2%	116,285	4.5%
Liberty	65,425	87.7%	8,030	7,042	44.4%	733	13.4%	129	0.0%
Montgomery	271,298	86.2%	37,552	31,077	49.4%	4,258	18.3%	1,854	6.0%
Waller	30,397	81.9%	5,513	4,994	52.9%	364	25.0%	74	13.5%
EMA TOTAL	**3,840,990**	**66.6%**	**1,284,381**	**1,001,875**	**52.0%**	**109,888**	**27.2%**	**140,838**	**4.5%**
Austin	22,056	82.9%	3,770	2,967	46.6%	795	29.1%	87	8.0%
Colorado	19,150	80.1%	3,818	3,130	49.1%	626	26.0%	24	54.2%
Walker	58,854	85.7%	8,390	7,586	44.4%	455	18.2%	285	1.1%
Wharton	38,401	73.3%	10,239	9,145	35.7%	989	19.3%	74	5.4%
HSDA TOTAL	**3,979,451**	**67.1%**	**1,310,598**	**1,024,703**	**51.8%**	**112,753**	**27.1%**	**141,308**	**4.5%**
TEXAS TOTAL	**19,241,518**	**68.8%**	**6,010,753**	**5,195,182**	**45.6%**	**358,019**	**25.8%**	**374,330**	**4.6%**

Source: U. S. Census Bureau, 2000 (www.census.gov). Retrieved on March 25, 2004.
Linguistic Isolation = speaks English less than "very well."
Total Pop reflects all speaking that language.
LI = Percentage of those speaking the language who are linguistically isolated/speak English less than "very well."

SOCIOECONOMIC STATUS

Median household income helps explain how much money people in the region earn. Since it is for "household", it is the combined amount of money earned by everyone living in a household. The "median income" means that half the people living in the region/county earn less than that amount and half earn more. While the higher median income is better for the region, it has to be considered against the cost of living in an area and the number of people in each household. Typically, the cost of living in urban areas is higher than in rural areas.

People living in the EMA and HSDA have higher median household incomes than people throughout the entire state of Texas. Within the EMA, the median income is nearly $47,000 per year which is $5,000 higher than in the HSDA and $7,000 higher than is found in the state.

- Fort Bend County residents have the highest median household income of all the counties in the HSDA with nearly $64,000 per year.

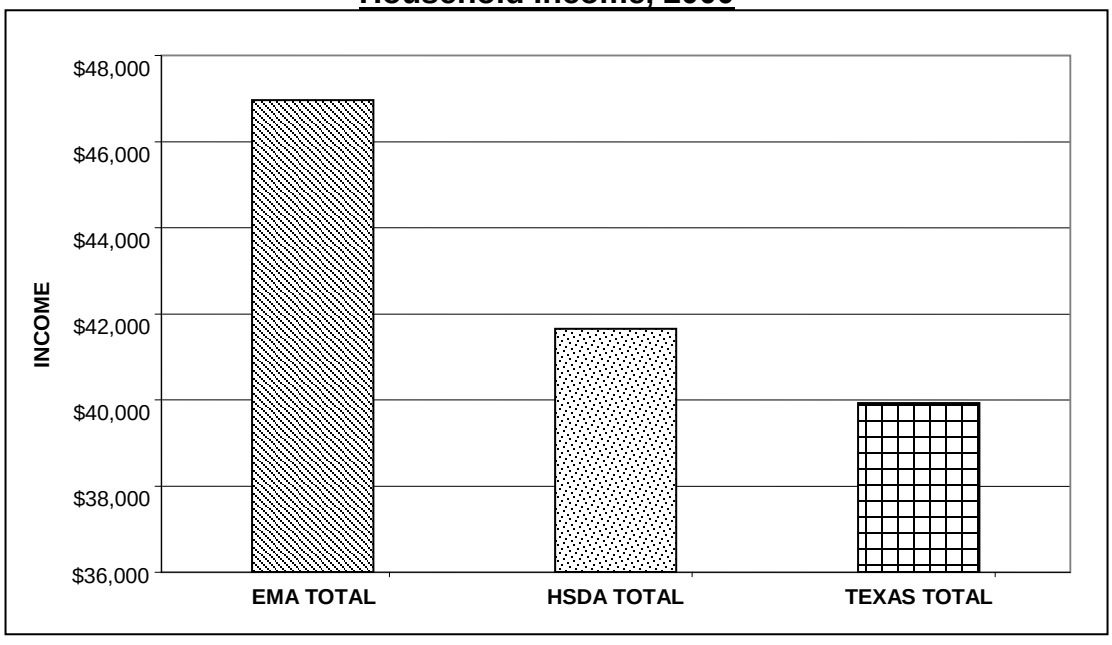
- The area with the second highest median income is Montgomery County with over $50,000 per year.
- Counties with the lowest median household income are three of the four HSDA counties outside the EMA: Colorado, Wharton and Walker. Refer to Table 1.1.10 and Figure 1.1.7.

Table 1.1.10: Houston EMA/HSDA Counties and Total Median Household Income, 2000

County	Median Household Income
Chambers	$47,964
Fort Bend	$63,831
Harris	$42,598
Liberty	$38,361
Montgomery	$50,864
Waller	$38,136
EMA TOTAL	**$46,959**
Austin	$38,615
Colorado	$32,425
Walker	$31,468
Wharton	$32,208
HSDA TOTAL	**$41,647**
TEXAS TOTAL	**$39,927**

Source: U. S. Census Bureau, 2000 (www.census.gov). Retrieved on March 25, 2004.

Figure 1.1.7: Houston EMA/HSDA and Texas Total Median Household Income, 2000



OWNER COST AND GROSS RENT AS A PERCENTAGE OF HOUSEHOLD INCOME

The U. S. Census Bureau tracks the percentage of household income that is spent on housing. For people that own their homes, owner cost includes all expenses required to own a home such as mortgage payments, real estate taxes, homeowners' insurance, utilities, condominium and association fees, etc. For people that rent their home or apartment, this includes rent, utilities and other associated costs. These costs are reported as a percentage of household income. Unfortunately, the same percentages are not used for owner cost and renter cost, so direct comparisons are not possible. (Table 1.1.11 and Table 1.1.12)

- Considering owner cost, five HSDA counties have approximately two-thirds of residents whose owner cost is less than 20% of household income. These are generally rural counties.
- The counties with the most residents with owner costs more than 20% of household income are the most urban counties, including Fort Bend (54.1%), Harris (59.1%) and Montgomery (60.3%).
- Waller County has the highest percentage with owner cost greater than 35% of income (17.1%). This is followed by Fort Bend County (14.3%) and Harris County (14.3%). Refer to Table 1.1.11
- Chambers, Liberty and Austin Counties have the lowest renter costs, including the largest percentages of their populations with renter costs below 15% of income.
- Walker County has the highest renter cost, with 42% of the population spending 35% or more of their incomes on rent. This is followed by Waller County with 29% of their residents at that level. Harris, Liberty and Montgomery all have approximately 27% of their residents dedicating 35% or more of their incomes to rent. (Table 1.1.12)

Table 1.1.11: Houston EMA/HSDA Counties Owner Cost as Percentage of Household Income, 2000

County	Total	<20%	20-24%	25-34%	>35%
	N[1]	%	%	%	%
Chambers	5,320	68.1%	11.7%	9.4%	10.7%
Fort Bend	81,296	54.1%	15.6%	15.6%	14.7%
Harris	592,221	59.1%	13.4%	13.2%	14.3%
Liberty	10,097	66.5%	10.4%	11.3%	11.8%
Montgomery	59,089	60.3%	14.3%	12.8%	12.5%
Waller	4,125	61.0%	11.2%	10.7%	17.1%
EMA TOTAL	**752,148**	**58.8%**	**13.7%**	**13.4%**	**14.1%**
Austin	3,956	68.0%	10.0%	10.9%	11.1%
Colorado	3,742	69.6%	6.9%	10.1%	13.4%
Walker	6,165	64.2%	12.5%	11.3%	12.0%
Wharton	7,592	68.2%	9.9%	10.2%	11.7%
HSDA TOTAL	773,603	**59.0%**	**13.6%**	**13.3%**	**14.1%**
TEXAS TOTAL	**3,809,005**	**59.6%**	**13.4%**	**13.3%**	**13.7%**

Source: U. S. Census Bureau, 2000 (www.census.gov). Retrieved on March 25, 2004.

Note [1]: Includes only households that monthly cost was computed.

Figure 1.1.8: Houston EMA/HSDA and Texas Owner Cost as Percentage of Household Income, 2000

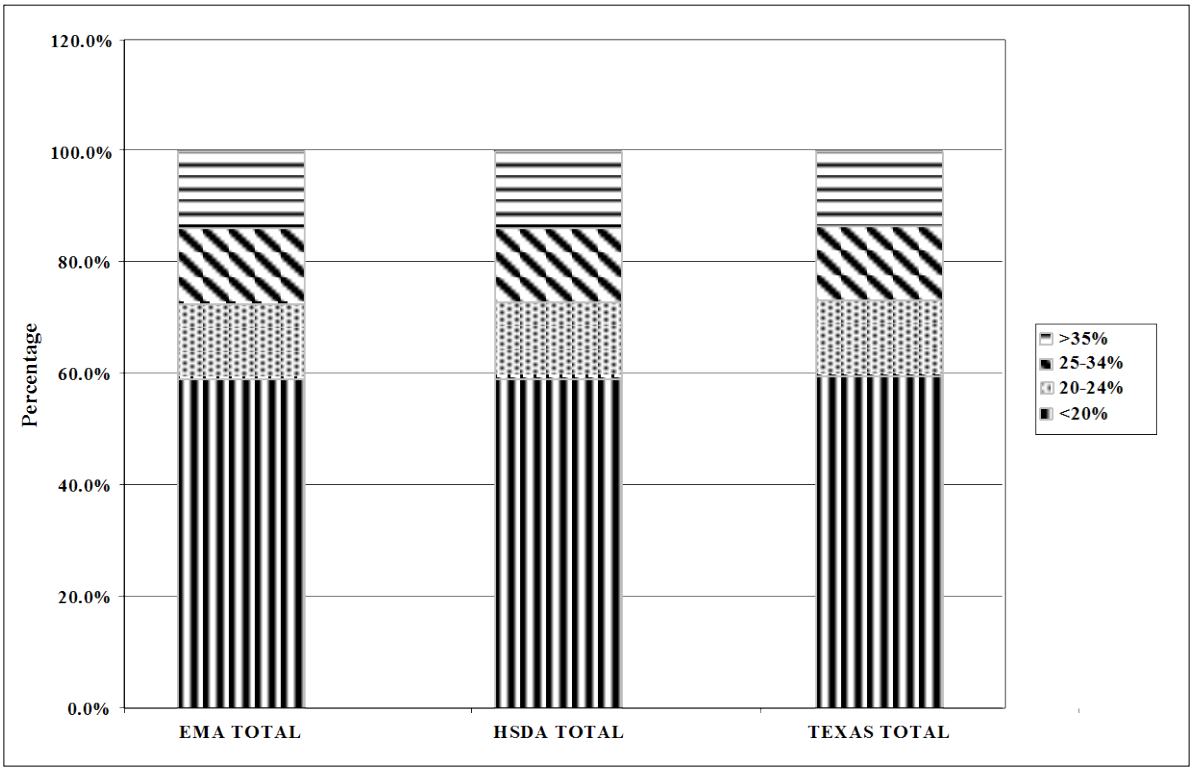


Figure 1.1.9: Houston EMA/HSDA Counties Owner Cost as Percentage of Household Income, 2000

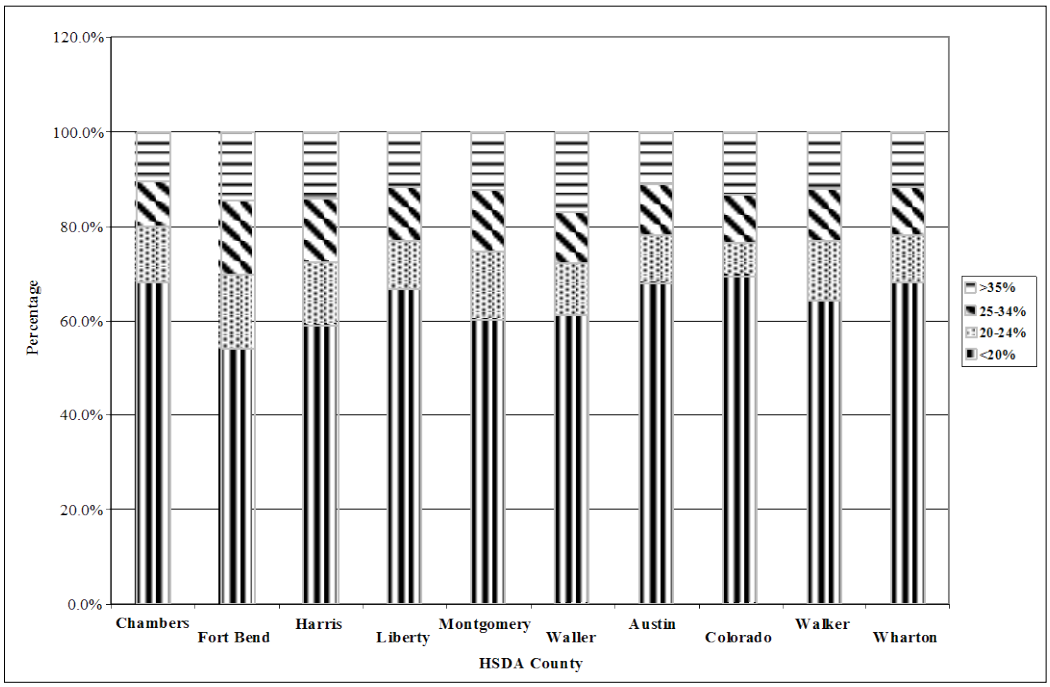
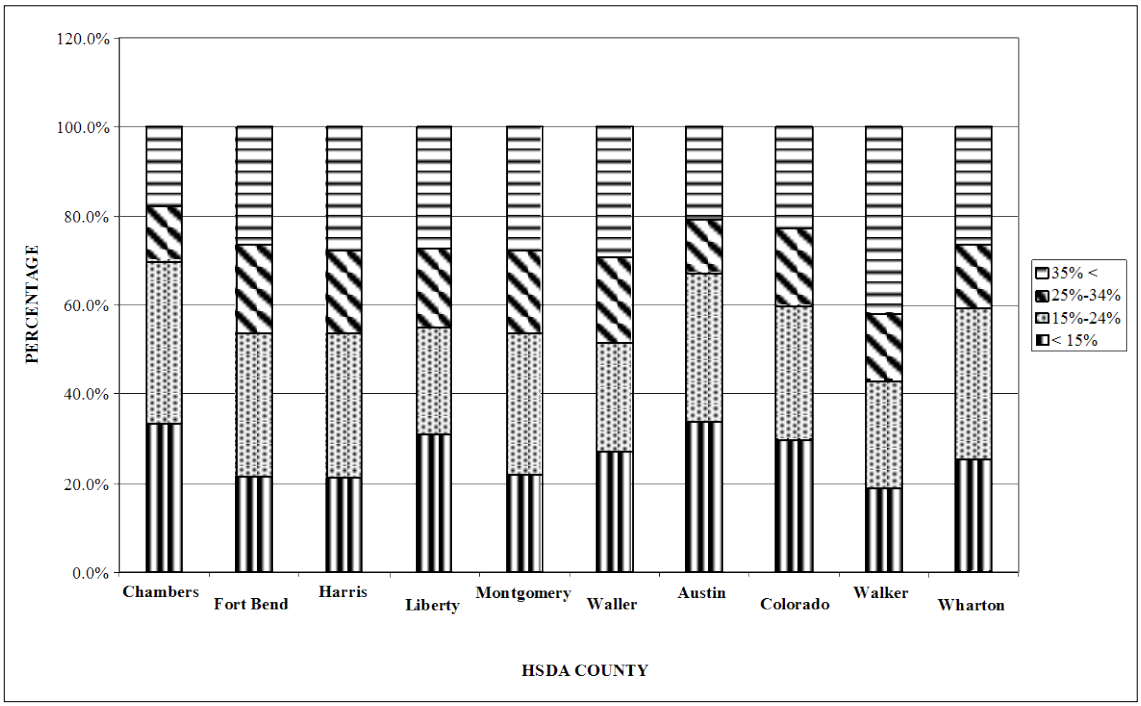


Table 1.1.12: Houston EMA/HSDA Counties Gross Rent as a Percentage of Household Income, 2000

County	Total households*	< 15%	15%-24%	25%-34%	>35%
Chambers	1,238	33.5%	36.3%	12.4%	17.7%
Fort Bend	19,652	21.8%	31.9%	19.8%	26.5%
Harris	507,029	21.3%	32.3%	18.6%	27.8%
Liberty	4,136	31.1%	23.8%	17.8%	27.2%
Montgomery	20,397	22.1%	31.6%	18.6%	27.7%
Waller	2,341	27.0%	24.5%	19.2%	29.3%
EMA TOTAL	554,793	21.5%	32.1%	18.7%	27.7%
Austin	1,581	33.6%	33.5%	12.0%	20.8%
Colorado	1,305	29.6%	30.2%	17.2%	23.0%
Walker	6,423	18.9%	23.9%	15.3%	41.9%
Wharton	3,769	25.4%	33.9%	14.3%	26.4%
HSDA TOTAL	567,871	21.5%	32.1%	18.6%	27.8%

Note*: Total households of which rental statistics are calculated. Source: U. S. Census Bureau, 2000 (www.census.gov). Retrieved on March 25, 2004.

Figure 1.1.10: Houston EMA/HSDA Counties Gross Rent as Percentage of Household Income



EMPLOYMENT STATUS

The most current employment data at the county level is from 2003. In 2003, unemployment in the EMA, HSDA and state was 6.8% to 6.9%. Refer to Table 1.1.13.

- The county with the highest unemployment was Liberty, with 10.4% unemployment.
- Those with the lowest were Walker (3.3%), Austin and Colorado (both with 4.8%).
- It should be noted that although employment is high in Walker and Colorado Counties, median household income is among the lowest in the region.

Table 1.1.13: Houston EMA/HSDA Counties Employment Status of Residents Over 16 Years of Age, 2003

County	Pop 16+	In labor force	Unemployed	Unemployed
Chambers	21,033	13,010	810	6.2%
Fort Bend	282,690	208,885	12,291	5.9%
Harris	2,654,562	1,891,103	132,911	7.0%
Liberty	56,120	31,972	3,341	10.4%
Montgomery	238,131	160,205	8,577	5.4%
Waller	27,222	15,177	1,033	6.8%
EMA TOTAL	**3,279,758**	**2,320,352**	**158,963**	**6.9%**
Austin	18,726	14,341	692	4.8%
Colorado	16,186	8,446	409	4.8%
Walker	53,685	23,973	803	3.3%
Wharton	31,688	19,695	1,353	6.9%
HSDA TOTAL	**3,400,043**	**2,386,807**	**162,220**	**6.8%**
TEXAS TOTAL	**16,454,277**	**10,910,344**	**737,516**	**6.8%**

Source: Texas Workforce Commission's Labor Market Information Department (www.tracer2.com). Retrieved on March 25, 2004.

Unemployed % is based on the number of persons in labor force.

EDUCATIONAL ATTAINMENT

Educational attainment reflects each person in an area's highest grade in school. The EMA, HSDA and state are similar with 11% going through eighth grade or less, 13% going to high school, but not graduating, approximately half graduating from high school and possibly attending some college, and roughly one-quarter receiving a bachelor's degree in college or higher. Refer to Table 1.1.14 and Figures 1.1.11 and 1.1.12.

- Counties with the highest percentage getting their high school diploma or more include: Fort Bend (84.3%), Montgomery (81.6%), Chambers (77.0%), Harris (74.6%), and Waller (73.9%).
- Counties with the highest percentage of residents who did not go beyond eighth grade include: Colorado, Wharton, Austin and Harris.
- High numbers of students may explain counties showing both the highest percentage of high school diplomas and those who did not go beyond eighth grade.

Table 1.1.14: Houston EMA/HSDA Counties Educational Attainment, 2000

County	Total Pop >25	Less than 9th grade	9th-12th grade, no diploma	High School Graduate, Some College, Associate	Bachelor or higher
Chambers	16,348	8.5%	14.5%	64.9%	12.1%
Fort Bend	214,461	7.2%	8.5%	47.4%	36.9%
Harris	2,067,399	12.1%	13.3%	47.7%	26.9%
Liberty	44,206	10.5%	19.9%	61.5%	8.1%
Montgomery	183,743	6.3%	12.1%	56.3%	25.3%
Waller	18,395	11.1%	15.1%	57.1%	16.8%
EMA TOTAL	**2,544,552**	**11.2%**	**12.9%**	**48.7%**	**27.2%**
Austin	15,280	12.2%	13.2%	57.2%	17.3%
Colorado	13,383	15.6%	15.3%	54.6%	14.4%
Walker	36,678	10.4%	16.6%	54.7%	18.3%
Wharton	25,567	15.5%	14.7%	55.4%	14.3%
HSDA TOTAL	**2,635,460**	**11.3%**	**13.0%**	**48.9%**	**26.8%**
TEXAS TOTAL	**12,790,893**	**11.5%**	**12.9%**	**52.4%**	**23.2%**

Source: U. S. Census Bureau, 2000 (www.census.gov). Retrieved on March 25, 2004.
Note[1] is based on 25+ total population.

Figure 1.1.11: Houston EMA/HSDA and Texas Educational Attainment, 2000

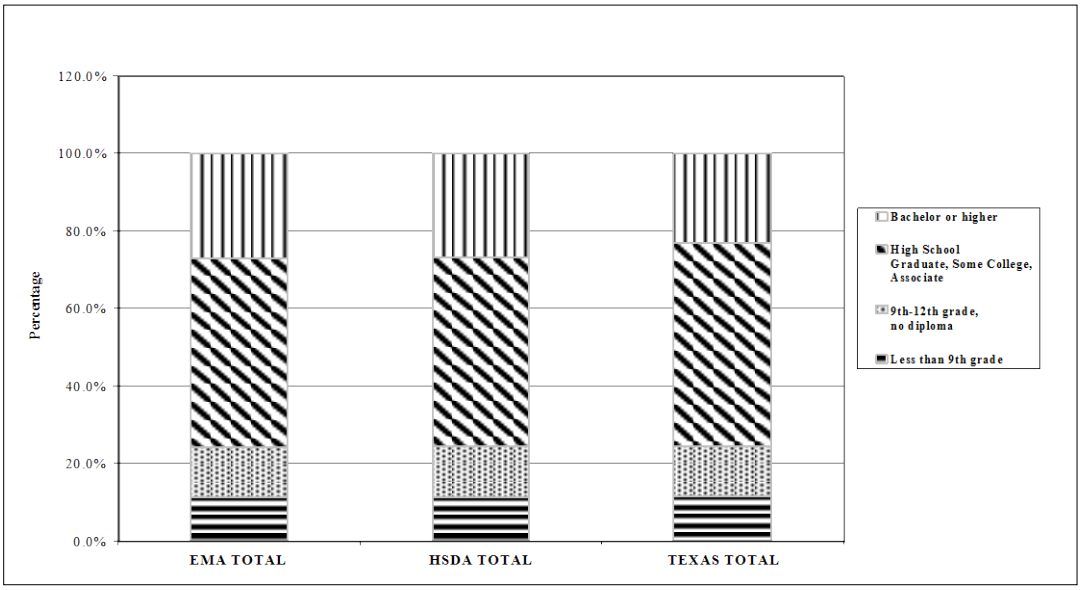
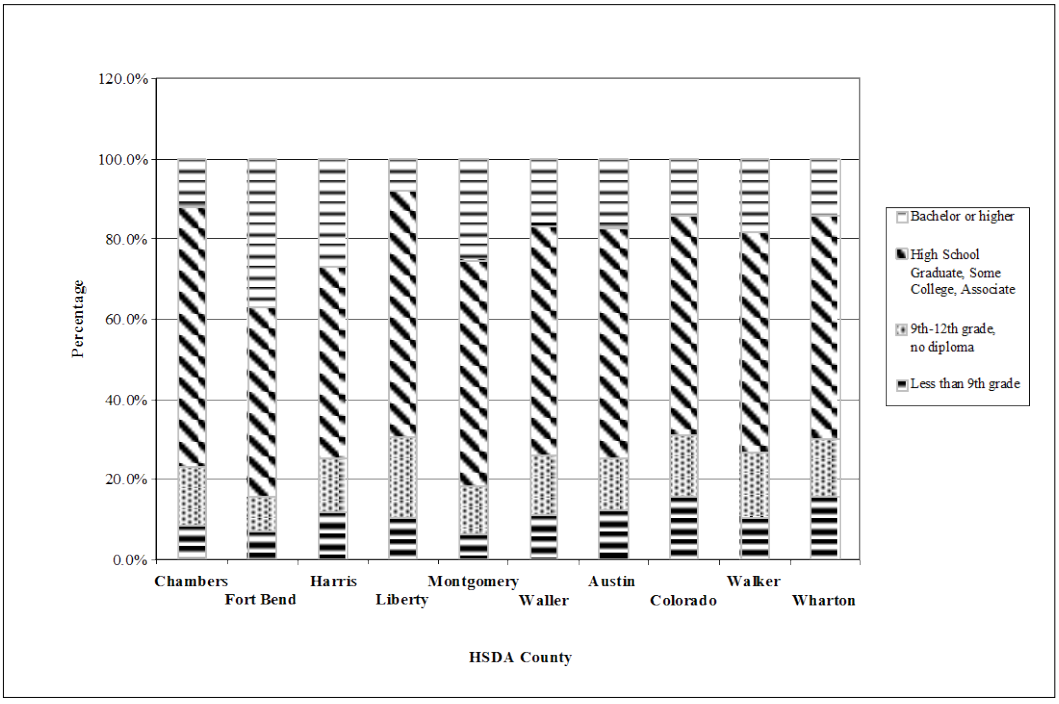


Figure 1.1.12: Houston EMA/HSDA Counties Educational Attainment, 2000



POVERTY STATUS

Both the EMA and the HSDA have lower rates of poverty than in Texas overall, with 13.9% and 14%, respectively, living in poverty compared to 15.4% for the state. Both the local and statewide percentages are larger than the 12.4% nationally who are living in poverty.

- Counties with the highest levels of poverty include Walker, Colorado and Wharton which are three of the four counties that are only part of the HSDA, and Waller and Harris in the EMA.
- Blacks/African-Americans in the EMA and HSDA make up a higher percentage of those living in poverty than is found throughout the state. Whites/Anglos and Hispanics/Latinos in the EMA and HSDA represent smaller percentages of those living in poverty when compared with the state overall. (Table 1.1.15)
- Children and others under 25 years of age are a large percentage of those living in poverty throughout the EMA, HSDA and state. (Table 1.1.16)
- Families with single females as head of household comprise a large percentage of families in poverty. (Table 1.1.17)

Table 1.1.15: Houston EMA/HSDA Counties Poverty Level by Race, 2000

County	Total	Population for whom poverty status is determined: below poverty level		White	Black	Other*	Hispanic*
	N	N	%	%*	%*	%*	%*
Chambers	25,719	2,833	11.0%	6.5%	2.5%	2.1%	2.6%
Fort Bend	349,010	24,953	7.1%	2.9%	1.7%	2.6%	3.3%
Harris	3,360,536	503,234	15.0%	6.0%	4.2%	4.8%	7.5%
Liberty	64,878	9,296	14.3%	9.5%	3.0%	1.8%	2.8%
Montgomery	291,519	27,376	9.4%	7.0%	0.9%	1.5%	2.4%
Waller	29,487	4,718	16.0%	6.0%	6.5%	3.5%	5.4%
EMA TOTAL	**4,121,149**	**572,410**	**13.9%**	**5.9%**	**3.7%**	**4.3%**	**6.7%**
Austin	23,345	2,814	12.1%	6.5%	2.6%	3.0%	4.7%
Colorado	19,543	3,171	16.2%	8.0%	4.9%	3.3%	5.0%
Walker	44,904	8,253	18.4%	10.6%	6.1%	1.6%	2.6%
Wharton	40,519	6,703	16.5%	8.1%	4.4%	4.0%	7.9%
HSDA TOTAL	**4,249,460**	**593,351**	**14.0%**	**6.0%**	**3.8%**	**4.2%**	**6.6%**
TEXAS TOTAL	**20,287,300**	**3,117,609**	**15.4%**	**8.9%**	**2.6%**	**3.9%**	**8.2%**

Source: U. S. Census Bureau, 2000 (www.census.gov). Retrieved on March 25, 2004.
* Hispanic and other races are not mutually exclusive.
*** All the percentages are based on total population of whom population status is determined.

Table 1.1.16: Houston EMA/HSDA Counties Poverty by Age and Gender, 2000

Male							
County	Total Population	Income below poverty level		<25	25-44	45-64	65 ≤
	N	N	%	%	%	%	%
Chambers	25,719	1,213	4.7%	2.5%	0.8%	1.0%	0.3%
Fort Bend	349,010	11,438	3.3%	1.8%	0.8%	0.5%	0.2%
Harris	3,360,536	233,388	6.9%	3.9%	1.9%	0.8%	0.3%
Liberty	64,878	3,991	6.2%	3.5%	1.3%	1.0%	0.4%
Montgomery	291,519	12,091	4.1%	2.2%	1.1%	0.6%	0.3%
Waller	29,487	2,391	8.1%	4.6%	2.0%	1.2%	0.3%
EMA TOTAL	**4,121,149**	**264,512**	**6.4%**	**3.6%**	**1.8%**	**0.8%**	**0.3%**
Austin	23,345	1,200	5.1%	2.5%	1.1%	1.0%	0.5%
Colorado	19,543	1,285	6.6%	3.4%	1.3%	1.0%	0.8%
Walker	44,904	3,672	8.2%	5.7%	1.3%	0.8%	0.5%
Wharton	40,519	3,024	7.5%	3.7%	1.6%	1.5%	0.7%
HSDA TOTAL	**4,249,460**	**273,693**	**6.4%**	**3.6%**	**1.8%**	**0.8%**	**0.3%**
TEXAS POPULATION	**20,287,300**	**1,406,608**	**6.9%**	**4.0%**	**1.7%**	**0.9%**	**0.4%**

Female							
County	Total Population	Income below poverty level		<25	25-44	45-64	65 ≤
	N	N	%	%	%	%	%
Chambers	25,719	1,620	6.3%	2.5%	1.7%	1.3%	0.7%
Fort Bend	349,010	13,515	3.9%	1.8%	1.2%	0.6%	0.4%
Harris	3,360,536	269,846	8.0%	4.0%	2.5%	1.0%	0.6%
Liberty	64,878	5,305	8.2%	3.4%	2.3%	1.2%	1.2%
Montgomery	291,519	15,285	5.2%	2.3%	1.5%	0.9%	0.6%
Waller	29,487	2,327	7.9%	3.7%	2.3%	1.0%	0.9%
EMA TOTAL	**4,121,149**	**307,898**	**7.5%**	**3.6%**	**2.3%**	**1.0%**	**0.6%**
Austin	23,345	1,614	6.9%	2.7%	1.6%	1.1%	1.5%
Colorado	19,543	1,886	9.7%	4.1%	2.1%	1.4%	2.1%
Walker	44,904	4,581	10.2%	6.3%	2.1%	0.8%	1.1%
Wharton	40,519	3,679	9.1%	3.8%	2.0%	1.6%	1.7%
HSDA TOTAL	**4,249,460**	**319,658**	**7.5%**	**3.7%**	**2.3%**	**1.0%**	**0.6%**
TEXAS POPULATION	**20,287,300**	**1,711,001**	**8.4%**	**4.2%**	**2.3%**	**1.7%**	**0.8%**

Source: U. S. Census Bureau, 2000 (www.census.gov). Retrieved on March 25, 2004.

*** All the percentages are based on total population of each gender.

Table 1.1.17: Houston EMA/HSDA Counties Poverty by Family Level, 2000

County	Families: Total	Families: Income in 1999 below poverty level	Married-couple family	Male householder; no wife present	Female householder; no husband present	
	N	N	%	%	%	%
Chambers	7,221	601	8.3%	4.4%	0.5%	3.4%
Fort Bend	93,808	5,139	5.5%	2.8%	0.5%	2.2%
Harris	840,630	101,693	12.1%	5.8%	1.1%	5.2%
Liberty	17,937	1,998	11.1%	5.5%	0.8%	4.8%
Montgomery	80,723	5,766	7.1%	3.8%	0.5%	2.9%
Waller	7,837	901	11.5%	6.2%	1.3%	4.1%
EMA TOTAL	**1,048,156**	**116,098**	**11.1%**	**5.4%**	**1.0%**	**4.7%**
Austin	6,493	570	8.8%	5.5%	0.5%	2.8%
Colorado	5,385	660	12.3%	6.2%	0.9%	5.2%
Walker	11,533	1,225	10.6%	5.1%	0.9%	4.6%
Wharton	10,774	1,430	13.3%	6.7%	1.5%	5.0%
HSDA TOTAL	**1,082,341**	**119,983**	**11.1%**	**5.4%**	**1.0%**	**4.7%**
TEXAS POP	**5,283,474**	**632,676**	**12.0%**	**6.0%**	**1.0%**	**5.1%**

HEALTH AND INSURANCE STATUS

The most current data on insurance status at the county level are from 1999. As a state, Texas ranked first in the U. S. in 1998 according to percent of population uninsured (24.5%) and second in size of the uninsured population (4,880,000). In the HSDA, county populations ranged between one-fifth and one-quarter uninsured.

- Overall, Austin County had the lowest percentage of uninsured, 19.9%, and Harris County had the highest, 25.5%.
- Chambers County had the lowest percentage of uninsured children (20.8%) and Harris County had the highest (25.5%).
- Montgomery County had the lowest percentage of uninsured adults (22.6%) and Waller County had the highest (30.1%).
- A demographic breakdown of those living without insurance was not available by county. Statewide, the majority was male (53.6%) and Hispanic (48.3%).

Table 1.1.18: Houston EMA/HSDA Counties Estimated Percentage of Residents without Insurance, 1999

County	All People	0 - 18 Years Old	19 – 64 Years Old
	%	%	%
EMA			
Chambers	20.3	20.8	23.7
Fort Bend	22.7	22.4	24.6
Harris	25.5	25.5	28.1
Liberty	22.4	22.8	26.2
Montgomery	20.1	21.0	22.6
Waller	25.4	25.1	30.1
HSDA			
Austin	19.9	22.7	24.4
Colorado	20.8	24.0	26.7
Walker	25.4	22.9	29.5
Wharton	23.1	25.0	27.5
Texas	24.5		

Source: "Houston-Area 2002 Epidemiological Profile," page 10. Texas Health and Human Services Commission.

NATALITY CHARACTERISTICS

Natality statistics provide information about births in the region. These include general information such as birth rate and fertility rate as well as risk information that reflect risk to either the mother or baby.

- Harris County has the highest birth rate and fertility rate in both the EMA and the HSDA. The birth rate ranks seventeenth out of all counties in the state, and the fertility rate is thirty-ninth. High birth and fertility rates result in a growing county population.
- The nine other EMA and HSDA counties have birth rates and fertility rates that are lower than the state of Texas overall.
- Wharton County demonstrates the highest risk in the percentage of adolescent mothers and lack of prenatal care in the first trimester, but their percentage of low birth weight infants is one of the lowest in the region.
- Liberty, Austin, Colorado and Wharton counties have higher percentages of adolescent mothers than found in the state.
- Chambers, Liberty, Austin and Wharton counties have higher percentages of mothers who do not receive prenatal care in the first trimester than found in the state.
- Harris, Waller and Colorado counties have higher percentages of low birth weight infants than found in Texas overall. Refer to Table 1.1.19.
- Infant mortality is presented in Table 1.1.19 with other mortality statistics. Chambers, Liberty, Montgomery, Colorado and Walker counties have higher infant death rates than found in the state overall.

Table 1.1.19: Houston EMA/HSDA Counties Rates and County Rankings for Natality Characteristics, 1998 - 2000

County	Crude Birth Rate		Fertility Rate	
	Rate	Rank	Rate	Rank
EMA				
Chambers	12.1	171	53.2	232
Fort Bend	14.2	104	58.7	202
Harris	18.7	17	81.3	39
Liberty	15.2	71	70.6	88
Montgomery	15.5	63	67.6	119
Waller	16.1	50	65.5	147
HSDA				
Austin	14.8	86	73	72
Colorado	13	145	67.6	119
Walker	10.3	225	50	242
Wharton	14.9	80	71.5	83
TEXAS	17.4		76.7	

County	Adolescent Mothers		No Prenatal Care First Trimester		Low Birth Weight	
	%	Rank	%	Rank	%	Rank
EMA						
Chambers	4.9	218	22.3	83	6.9	163
Fort Bend	3.4	239	13.4	222	7.3	133
Harris	5.3	207	18.0	144	7.5	113
Liberty	6.5	170	22.3	83	7.3	133
Montgomery	4.4	232	17.8	147	6.5	191
Waller	7.8	111	19.6	123	7.6	108
HSDA						
Austin	6.2	180	22.6	77	6.7	176
Colorado	7.8	111	20.0	114	7.8	87
Walker	5.6	197	15.4	194	7.3	133
Wharton	9.4	53	35.1	15	6.4	197
TEXAS	6.0		20.8		7.4	

Rates reflect averages for 1998 – 2000 values and are per 100,000 population.

Source: "Selected Demographic & Public Health Measures: Rankings for Texas Counties 1998–2000".

MORTALITY CHARACTERISTICS

Mortality characteristics present death rates overall and for specific disease processes. These rates include deaths occurring over three years, 1998 through 2000. The 254 counties throughout Texas are ranked, and these rankings are also presented. (Refer to Table 1.1.20)

- Liberty County has the highest mortality rate of the 10 HSDA Counties, ranking thirteenth in the state of Texas. They have the highest infant mortality rate in the state, and are in the top 15 for cancer, lower respiratory diseases and accidents.
- Fort Bend has the lowest death rate of the ten HSDA counties, ranking 197 in the state.
- Comparing the number of county deaths to overall deaths in the state for specific disease processes, reveals the following:
  - Liberty, Montgomery, Waller, Austin and Colorado counties have higher death rates from heart disease than the state.
  - Fort Bend, Harris, Liberty, Montgomery, Colorado and Walker counties have higher death rates from stroke than found in the state overall.
  - All EMA and HSDA counties except Fort Bend County and Austin County have higher death rates from cancer than Texas overall.
  - Chambers, Liberty, Montgomery, Waller and Walker counties have higher death rates from lower respiratory disease than Texas overall.
  - Chambers, Montgomery, Austin, Colorado and Wharton counties have higher death rates from diabetes than the state overall.
  - All EMA and HSDA counties except Fort Bend County and Harris County have higher death rates from accidents than found in the state.

Table 1.1.20: Houston EMA/HSDA Counties Rates and County Rankings for Mortality Characteristics Age Adjusted Death Rates per 100,000 Population, 1998 - 2000

County	All Deaths		Heart		Stroke		Cancer	
	Rate	Rank	Rate	Rank	Rate	Rank	Rate	Rank
EMA								
Chambers	888.2	149	237.7	186	138.7	145	227.0	48
Fort Bend	834.5	197	259.1	155	148.2	109	194.6	148
Harris	880.3	161	267.9	147	144.4	124	200.7	128
Liberty	1,092.9	13	323.3	42	147.4	113	265.0	11
Montgomery	981.6	77	295.0	94	155.0	89	225.0	56
Waller	910.2	141	301.0	82	138.9	144	211.0	99
HSDA								
Austin	890	147	331.3	31	131.1	167	188.1	174
Colorado	1,015.5	48	318.6	50	163.0	60	214.3	86
Walker	983.6	74	269.5	143	155.3	87	222.1	69
Wharton	852.9	183	239.4	181	119.9	184	208.3	106
TEXAS	891.2		269.7		141.4		198.8	

County	Lower Respiratory		Diabetes		Accidents		Infant Mortality	
	Rate	Rank	Rate	Rank	Rate	Rank	Rate	Rank
EMA								
Chambers	52.5	58	37.4	36	49.5	85	7.4	NR
Fort Bend	34.5	135	24.5	99	25.7	150	4.9	34
Harris	35.5	133	27.0	84	33.9	139	5.7	29
Liberty	69.9	14	25.7	88	78.1	14	11.3	1
Montgomery	56.6	46	31.5	59	47.4	90	6.5	21
Waller	46.4	93	26.4	NR	60.9	43	4.1	NR
HSDA								
Austin	28.8	144	35.5	41	57.5	51	4.8	NR
Colorado	29.7	142	42.6	26	82.4	13	11.6	NR
Walker	40.9	111	30.0	69	51.2	77	8.3	NR
Wharton	21.7	149	43.7	21	42.4	110	2.2	NR
TEXAS	44.8		30.7		38.6		6.1	

Rates reflect averages for 1998 – 2000 values.

Source: "Selected Demographic & Public Health Measures: Rankings for Texas Counties 1998-2000"

NR = 20 or fewer numerator events in the three year period are not ranked

MORBIDITY CHARACTERISTICS

Morbidity characteristics reflect the impact of an illness that does not result in death. The following presents the morbidity for three sexually transmitted diseases (STD): chlamydia, gonorrhea and AIDS. (Refer to Table 1.1.21)

- Waller County has among the highest rates of both chlamydia and gonorrhea infection in the state, ranking sixth for the former and seventh for the latter.
- Harris County is second in the state for AIDS morbidity, and also ranks highly for both STDs.
- In the HSDA, both Walker and Wharton counties are in the top 50 counties in Texas for chlamydia and gonorrhea, with Wharton ranking 34 for the former and 28 for the latter, and Walker ranking 42 and 48, respectively.

Table 1.1.21: Houston EMA/HSDA Counties Rates and County Rankings for Morbidity Characteristics, 1998 - 2000

County	Reported Cases: Chlamydia		Reported Cases: Gonorrhea		Reported Cases: AIDS	
	Rate	Rank	Rate	Rank	Percent	Rank
EMA						
Chambers	69.3	196	18.0	NR	5.1	NR
Fort Bend	137.1	167	62.0	97	7.8	24
Harris	347.6	41	193.4	23	30.5	2
Liberty	170.7	141	77.3	87	10.3	16
Montgomery	108.6	181	43.6	120	6.5	32
Waller	611.8	6	325.8	7	6.7	NR
HSDA						
Austin	142	158	80.9	84	5.7	NR
Colorado	175.3	138	84.3	80	0	NR
Walker	340.5	42	131.8	48	2.9	NR
Wharton	363.5	34	183.3	28	4.8	NR
TEXAS	316.4		162.4		16.2	

Rates reflect averages for 1998 – 2000 values and are per 100,000 population.
Source: "Selected Demographic & Public Health Measures: Rankings for Texas Counties 1998-2000"
NR = 20 or fewer numerator events in the three year period are not ranked.

MEDICALLY UNDERSERVED

Medically underserved status is designated to areas or populations having a shortage of personal health care services according to U. S. Department of Health and Human Services' rules. Designations are based on weighted values assigned to the following four health care demands and resource indicators:

- Percentage of elderly population (over 65 years)
- Poverty rate
- Infant mortality rate
- Ratio of primary care physicians per 1,000 population

In order to be considered medically underserved the index score of these indicators will be less than or equal to the national average of 62.

- Medically Underserved Areas (MUAs) are based on the demographics of the entire population in an area and the overall index scores are less than or equal to 62.
- Medically Underserved Populations (MUPs) focus on specific populations and represent only a portion of an area's population. These specific populations encounter barriers to primary care access. The barriers may be economic (e.g. low income or Medicaid-eligible populations) or sociologic (e.g. cultural or linguistic). For only these populations the index score is less than or equal to 62. Other populations may have higher scores.
- Exceptional MUPs (MUP-GOV) have index scores above the designated 62, but unusual local conditions that serve as barriers to access or availability of personal health services. The governor makes the MUP designation.

Nationally MUAs and MUPs were designated over five to ten years ago and are not regularly reviewed. Within the Houston area HSDA, however, most have been designated within the last two to four years, indicating a more current shortage.

- All of the HSDA counties have full or partial designation as MUA. Six entire counties are designated as medically underserved.
- Harris County has 18 neighborhoods with MUA designated census tracts. In addition, Harris County has four MUPs, one of which was designated by the governor.
- Montgomery, Fort Bend and Colorado counties have MUA designated census tracts.

Table 1.1.22: Houston EMA/HSDA Counties Medically Underserved Areas, 2004

County	Designation	Area Description
Chambers	MUA	Whole County
Fort Bend	MUA	Census Tracts 704-706, 707.02-707.03, 707.11, 707.21, 711-714
Harris	MUA	Acres Home, Census Tracts 524, 525.02-525.04, 530.02, 531.01, 531.03, 530.03 Aldine, Census Tracts 222.01, 222.02, 223.01, 223.02, 223.03, 224.01, 240.02 Baytown, Census Tracts 264, 264.99, 265, 266, 270, 271, 272, 273 Casa de Amigo, Census Tracts 503.01, 503.02, 505.01, 505.02, 506.01, 506.02, 507.01, 507.02, 508, 509.02, 509.03, 512, 514.01, 514.02, 515.02 Central Harris, Census Tracts 201.01, 201.02, 204.00, 205.03, 502.00, 504.00 East-Central Houston, Census Tracts 202.10, 202.20, 203.01, 203.02, 203.03, 208.02, 208.03, 209, 210.01, 214.01 Galena Park/Jacinto City, Census Tracts 210.22, 211, 211.99, 212, 232, 232.99 ID 03465, Census Tracts 400.25, 400.26, 401.01, 401.02, 402.01, 402.02 Independence Heights, Census Tracts 509.01, 510.00, 519.02, 520.01, 520.03, 520.02, 521.01-521.03 North Central, Census Tracts 240.01, 240.03, 532.02, 533.01-533.03, 535.20 Northeast Central, Census Tracts 311.00, 311.99, 312.00 Ripley, Census Tracts 300.22, 300.23, 301.01, 301.02, 302, 308.2, 309.01, 309.02, 309.03, 310, 313.01, 313.02, 314.02, 319.01, 321.01, 321.02 Settegast, Census Tracts 207.01, 207.02, 208.01, 215.01, 215.02, 215.03, 216.01, 216.02, 217.01, 217.02, 218.01, 218.02, 218.03, 218.04, 219.00, 225.03, 225.04, 227.00 South Central, Census Tracts 318.02, 318.03, 319.02, 325.01, 325.02, 327.01, 327.02, 328.01, 328.02, 328.03, 339.03, 340, 342, 343.01, 343.02 South Service Area, Census Tracts 329.02, 329.03 Southern Third Ward, Census Tracts 3122-3124, 3127-3130, 3132-3138 Trinity Gardens, Census Tracts 205.01, 205.98, 206.01, 206.98, 207.03, 207.04 West Pasadena, Census Tracts 350.01, 350.02, 350.03, 350.04, 351, 353.01, 356.01, 356.02, 356.03
	MUP	Alief, Low Income, Census Tracts 424.01, 435.01, 435.02 Spring Branch, Low Income, Census Tracts 5201-5207, 5210-5224 Third Ward, Low Income, Census Tracts 300.24, 303.00, 304.01, 304.02, 305.01, 305.02
	MUP-GOV	S.W. Houston, Spanish-speaking, Poverty: Census Tracts 416.01, 419.01, 419.04-419.06, 423.05, 423.07, 424.02, 424.03, 425.04
Liberty	MUA	Whole County
Montgomery	MUA	Census Tracts 904, 905, 910.10, 910.20, 911.02, 912.01

(Table Continues)

(Table Continued)

County	Designation	Area Description
Waller	MUA	Whole County
Austin	MUA	Whole County
Colorado	MUA	Census tracts 1501, 1502
Wharton	MUA	Whole County
Walker	MUA	Whole County

Data Source: U. S. Department of Health and Human Services, Public Health Service, Health Resources and Services Administration (HRSA), Bureau of Primary Health Care, Shortage Designation Branch, 4350 East-West Highway, 9th Floor, Bethesda, MD 20814

Prepared by: Texas Department of State Health Services, Center for Health Statistics, Health Professions Resource Center.

Designations as of 6/4/04.

www.DSHS.state.tx.us/dpa/01mua-wc.htm

HOMELESSNESS

In March 2003, the Coalition for the Homeless of Houston/Harris County, Inc. published their report, "Homeless Service Demands 2003, An Analysis of Trends, Services, Demographics." This report, while not specific to people living with HIV disease, provides background information on homelessness nationally and in the Houston area. It includes results of a survey of homeless individuals and homeless shelter providers. Key points to consider include:

- Recent studies reveal that men continue to be the most represented group among the homeless, but families with children are increasing at a rapid rate. A 2001 U. S. Conference of Mayors Survey projects 40% of homeless are families.
- This same study states the homeless population is 50% African-American, 35% white/Anglo, 12% Hispanic, 2% Native American and 1% Asian.
- According to the National Coalition for the Homeless, as many as 22% of single adult homeless individuals have some form of "severe and persistent mental illness;" 34% have addiction disorders; approximately half of homeless women and children have experienced recent domestic violence.
- One of the main reasons for homelessness is an increasing lack of affordable housing, due to increasing rents.

The survey of 18 emergency shelter providers, conducted in January 2003, found an overall average of over 100% occupancy in Houston and Harris County. Occupancy rates ranged from 14% for a shelter in Humble to 149% for a large shelter in Houston. Shelters by type of clients served are presented in Table 1.1.24.

- Providers reported that of their clients, 81.5% were male and 19.5% were female. In addition, 58% were African-American, 23% white/Anglo, 14% Hispanic, 4% Native American and 1% Asian.

Table 1.1.23: Available Emergency Shelter Beds and Occupancy, Houston and Harris County, 2003

Area	Available Beds	Emergency Shelter Clients	Percent Occupancy
Harris County	1,996	2,068	103.6%
Houston	1,680	1,818	108.2%
Source: "Homeless Service Demands 2003, An Analysis of Trends, Services, Demographics"			

Table 1.1.24: Available Emergency Shelter by Type Harris County, 2003

Type of Shelter	#	%
Family	5	15.6%
Men	8	25.0%
Women	6	18.8%
Women with Children	9	28.1%
Men with Children	2	6.3%
Youth	1	3.1%
Other	1	3.1%
Total	**32**	**100.0%**
Source: "Homeless Service Demands 2003, An Analysis of Trends, Services, Demographics" based on survey of 18 shelters. Shelters may provide services to multiple populations		

QUESTION 1.2:

WHAT IS THE SCOPE OF THE HIV/AIDS EPIDEMIC IN THE HOUSTON REGION?

WHAT IS THE SCOPE OF THE HIV/AIDS EPIDEMIC IN THE HOUSTON REGION?

The HIV/AIDS epidemic has affected people of all gender, age and racial/ethnic groups in the Houston region. This effect, however, has not been the same for all groups. In the beginning of the epidemic, HIV disease was most often found among white men who have sex with men (MSM). Although these men are still significantly affected by the epidemic, African-Americans by far represent the majority of cases and recent trends may indicate an increase of cases among Hispanic men.

This section provides detailed information about demographic and risk characteristics of people with HIV disease. It describes cases reported through December 31, 2007. Since there is typically a reporting lag for mortality (death), 2006 is considered the most complete year for mortality data and is used in this report.

This report uses Texas Department of State Health Services (DSHS) HIV/AIDS Reporting System (HARS) surveillance data through December 31, 2007. Although this is the most current data available for the purposes of this report, the incidence (newly diagnosed cases) and prevalence (people living with HIV/AIDS, or PLWHA) data may be incomplete due to delays in data reporting and processing. In general, however, the data presented here provides an accurate picture of the overall epidemic and its current trends.

Cases of newly diagnosed HIV in 2007 and people living with HIV (not AIDS) or PLWH can generally be thought of as people that became infected more recently than new AIDS diagnoses and people living with AIDS (PLWA). This analysis will compare newly diagnosed cases with living cases to identify trends in the epidemic in the Houston EMA and HSDA. Although various tables may appear similar because differences between the two regions are relatively small, please be aware that EMA-specific tables follow HSDA tables. For special populations, new cases are identified for the HSDA only, as the differences are so small that the proportions are virtually identical to new cases among the EMA.

DATA SOURCES

Unless otherwise noted, all surveillance data are from the Texas DSHS HARS. The data represents cases through 12/31/2007, extracted as of 9/20/2008. Please note that the data has not been adjusted for reporting delay nor redistributed for risk exposure. “Not Classified” represents reported cases of HIV or AIDS for which there is no associated transmission mode. Rates are calculated as cases per 100,000 based upon 2006 and 2007 population estimates from the DSHS Center for Health Statistics.

Per DSHS data guidelines, values for specified categories less than 3 cannot be displayed, so applicable data are either denoted as such, re-categorized or excluded in a manner to mask true values.

HIV AND AIDS INCIDENCE (NEW DIAGNOSES)

Incidence is a term commonly used in epidemiology to refer to newly diagnosed cases. Incidence may be designated over a period of time that the new cases were diagnosed. *For the purposes of this report, incidence reflects cases diagnosed throughout 2007, and newly diagnosed AIDS cases include both previously diagnosed HIV cases that have progressed to AIDS as well as newly identified AIDS cases that have not been previously identified as HIV positive.* As mentioned above, it is believed that the data presented in this report is reflective of trends in the epidemic, but totals may be incomplete due to reporting delays.

In 2007, the HSDA had a total of 1,847 newly diagnosed HIV/AIDS cases while the EMA had 1,828 HIV/AIDS cases.

- There were 914 newly diagnosed HIV cases that had not progressed to AIDS in the HSDA, and 933 new AIDS diagnoses. In the EMA, these numbers were 903 for HIV and 925 for AIDS. Since the numbers are similar, the 2007 HIV infection rate is approximately 18 per 100,000 for both the HSDA and EMA. The demographic proportions of those newly diagnosed with HIV/AIDS are almost identical in the EMA and HSDA.
  - Approximately 29% of new HIV/AIDS diagnoses are women while 71% are men.
  - Approximately 58% of new HIV diagnoses were among Blacks/African-Americans, compared to 52% of AIDS diagnoses.
  - The percentage of HIV and AIDS diagnoses were 21% and 28%, respectively, for Hispanics/Latinos.
  - Twenty percent (20%) of new HIV diagnoses were among Whites/Anglos, compared to 19% for AIDS diagnoses.
- Blacks had the highest rate of new HIV infections (59/100,000). This is almost six times greater than that of Hispanics (10/100,000) and almost seven times that of Whites (9/100,000).
- Generalizing about transmission mode is difficult since unreported risk (not classified) is very high among the newly diagnosed. Unreported risk among those with HIV diagnoses accounts for approximately 28% of new diagnoses and 17% of those with AIDS diagnoses.
  - Forty-three percent (43%) of new HIV infections were attributed to MSM, and 23% were attributed to heterosexual contact. These two transmission modes accounted for the highest proportion of newly diagnosed HIV infections during 2007 compared to intravenous drugs users (3%) and MSM/IDU (2%).
- Harris County clearly remains the epicenter of the epidemic with 93 and 94% of 2007 newly diagnosed HIV and AIDS cases in the HSDA and EMA, respectively.

- From 2003 to 2004, HIV diagnoses appeared to decline slightly (5% for the EMA), but since 2004, it has demonstrated a relatively stable trend. For AIDS diagnoses in the 5 year period, the rates have been fluctuating slightly, with the highest in 2006 (21 per 100,000) to the lowest rate in 2007 (18.6 per 100,000), representing a 11% decline.

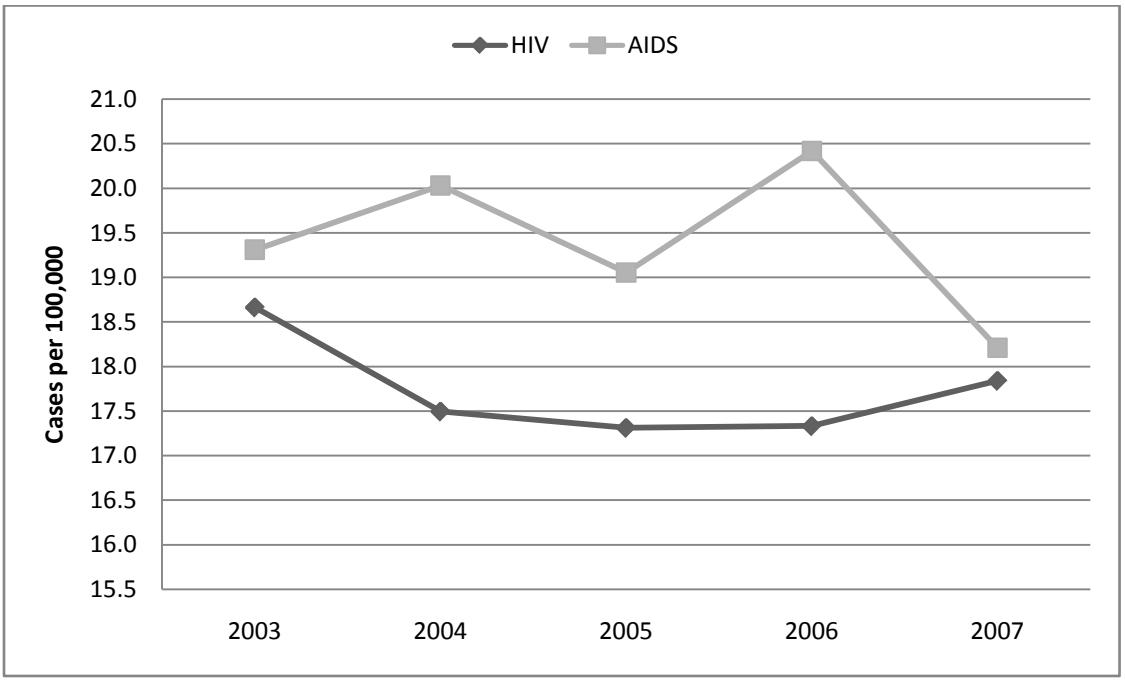
Table 1.2.1: HSDA Incidence of HIV and AIDS, 2007

HSDA	New HIV			New AIDS			New HIV/AIDS		
	#	%	Rate	#	%	Rate	#	%	Rate
Total	**914**	**100.0**	**17.8**	**933**	**100.0**	**18.2**	**1,847**	**100.0**	**36.0**
Gender									
Female	259	28.3	10.2	274	29.4	10.7	533	28.9	20.9
Male	655	71.7	25.5	659	70.6	25.6	1,314	71.1	51.1
Race/Ethnicity									
Black	531	58.1	58.6	486	52.1	53.6	1,017	55.1	112.3
Hispanic	189	20.7	10.3	259	27.8	14.2	448	24.3	24.5
White	180	19.7	8.8	174	18.6	8.5	354	19.2	17.4
Other	14	1.5	4.0	14	1.5	4.0	28	1.5	7.9
Age (yrs)									
0-24.	195	21.3	10.1	66	7.1	3.4	261	14.1	13.5
25-34	305	33.4	37.6	240	25.7	29.6	545	29.5	67.1
35-44	221	24.2	28.4	321	34.4	41.3	542	29.3	69.7
45-54	125	13.7	17.3	208	22.3	28.9	333	18.0	46.2
55+	68	7.4	7.8	98	10.5	11.2	166	9.0	19.0
Transmission Mode									
Heterosexual	213	23.3	*	285	30.5	*	498	27.0	*
IDU	27	3.0	*	97	10.4	*	124	6.7	*
MSM & IDU	20	2.2	*	42	4.5	*	62	3.4	*
MSM	391	42.8	*	345	37.0	*	736	39.8	*
Not Classified	260	28.4	*	160	17.1	*	420	22.7	*
Ped Mother w HIV Risk	3	0.3	*	4	0.4	*	7	0.4	*
Location									
Harris County	855	93.5	22.0	866	92.8	22.3	1,721	93.2	44.2
Non-Harris County	59	6.5	4.8	67	7.2	5.4	126	6.8	10.2
Data source: Texas DSHS HARS Data									

Table 1.2.2: EMA Incidence of HIV and AIDS, 2007

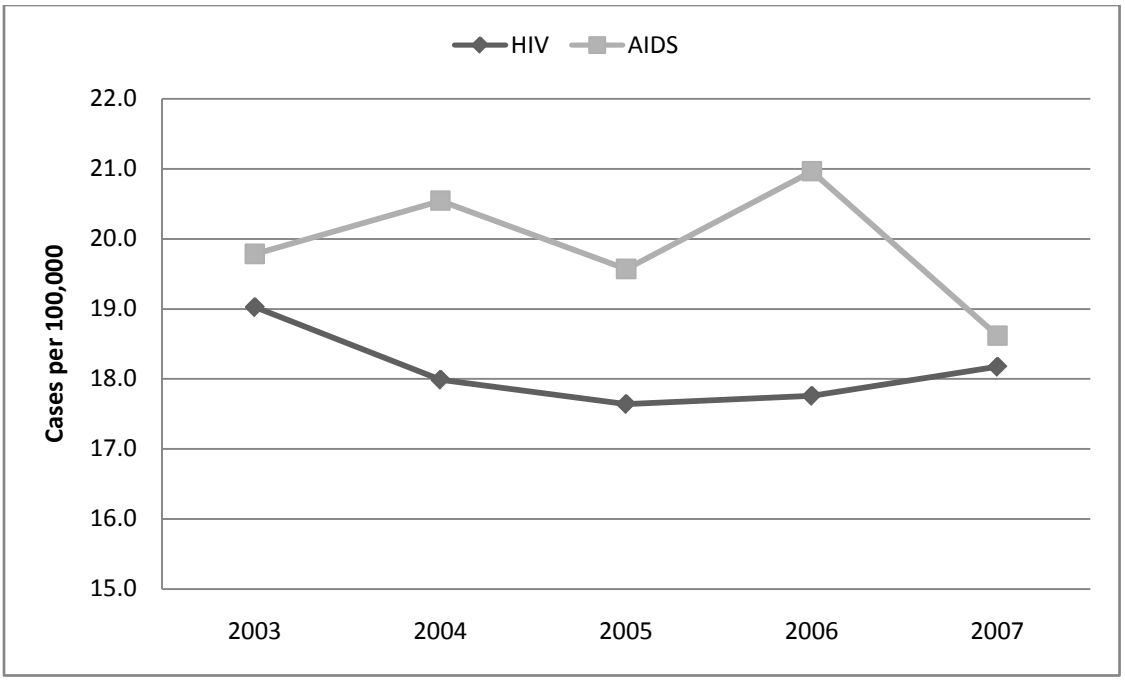
EMA	New HIV			New AIDS			New HIV/AIDS		
	#	%	Rate	#	%	Rate	#	%	Rate
Total	**903**	**100.0**	**18.2**	**925**	**100.0**	**18.6**	**1,828**	**100.0**	**36.8**
Gender									
Female	256	28.3	10.3	271	29.3	10.9	527	28.8	21.3
Male	647	71.7	26.0	654	70.7	26.3	1,301	71.2	52.3
Race/Ethnicity									
Black	523	57.9	59.5	483	52.2	55.0	1,006	55.0	114.5
Hispanic	188	20.8	10.5	257	27.8	14.3	445	24.3	24.8
White	178	19.7	9.1	171	18.5	8.8	349	19.1	17.9
Other	14	1.6	4.0	14	1.5	4.0	28	1.5	8.0
Age (yrs)									
0-24	193	21.4	10.3	65	7.0	3.5	258	14.1	13.7
25-34	302	33.4	38.2	236	25.5	29.9	538	29.4	68.1
35-44	217	24.0	28.6	320	34.6	42.2	537	29.4	70.9
45-54	124	13.7	17.7	207	22.4	29.6	331	18.1	47.3
55+	67	7.4	8.0	97	10.5	11.6	164	9.0	19.6
Transmission Mode									
Heterosexual	213	23.6	*	281	30.4	*	494	27.0	*
IDU	26	2.9	*	97	10.5	*	123	6.7	*
MSM & IDU	19	2.1	*	41	4.4	*	60	3.3	*
MSM	386	42.7	*	342	37.0	*	728	39.8	*
Not Classified	256	28.3	*	160	17.3	*	416	22.8	*
Ped Mother w HIV Risk	3	0.3	*	4	0.4	*	7	0.4	*
Location									
Harris County	855	94.7	22.0	866	93.6	22.3	1,721	94.1	44.2
Non-Harris County	48	5.3	4.5	59	6.4	5.5	107	5.9	9.9
Data source: Texas DSHS HARS Data									

Figure 1.2.1: HSDA rates of new HIV/AIDS cases, 2003 – 2007



Data source: Texas DSHS HARS Data

Figure 1.2.2: EMA rates of new HIV/AIDS cases, 2003 – 2007



Data source: Texas DSHS HARS Data

HIV AND AIDS PREVALENCE (PEOPLE LIVING WITH HIV AND AIDS)

While incidence looks at newly diagnosed cases of HIV and AIDS, prevalence identifies the total number of people living with the disease. The data presented here includes all reported cases of living people diagnosed with HIV and AIDS. Texas' system of HIV reporting began in 1999. Since that time, records of HIV/AIDS prevalence have improved every year, but it cannot be assumed that the 2007 numbers for PLWHA reflect everyone in the region who is HIV positive and knows their status. People who were diagnosed with HIV disease before 1999, who have not progressed to AIDS and who have not had an HIV test after 1999 will not be included. The following statistics should be considered with that in mind.

- The difference in the number of PLWHA does not vary significantly between the EMA and HSDA. In 2007, a total of 19,393 people were living with either HIV or AIDS in the HSDA. This compares to 19,249 in the EMA. The EMA includes 99% of people with HIV or AIDS in the HSDA. All demographic proportions reported are the same in the EMA and the HSDA.
  - A total of 8,161 people are living with HIV in the HSDA and 8,094 in the EMA.
  - For AIDS, a total of 11,121 are living in the HSDA, while 11,155 are in the EMA.

- Comparing PLWH to PLWA reveals an increase in HIV disease among women.
  - Women accounted for 31% of people living with HIV, but were only 23% of people living with AIDS, an indication of increasing new infections among women.
  - In 2005, the prevalence rate of AIDS among men was about four times that of women's, but in 2007, the rate has declined to three times that of women's.

- Blacks are disproportionately affected by HIV and AIDS with the prevalence rates and proportions both significantly higher among Black PLWHA than other racial or ethnic groups.
  - Comparing HIV/AIDS rates, Blacks have an overall rate that is five times higher than Hispanics, while the HIV (not AIDS) rate is almost six times higher than Hispanics.
  - The overall rate is four times higher among Black PLWHA than White PLWHA.

- For transmission mode, comparisons are more challenging considering the high percentages of people with unreported or unclassified risk.
  - The most frequent mode of HIV transmission is reported under the category of MSM, with 39% of people living with HIV reporting this as their mode of infection and 44% of those with AIDS identifying it.

- Heterosexual transmission may be increasing; although there is a small difference between PLWH and PLWA (25% vs. 24%), with regards to the risk not classified category, HIV cases accounted for 22% of unreported risk while AIDS cases accounted for only 12%.

- Similar to new diagnoses, Harris County is home to nearly 95% of people living with both HIV and AIDS. This proportion is the same for PLWH and PLWA.

- The five-year trend in the rates of living cases, from 2003 and 2007, shows the following:
  - Prevalence data between 2003 and 2007 shows an overall steady, increasing trend in the rates of living HIV and AIDS case, with a slight dip in PLWH in 2006.
  - From 2003 to 2007, the rate of PLWH increased about 3-4%.
  - For PLWA, the rate of living cases increased 14% during the same time period.

Table 1.2.3: HSDA Prevalence of HIV and AIDS, 2007

HSDA	Living w/ HIV			Living w/ AIDS			Living w/ HIV/AIDS		
	#	%	Rate	#	%	Rate	#	%	Rate
Total	**8,161**	**100.0**	**159.3**	**11,232**	**100.0**	**219.2**	**19,393**	**100.0**	**378.5**
Gender									
Female	2,555	31.3	100.2	2,622	23.3	102.8	5,177	26.7	203.0
Male	5,606	68.7	217.9	8,610	76.7	334.7	14,216	73.3	552.5
Race/Ethnicity									
Black	4,333	53.1	478.3	5,108	45.5	563.9	9,441	48.7	1,042.2
Hispanic	1,521	18.6	83.2	2,516	22.4	137.6	4,037	20.8	220.8
White	2,188	26.8	107.5	3,490	31.1	171.4	5,678	29.3	278.9
Other	119	1.5	33.7	118	1.1	33.4	237	1.2	67.1
Age (yrs)									
0-12	97	1.2	9.6	21	0.2	2.1	118	0.6	11.7
13-24	639	7.8	68.6	235	2.1	25.2	874	4.5	93.8
25-34	2,178	26.7	268.3	1,483	13.2	182.7	3,661	18.9	450.9
35-44	2,706	33.2	347.8	3,856	34.3	495.7	6,562	33.8	843.5
45-54	1,841	22.6	255.4	3,861	34.4	535.6	5,702	29.4	791.0
55+	700	8.6	80.1	1,776	15.8	203.1	2,476	12.8	283.2
Transmission Mode									
Heterosexual	2,021	24.8	*	2,708	24.1	*	4,729	24.4	*
IDU	683	8.4	*	1,357	12.1	*	2,040	10.5	*
MSM & IDU	321	3.9	*	745	6.6	*	1,066	5.5	*
MSM	3,157	38.7	*	4,962	44.2	*	8,119	41.9	*
Not Classified	1,788	21.9	*	1,355	12.1	*	3,143	16.2	*
Ped Mother w HIV Risk	158	1.9	*	75	0.7	*	233	1.2	*
Other	33	0.4	*	30	0.3	*	63	0.3	*
Location									
Harris County	7,669	94.0	197.1	10,567	94.1	271.5	18,236	94.0	468.6
Non-Harris County	492	6.0	39.9	665	5.9	54.0	1,157	6.0	93.9

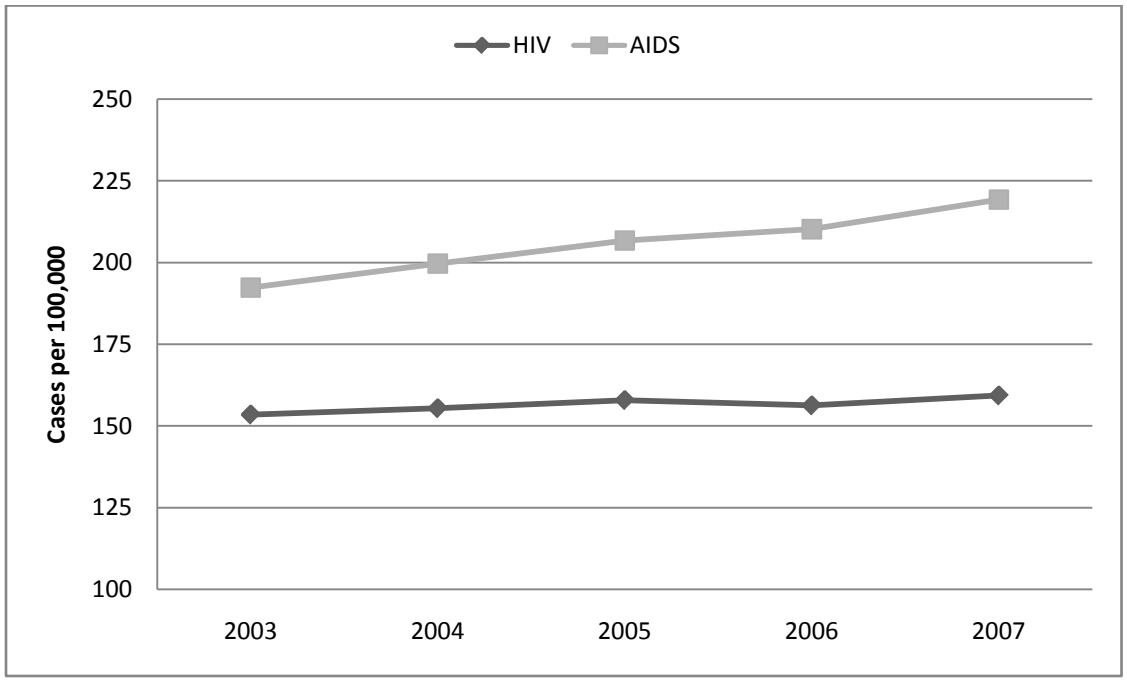
DATA SOURCE: TEXAS DSHS HARS DATA

Table 1.2.4: EMA Prevalence of HIV and AIDS, 2007

EMA	Living w/ HIV			Living w/ AIDS			Living w/ HIV/AIDS		
	#	%	Rate	#	%	Rate	#	%	Rate
Total	**8,094**	**100.0**	**162.9**	**11,155**	**100.0**	**224.5**	**19,249**	**100.0**	**387.4**
Gender									
Female	2,524	31.2	101.8	2,599	23.3	104.9	5,123	26.6	206.7
Male	5,570	68.8	223.7	8,556	76.7	343.6	14,126	73.4	567.3
Race/Ethnicity									
Black	4,297	53.1	489.2	5,080	45.5	578.4	9,377	48.7	1,067.6
Hispanic	1,507	18.6	84.1	2,502	22.4	139.6	4,009	20.8	223.6
White	2,173	26.8	111.7	3,455	31.0	177.6	5,628	29.2	289.3
Other	117	1.4	33.2	118	1.1	33.5	235	1.2	66.8
Age (yrs)									
0-12	97	1.2	9.9	21	0.2	2.1	118	0.6	12.0
13-24	627	7.7	69.7	232	2.1	25.8	859	4.5	95.5
25-34	2,155	26.6	272.6	1,475	13.2	186.6	3,630	18.9	459.2
35-44	2,689	33.2	354.9	3,832	34.4	505.7	6,521	33.9	860.6
45-54	1,830	22.6	261.5	3,835	34.4	547.9	5,665	29.4	809.4
55+	696	8.6	83.0	1,760	15.8	209.9	2,456	12.8	292.9
Transmission Mode									
Heterosexual	2,010	24.8	*	2,694	24.2	*	4,704	24.4	*
IDU	681	8.4	*	1,344	12.0	*	2,025	10.5	*
MSM & IDU	320	4.0	*	741	6.6	*	1,061	5.5	*
MSM	3,139	38.8	*	4,941	44.3	*	8,080	42.0	*
Not Classified	1,753	21.7	*	1,332	11.9	*	3,085	16.0	*
Ped Mother w HIV Risk	158	2.0	*	73	0.7	*	231	1.2	*
Other	33	0.4	*	30	0.3	*	63	0.3	*
Location									
Harris County	7,669	94.7	197.1	10,567	94.7	271.5	18,236	94.7	468.6
Non-Harris County	425	5.3	39.5	588	5.3	54.6	1,013	5.3	94.1

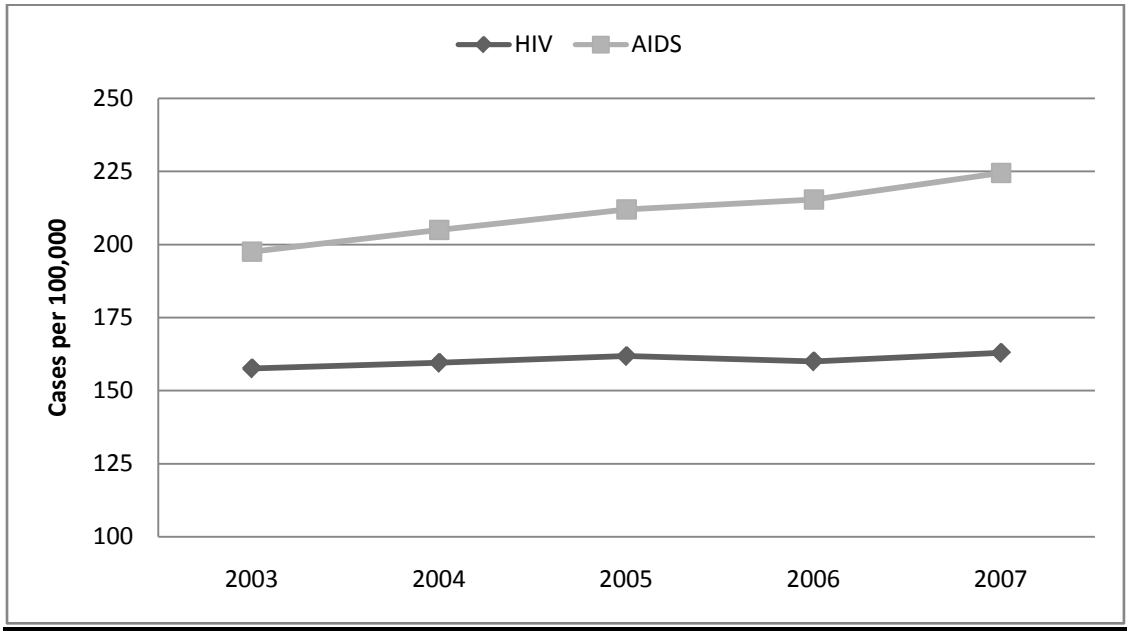
DATA SOURCE: TEXAS DSHS HARS DATA

Figure 1.2.3: HSDA HIV/AIDS Prevalence Rates, 2003 – 2007



DATA SOURCE: TEXAS DSHS HARS DATA

Figure 1.2.4: EMA HIV/AIDS Prevalence Rates, 2003 – 2007



DATA SOURCE: TEXAS DSHS HARS DATA

MORTALITY

Since reporting deaths (mortality) of PLWHA is often delayed due to the confirmation and checking that is required, 2006 mortality data is the most recent year that is considered complete and will be presented in this report. It should be noted that deaths may be due to HIV disease as well as other causes.

- In the HSDA, 64 deaths were among those with HIV, and 444 were among those with AIDS, giving a total of 508 deaths of PLWHA. For the EMA, the total number of deaths was one fewer, at 507.
- The rates of death among Male PLWHA were almost three times as high as death rates among Female PLWHA.
- The rates of death among PLWHA were highest among Blacks compared to all other racial/ethnic groups.
  - The overall HIV/AIDS mortality rate among Black PLWHA (34/100,000) was almost nine times that of Hispanics (4/100,000) and five times that of White PLWHA (7/100,000).
  - Black females living with HIV/AIDS had a staggering mortality rate of 12 times that of White females and 19 times that of Hispanic female living with HIV/AIDS.
- HIV/AIDS mortality data showed that adults aged 45 to 54 had the highest rates of death, at 26/100,000 when compared to the other age groups.
- For transmission mode, the highest proportion of HIV and AIDS mortality was among MSM (31%). Deaths from AIDS was highest among MSM cases (33%) followed by cases related to heterosexual contact (27%) and IDU (19%) (not classified was 14%). For HIV deaths, interestingly the highest proportion of deaths was among heterosexuals (22%) and IDU (22%). Deaths related to the risk category of MSM was 19%. Note the high percentage of unreported transmission mode (33%).
- From 2002 to 2006, the HIV death rate for PLWHA has remained relatively stable, at approximately 1/100,000 cases. For AIDS cases, the death rate declined slightly from 9/100,000 in 2002 to 8/100,000 in 2005 but in 2006 is back up around 9/100,000. Future releases of these data should be monitored for any continuing trends in HIV/AIDS mortality.

Table 1.2.5: HSDA Deaths among HIV and AIDS Cases, 2006

HSDA	HIV Deaths			AIDS Deaths			HIV/AIDS Deaths		
	#	%	Rate	#	%	Rate	#	%	Rate
Total	**64**	**100.0**	**1.3**	**444**	**100.0**	**8.8**	**508**	**100.0**	**10.1**
Gender									
Female	24	37.5	1.0	117	26.4	4.7	141	27.8	5.6
Male	40	62.5	1.6	327	73.6	13.0	367	72.2	14.6
Race/Ethnicity									
Black	42	65.6	4.7	258	58.1	28.8	300	59.1	33.5
Hispanic	7	10.9	0.4	60	13.5	3.4	67	13.2	3.8
White	14	21.9	0.7	125	28.2	6.1	139	27.4	6.8
Age (yrs)									
0-34	10	15.6	0.4	64	14.4	2.4	74	14.6	2.7
35-44	21	32.8	2.7	134	30.2	17.5	155	30.5	20.3
45-54	21	32.8	3.0	160	36.0	22.6	181	35.6	25.5
55+	12	18.8	1.4	86	19.4	10.2	98	19.3	11.7
Transmission Mode									
Heterosexual	14	21.9	*	121	27.3	*	135	26.6	*
IDU	14	21.9	*	86	19.4	*	100	19.7	*
MSM & IDU	3	4.7	*	28	6.3	*	31	6.1	*
MSM	12	18.8	*	147	33.1	*	159	31.3	*
Not Classified	21	32.8	*	60	13.5	*	81	15.9	*
Data Source: Texas DSHS HARS Data									

Table 1.2.6: HSDA Deaths of Persons with HIV/AIDS, 2006

HSDA	Female			Male			Total		
Race/Ethnicity	#	%	Rate	#	%	Rate	#	%	Rate
Black	110	21.7	23.3	190	37.4	44.7	300	59.1	33.5
Hispanic	10	2.0	1.2	57	11.2	6.3	67	13.2	3.8
White	21	4.1	2.0	118	23.2	11.6	139	27.4	6.8
Other	0	0.0	0.0	2	0.4	1.2	2	0.4	0.6
Total	**141**	**27.8**	**5.6**	**367**	**72.2**	**14.6**	**508**	**100.0**	**10.1**
Data Source: Texas DSHS HARS Data									

Table 1.2.7: EMA Deaths of Persons with HIV/AIDS, 2006

EMA	Female			Male			Total		
Race/Ethnicity	#	%	Rate	#	%	Rate	#	%	Rate
Black	110	21.7	24.0	190	37.5	46.4	300	59.2	34.5
Hispanic	10	2.0	1.2	56	11.0	6.3	66	13.0	3.9
White	21	4.1	2.1	118	23.3	12.2	139	27.4	7.1
Other	0	0.0	0.0	2	0.4	1.2	2	0.4	0.6
Total	**141**	**27.8**	**5.8**	**366**	**72.2**	**15.0**	**507**	**100.0**	**10.4**
Data Source: Texas DSHS HARS Data									

Figure 1.2.5: HSDA Trends in Deaths of Persons with HIV and AIDS, 2002 - 2006

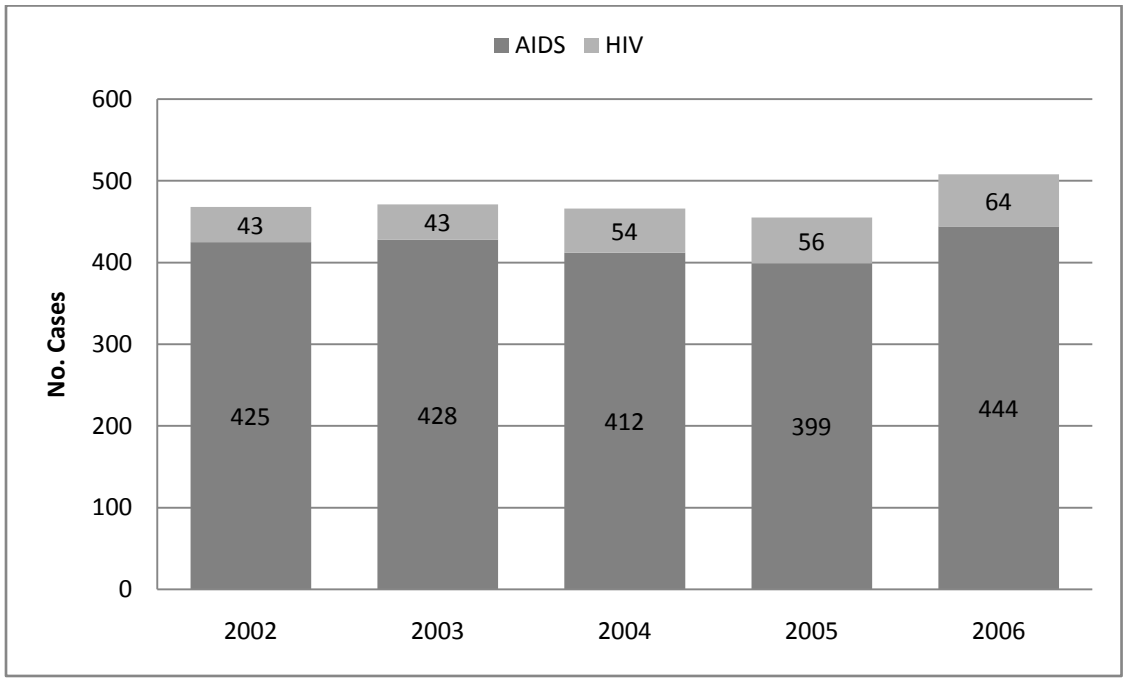
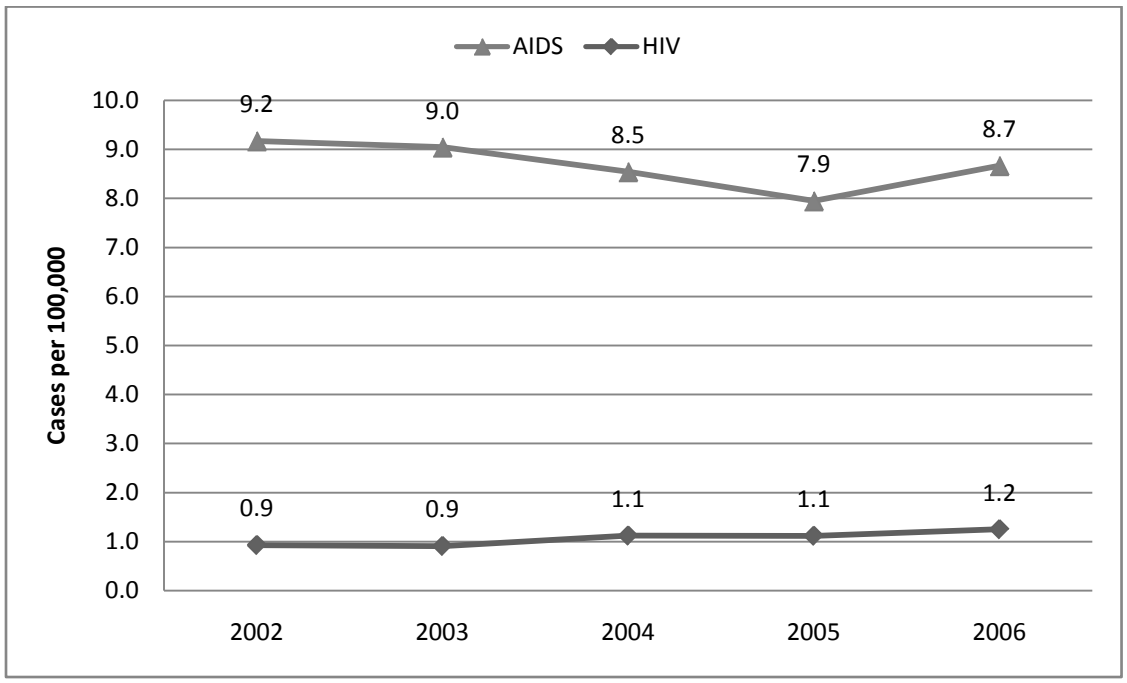


Figure 1.2.5: HSDA Trends in Deaths of Persons with HIV and AIDS, 2002 – 2006



DATA SOURCE: TEXAS DSHS HARS DATA

HIV WITH TUBERCULOSIS COMORBIDITY

Tuberculosis (TB) may present as a comorbid condition with AIDS. People with HIV are more susceptible to TB, and it can be more difficult to treat in people with AIDS. Data from Texas HARS and the City of Houston help us understand the number of people who are co-infected with HIV.

The data from DSHS and the City of Houston may differ due to how the data are collected by each agency.

- The Texas DSHS maintains information on TB diagnoses for all people diagnosed with HIV or AIDS. The advantage of DSHS data is that the entire HSDA is included. The disadvantage is that the data do not include dates of TB diagnosis. Therefore, DSHS data on TB is best considered only for those newly diagnosed, since those are the only cases that can be confirmed during the current year. In addition, the reporting delay is evident in the DSHS data when compared to the Houston data.
- The City of Houston maintains records of all TB diagnoses, and categorizes them as with HIV/AIDS or without HIV/AIDS. Reporting of TB is generally on a timely basis, but information on HIV testing is, at times, delayed.
- Based upon City of Houston data, the number of people living with AIDS who have TB is relatively stable. DSHS data indicates a slight decline in cases, but this trend may be attributed to reporting delays.

Table 1.2.8: Persons diagnosed with HIV and TB, HSDA, 2003 - 2007

Year	HSDA
2003	35
2004	44
2005	22
2006	18
2007	8
Source: Texas HARS Data	

Table 1.2.9: Persons diagnosed with AIDS and TB, Houston, 2003 - 2007

Year	Houston
2003	58
2004	53
2005	29
2006	54
2007	42
Source: City of Houston Department of Health and Human Services	

SPECIAL POPULATIONS

HRSA has identified special populations that are disproportionately impacted by the HIV epidemic. Both nationally and in the Houston region, these populations demonstrate increased risk, incidence and/or prevalence. The Houston area has focused on seven of these populations: these include men of color who have sex with men (MCSM), White/Anglo men who have sex with men (WMSM), women of childbearing age, Youth, Blacks/African-Americans, Hispanics/Latinos and rural residents. This section outlines these populations, examining both incidence and prevalence in the HSDA and EMA.

In this section, incidence (new diagnoses) is only reported for the HSDA. This is because differences between EMA and HSDA populations are typically very minimal. Prevalence (living cases) is presented for both the EMA and the HSDA.

MEN OF COLOR WHO HAVE SEX WITH MEN
WHITE MEN WHO HAVE SEX WITH MEN

These populations are defined by race and mode of transmission. HRSA has designated men of color who have sex with men (MCSM) to include all men who are not White/Anglo. The mode of transmission is either male sex with men (MSM) or MSM combined with injecting drug use (IDU). Totals may be underrepresented to the extent that MSM are included among those who have not reported their risk.

A total of 566 new diagnoses of HIV/AIDS in the HSDA were reported in 2007 for MCSM, while 232 new cases were reported for WMSM. Approximately 5,048 living cases of MCSM and 4,137 living cases of WMSM reside in the HSDA. This compares to 5,025 MCSM and 4,116 WMSM residing in the EMA; demographic proportions among the HSDA and EMA are nearly identical.

- Although prevalence numbers are relatively similar between MCSM and WMSM, the number of new diagnoses among MCSM is much higher than WMSM. Over time, this will result in a larger number of MCSM with HIV disease than WMSM in the Houston area.
  - A total of 292 MCSM were newly diagnosed with HIV in 2007, while 119 WMSM were diagnosed.
  - In addition, 274 MCSM were diagnosed with AIDS in 2007 and 113 WMSM received this diagnosis.

- Comparing MCSM living with HIV and those living with AIDS, the percentages of Blacks with HIV (not AIDS) is higher than those living with AIDS (58% vs. 55%). This is also seen in new diagnoses, where Black MSM accounts for 59% of new HIV cases versus 50% of new AIDS cases. Over time, this could mean an even higher disproportionate impact on the Black/African-American MSM population.

- The 25 to 34 age group is the largest for MCSM, but HIV diagnoses among those 13 to 24 years old reveal a possible increase in infections in this younger age group.
  - Comparing new HIV infections with new AIDS diagnoses among MCSM by age, the largest group for both HIV and AIDS diagnoses were 25 to 44 years with 40% of HIV diagnoses and 39% of AIDS diagnoses.
  - Nearly a third (30%, up from nearly a quarter in 2005) of new HIV infections were among MCSM ages 13 to 24 years, while 9% of new AIDS cases were diagnosed in this age group. Furthermore, youth accounted for 11% of living HIV cases, with 3% of prevalent AIDS cases. The higher proportion of HIV cases could mean an emergence of this age group in the MSM epidemic.

- The number of MSM youth of color with HIV/AIDS is ten times that of White MSM youth of similar age (up from eight times in 2005).
  - In 2007, there were 26 (0.6%) WMSM youth living with HIV and 4 (<1%) living with AIDS.
  - During that same year, there were 225 (4.5%) MSM youth of color living with HIV and 78 (1.5%) living with AIDS.

Table 1.2.10: HSDA Incidence of HIV and AIDS among MCSM, 2007

HSDA	New HIV		New AIDS		New HIV/AIDS	
	#	%	#	%	#	%
Total	292	100.0	274	100.0	566	100.0
Race/Ethnicity						
Black	172	58.9	135	49.3	307	54.2
Hispanic	111	38.0	134	48.9	245	43.3
Other	9	3.1	5	1.8	14	2.5
Age (yrs)						
13-24	87	29.8	25	9.1	112	19.8
25-34	117	40.1	106	38.7	223	39.4
35-44	66	22.6	85	31.0	151	26.7
45-54	15	5.1	45	16.4	60	10.6
55+	7	2.4	13	4.7	20	3.5
Transmission Mode						
MSM & IDU	12	4.1	25	9.1	37	6.5
MSM	280	95.9	249	90.9	529	93.5
Location						
Harris County	273	93.5	262	95.6	535	94.5
Non-Harris County	19	6.5	12	4.4	31	5.5
Data Source: Texas DSHS HARS Data						

Table 1.2.11: HSDA Prevalence of HIV and AIDS among MCSM, 2007

HSDA	Living w/ HIV		Living w/ AIDS		Living w/ HIV/AIDS	
	#	%	#	%	#	%
Total	1,993	100.0	3,055	100.0	5,048	100.0
Race/Ethnicity						
Black	1,163	58.4	1,677	54.9	2,840	56.3
Hispanic	781	39.2	1,328	43.5	2,109	41.8
Other	49	2.5	50	1.6	99	2.0
Age (yrs)						
13-24	225	11.3	78	2.6	303	6.0
25-34	626	31.4	472	15.5	1,098	21.8
35-44	692	34.7	1,207	39.5	1,899	37.6
45-54	368	18.5	1,012	33.1	1,380	27.3
55+	82	4.1	286	9.4	368	7.3
Transmission Mode						
MSM & IDU	197	9.9	422	13.8	619	12.3
MSM	1,796	90.1	2,633	86.2	4,429	87.7
Location						
Harris County	1,921	96.4	2,934	96.0	4,855	96.2
Non-Harris County	72	3.6	121	4.0	193	3.8
Data Source: Texas DSHS HARS Data						

Table 1.2.12: EMA Prevalence of HIV and AIDS among MCSM, 2007

EMA	Living w/ HIV		Living w/ AIDS		Living w/ HIV/AIDS	
	#	%	#	%	#	%
Total	1,981	100.0	3,044	100.0	5,025	100.0
Race/Ethnicity						
Black	1,157	58.4	1,670	54.9	2,827	56.3
Hispanic	776	39.2	1,324	43.5	2,100	41.8
Other	48	2.4	50	1.6	98	2.0
Age (yrs)						
13-24	222	11.2	78	2.6	300	6.0
25-34	621	31.3	470	15.4	1,091	21.7
35-44	690	34.8	1,204	39.6	1,894	37.7
45-54	367	18.5	1,006	33.0	1,373	27.3
55+	81	4.1	286	9.4	367	7.3
Transmission Mode						
MSM & IDU	196	9.9	420	13.8	616	12.3
MSM	1,785	90.1	2,624	86.2	4,409	87.7
Location						
Harris County	1,921	97.0	2,934	96.4	4,855	96.6
Non-Harris County	60	3.0	110	3.6	170	3.4
Data Source: Texas DSHS HARS Data						

Table 1.2.13: HSDA Incidence of HIV and AIDS among White MSM, 2007

HSDA	New HIV		New AIDS		New HIV/AIDS	
	#	%	#	%	#	%
Total	119	100.0	113	100.0	232	100.0
Age (yrs)						
13-34	53	44.5	15	1.3.	68	29.3
35-44	36	30.3	51	45.1	87	37.5
45-54	24	20.2	34	30.1	58	25.0
55+	6	5.0	13	11.5	19	8.2
Transmission Mode						
MSM & IDU	8	6.7	17	15.0	25	10.8
MSM	111	93.3	96	85.0	207	89.2
Location						
Harris County	114	95.8	103	91.2	217	93.5
Non-Harris County	5	4.2	10	8.8	15	6.5
Data Source: Texas DSHS HARS Data						

Table 1.2.14: HSDA Prevalence of HIV and AIDS among White MSM, 2007

HSDA	Living w/ HIV		Living w/ AIDS		Living w/ HIV/AIDS	
	#	%	#	%	#	%
Total	1,485	100.0	2,652	100.0	4,137	100.0
Age (yrs)						
13-24	26	1.8	4	0.2	30	0.7
25-34	267	18.0	123	4.6	390	9.4
35-44	545	36.7	764	28.8	1,309	31.6
45-54	455	30.6	1,189	44.8	1,644	39.7
55+	192	12.9	572	21.6	764	18.5
Transmission Mode						
MSM & IDU	124	8.4	323	12.2	447	10.8
MSM	1,361	91.6	2,329	87.8	3,690	89.2
Location						
Harris County	1,421	95.7	2,506	94.5	3,927	94.9
Non-Harris County	64	4.3	146	5.5	210	5.1
Data Source: Texas DSHS HARS Data						

Table 1.2.15: EMA Prevalence of HIV and AIDS among White MSM, 2007

EMA	Living w/ HIV		Living w/ AIDS		Living w/ HIV/AIDS	
	#	%	#	%	#	%
Total	1,478	100.0	2,638	100.0	4,116	100.0
Age (yrs)						
13-24	25	1.7	4	0.2	29	0.7
25-34	266	18.0	123	4.7	389	9.5
35-44	544	36.8	758	28.7	1,302	31.6
45-54	452	30.6	1,185	44.9	1,637	39.8
55+	191	12.9	568	21.5	759	18.4
Transmission Mode						
MSM & IDU	124	8.4	321	12.2	445	10.8
MSM	1,354	91.6	2,317	87.8	3,671	89.2
Location						
Harris County	1,421	96.1	2,506	95.0	3,927	95.4
Non-Harris County	57	3.9	132	5.0	189	4.6
Data Source: Texas DSHS HARS Data						

WOMEN OF CHILD BEARING AGE

HRSA has defined women of childbearing age as those between the ages of 13 and 44. In this population, new HIV and AIDS cases totaled 381 in 2007 in the HSDA, at a rate of 31 cases per 100,000. The number of women of childbearing age living with HIV or AIDS in the EMA is 3,420 (rate of 285/100,000), while the number in the HSDA is 3,459 (rate of 281/100,000).

- Black/African-American women comprise the largest percentage of newly diagnosed HIV/AIDS cases (73%) at a rate of 119 per 100,000 as well as the largest proportion of living cases (72%) at a rate of 1,073 per 100,000. For new HIV infections, the incidence rate for Black women (61/100,000) is over 10 times that of Hispanic women and twelve times that of White women. The same comparison ratios exist for women living with HIV/AIDS with regards to their prevalence rates.
- Most of these women were infected through heterosexual contact, 55% for new HIV infection and 61% for women living with HIV/AIDS.
- Harris County contains the majority of all cases: 92% among new diagnoses, 93% among living cases in the HSDA and 95% among living cases in the EMA.

Table 1.2.16: HSDA Incidence of HIV and AIDS among Women 13-44, 2007

HSDA	New HIV			New AIDS			New HIV/AIDS		
	#	%	Rate	#	%	Rate	#	%	Rate
Total	194	100.0	15.8	187	100.0	15.2	381	100.0	30.9
Race/Ethnicity									
Black	143	73.7	61.4	135	72.2	57.9	278	73.0	119.3
Hispanic	29	14.9	5.9	35	18.7	7.1	64	16.8	13.0
White	21	10.8	5.0	15	8.0	3.6	36	9.4	8.6
Age (yrs)									
13-24	56	28.9	12.5	27	14.4	6.0	83	21.8	18.5
25-34	78	40.2	19.7	66	35.3	16.7	144	37.8	36.4
35-44	60	30.9	15.5	94	50.3	24.3	154	40.4	39.8
Transmission Mode									
Heterosexual	106	54.6	*	117	62.6	*	223	58.5	*
IDU	8	4.1	*	30	16.0	*	38	10.0	*
Not Classified	80	41.2	*	37	19.8	*	117	30.7	*
Ped Mother w HIV Risk	0	0.0	*	3	1.6	*	3	0.8	*
Location									
Harris County	177	91.2	18.6	175	93.6	18.4	352	92.4	36.9
Non-Harris County	17	8.8	6.1	12	6.4	4.3	29	7.6	10.4
Data Source: Texas DSHS HARS Data									

Table 1.2.17: HSDA Prevalence of HIV and AIDS among Women 13-44, 2007

HSDA	Living w/ HIV			Living w/ AIDS			Living w/ HIV/AIDS		
	#	%	Rate	#	%	Rate	#	%	Rate
Total	1,850	100.0	150.3	1,609	100.0	130.7	3,459	100.0	281.0
Race/Ethnicity									
Black	1,334	72.1	572.4	1,166	72.5	500.3	2,500	72.3	1,072.8
Hispanic	273	14.8	55.4	268	16.7	54.4	541	15.6	109.8
White	215	11.6	51.3	160	9.9	38.1	375	10.8	89.4
Other	28	1.5	32.6	15	0.9	17.4	43	1.2	50.0
Age (yrs)									
13-24	248	13.4	55.3	99	6.2	22.1	347	10.0	77.3
25-34	851	46.0	215.0	547	34.0	138.2	1,398	40.4	353.2
35-44	751	40.6	194.3	963	59.9	249.1	1,714	49.6	443.4
Transmission Mode									
Heterosexual	1,083	58.5	*	1,025	63.7	*	2,108	60.9	*
IDU	181	9.8	*	293	18.2	*	474	13.7	*
Not Classified	552	29.8	*	252	15.7	*	804	23.2	*
Ped Mother w HIV Risk	27	1.5	*	33	2.1	*	60	1.7	*
Other	7	0.4	*	6	0.4	*	13	0.4	*
Location									
Harris County	1,709	92.4	179.3	1,522	94.6	159.7	3,231	93.4	339.0
Non-Harris County	141	7.6	50.7	87	5.4	31.3	228	6.6	82.0
Data Source: Texas DSHS HARS Data									

Table 1.2.18: EMA Prevalence of HIV and AIDS among Women 13-44, 2007

EMA	Living w/ HIV			Living w/ AIDS			Living w/ HIV/AIDS		
	#	%	Rate	#	%	Rate	#	%	Rate
Total	1,824	100.0	152.1	1,596	100.0	133.1	3,420	100.0	285.1
Race/Ethnicity									
Black	1,316	72.1	579.1	1,158	72.6	509.6	2,474	72.3	1,088.8
Hispanic	267	14.6	55.1	265	16.6	54.7	532	15.6	109.8
White	213	11.7	53.0	158	9.9	39.3	371	10.8	92.3
Other	28	1.5	32.7	15	0.9	17.5	43	1.3	50.2
Age (yrs)									
13-24	243	13.3	55.9	97	6.1	22.3	340	9.9	78.2
25-34	837	45.9	216.5	543	34.0	140.4	1,380	40.4	356.9
35-44	744	40.8	196.8	956	59.9	252.9	1,700	49.7	449.7
Transmission Mode									
Heterosexual	1,075	58.9	*	1,020	63.9	*	2,095	61.3	*
IDU	180	9.9	*	291	18.2	*	471	13.8	*
Not Classified	535	29.3	*	247	15.5	*	782	22.9	*
Ped Mother w HIV Risk	27	1.5	*	32	2.0	*	59	1.7	*
Other	7	0.4	*	6	0.4	*	13	0.4	*
Location									
Harris County	1,709	93.7	179.3	1,522	95.4	159.7	3,231	94.5	339.0
Non-Harris County	115	6.3	46.7	74	4.6	30.0	189	5.5	76.7
Data Source: Texas DSHS HARS Data									

Youth

HRSA has defined youth as young people between the ages of 13 and 24 years. The HSDA had a total of 257 newly diagnosed cases of HIV/AIDS in 2007. For living cases, the HSDA had 874 cases, only fifteen more youth living with HIV/AIDS than the EMA, so the information presented applies to youth in both geographic areas.

- Black/African-American youth are disproportionately affected by HIV and AIDS, at 67% of new youth cases, and also comprising 69% of youth living with either HIV or AIDS. This compares to 10% of living cases for White/Anglo youth and 21% for Hispanic/Latino youth.
  - Noteworthy is that although proportions indicate that 69% of new HIV diagnoses is among Black youth, 20% among Hispanic youth and 10% among White youth, the incidence rates shows that Black youth is almost seven times more likely than Hispanic youth to be infected with HIV and twelve times more likely than White youth to be HIV positive. Similar rate comparisons exist for youth living with HIV/AIDS.

- Among youth 13 to 24 years, sexual contact is the typical transmission mode.
  - Nearly 54% new HIV infections were attributed to male-to-male sex (increased from 42% in 2005), and 23% were attributed to heterosexual contact.
  - For those living with HIV/AIDS, 37% reported MSM (up from 30% in 2005), while 25% reported heterosexual risk as the mode of transmission. Another 2% reported MSM/IDU and 3% reported the mode of IDU.

- Approximately 92% of HIV/AIDS diagnoses and prevalent HIV/AIDS cases were among Harris County youth.

Table 1.2.19: HSDA Incidence of HIV and AIDS among Youth 13-24, 2007

HSDA	New HIV			New AIDS			New HIV/AIDS		
	#	%	Rate	#	%	Rate	#	%	Rate
Total	192	100.0	20.6	65	100.0	7.0	257	100.0	27.6
Gender									
Female	56	29.2	12.5	27	41.5	6.0	83	32.3	18.5
Male	136	70.8	28.1	38	58.5	7.9	174	67.7	36.0
Race/Ethnicity									
Black	133	69.3	70.9	40	61.5	21.3	173	67.3	92.3
Hispanic	39	20.3	10.4	22	33.8	5.8	61	23.7	16.2
White	19	9.9	6.0	3	4.6	1.0	22	8.6	7.0
Transmission Mode									
Heterosexual	45	23.4	*	21	32.3	*	66	25.7	*
IDU or MSM&IDU	10	5.2	*	7	10.8	*	17	6.6	*
MSM	93	48.4	*	25	38.5	*	118	45.9	*
Not Classified	44	22.9	*	9	13.8	*	53	20.6	*
Ped Mother w HIV Risk	0	0	*	3	4.6	*	3	1.2	*
Location									
Harris County	178	92.7	25.9	57	87.7	8.3	235	91.4	34.2
Non-Harris County	14	7.3	5.7	8	12.3	3.3	22	8.6	9.0
Data Source: Texas DSHS HARS Data									

Table 1.2.20: HSDA Prevalence of HIV and AIDS among Youth 13-24, 2007

HSDA	Living w/ HIV			Living w/ AIDS			Living w/ HIV/AIDS		
	#	%	Rate	#	%	Rate	#	%	Rate
Total	639	100.0	68.6	235	100.0	25.2	874	100.0	93.8
Gender									
Female	248	38.8	55.3	99	42.1	22.1	347	39.7	77.3
Male	391	61.2	80.9	136	57.9	28.1	527	60.3	109.0
Race/Ethnicity									
Black	439	68.7	234.1	162	68.9	86.4	601	68.8	320.5
Hispanic	124	19.4	33.0	58	24.7	15.4	182	20.8	48.4
White	73	11.4	23.2	13	5.5	4.1	86	9.8	27.4
Transmission Mode									
Heterosexual	165	25.8	*	54	23.0	*	219	25.1	*
IDU	20	3.1	*	9	3.8	*	29	3.3	*
MSM & IDU	9	1.4	*	5	2.1	*	14	1.6	*
MSM	242	37.9	*	77	32.8	*	319	36.5	*
Not Classified	125	19.6	*	33	14.0	*	158	18.1	*
Ped Mother w HIV Risk	68	10.6	*	53	22.6	*	121	13.8	*
Other	10	1.6	*	4	1.7	*	14	1.6	*
Location									
Harris County	589	92.2	85.6	215	91.5	31.3	804	92.0	116.9
Non-Harris County	50	7.8	20.5	20	8.5	8.2	70	8.0	28.7
Data Source: Texas DSHS HARS Data									

Table 1.2.21: EMA Prevalence of HIV and AIDS among Youth 13-24, 2007

EMA	Living w/ HIV			Living w/ AIDS			Living w/ HIV/AIDS		
	#	%	Rate	#	%	Rate	#	%	Rate
Total	627	100.0	69.7	232	100.0	25.8	859	100.0	95.5
Gender									
Female	243	38.8	55.9	97	41.8	22.3	340	39.6	78.2
Male	384	61.2	82.7	135	58.2	29.1	519	60.4	111.8
Race/Ethnicity									
Black	435	69.4	240.3	161	69.4	88.9	596	69.4	329.2
Hispanic	118	18.8	32.1	57	24.6	15.5	175	20.4	47.6
White	71	11.3	23.9	12	5.2	4.0	83	9.7	28.0
Transmission Mode									
Heterosexual	159	25.4	*	53	22.8	*	212	24.7	*
IDU	20	3.2	*	9	3.9	*	29	3.4	*
MSM & IDU	9	1.4	*	5	2.2	*	14	1.6	*
MSM	238	38.0	*	77	33.2	*	315	36.7	*
Not Classified	123	19.6	*	33	14.2	*	156	18.2	*
Ped Mother w HIV Risk	68	10.8	*	51	22.0	*	119	13.9	*
Other	10	1.6	*	4	1.7	*	14	1.6	*
Location									
Harris County	589	93.9	85.6	215	92.7	31.3	804	93.6	116.9
Non-Harris County	38	6.1	18.0	17	7.3	8.0	55	6.4	26.0

Data Source: Texas DSHS HARS Data

BLACKS/AFRICAN-AMERICANS

In 2007, a total of 1,017 Blacks/African-Americans were newly diagnosed with HIV or AIDS in the Houston HSDA. The number of AIDS diagnoses was 486, compared to 531 new diagnoses for HIV (rate of 59/100,000). For those living with HIV/AIDS, the rate of 564 per 100,000 is higher than for those with an HIV diagnosis only, at 478 per 100,000. The total number of PLWHA is 9,441, at a rate of 1,042 per 100,000.

Please note that surveillance data are gathered for Blacks without national distinction. While it can be assumed that most of these Blacks are African-Americans, surveillance data do not differentiate between African-Americans, Africans, Caribbean-Africans, etc.

- Among Black PLWHA, Women are approximately 42% of those living with HIV, but they are only 36% of those living with AIDS, so there may be an increasing trend for Black women with HIV disease.
- Noteworthy is that when compared to overall incidence in the HSDA, women comprised 36% of newly diagnosed HIV cases among the Black population, while women accounted for only 28% of new HIV cases in the overall HSDA population. Likewise, women comprised 39% of living HIV/AIDS cases among Black PLWHA, while women accounted for only 27% of living cases in the HSDA. This data all suggest that Black women are disproportionately affected by the epidemic.
- Adult Black PLWHA had the highest proportions of both HIV and AIDS, but there may be a possible increasing trend among Black youth living with HIV/AIDS. Black Youth aged 13 to 24 comprised 10% of living HIV cases, at a rate of 234 per 100,000 but only accounted for 3% of living AIDS cases, at a rate of 86 per 100,000. This is a rate difference of almost three times.
- Among Blacks/African-Americans with newly diagnosed HIV or AIDS, 29% were attributed to male-to-male sex, and 22% were attributed to heterosexual contact. Risk was not reported for 42% new HIV diagnoses and 26% of new AIDS diagnoses.
- Interestingly, when compared to overall HSDA rates, Black PLWHA had significantly lower percentages of MSM risk: Black PLWHA with new diagnoses had 28% of cases reported under the mode of MSM, while overall HSDA incidence data reported 40% MSM. For prevalent cases, Black PLWHA reported 25% MSM, while overall HSDA prevalence data reported 42%. This trend is most likely due to the higher proportions of female PLWHA among the Black population.
- Harris County is home to almost 95% of African-Americans diagnosed with HIV or AIDS, down from 98% in 2005. This data suggests a possible trend of increasing cases in rural areas.

Table 1.2.22: HSDA Incidence of HIV and AIDS among Blacks/African-Americans, 2007

HSDA	New HIV			New AIDS			New HIV/AIDS		
	#	%	Rate	#	%	Rate	#	%	Rate
Total	531	100.0	58.6	486	100.0	53.6	1,017	100.0	112.3
Gender									
Female	193	36.3	40.6	196	40.3	41.2	389	38.2	81.8
Male	338	63.7	78.5	290	59.7	67.4	628	61.8	145.9
Age (yrs)									
0-24	134	25.2	36.4	41	8.4	11.1	175	17.2	47.6
25-34	165	31.1	131.7	119	24.5	95.0	284	27.9	226.7
35-44	120	22.6	90.4	156	32.1	117.5	276	27.1	207.9
45-54	73	13.7	53.9	106	21.8	78.2	179	17.6	132.1
55+	39	7.3	27.0	64	13.2	44.3	103	10.1	71.3
Transmission Mode									
Heterosexual	154	29.0	*	192	39.5	*	346	34.0	*
IDU	16	3.0	*	66	13.6	*	82	8.1	*
MSM & IDU	7	1.3	*	13	2.7	*	20	2.0	*
MSM	165	31.1	*	122	25.1	*	287	28.2	*
Not Classified	188	35.4	*	91	18.7	*	279	27.4	*
Location									
Harris County	500	94.2	68.8	458	94.2	63.1	958	94.2	131.9
Non-Harris County	31	5.8	17.3	28	5.8	15.6	59	5.8	32.9
Data Source: Texas DSHS HARS Data									

Table 1.2.23: HSDA Prevalence of HIV and AIDS among Blacks/African-Americans, 2007

HSDA	Living w/ HIV			Living w/ AIDS			Living w/ HIV/AIDS		
	#	%	Rate	#	%	Rate	#	%	Rate
Total	4,333	100.0	478.3	5,108	100.0	563.9	9,441	100.0	1,042.2
Gender									
Female	1,830	42.2	384.8	1,829	35.8	384.6	3,659	38.8	769.4
Male	2,503	57.8	581.6	3,279	64.2	762.0	5,782	61.2	1,343.6
Age (yrs)									
0-12	70	1.6	38.8	13	0.3	7.2	83	0.9	46.0
13-24	439	10.1	234.1	162	3.2	86.4	601	6.4	320.5
25-34	1,216	28.1	970.8	832	16.3	664.2	2,048	21.7	1,635.0
35-44	1,330	30.7	1,002.0	1,792	35.1	1,350.1	3,122	33.1	2,352.1
45-54	947	21.9	699.0	1,604	31.4	1,183.9	2,551	27.0	1,882.8
55+	331	7.6	229.1	705	13.8	488.0	1,036	11.0	717.1
Transmission Mode									
Heterosexual	1,416	32.7	*	1,736	34.0	*	3,152	33.4	*
IDU	483	11.1	*	913	17.9	*	1,396	14.8	*
MSM & IDU	138	3.2	*	304	6.0	*	442	4.7	*
MSM	1,025	23.7	*	1,373	26.9	*	2,398	25.4	*
Not Classified	1,138	26.3	*	728	14.3	*	1,866	19.8	*
Ped Mother w HIV Risk	113	2.6	*	49	1.0	*	162	1.7	*
Other	20	0.5	*	5	0.1	*	25	0.3	*
Location									
Harris County	4,117	95.0	566.8	4,862	95.2	669.4	8,979	95.1	1,236.2
Non-Harris County	216	5.0	120.3	246	4.8	137.0	462	4.9	257.3
Data Source: Texas DSHS HARS Data									

Table 1.2.24: EMA Prevalence of HIV and AIDS among Blacks/African-Americans, 2007

EMA	Living w/ HIV			Living w/ AIDS			Living w/ HIV/AIDS		
	#	%	Rate	#	%	Rate	#	%	Rate
Total	4,297	100.0	489.2	5,080	100.0	578.4	9,377	100.0	1,067.6
Gender									
Female	1,810	42.1	390.5	1,818	35.8	392.3	3,628	38.7	782.8
Male	2,487	57.9	599.4	3,262	64.2	786.2	5,749	61.3	1,385.7
Age (yrs)									
0-12	70	1.6	39.8	13	0.3	7.4	83	0.9	47.1
13-24	435	10.1	240.3	161	3.2	88.9	596	6.4	329.2
25-34	1,200	27.9	995.7	828	16.3	687.1	2,028	21.6	1,682.8
35-44	1,320	30.7	1,023.7	1,785	35.1	1,384.3	3,105	33.1	2,408.0
45-54	943	21.9	714.7	1,591	31.3	1,205.8	2,534	27.0	1,920.5
55+	329	7.7	235.2	702	13.8	501.9	1,031	11.0	737.1
Transmission Mode									
Heterosexual	1,409	32.8	*	1,732	34.1	*	3,141	33.5	*
IDU	482	11.2	*	905	17.8	*	1,387	14.8	*
MSM & IDU	137	3.2	*	302	5.9	*	439	4.7	*
MSM	1,020	23.7	*	1,368	26.9	*	2,388	25.5	*
Not Classified	1,116	26.0	*	719	14.2	*	1,835	19.6	*
Ped Mother w HIV Risk	113	2.6	*	49	1.0	*	162	1.7	*
Other	20	0.5	*	5	0.1	*	25	0.3	*
Location									
Harris County	4,117	95.8	566.8	4,862	95.7	669.4	8,979	95.8	1,236.2
Non-Harris County	180	4.2	118.4	218	4.3	143.4	398	4.2	261.8
Data Source: Texas DSHS HARS Data									

HISPANICS/LATINOS

In 2007, a total of 448 Hispanics/Latinos were newly diagnosed with HIV or AIDS in the Houston HSDA, at a rate of 25 per 100,000. Infection rates were at 12 per 100,000 for HIV diagnoses and 14 per 100,000 for AIDS diagnoses. Among those living with HIV/AIDS, 4,037 were Hispanic in the HSDA, at a rate of 221 per 100,000, while 4,009 were Hispanic in the EMA, at a rate of 224 per 100,000.

- Hispanic men were infected with HIV at a rate of over four times that of women (16/100,000 vs. 4/100,000). A similar comparison can be made for Hispanics living with HIV/AIDS, where the prevalence rate of men is 340 per 100,000 and 91 per 100,000 for women.
- When compared to the general HSDA population, men are infected by HIV at a higher proportion among the Hispanic population: 82% of new HIV infections were men among Hispanic PLWHA, while 72% of new HIV diagnoses were men among the general population. Similarly, 80% of living HIV/AIDS cases among Hispanic PLWHA were men, while 73% of prevalent cases were men in the general population.
- As with other populations, adult PLWHA had the highest proportions, but infections among Hispanic youth are increasing. While 8% of Hispanics living with HIV were youth (rate of 33/100,000), only 2% of Hispanics living with AIDS were youth (rate of 15/100,000).
- Among Hispanics with newly diagnosed HIV, 56% were attributed to the mode of MSM; this proportion is much higher than the 43% of MSM risk reported by the overall PLWHA in the HSDA. For prevalent cases, Hispanics reported 48% under the category of MSM transmission mode, while the overall PLWHA population reported 42% in the MSM category.
- Harris County is home to 95% of Hispanics/Latinos living with HIV or AIDS. However, the proportion of new diagnoses among Hispanics may be increasing in rural areas. In 2005, Harris County had almost all the new HIV infections and diagnosed AIDS cases among Hispanics at 99%, but in 2007, the proportion has decreased to 94%.

Table 1.2.25: HSDA Incidence of HIV and AIDS among Hispanics/Latinos, 2007

HSDA	New HIV			New AIDS			New HIV/AIDS		
	#	%	Rate	#	%	Rate	#	%	Rate
Total	189	100.0	10.3	259	100.0	14.2	448	100.0	24.5
Gender									
Female	34	18.0	3.9	48	18.5	5.5	82	18.3	9.4
Male	155	82.0	16.2	211	81.5	22.1	366	81.7	38.3
Age (yrs)									
0-24	40	21.2	4.8	22	8.5	2.7	62	13.8	7.5
25-34	81	42.9	20.3	94	36.3	23.6	175	39.1	43.8
35-44	41	21.7	14.5	83	32.0	29.4	124	27.7	44.0
45-54	14	7.4	8.0	43	16.6	24.6	57	12.7	32.6
55+	13	6.9	8.9	17	6.6	11.7	30	6.7	20.6
Transmission Mode									
Heterosexual	35	18.5	*	66	25.5	*	101	22.5	*
IDU	3	1.6	*	13	5.0	*	16	3.6	*
MSM & IDU	5	2.6	*	12	4.6	*	17	3.8	*
MSM	106	56.1	*	122	47.1	*	228	50.9	*
Not Classified	39	20.6	*	45	17.4	*	84	18.8	*
Location									
Harris County	176	93.1	11.1	244	94.2	15.4	420	93.8	26.5
Non-Harris County	13	6.9	5.3	15	5.8	6.1	28	6.3	11.5

Data Source: Texas DSHS HARS Data

Table 1.2.26: HSDA Prevalence of HIV and AIDS among Hispanics/Latinos, 2007

HSDA	Living w/ HIV			Living w/ AIDS			Living w/ HIV/AIDS		
	#	%	Rate	#	%	Rate	#	%	Rate
Total	1,521	100.0	83.2	2,516	100.0	137.6	4,037	100.0	220.8
Gender									
Female	351	23.1	40.2	439	17.4	50.3	790	19.6	90.5
Male	1,170	76.9	122.5	2,077	82.6	217.4	3,247	80.4	339.9
Age (yrs)									
0-12	18	1.2	4.0	8	0.3	1.8	26	0.6	5.8
13-24	124	8.2	33.0	58	2.3	15.4	182	4.5	48.4
25-34	511	33.6	128.0	443	17.6	111.0	954	23.6	239.0
35-44	549	36.1	194.6	1,009	40.1	357.7	1,558	38.6	552.4
45-54	239	15.7	136.8	711	28.3	407.0	950	23.5	543.8
55+	80	5.3	54.9	287	11.4	196.9	367	9.1	251.7
Transmission Mode									
Heterosexual	343	22.6	*	649	25.8	*	992	24.6	*
IDU	52	3.4	*	172	6.8	*	224	5.5	*
MSM & IDU	57	3.7	*	112	4.5	*	169	4.2	*
MSM	724	47.6	*	1,216	48.3	*	1,940	48.1	*
Not Classified	314	20.6	*	336	13.4	*	650	16.1	*
Ped Mother w HIV Risk	26	1.7	*	20	0.8	*	46	1.1	*
Other	5	0.3	*	11	0.4	*	16	0.4	*
Location									
Harris County	1,435	94.3	90.6	2,392	95.1	151.0	3,827	94.8	241.6
Non-Harris County	86	5.7	35.2	124	4.9	50.8	210	5.2	86.0
Data Source: Texas DSHS HARS Data									

Table 1.2.27: EMA Prevalence of HIV and AIDS among Hispanics/Latinos, 2007

EMA	Living w/ HIV			Living w/ AIDS			Living w/ HIV/AIDS		
	#	%	Rate	#	%	Rate	#	%	Rate
Total	1,507	100.0	84.1	2,502	100.0	139.6	4,009	100.0	223.6
Gender									
Female	343	22.8	40.0	434	17.3	50.6	777	19.4	90.6
Male	1,164	77.2	124.5	2,068	82.7	221.1	3,232	80.6	345.6
Age (yrs)									
0-12	18	1.2	4.1	8	0.3	1.8	26	0.6	5.9
13-24	118	7.8	32.1	57	2.3	15.5	175	4.4	47.6
25-34	507	33.6	129.1	441	17.6	112.3	948	23.6	241.3
35-44	547	36.3	197.6	1,003	40.1	362.3	1,550	38.7	559.8
45-54	238	15.8	139.2	710	28.4	415.4	948	23.6	554.6
55+	79	5.2	55.6	283	11.3	199.3	362	9.0	255.0
Transmission Mode									
Heterosexual	340	22.6	*	645	25.8	*	985	24.6	*
IDU	52	3.5	*	171	6.8	*	223	5.6	*
MSM & IDU	57	3.8	*	112	4.5	*	169	4.2	*
MSM	719	47.7	*	1,212	48.4	*	1,931	48.2	*
Not Classified	308	20.4	*	332	13.3	*	640	16.0	*
Ped Mother w HIV Risk	26	1.7	*	19	0.8	*	45	1.1	*
Other	5	0.3	*	11	0.4	*	16	0.4	*
Location									
Harris County	1,435	95.2	90.6	2,392	95.6	151.0	3,827	95.5	241.6
Non-Harris County	72	4.8	34.5	110	4.4	52.7	182	4.5	87.2
Data Source: Texas DSHS HARS Data									

RURAL COUNTIES

There has been recent data to show that more HIV/AIDS cases are being reported in the more rural areas of the Houston region. In this section, the rural counties (non-Harris County) of the HSDA are examined. In 2007, there were 126 new HIV/AIDS cases in the rural counties of the HSDA, at a rate of 10 per 100,000. A total of 1,157 persons were living with HIV/AIDS in the HSDA compared to 1,013 PLWHA in the EMA (both at rates of 94 per 100,000).

- Women accounted for 36% of new HIV infections in the rural counties, while men accounted for 64%. This compares to 28% women and 72% men in the general HSDA population, showing that HIV infections among women may be increasing in the rural areas.
- There are higher proportions of White PLWHA in the rural counties when compared to the overall HSDA epidemic: For new HIV infections, 25% were White PLWHA in the rural areas while 20% were White in the overall population; among prevalent cases, 41% were White PLWHA in the rural counties compared to only 20% White PLWHA in the overall HSDA population.
- Approximately two-thirds (37%) of those newly diagnosed with HIV were infected via MSM risk factor in the rural areas, significantly lower than the 43% reported by the general population. Among prevalent cases, 31% of rural PLWHA reported the transmission category of MSM, while 42% of the overall PLWHA population reported the category of MSM.

Table 1.2.28: HSDA Incidence of HIV and AIDS among Rural Counties, 2007

HSDA	New HIV			New AIDS			New HIV/AIDS		
	#	%	Rate	#	%	Rate	#	%	Rate
Total	59	100.0	4.8	67	100.0	5.4	126	100.0	10.2
Gender									
Female	21	35.6	3.4	22	32.8	3.6	43	34.1	7.0
Male	38	64.4	6.1	45	67.2	7.3	83	65.9	13.4
Race/Ethnicity									
Black	31	52.5	17.3	28	41.8	15.6	59	46.8	32.9
Hispanic	13	22.0	5.3	15	22.4	6.1	28	22.2	11.5
White	15	25.4	2.1	22	32.8	3.0	37	29.4	5.1
Age (yrs)									
0-24	15	25.4	3.2	8	11.9	1.7	23	18.3	4.9
25-34	16	27.1	12.0	13	19.4	9.7	29	23.0	21.7
35-44	15	25.4	7.9	24	35.8	12.7	39	31.0	20.6
45-54	7	11.9	3.4	16	23.9	7.7	23	18.3	11.1
55+	6	10.2	2.5	6	9.0	2.5	12	9.5	5.1
Transmission Mode									
Heterosexual	17	28.8	*	24	35.8	*	41	32.5	*
IDU or MSM&IDU	3	5.1	*	4	6.0	*	7	5.6	*
MSM	22	37.3	*	20	29.9	*	42	33.3	*
Not Classified	16	27.1	*	19	28.4	*	35	27.8	*

Data Source: Texas DSHS HARS Data

Table 1.2.29: HSDA Prevalence of HIV and AIDS among Rural Counties, 2007

HSDA	Living w/ HIV			Living w/ AIDS			Living w/ HIV/AIDS		
	#	%	Rate	#	%	Rate	#	%	Rate
Total	492	100.0	39.9	665	100.0	54.0	1,157	100.0	93.9
Gender									
Female	199	40.4	32.5	147	22.1	24.0	346	29.9	56.4
Male	293	59.6	47.3	518	77.9	83.7	811	70.1	131.0
Race/Ethnicity									
Black	216	43.9	120.3	246	37.0	137.0	462	39.9	257.3
Hispanic	86	17.5	35.2	124	18.6	50.8	210	18.2	86.0
White	182	37.0	25.0	287	43.2	39.5	469	40.5	64.5
Other	8	1.6	9.8	8	1.2	9.8	16	1.4	19.7
Age (yrs)									
0-12	4	0.8	1.8	0	0.0	0.0	4	0.3	1.8
13-24	50	10.2	20.5	20	3.0	8.2	70	6.1	28.7
25-34	123	25.0	91.9	74	11.1	55.3	197	17.0	147.2
35-44	152	30.9	80.2	211	31.7	111.3	363	31.4	191.5
45-54	114	23.2	55.2	244	36.7	118.1	358	30.9	173.3
55+	49	10.0	20.7	116	17.4	48.9	165	14.3	69.5
Transmission Mode									
Heterosexual	109	22.2	*	136	20.5	*	245	21.2	*
IDU	34	6.9	*	65	9.8	*	99	8.6	*
MSM & IDU	15	3.0	*	28	4.2	*	43	3.7	*
MSM	121	24.6	*	239	35.9	*	360	31.1	*
Not Classified	200	40.7	*	189	28.4	*	389	33.6	*
Ped Mother w HIV Risk	9	1.8	*	5	0.8	*	14	1.2	*
Other	4	0.8	*	3	0.5	*	7	0.6	*
Data Source: Texas DSHS HARS Data									

Table 1.2.30: EMA Prevalence of HIV and AIDS among Rural Counties, 2007

EMA	Living w/ HIV			Living w/ AIDS			Living w/ HIV/AIDS		
	#	%	Rate	#	%	Rate	#	%	Rate
Total	425	100.0	39.5	588	100.0	54.6	1013	100.0	94.1
Gender									
Female	168	39.5	31.1	124	21.1	22.9	292	28.8	54.0
Male	257	60.5	47.9	464	78.9	86.5	721	71.2	134.4
Race/Ethnicity									
Black	180	42.4	118.4	218	37.1	143.4	398	39.3	261.8
Hispanic	72	16.9	34.5	110	18.7	52.7	182	18.0	87.2
White	167	39.3	26.2	252	42.9	39.6	419	41.4	65.8
Other	6	1.4	7.5	8	1.4	10.0	14	1.4	17.5
Age (yrs)									
0-12	4	0.9	2.0	0	0.0	0.0	4	0.4	2.0
13-24	38	8.9	18.0	17	2.9	8.0	55	5.4	26.0
25-34	100	23.5	88.9	66	11.2	58.7	166	16.4	147.7
35-44	135	31.8	79.8	187	31.8	110.5	322	31.8	190.2
45-54	103	24.2	55.5	218	37.1	117.4	321	31.7	172.9
55+	45	10.6	22.4	100	17.0	49.7	145	14.3	72.0
Transmission Mode									
Heterosexual	98	23.1	*	122	20.7	*	220	21.7	*
IDU	32	7.5	*	52	8.8	*	84	8.3	*
MSM & IDU	14	3.3	*	24	4.1	*	38	3.8	*
MSM	103	24.2	*	218	37.1	*	321	31.7	*
Not Classified	165	38.8	*	166	28.2	*	331	32.7	*
Ped Mother w HIV Risk	9	2.1	*	3	0.5	*	12	1.2	*
Other	4	0.9	*	3	0.5	*	7	0.7	*
Data Source: Texas DSHS HARS Data									

QUESTION 1.3:

WHAT ARE THE INDICATORS OF RISK FOR HIV/AIDS INFECTION IN THE HOUSTON AREA?

WHAT ARE THE INDICATORS OF RISK FOR HIV/AIDS INFECTION IN THE HOUSTON AREA?

The previous chapter described the distribution and trends of HIV infection and AIDS diagnoses throughout the Houston HSDA and EMA. The purpose of this chapter is to examine available data on risk behaviors and markers in the Houston EMA from two perspectives: 1) Factors that affect the risk of acquiring HIV infection among HIV-negative persons (STDs, HIV testing), and; 2) Factors that affect the risk of transmitting HIV infection among HIV-positive persons (MSMs, injection drug users, heterosexuals).

SUMMARY

Gonorrhea Trends:

- Overall, the number of gonorrhea cases in both the Houston HSDA and in Harris County has been declining over recent years. Breakdowns by sex show similar trends in reported gonorrhea cases for the Houston HSDA.
- From 2002 to 2003, all HSDA counties outside of Harris reported decreases in gonorrhea cases except for Chambers county, which reported a slight increase. The number of cases in Austin and Wharton counties remained approximately the same.

Syphilis Trends:

- Unlike gonorrhea, the number of reported syphilis cases in the Houston HSDA has been steadily increasing. The number of syphilis cases in 2003 is twice that reported in 1999.
  - The Houston Department of Health and Human Services Bureau of Epidemiology reported a syphilis outbreak among MSM in Houston during 2005.
- However, Harris County is the only HSDA county experiencing such an increase. All other counties have experienced a decrease or leveling of reported syphilis cases.
- A breakdown by sex shows that the increase in syphilis cases is most significant among males. Between 1999 and 2003, the number of syphilis cases among males has tripled; among women, the number of cases has decreased by almost half.

HIV Testing:

- In 2003, a total of 29,827 HIV tests were reported for the Houston HSDA.
- The vast majority of HIV tests reported to the State's HIV Counseling and Testing system were confidential, and conducted during field visits or at HIV Testing Sites.

- In terms of HIV exposure categories, "non-targeted" constituted the majority of HIV tests, followed by female-to-male sex, male-to-male sex and injection drug users.

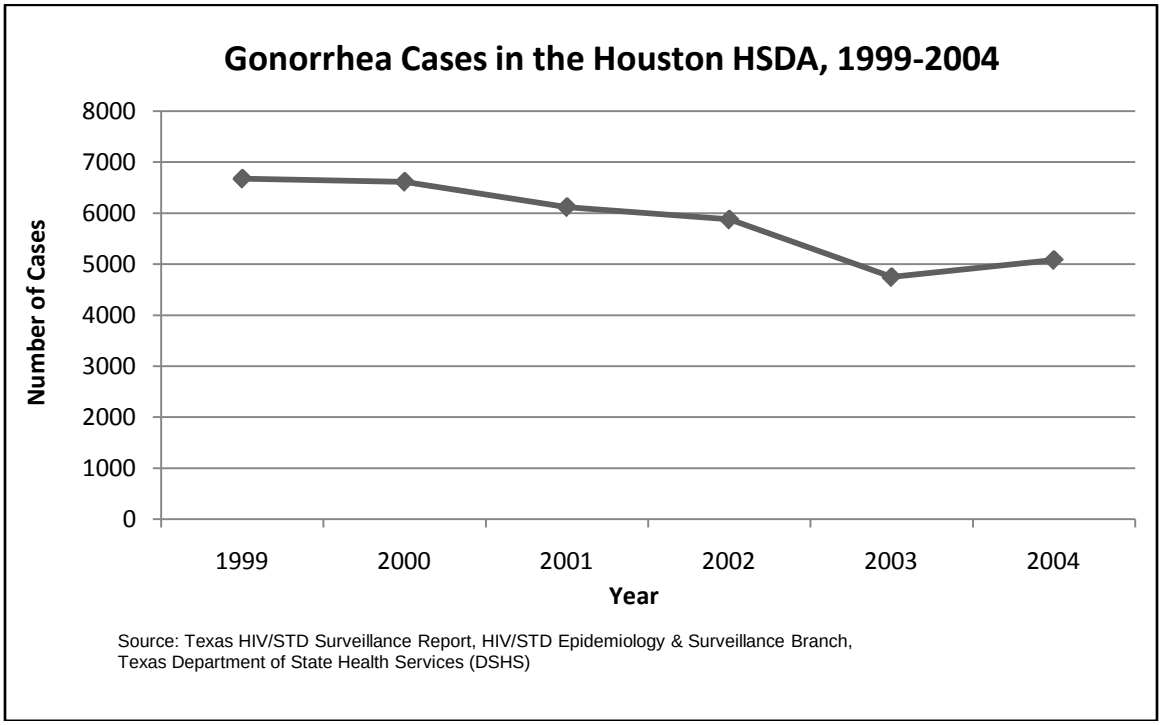
STD TRENDS: GONORRHEA

- Overall, the number of gonorrhea cases in both the Houston HSDA and in Harris County has been declining over the past 5 years.
- From 2002 to 2004, all but two HSDA counties reported decreases in gonorrhea cases. Compared to 2003, Colorado County reported an increase of 3 new cases, and Harris County reported an increase of 413.

Table 1.3.1: Gonorrhea Cases by Year and County, 1999-2004

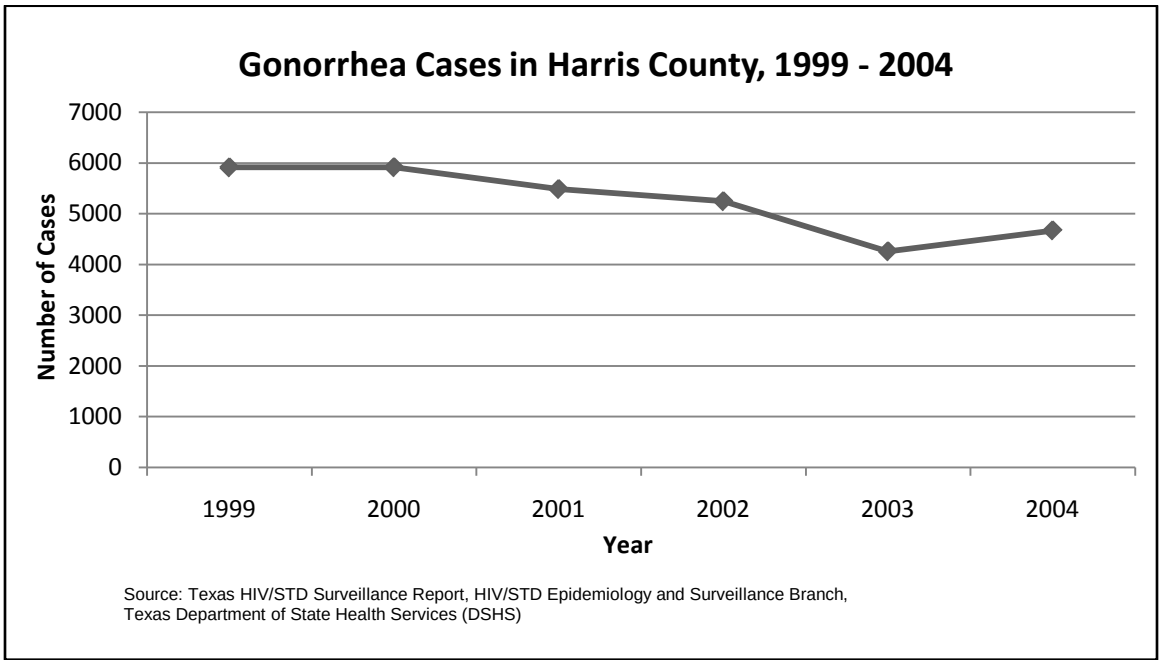
HSDA	1999	2000	2001	2002	2003	2004
Austin	16	14	4	9	9	5
Chambers	6	2	8	11	16	15
Colorado	21	11	21	27	13	16
Fort Bend	219	208	166	178	145	131
Harris	5,914	5,917	5,486	5,246	4,257	4,670
Liberty	63	45	57	80	52	61
Montgomery	143	155	135	137	105	81
Walker	68	100	95	71	41	26
Waller	126	107	85	64	56	52
Wharton	99	55	61	51	51	23
Total	**6,675**	**6,614**	**6,118**	**5,874**	**4,745**	**5,080**

Figure 1.3.1: Gonorrhea Cases in the Houston HSDA, 1999-2004



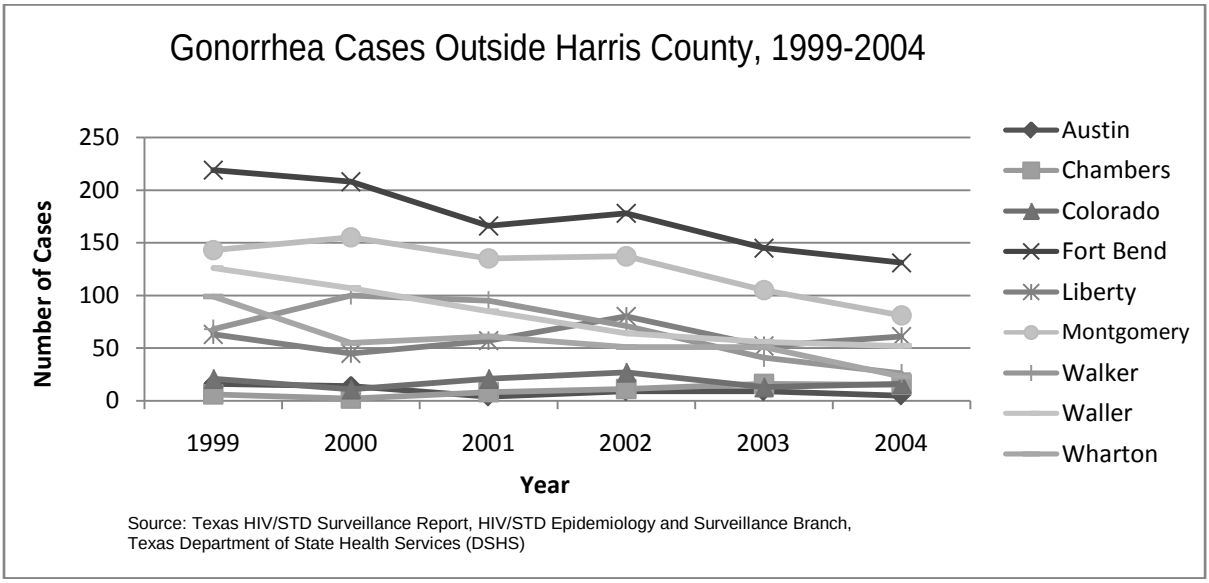
Source: Texas HIV/STD Surveillance Report, HIV/STD Epidemiology & Surveillance Branch, Texas Department of State Health Services (DSHS)

Figure 1.3.2: Gonorrhea Cases in Harris County, 1999-2004



Source: Texas HIV/STD Surveillance Report, HIV/STD Epidemiology and Surveillance Branch, Texas Department of State Health Services (DSHS)

Figure 1.3.3: Gonorrhea Cases Outside Harris County, 1999-2004



Source: Texas HIV/STD Surveillance Report, HIV/STD Epidemiology and Surveillance Branch, Texas Department of State Health Services (DSHS)

Table 1.3.2: Gonorrhea cases by Year, Sex and County, 1999-2003

HSDA	1999		2000		2001		2002		2003	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Austin	3	13	5	9			2	7	5	4
Chambers					7	1	8	3	10	6
Colorado	9	12	6	5	11	10	10	17	7	6
Fort Bend	95	122	84	123	64	102	86	92	69	76
Harris	3,184	2,682	2,925	2,988	2,821	2,659	2,706	2,536	2,279	1,978
Liberty	29	34	17	28	26	31	23	57	18	34
Montgomery	48	95	51	103	52	83	56	81	48	57
Walker	29	37	41	58	42	52	28	43	18	23
Waller	62	62	48	57	31	54	32	32	17	36
Wharton	30	69	22	33	17	44	19	32	22	29
Total	**3,493**	**3,128**	**3,200**	**3,405**	**3,071**	**3,040**	**2,970**	**2,900**	**2,493**	**2,249**

* Grayed out cells have had the demographic breakdowns suppressed due to small cell sizes.

Figure 1.3.4: Gonorrhea Cases in the Houston HSDA, By Sex, 1999-2003

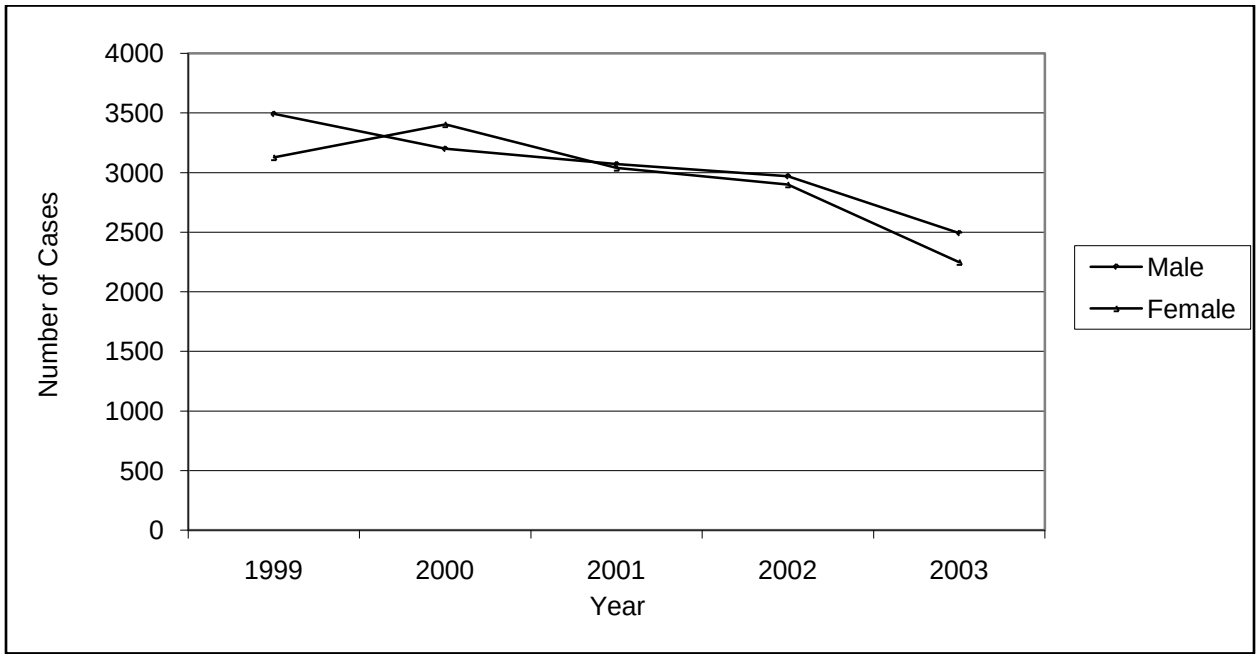


Figure 1.3.5: Gonorrhea Cases in Harris County, Male, 1999-2003

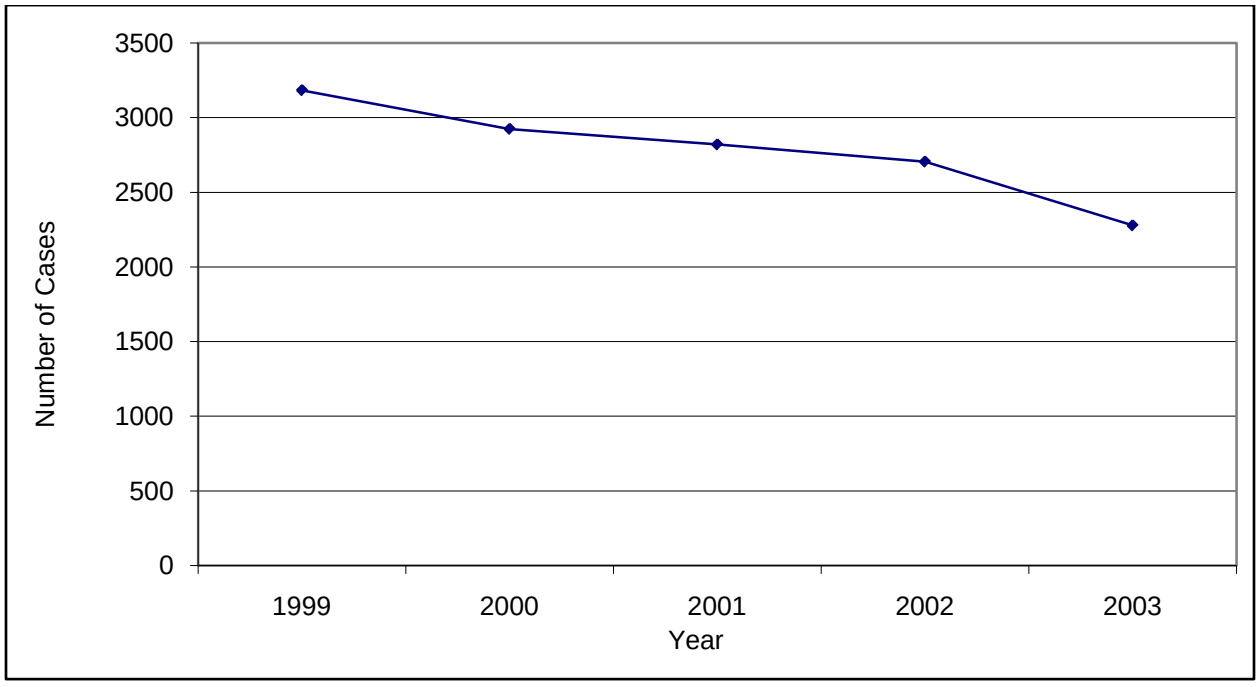


Figure 1.3.6: Gonorrhea Cases in Harris County, Female, 1999-2003

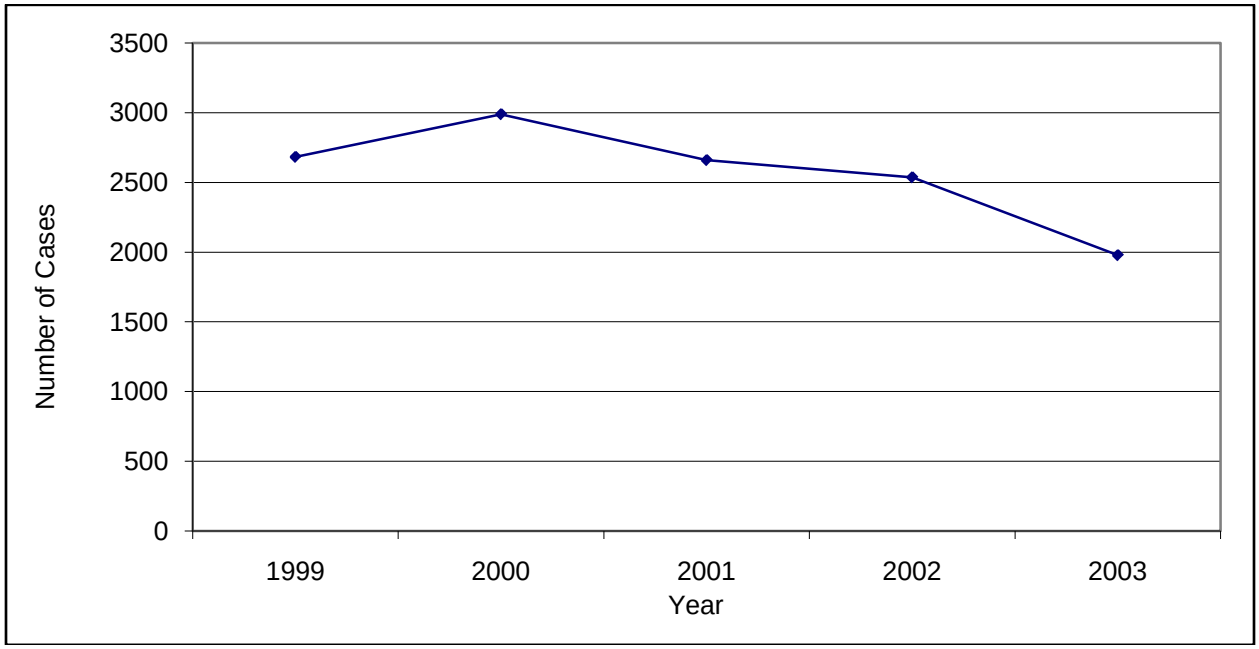


Figure 1.3.7: Gonorrhea Cases Outside Harris County, Male, 1999-2003

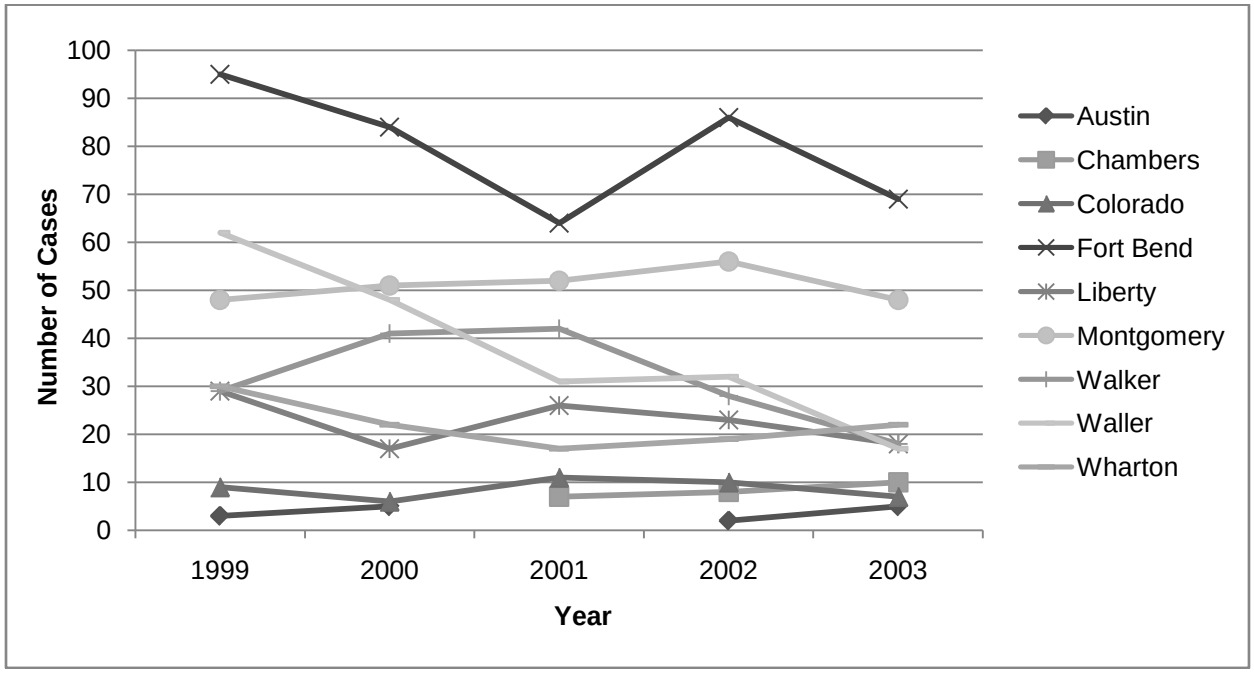
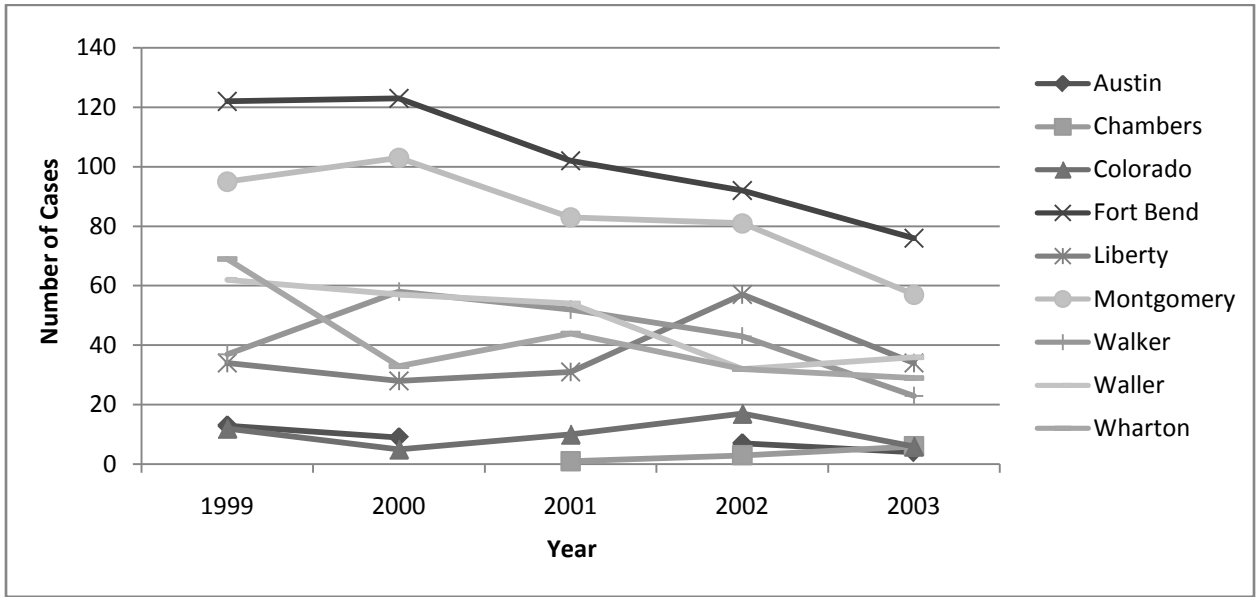


Figure 1.3.8: Gonorrhea Cases Outside Harris County, Female, 1999-2003



STD TRENDS: SYPHILIS

- Although lower in prevalence than gonorrhea, the number of reported syphilis cases in the Houston HSDA has been increasing. The number of cases in 2004 has almost doubled that of 2002.
- A breakdown by sex shows that the increase in syphilis cases is significant among males. Between 1999 and 2003, the number of syphilis cases among males has tripled; among women, the number of cases has decreased by almost half. Again, this trend is limited to Harris County – however, for some of the HSDA counties outside of Harris, the sex of cases was sometimes unknown.

Table 1.3.3: Syphilis Cases by Year and County, 1999-2004

HSDA	1999	2000	2001	2002	2003	2004
Austin	0	1	0	0	0	0
Chambers	0	0	0	0	0	0
Colorado	2	0	1	0	0	0
Fort Bend	21	14	6	7	9	6
Harris	70	70	101	111	193	213
Liberty	0	1	1	2	2	5
Montgomery	2	1	0	2	2	3
Walker	1	0	0	0	0	0
Waller	0	2	0	0	0	0
Wharton	5	2	1	0	0	0
Total	**101**	**91**	**110**	**122**	**206**	**227**

Source: The Texas Department of State Health Services

Figure 1.3.9: Syphilis Cases In the Houston HSDA, 1999-2003

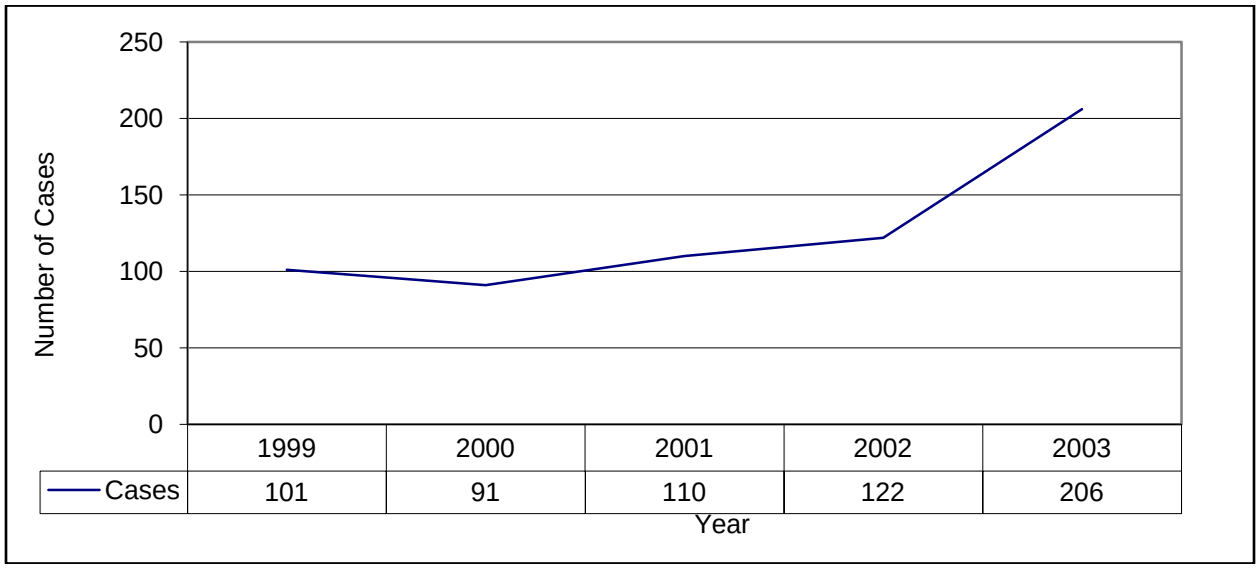
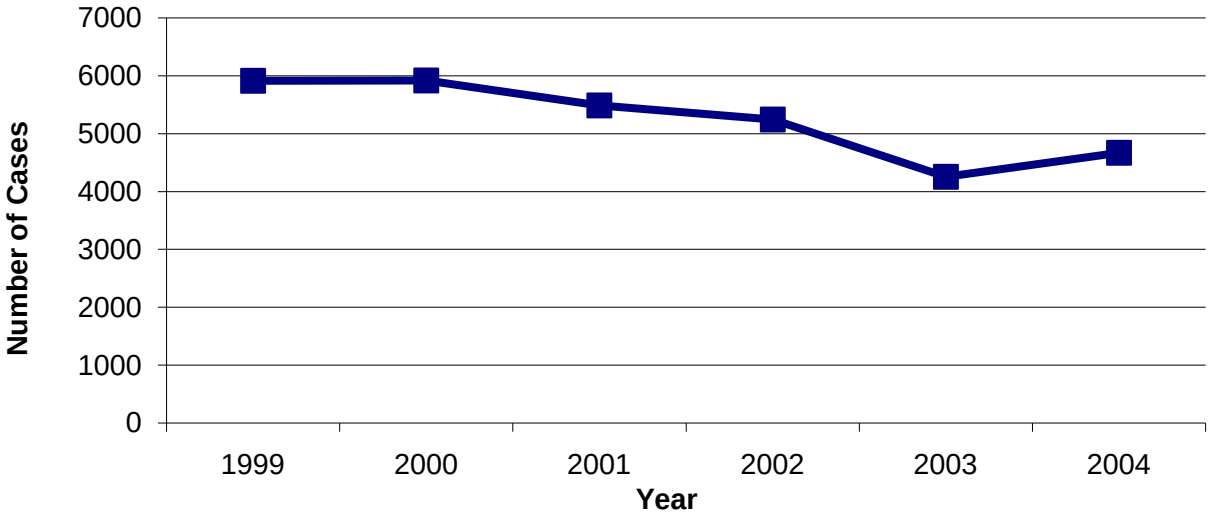
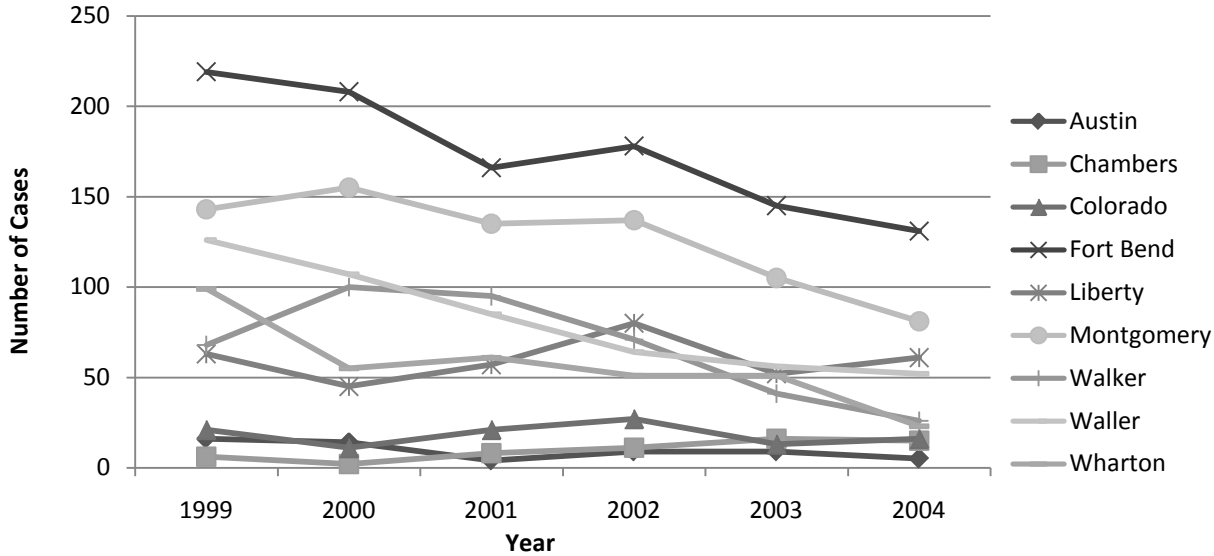


Figure 1.3.10: Syphilis Cases In Harris County, 1999-2004



Source: Texas HIV/STD Surveillance Report, HIV/STD Epidemiology and Surveillance Branch, Texas Department of State Health Services (DSHS)

Figure 1.3.11: Syphilis Cases Outside Harris County, 1999-2004



Source: Texas HIV/STD Surveillance Report, HIV/STD Epidemiology and Surveillance Branch, Texas Department of State Health Services (DSHS)

Table 1.3.4: Syphilis cases by Year, Sex and County, 1999-2003

HSDA	1999		2000		2001		2002		2003	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Austin	0	0			0	0	0	0	0	0
Chambers	0	0	0	0	0	0	0	0	0	0
Colorado			0	0			0	0	0	0
Fort Bend	13	8	5	9					4	5
Harris	44	26	43	27	73	28	95	16	176	17
Liberty	0	0								
Montgomery					0	0				
Walker			0	0	0	0	0	0	0	0
Waller	0	0			0	0	0	0	0	0
Wharton							0	0	0	0
Total	**61**	**40**	**52**	**39**	**77**	**33**	**103**	**19**	**183**	**23**

* Grayed out cells have had the demographic breakdowns suppressed due to small cell sizes.

Figure 1.3.12: Syphilis Cases In the Houston HSDA, by Sex, 1999-2003

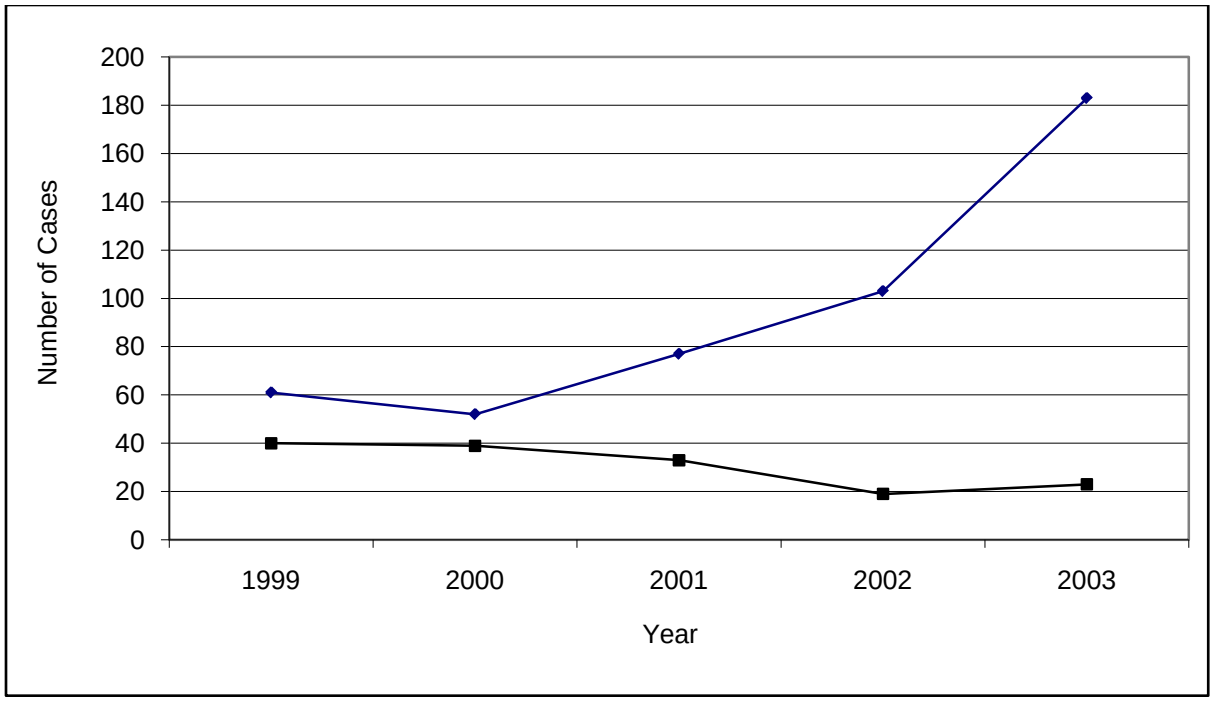


Figure 1.3.13: Syphilis Cases In Harris County, Male, 1999-2003

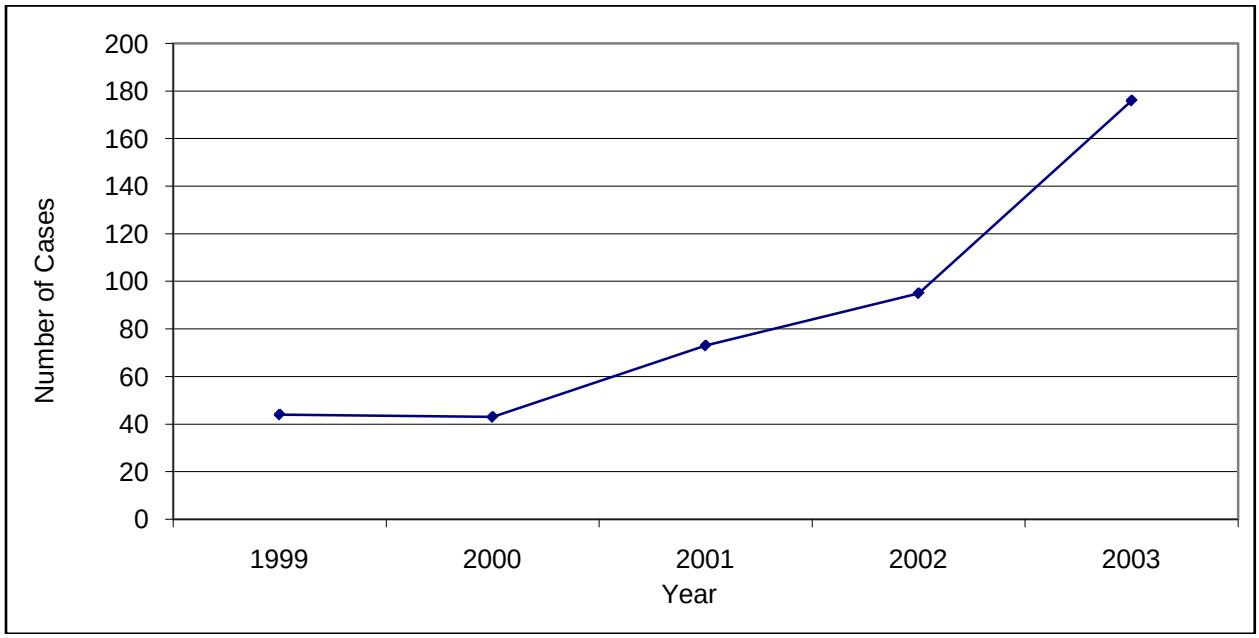
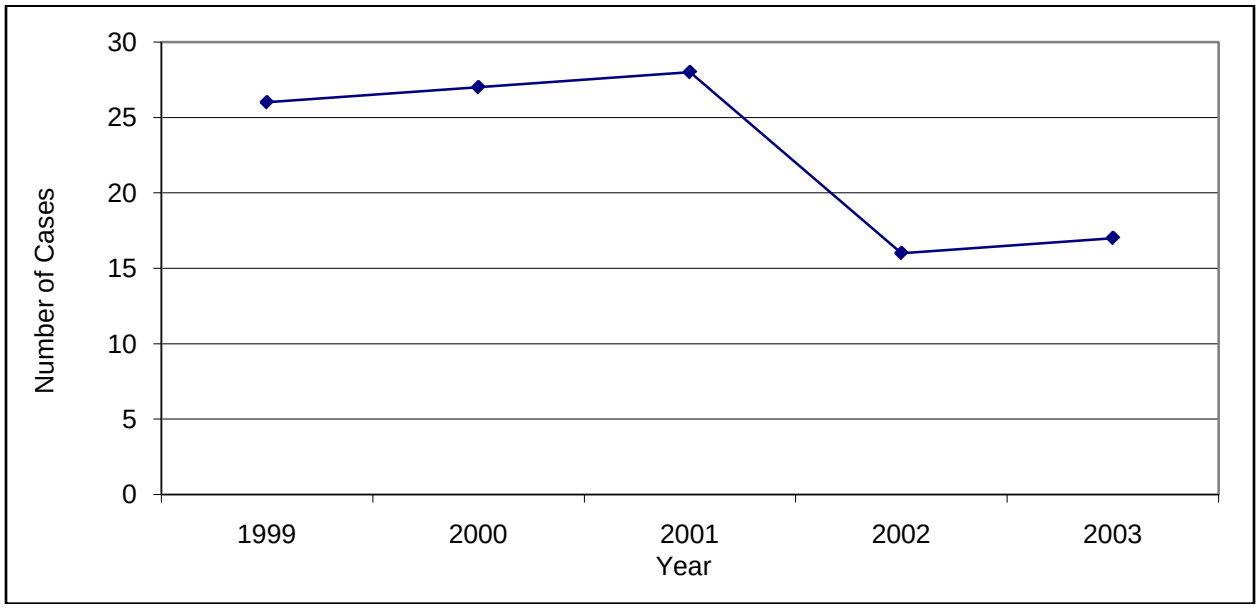


Figure 1.3.14: Syphilis Cases In Harris County, Female, 1999-2003



The Houston Department of Health and Human Services Bureau of Epidemiology reported a syphilis outbreak among MSM in Houston during 2006.

Surveillance of syphilis is focused on primary and secondary (P&S) syphilis because these are the stages in which syphilis is infectious, and because it signals recent infection with syphilis. Syphilis is one of several infectious diseases that are reportable in the state of Texas. When a person tests positive for syphilis, a report is submitted to the Texas Department of State Health Services (DSHS). Reports are then forwarded to the local jurisdiction for follow-up, which includes notification, treatment, and interview for partner elicitation and notification. Syphilis case follow-up in Houston and Harris County is carried out by the HDHHS Bureau of HIV/STD and Viral Hepatitis Prevention.

From January 1, 2007 through October 31, 2007, there were 393 confirmed cases of P&S syphilis. Of the 393 cases, 376 (96%) were interviewed. Of those interviewed; 122 (32%) were HIV positive, 154 (41%) were HIV negative, 39 (10%) were of unknown HIV status, and 61 (16%) had not been tested for HIV.

Table 1.3.5: HIV Status among all Interviewed Syphilis Clients, Houston/Harris County, 01/01/07 - 10/31/07

# Cases	# Interviewed	Current HIV Status			
		Positive	Negative	Unknown	No Test
393	376 (96%)	122 (32%)	154 (41%)	39 (10%)	61 (16%)
Source: Houston Department of Health and Human Services, Bureau of Epidemiology					

Due to a 2005 outbreak of syphilis among MSM in Houston, the HDHHS Bureau of Epidemiology performed additional analyses on this subpopulation.

From January 1, 2007 through October 31, 2007, there were 180 confirmed cases of P&S syphilis among MSM. Of these cases, 179 (99%) were interviewed. Of those interviewed; 99 (55%) were HIV positive, 53 (30%) were HIV negative, 8 (4%) were of unknown HIV status, and 21 (12%) had not been tested for HIV.

Table 1.3.6: HIV Status among Interviewed MSM Syphilis Clients Houston/Harris County, 01/01/07 - 10/31/07

# Cases	# Interviewed	Current HIV Status			
		Positive	Negative	Unknown	No Test
180	179 (99%)	99 (55%)	53 (30%)	8 (4%)	21 (12%)
Source: Houston Department of Health and Human Services, Bureau of Epidemiology					

HIV TESTING

Data on HIV testing patterns can provide information that is helpful in focusing HIV counseling and testing programs. The data may also be used to help identify potential gaps in HIV surveillance data, which represents only persons who have been tested for HIV. For HIV/AIDS Prevention and Care Planning, HIV counseling and testing data were obtained from the Counseling and Testing System at the Texas Department of State Health Services (DSHS). These data represent the only available data for HIV counseling and testing in the Houston HSDA.

- In 2003, a total of 29,827 HIV tests were reported for the Houston HSDA.
- For the city of Houston, 11,407 individuals received HIV Counseling, Testing and Referral (CTR) services through programs funded by the Houston Department of Health and Human Services in 2006.
  - The number tested decreased from 2005 to 2006 due to the introduction of Protocol Based Counseling (PBC), which incorporates a counseling session tailored to the reported risk of the client. The session requires about 45 minutes per HIV test performed.
  - This change moved the focus of HIV testing from quantity to quality of services. Fewer clients were tested, but the testing was more appropriately targeted, which is evident in the increase in HIV positivity rate from 1.6% to 2.2%.
- The vast majority of HIV tests reported to the state's HIV counseling and testing system were confidential and conducted during field visits or at HIV testing sites.
- In terms of HIV exposure categories, "non-targeted" constituted the majority of HIV tests, followed by heterosexual sex, male-to-male sex and injection drug use.

Table 1.3.7: Number of HIV tests reported, by Sex and County, 2003

HSDA	Male	Female	TOTAL
Austin	8	6	**14**
Chambers	7	10	**17**
Colorado	11	2	**13**
Fort Bend	188	210	**398**
Harris	16,966	11,760	**28,726**
Liberty	16	12	**28**
Montgomery	209	167	**376**
Walker	97	108	**205**
Waller	21	12	**33**
Wharton	13	4	**17**
TOTAL	**17,536**	**12,291**	**29,827**

Table 1.3.8: Number of HIV Tests Reported, by Test Type and County, 2003

HSDA	HIV test type		TOTAL
	Anonymous	Confidential	
Austin	1	12	**13**
Chambers	1	13	**14**
Colorado	1	12	**13**
Fort Bend	74	308	**382**
Harris	2,666	25,790	**28,456**
Liberty	0	28	**28**
Montgomery	21	349	**370**
Walker	3	198	**201**
Waller	3	30	**33**
Wharton	3	13	**16**
TOTAL	**2,773**	**26,753**	**29,526**

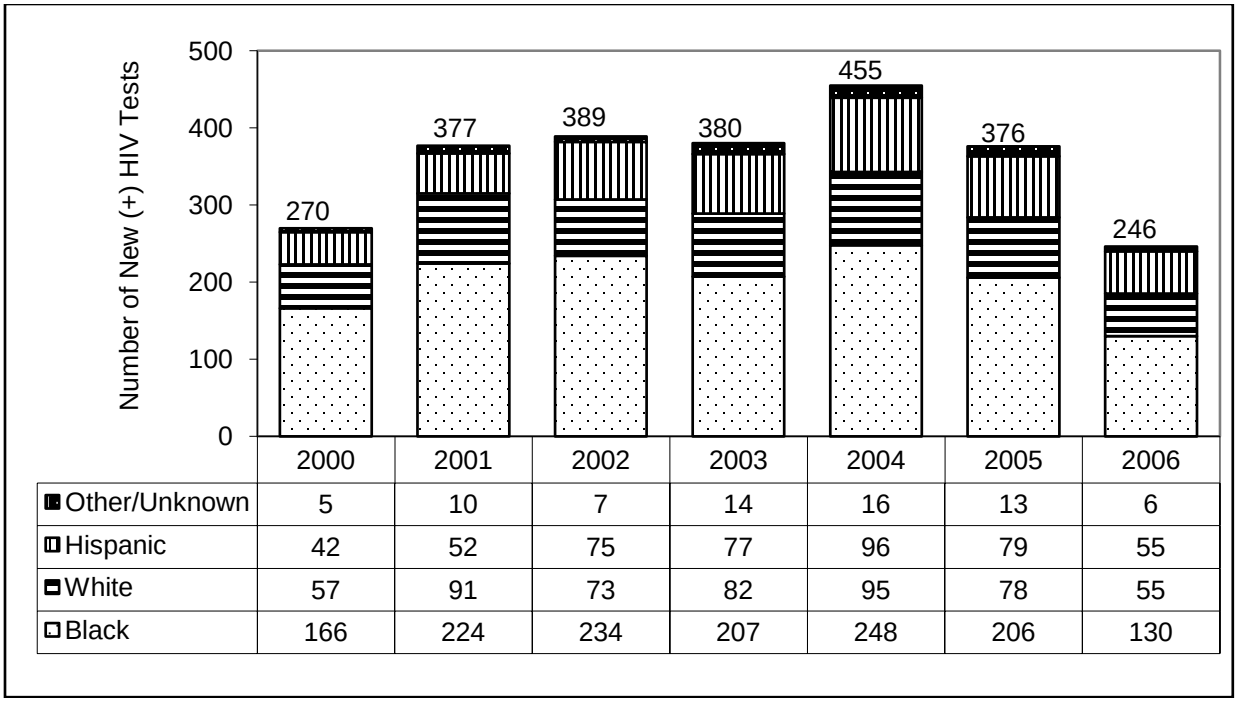
Table 1.3.9: Number of HIV Tests Reported, by HIV Exposure Category and County, 2003

HSDA	MSM/ IDU	MSM	IDU	F/MS	Non-targeted	Total
Austin	0	2	0	9	3	**14**
Chambers	1	0	4	11	1	**17**
Colorado	0	2	1	10	0	**13**
Fort Bend	1	51	23	226	97	**398**
Harris	286	4,963	1,193	7,145	15,150	**28,737**
Liberty	0	5	8	13	2	**28**
Montgomery	5	31	156	151	34	**377**
Walker	1	15	32	153	4	**205**
Waller	0	5	3	16	9	**33**
Wharton	0	2	0	11	4	**17**
TOTAL	**294**	**5,076**	**1,420**	**7,745**	**15,304**	**29,839**

Table 1.3.10: Number of HIV Tests Reported, by HIV Test Site Type and County, 2003

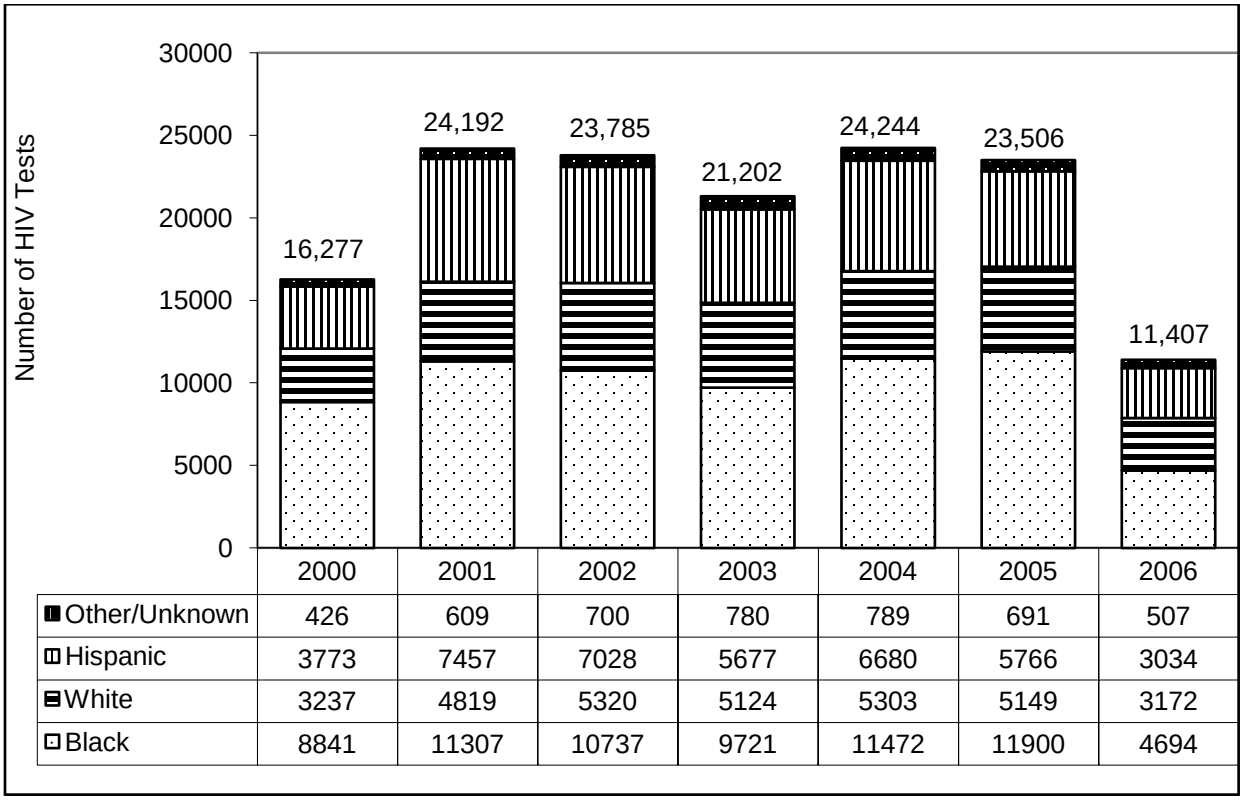
HSDA	HIV/CTS Testing Site	STD Clinic	Drug Treatment Facility	Family Planning Clinic	Primary Health Care Facility	Corrections	Field Visit	Education/ Other	TOTAL
Austin	6	1	0	2	0	3	2	0	**14**
Chambers	1	0	6	2	0	4	4	0	**17**
Colorado	3	0	2	1	0	6	1	0	**13**
Fort Bend	141	3	16	177	0	19	42	0	**398**
Harris	5,761	2,587	288	2,863	2,542	4,197	10,384	115	**28,737**
Liberty	2	0	5	5	0	11	5	0	**28**
Montgomery	50	1	32	70	0	158	66	0	**377**
Walker	5	0	12	139	0	44	5	0	**205**
Waller	12	1	1	5	0	1	13	0	**33**
Wharton	7	0	4	3	0	3	0	0	**17**
TOTAL	**5,988**	**2,593**	**366**	**3267**	**2,542**	**4446**	**10,522**	**115**	**29,839**

Figure 1.3.15: Positive HIV Test Results from Houston DHHS-Funded CTR (Counseling, Testing and Referral) Programs, By Year of Test and Race/Ethnicity, as of August 7, 2007



	2000	2001	2002	2003	2004	2005	2006
Other/Unknown	5	10	7	14	16	13	6
Hispanic	42	52	75	77	96	79	55
White	57	91	73	82	95	78	55
Black	166	224	234	207	248	206	130

Figure 1.3.16: Total HIV Tests from Houston DHHS-Funded CTR Programs By Year of Test and Race/Ethnicity, as of August 7, 2007



	2000	2001	2002	2003	2004	2005	2006
Other/Unknown	426	609	700	780	789	691	507
Hispanic	3773	7457	7028	5677	6680	5766	3034
White	3237	4819	5320	5124	5303	5149	3172
Black	8841	11307	10737	9721	11472	11900	4694

For the city of Houston, of the 11,407 tested, 4,694 (41%) were Black/African-American, 3,172 (28%) were White/Anglo, 3,034 (26%) were Hispanic/Latino, and 507 (4%) were of other or unknown race/ethnicity.

Of the 11,407 clients tested, 246 (2%) were newly diagnosed with HIV. Of those who were newly diagnosed; 130 (53%) were Black/African-American, 55 (22%) were White/Anglo, 55 (22%) were Hispanic/Latino, and 6 (2%) were of other or unknown race/ethnicity.

QUESTION 2.1:

WHAT ARE THE PATTERNS OF UTILIZATION OF HIV SERVICES OF PEOPLE LIVING IN THE HOUSTON REGION?

WHAT ARE THE PATTERNS OF UTILIZATION OF HIV SERVICES OF PEOPLE LIVING IN THE HOUSTON REGION?

Data were obtained from the Centralized Patient Care Data Management System (CPCDMS) operated by the Ryan White Part A Program for all services except primary care and AIDS Drug Assistance Program (ADAP). CPCDMS data does not track all primary care data (VA tracks their own) and does not track ADAP data. Those data elements were obtained via data requests to those specific parties, and were not excluded (notations are indicated in associated tables).

CPCDMS was established for data collection in 2000 and identifies unduplicated patients for providers funded by Parts A, B, C and D as well as non-Ryan White funds such as Substance Abuse and Mental Health Services Administration (SAMHSA). It requires initial client registration with annual updates for re-enrollment. The initial registration requests detailed information on, among other things, risk factors and co-morbidities. This information is not necessarily updated during re-enrollment. Data presented on transmission mode and subpopulations is generally based on responses provided at initial registration.

Primary care data used only CPCDMS data in 2001 and 2002. In 2003, however, this data was expanded with patient profiles from Parts C and D, the Harris County Jail and the Veterans Administration. Since then, CPCDMS has incorporated jail data, Part C and most of Part D. For 2006 - 2008, additional primary care data was obtained from Part D and the VA.

SUMMARY

Utilization patterns on primary medical care, case management, dental care, substance abuse treatment, mental health therapy and counseling and ADAP services are compared to surveillance data on those living with HIV disease. *Please note that the most current epidemic data for this report is 2007 data from DSHS HARS, while service utilization data from the CPCDMS is from 2008*.

PRIMARY MEDICAL CARE:

- White PLWHA are under-represented in primary medical care services.
- Primary care is accessed proportionately by PLWHA of all ages and both genders.

CASE MANAGEMENT:

- White PLWHA is under-represented in case management, while Black PLWHA account for a higher proportion of clients than the regional epidemic.

- Overall, case management utilization is proportional by age and gender.

DENTAL CARE:

- There is a disproportionately higher access of dental care by older adults.
- Black/African-American PLWHA are under-utilizing dental services, while Hispanics are slightly overrepresented among those who use dental services.

SUBSTANCE ABUSE TREATMENT:

- Treatment is under-utilized by Hispanics and disproportionately used more by White PLWHA.
- Adults aged 25-44 tended to utilize this service more, while there is under-representation in substance abuse clients for older adults aged 55+.

MENTAL HEALTH THERAPY AND COUNSELING:

- White PLWHA account for a higher proportion among those utilizing services when compared to their proportion among the epidemic. Noteworthy is that White males account for the largest proportion of mental health clients.
- Black PLWHA are under-represented among those utilizing mental health services.
- From 2006 to 2008, there appears to be a trend towards more rural clients while service utilization decreased for adults aged 25 to 34 and increased for older adults aged 55+.

ADAP:

- Hispanic PLWHA over-utilized ADAP services while White PLWHA appear to be under-represented among ADAP clients when compared to their distribution within the regional epidemic.
- Usage by gender and age group appear to be proportional when compared to the regional epidemic.

PRIMARY CARE SERVICES

The following data-related issues should be considered when reviewing the primary care utilization data:

- The Veterans Administration (VA) reported patient data to be included in primary care. Among these, 18 males died during 2008, 20 males died during 2007 and 25 males died during 2006. These patients are included in the patient counts.
- Additional Part D data were received from The Resource Group and those records were unduplicated against data from CPCDMS and reported in the table.
- Because the utilization data do not contain the same level of detail, only gender and race categories contain Part D and VA data; the other data are obtained from the CPCDMS only.

The following compares primary care utilization to surveillance data on those living with HIV disease:

- Medical care services are used proportionately when comparing gender and age groups.
- The percentages of Blacks/African-Americans and Hispanics who use primary medical care services through these funding sources are slightly different from their percentages among those living with HIV or AIDS. White PLWHA, however, under utilize medical care services.
  - Blacks/African-Americans are 49% of those living with HIV or AIDS and Hispanics are 21%, while these two groups are 53.3% and 24.2%, respectively, among those accessing primary medical care.
  - Whites make up 29% of those living with HIV disease but only comprise 21.4% of those accessing primary medical care services.
- From 2006 through 2008, most of the demographic proportions remained stable. A slight decrease can be seen in the percentage of adults aged 35 to 44 utilizing medical services, from 37% in 2006 to 33.4% in 2008.

Table 2.1.1: Primary Care Utilization by Gender, Race and Age, 2008

	Primary Care					
	Male		Female		Total	
	#	%	#	%	#	%
Race*						
Black***	2,944	47.3%	1,664	68.6%	4,608	53.3%
Hispanic	1,600	25.7%	491	20.2%	2,091	24.2%
White	1,604	25.8%	249	10.3%	1,853	21.4%
Other	75	1.2%	23	0.9%	98	1.1%
Age**						
0-12	46	0.9%	45	2.0%	91	1.2%
13-24	273	5.1%	131	5.9%	404	5.4%
25-34	1,003	18.8%	544	24.5%	1,547	20.5%
35-44	1,830	34.4%	688	30.9%	2,518	33.4%
45-54	1,597	30.0%	581	26.1%	2,178	28.9%
55+	574	10.8%	235	10.6%	809	10.7%

Data source:

**CPCDMS, additional VA data and Part D data from the Resource Group*

***CPCDMS data only*

****In the narrative of this report, the term "Black/African-American" is used. The decision to use this particular term is based on a discussion during a meeting of the Gaps Analysis Workgroup during the 2008 Needs Assessment. Members of this workgroup made the decision that "Black/African-American" was the preferred term. In these tables, the label "Black" appears as a result of how the race labels are generated by both DSHS and the HRSA grant application. This should not be interpreted as a move away from the local decision to use "Black/African-American."*

Figure 2.1.1: Primary Care Utilization by Race and Gender, 2008

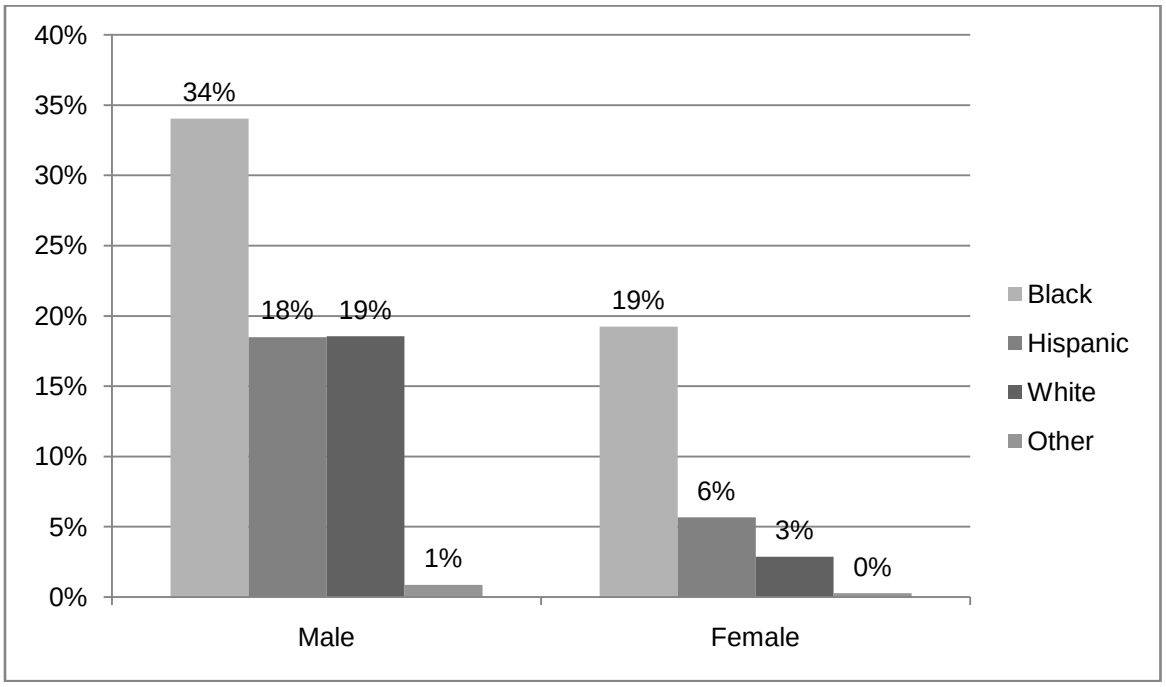


Figure 2.1.2: Primary Care Utilization by Age (in years) and Gender, 2008

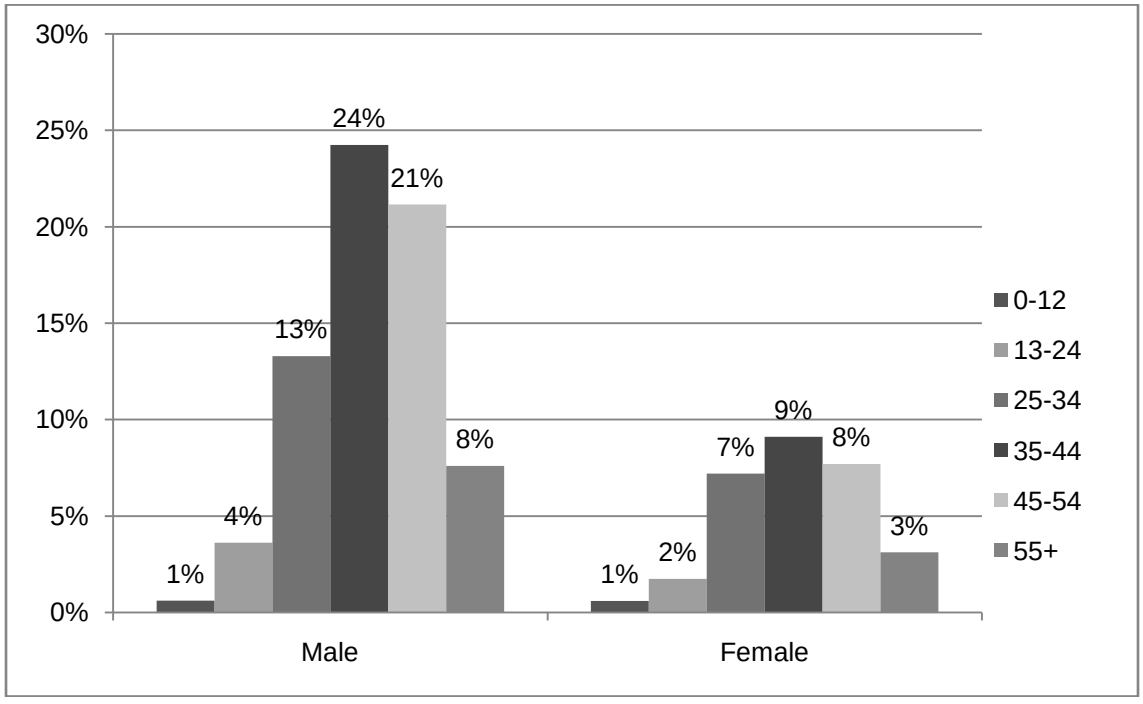


Table 2.1.2: Primary Care Utilization by Gender, Race and Age, 2006 - 2008

	Primary Care					
	2006		2007		2008	
	#	%	#	%	#	%
Gender*						
Male	5,820	70.5%	5,938	72.0%	6,223	71.9%
Female	2,430	29.5%	2,308	28.0%	2,427	28.1%
Race*						
Black***	4,446	53.9%	4,404	53.4%	4,608	53.3%
Hispanic	1,871	22.7%	1,941	23.5%	2,091	24.2%
White	1,841	22.3%	1,799	21.8%	1,853	21.4%
Other	92	1.1%	102	1.2%	98	1.1%
Age**						
0-12	111	1.6%	97	1.4%	91	1.2%
13-24	359	5.0%	341	4.8%	404	5.4%
25-34	1,439	20.2%	1,448	20.3%	1,547	20.5%
35-44	2,602	36.5%	2,550	35.7%	2,518	33.4%
45-54	1,975	27.7%	2,031	28.4%	2,178	28.9%
55+	635	8.9%	678	9.5%	809	10.7%

*Data source: *CPCDMS, additional VA data and Part D data from the Resource Group*

***CPCDMS data only*

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Table 2.1.3: Primary Care Utilization by Transmission Mode and Subpopulations, 2006 - 2008

	Primary Care					
	2006		2007		2008	
	#	%	#	%	#	%
Transmission Mode*						
Perinatal Transmission	184	2.8%	148	2.2%	150	2.1%
Hemophilia Coagulation	6	0.1%	8	0.1%	7	0.1%
Transfusion	52	0.8%	49	0.7%	58	0.8%
Heterosexual Contact	1,946	29.1%	2,021	29.6%	2,157	29.7%
MSM (not IDU)	1,362	20.4%	1,441	21.1%	1,528	21.0%
IV Drug Use (not MSM)	112	1.7%	119	1.7%	120	1.6%
MSM/IDU	13	0.2%	13	0.2%	18	0.2%
Multiple Exposure Categories	197	2.9%	217	3.2%	207	2.8%
Other risk	2,809	42.0%	2,818	41.2%	3,029	41.6%
Subpopulation*						
Unduplicated clients	7,121	100.0%	7,145	100.0%	7,547	100.0%
Monolingual (Spanish)	1,020	14.3%	1,032	14.4%	1,065	14.1%
Deaf/hard of hearing	70	1.0%	56	0.8%	69	0.9%
Blind/sight impaired	183	2.6%	176	2.5%	182	2.4%
Homeless	106	1.5%	117	1.6%	139	1.8%
Transgender M to F	30	0.4%	27	0.4%	27	0.4%
Transgender F to M	3	0.0%	4	0.1%	5	0.1%
Within Harris County	6,688	93.9%	6,712	93.9%	7,031	93.2%
Outside Harris County	433	6.1%	433	6.1%	516	6.8%
Active substance abuse	249	3.5%	270	3.8%	273	3.6%
Active psychiatric illness	178	2.5%	178	2.5%	178	2.4%

** Not mutually exclusive.*

Data Source: CPCDMS

Please note that most information on transmission mode and comorbidities is obtained during initial registration and not updated.

CASE MANAGEMENT SERVICES

- Case management services were used by 5,658 unduplicated clients in 2008.
  - In comparing case management service utilization to the profile of the epidemic in the region, services are utilized proportionately across all ages and genders.
  - Blacks/African-Americans use case management services to a greater extent than Whites. White PLWHA are 29% of PLWHA in the region, but only 20.8% of case management clients, and Blacks/African-Americans are 49% of PLWHA, but 54.4% of case management clients. Hispanic PLWHA use case management services relatively proportionately since they make up 21% of the epidemic and 23.6% of case management clients.
- Case management use has remained relatively the same from 2006 to 2008. The number of clients increased from 5,472 in 2006 to 5,904 in 2007 but then back down to 5,658 in 2008.
  - The proportional use of case management services has remained stable when comparing gender and race/ethnicity.
  - By age, case management use decreased slightly among adults age 35 to 44 years, from 36% to 32.5%.

Table 2.1.4: Case Management Utilization by Gender, Race and Age, 2008

	Male		Female		Total	
	#	%	#	%	#	%
Total	**4,084**	**72.2%**	**1,574**	**27.8%**	**5,658**	**100.0%**
Race						
Black***	2,007	49.1%	1,073	68.2%	3,080	54.4%
Hispanic	1,021	25.0%	314	19.9%	1,335	23.6%
White	1,003	24.6%	175	11.1%	1,178	20.8%
Other	53	1.3%	12	0.8%	65	1.1%
Age						
0-12	0	0.0%	0	0.0%	0	0.0%
13-24	214	5.2%	93	5.9%	307	5.4%
25-34	703	17.2%	381	24.2%	1,084	19.2%
35-44	1,354	33.2%	485	30.8%	1,839	32.5%
45-54	1,298	31.8%	436	27.7%	1,734	30.6%
55+	515	12.6%	179	11.4%	694	12.3%

Data Source: CPCDMS

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Figure 2.1.3: Case Management Service Utilization by Race and Gender, 2008

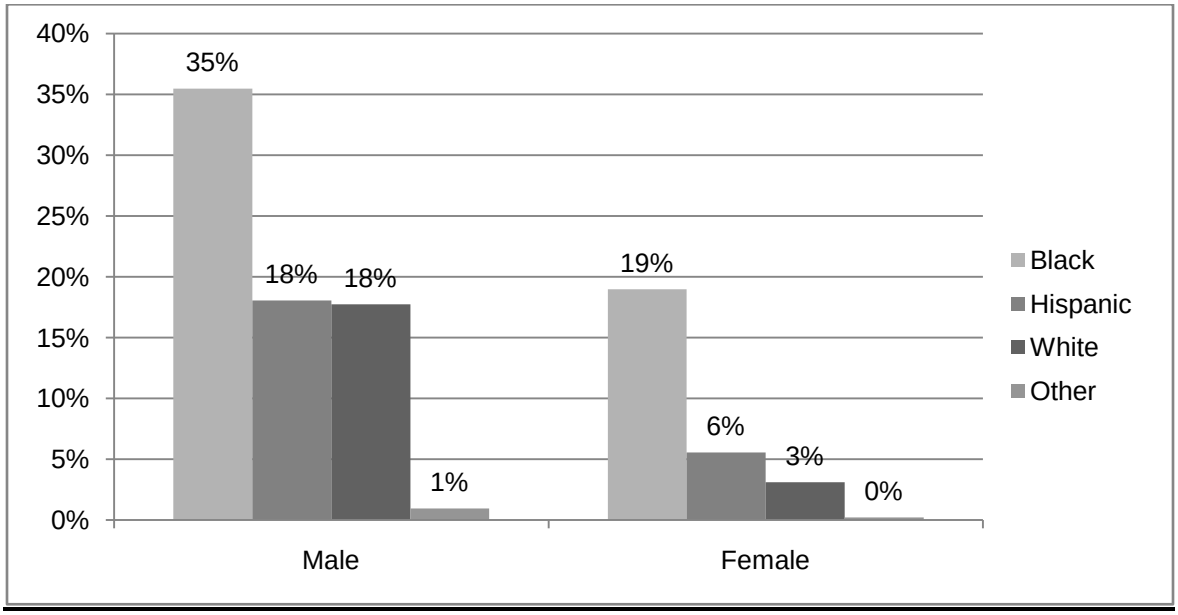

Figure 2.1.4: Case Management services utilization by Age (in years) and Gender, 2008

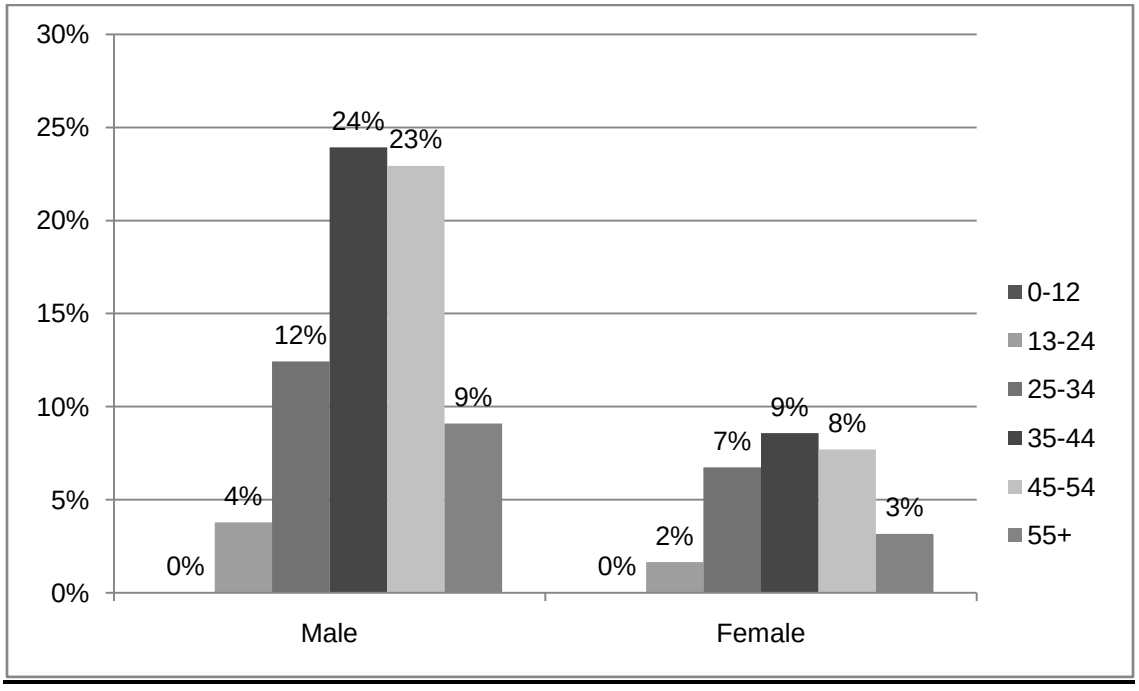

Table 2.1.5: Case Management Utilization by Gender, Race and Age, 2006 - 2008

	2006		2007		2008	
	(n=5,472)		(n=5,904)		(n=5,658)	
	#	%	#	%	#	%
Gender						
Male	3,889	71.1%	4,204	71.2%	4,084	72.2%
Female	1,583	28.9%	1,700	28.8%	1,574	27.8%
Race						
Black***	2,969	54.3%	3,192	54.1%	3,080	54.4%
Hispanic	1,223	22.4%	1,394	23.6%	1,335	23.6%
White	1,213	22.2%	1,249	21.2%	1,178	20.8%
Other	67	1.2%	69	1.2%	65	1.1%
Age						
0-12	20	0.4%	0	0.0%	0	0.0%
13-24	260	4.8%	261	4.4%	307	5.4%
25-34	1,038	19.0%	1,133	19.2%	1,084	19.2%
35-44	1,967	35.9%	2,058	34.9%	1,839	32.5%
45-54	1,604	29.3%	1,797	30.4%	1,734	30.6%
55+	583	10.7%	655	11.1%	694	12.3%

Data Source: CPCDMS

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Table 2.1.6: Case Management Utilization by Transmission Mode and Subpopulations, 2006 - 2008

	2006		2007		2008	
	(n=5,472)		(n=5,904)		(n=5,658)	
	#	%	#	%	#	%
Transmission Mode*						
Perinatal Transmission	53	1.0%	25	0.4%	28	0.5%
Hemophilia Coagulation	3	0.1%	5	0.1%	4	0.1%
Transfusion	54	1.0%	58	1.0%	59	1.0%
Heterosexual Contact	1,751	32.0%	1,841	31.2%	1,733	30.6%
MSM (not IDU)	1,300	23.8%	1,320	22.4%	1,282	22.7%
IV Drug Use (not MSM)	141	2.6%	158	2.7%	138	2.4%
MSM/IDU	18	0.3%	18	0.3%	22	0.4%
Multiple Exposure Categories	196	3.6%	212	3.6%	192	3.4%
Other risk	1,856	33.9%	2,178	36.9%	2,125	37.6%
Subpopulation*						
Unduplicated clients	5,472	100.0%	5,904	100.0%	5,658	100.0%
Monolingual (Spanish)	678	12.4%	767	13.0%	678	12.0%
Deaf/hard of hearing	78	1.4%	65	1.1%	66	1.2%
Blind/sight impaired	181	3.3%	165	2.8%	159	2.8%
Homeless	102	1.9%	139	2.4%	138	2.4%
Transgender M to F	26	0.5%	25	0.4%	27	0.5%
Transgender F to M	1	0.0%	1	0.0%	0	0.0%
Within Harris County	5,075	92.7%	5,518	93.5%	5,254	92.9%
Outside Harris County	397	7.3%	386	6.5%	404	7.1%
Active substance abuse	278	5.1%	316	5.4%	299	5.3%
Active psychiatric illness	242	4.4%	235	4.0%	215	3.8%

** Not mutually exclusive.*

Data Source: CPCDMS

Please note that most information on transmission mode and comorbidities is obtained during initial registration and not updated.

DENTAL SERVICES

- When compared to the regional epidemic, Blacks/African-American PLWHA are under-utilizing dental services, accounting for 49% of PLWHA but only 44% of those who use dental services. Hispanics, meanwhile, are 21% of PLWHA in the region and 25.0% of those who use dental services

- Dental services are under utilized by adults and used disproportionately by older adults.
  - PLWHA aged 45 to 54 make up 29% of the infected population in the Houston area, but they are 37.4% of dental care users.
  - PLWHA aged 25 to 34 make up 19% of the epidemic but only 12.4% of dental care clients.

- The proportions of men and women using dental services are similar to their respective proportions in the epidemic.

- Between 2006 and 2008, use of dental services remained approximately the same as do the corresponding demographic proportions.

Table 2.1.7: Dental Service Utilization by Gender, Race and Age, 2008

	Male		Female		Total	
	#	%	#	%	#	%
Total	**1,703**	**74.4%**	**587**	**25.6%**	**2,290**	**100.0%**
Race						
Black***	639	37.5%	379	64.6%	1,018	44.5%
Hispanic	440	25.8%	133	22.7%	573	25.0%
White	595	34.9%	71	12.1%	666	29.1%
Other	29	1.7%	4	0.7%	33	1.4%
Age						
0-12	0	0.0%	0	0.0%	0	0.0%
13-24	29	1.7%	13	2.2%	42	1.8%
25-34	178	10.5%	106	18.1%	284	12.4%
35-44	568	33.4%	185	31.5%	753	32.9%
45-54	657	38.6%	200	34.1%	857	37.4%
55+	271	15.9%	83	14.1%	354	15.5%

Data Source: CPCDMS

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DENTAL SERVICES

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Table 2.1.7: Dental Service Utilization by Gender, Race and Age, 2008

	Male		Female		Total	
	#	%	#	%	#	%
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Race						
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Hispanic	440	25.8%	133	22.7%	573	25.0%
White	595	34.9%	71	12.1%	666	29.1%
Other	29	1.7%	4	0.7%	33	1.4%
Age						
0-12	0	0.0%	0	0.0%	0	0.0%
13-24	29	1.7%	13	2.2%	42	1.8%
25-34	178	10.5%	106	18.1%	284	12.4%
35-44	568	33.4%	185	31.5%	753	32.9%
45-54	657	38.6%	200	34.1%	857	37.4%
55+	271	15.9%	83	14.1%	354	15.5%

Data Source: CPCDMS

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Figure 2.1.5: Dental Care Services Utilization by Race and Gender, 2008

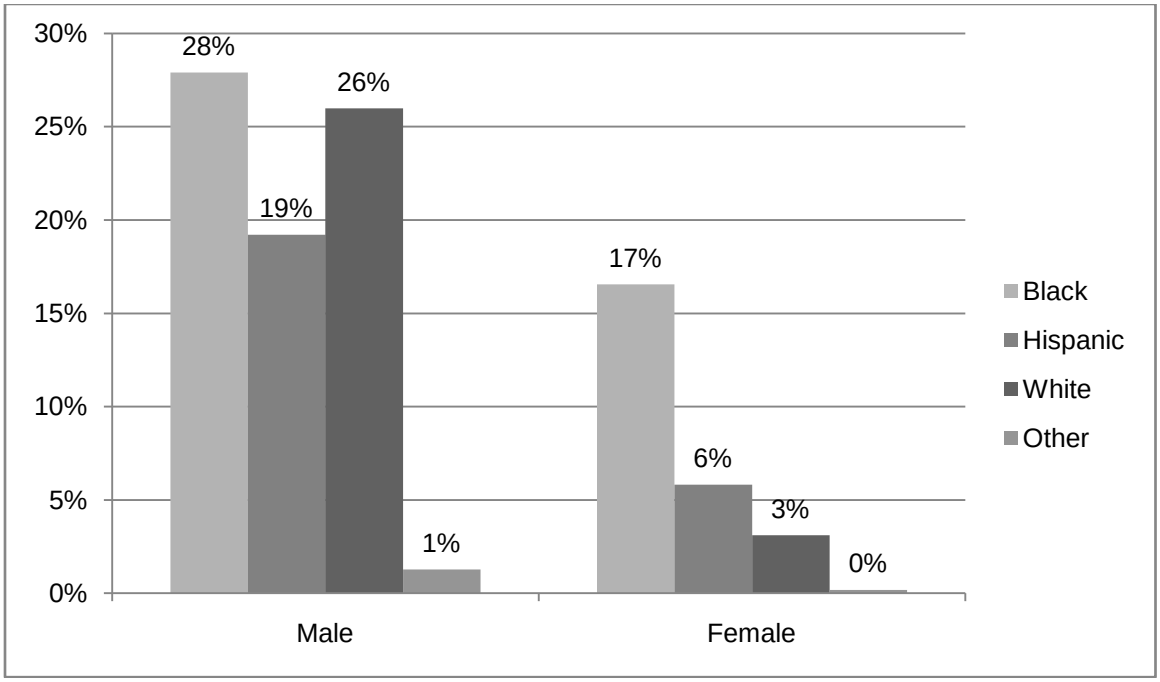

Figure 2.1.6: Dental Care Services Utilization by Age (in years) and Gender, 2008

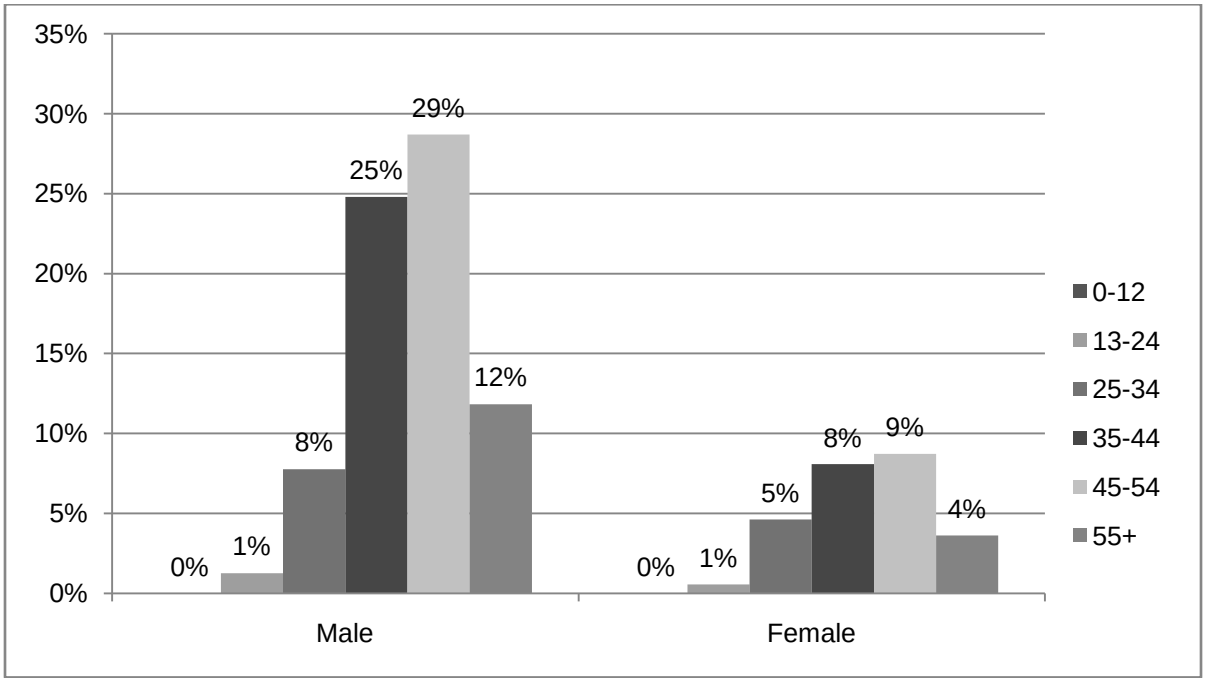

Table 2.1.8: Dental Service Utilization by Gender, Race and Age, 2006 - 2008

	2006 (n=2,218)		2007 (n=2,283)		2008 (n=2,290)	
	#	%	#	%	#	%
Gender						
Male	1,675	75.5%	1,719	75.3%	1,703	74.4%
Female	543	24.5%	564	24.7%	587	25.6%
Race						
Black***	1,005	45.3%	1,037	45.4%	1,018	44.5%
Hispanic	532	24.0%	549	24.0%	573	25.0%
White	655	29.5%	667	29.2%	666	29.1%
Other	26	1.2%	30	1.3%	33	1.4%
Age						
0-12	0	0.0%	0	0.0%	0	0.0%
13-24	45	2.0%	50	2.2%	42	1.8%
25-34	288	13.0%	300	13.1%	284	12.4%
35-44	782	35.3%	767	33.6%	753	32.9%
45-54	809	36.5%	829	36.3%	857	37.4%
55+	294	13.3%	337	14.8%	354	15.5%

Data Source: CPCDMS

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Table 2.1.9: Dental Service Utilization by Transmission Mode and Subpopulations, 2006 - 2008

	2006 (n=2,218)		2007 (n=2,283)		2008 (n=2,290)	
	#	%	#	%	#	%
Transmission Mode*						
Perinatal Transmission	4	0.2%	4	0.2%	8	0.3%
Hemophilia Coagulation	3	0.1%	2	0.1%	3	0.1%
Transfusion	29	1.3%	23	1.0%	26	1.1%
Heterosexual Contact	501	22.6%	518	22.7%	576	25.2%
MSM (not IDU)	638	28.8%	666	29.2%	650	28.4%
IV Drug Use (not MSM)	55	2.5%	49	2.1%	54	2.4%
MSM/IDU	11	0.5%	12	0.5%	10	0.4%
Multiple Exposure Categories	65	2.9%	74	3.2%	79	3.4%
Other risk	750	33.8%	825	36.1%	791	34.5%
Subpopulation*						
Unduplicated clients	2,218	100.0%	2,283	100.0%	2,290	100.0%
Monolingual (Spanish)	295	13.3%	311	13.6%	314	13.7%
Deaf/hard of hearing	23	1.0%	28	1.2%	29	1.3%
Blind/sight impaired	60	2.7%	63	2.8%	61	2.7%
Homeless	24	1.1%	25	1.1%	22	1.0%
Transgender M to F	4	0.2%	7	0.3%	5	0.2%
Transgender F to M	1	0.0%	1	0.0%	1	0.0%
Within Harris County	2,085	94.0%	2,171	95.1%	2,175	95.0%
Outside Harris County	133	6.0%	112	4.9%	115	5.0%
Active substance abuse	94	4.2%	101	4.4%	100	4.4%
Active psychiatric illness	88	4.0%	92	4.0%	91	4.0%

** Not mutually exclusive.*

Data Source: CPCDMS

Please note that most information on transmission mode and comorbidities is obtained during initial registration and not updated.

Substance Abuse Treatment

- In 2008, substance abuse treatment services were used by 70 clients.
  - Whites show disproportionate usage of the services. Whites/Anglos represent 29% among PLWHA but account for 38.6% among clients utilizing substance abuse treatment; while Hispanics/Latinos are 21% of PLWHA but represent only 10.0% of clients receiving services. Black PLWHA represent 49% and 51.4%, respectively.
  - The elderly aged 55+ are underrepresented in this service, as they comprise 13% in the region but only 5.7% among those utilizing the service. Treatment is also being used disproportionately by adults aged 25-34: adults aged 25 to 34 show 34% among PLWHA but 15.7% among those using the services.
- In examining substance abuse data from 2006 to 2008, please note that the wide variance in client numbers is due to changes in reporting in CPCDMS – SAMHSA-funded and other non-RW funded transactions were being tracked prior to 2008. Since 2008 and since funding has disappeared, only Part A funds are being tracked for substance abuse treatment. The variances in the proportions may not be as accurate due to these reporting changes.

Table 2.1.10: Substance Abuse Treatment Utilization by Gender, Race and Age, 2008

	Male		Female		Total	
	#	%	#	%	#	%
Total	**51**	**72.9%**	**19**	**27.1%**	**70**	**100.0%**
Race						
Black***	24	47.1%	12	63.2%	36	51.4%
Hispanic	7	13.7%	0	0.0%	7	10.0%
White	20	39.2%	7	36.8%	27	38.6%
Other	0	0.0%	0	0.0%	0	0.0%
Age						
0-12	0	0.0%	0	0.0%	0	0.0%
13-24	2	3.9%	0	0.0%	2	2.9%
25-34	7	13.7%	4	21.1%	11	15.7%
35-44	27	52.9%	8	42.1%	35	50.0%
45-54	12	23.5%	6	31.6%	18	25.7%
55+	3	5.9%	1	5.3%	4	5.7%

Data Source: CPCDMS

****In the narrative of this report, the term "Black/African-American" is used. The decision to use this particular term is based on a discussion during a meeting of the Gaps Analysis Workgroup during the 2008 Needs Assessment. Members of this workgroup made the decision that "Black/African-American" was the preferred term. In these tables, the label "Black" appears as a result of how the race labels are generated by both DSHS and the HRSA grant application. This should not be interpreted as a move away from the local decision to use "Black/African-American."*

Figure 2.1.7: Substance Abuse Service Utilization by Race and Gender, 2008

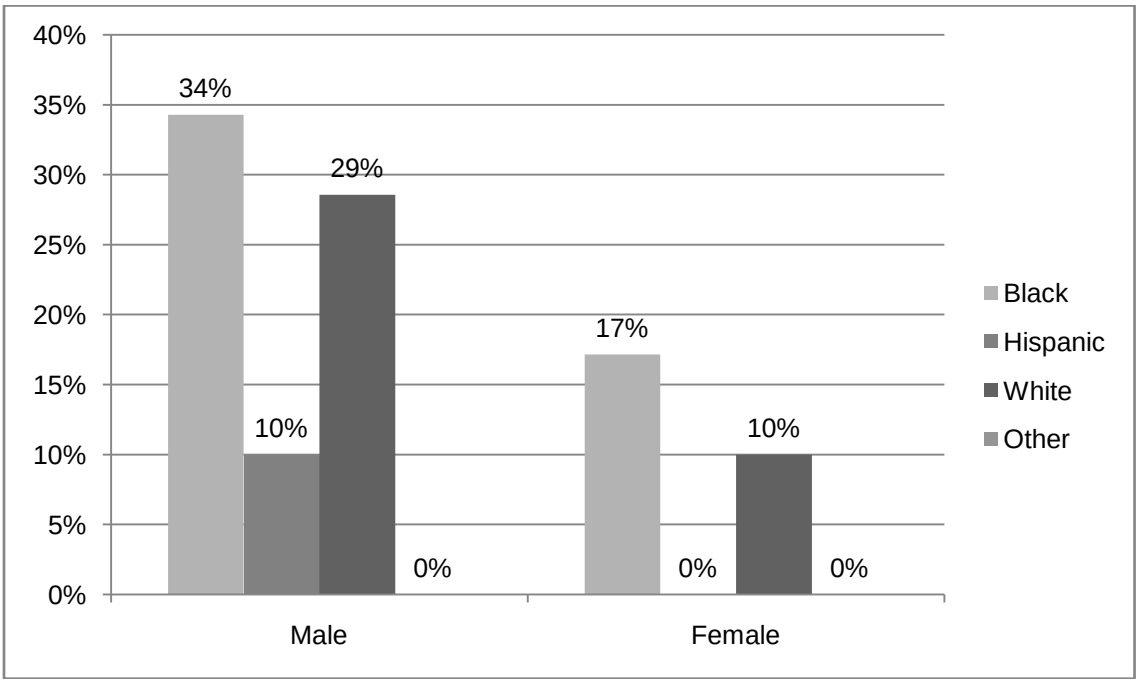


Figure 2.1.8: Substance Abuse Service Utilization by Age (in years) and Gender, 2008

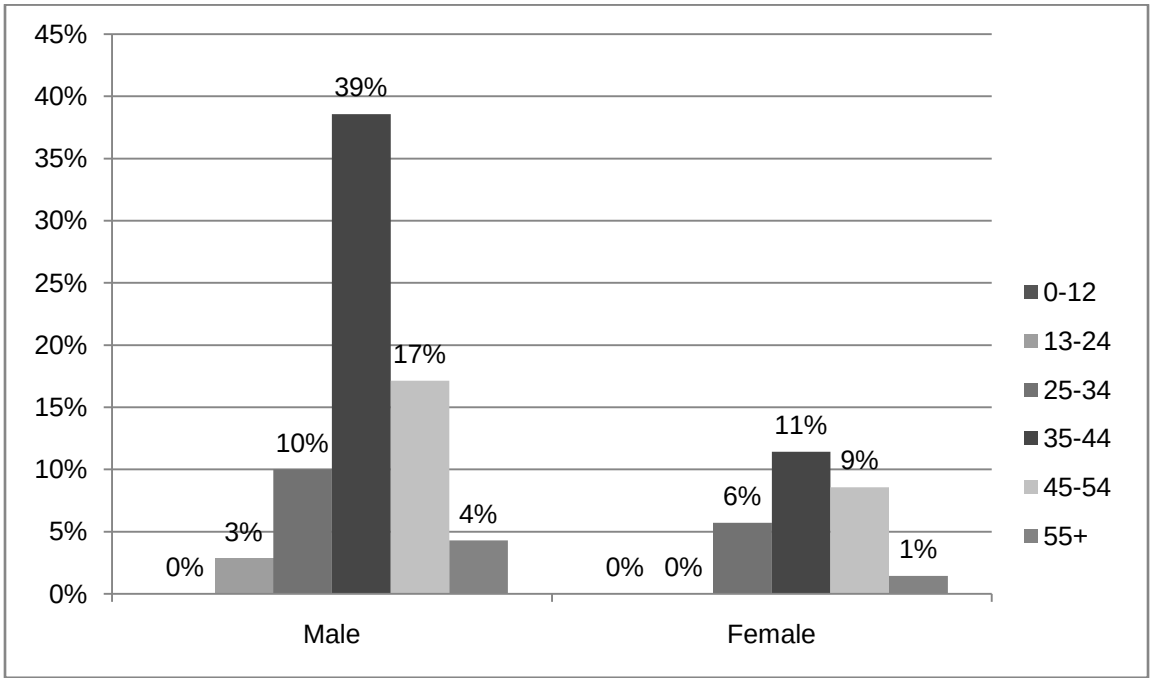


Table 2.1.11: Substance Abuse Treatment Utilization by Gender, Race and Age, 2006 - 2008

	2006		2007		2008	
	(n=656)		(n=271)		(n=70)	
	#	%	#	%	#	%
Gender						
Male	446	68.0%	179	66.1%	51	72.9%
Female	210	32.0%	92	33.9%	19	27.1%
Race						
Black***	301	45.9%	138	50.9%	36	51.4%
Hispanic	228	34.8%	83	30.6%	7	10.0%
White	120	18.3%	48	17.7%	27	38.6%
Other	7	1.1%	2	0.7%	0	0.0%
Age						
0-12	0	0.0%	0	0.0%	0	0.0%
13-24	53	8.1%	17	6.3%	2	2.9%
25-34	196	29.9%	74	27.3%	11	15.7%
35-44	252	38.4%	105	38.7%	35	50.0%
45-54	127	19.4%	62	22.9%	18	25.7%
55+	28	4.3%	13	4.8%	4	5.7%

Data Source: CPCDMS

****In the narrative of this report, the term "Black/African-American" is used. The decision to use this particular term is based on a discussion during a meeting of the Gaps Analysis Workgroup during the 2008 Needs Assessment. Members of this workgroup made the decision that "Black/African-American" was the preferred term. In these tables, the label "Black" appears as a result of how the race labels are generated by both DSHS and the HRSA grant application. This should not be interpreted as a move away from the local decision to use "Black/African-American."*

Table 2.1.12: Substance Abuse Treatment Utilization by Transmission Mode & Subpopulations, 2006 - 2008

	2006 (n=656)		2007 (n=271)		2008 (n=70)	
	#	%	#	%	#	%
Transmission Mode*						
Perinatal Transmission	1	0.2%	3	1.1%	0	0.0%
Hemophilia Coagulation	0	0.0%	0	0.0%	0	0.0%
Transfusion	5	0.8%	4	1.5%	1	1.4%
Heterosexual Contact	51	7.8%	105	38.7%	12	17.1%
MSM (not IDU)	80	12.2%	92	33.9%	19	27.1%
IV Drug Use (not MSM)	7	1.1%	2	0.7%	3	4.3%
MSM/IDU	1	0.2%	0	0.0%	0	0.0%
Multiple Exposure Categories	8	1.2%	6	2.2%	1	1.4%
Other risk	57	8.7%	61	22.5%	30	42.9%
Subpopulation*						
Unduplicated clients	656	100.0%	271	100.0%	70	100.0%
Monolingual (Spanish)	151	23.0%	47	17.3%	2	2.9%
Deaf/hard of hearing	13	2.0%	2	0.7%	0	0.0%
Blind/sight impaired	49	7.5%	13	4.8%	0	0.0%
Homeless	20	3.0%	6	2.2%	1	1.4%
Transgender M to F	15	2.3%	2	0.7%	1	1.4%
Transgender F to M	0	0.0%	0	0.0%	0	0.0%
Within Harris County	635	96.8%	264	97.4%	69	98.6%
Outside Harris County	21	3.2%	7	2.6%	1	1.4%
Active substance abuse	42	6.4%	21	7.7%	9	12.9%
Active psychiatric illness	33	5.0%	16	5.9%	5	7.1%

** Not mutually exclusive.*

Data Source: CPCDMS

Please note that most information on transmission mode and comorbidities is obtained during initial registration and not updated.

Figure 2.1.9: Substance Abuse Service Utilization by Gender and Year, 2006 - 2008

Figure 2.1.10: Substance Abuse Service Utilization by Race/Ethnicity and Year, 2006 - 2008

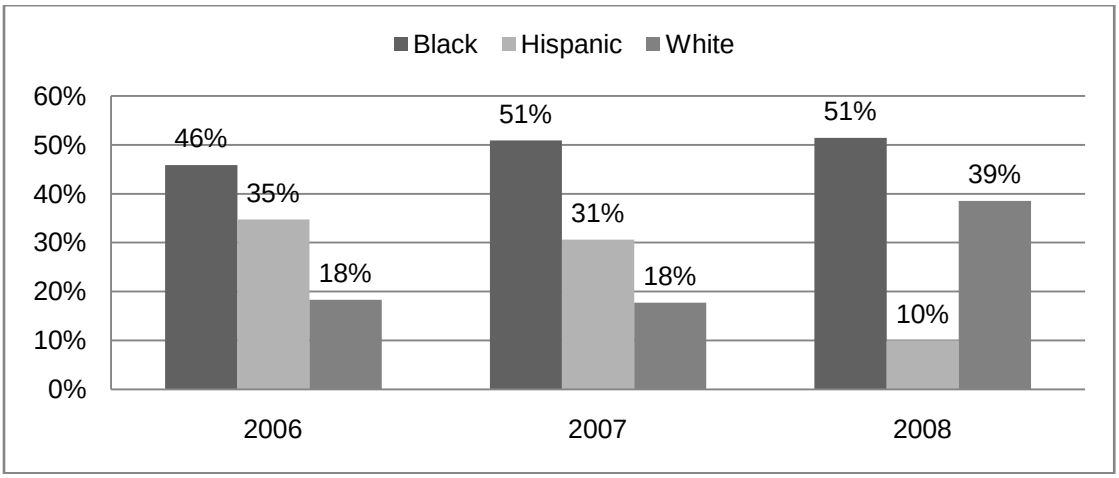
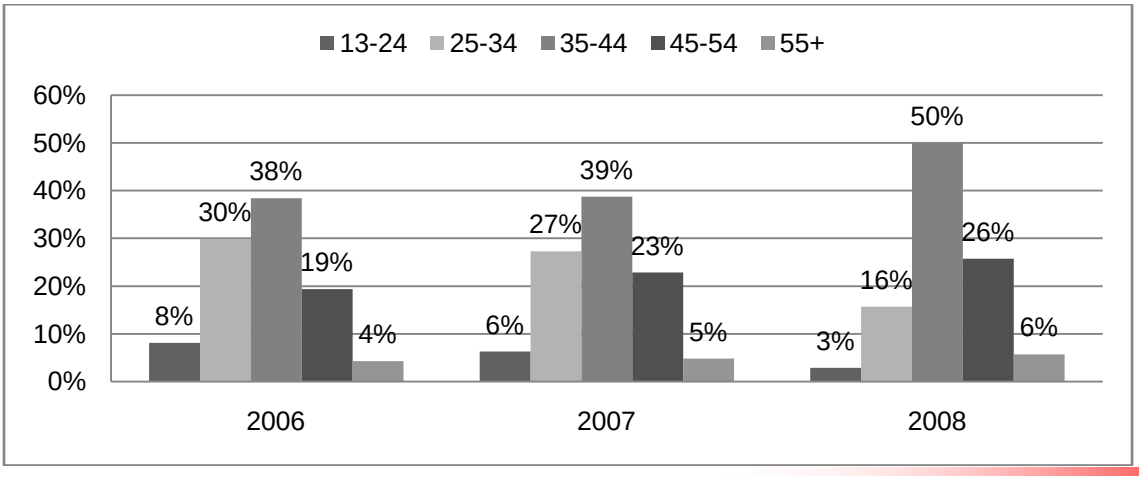


Figure 2.1.11: Substance Abuse Service Utilization by Age (in years) and Year, 2006 - 2008



MENTAL HEALTH THERAPY AND COUNSELING

- For 2008, there were 472 clients who underwent mental health treatment and counseling.
  - Whites comprise 29% of PLWHA in the region but account for 41.1% of those using mental health services. It is noteworthy that White males account for the largest proportion of mental health clients at 49.7%, while typically Black males account for the largest proportions among other service categories.
  - Blacks are 49% of PLWHA but are underrepresented in mental health services at only 39.2%.
  - The demographic proportions of age and gender appear to be similar between those utilizing mental health services and those among the regional epidemic.

- Use of mental health services had decreased from 658 clients in 2006 to 472 clients in 2008, a decline of 28%.
  - Male PLWHA increased their usage of mental health services from 72% to 75.0% during this time, while Female PLWHA declined in accessing these services from 28% to 25.0%.
  - Use of services by White PLWHA increased from 38% to 41.1%, while Black PLWHA decreased their service utilization from 45% to 39.2%. The proportions for Hispanics remained stable during these years.
  - For adults aged 25 to 34, service utilization decreased from 23% to 17.8%, while for older adults aged 55+, usage increased from 5% to 9.7%.
  - In terms of reported risk behavior, the categories of MSM (not IDU) decreased slightly from 42% to 39.4%.
  - Finally, there appears to be a trend towards more rural cases: clients accessing mental health services residing outside Harris County accounted for only 7% in 2006 but increased to 14.1% in 2008.

Table 2.1.13: Mental Health Therapy & Counseling Utilization by Gender, Race & Age Group, 2008

	Male		Female		Total	
	#	%	#	%	#	%
Total	**354**	**75.0%**	**118**	**25.0%**	**472**	**100.0%**
Race						
Black***	106	29.9%	79	66.9%	185	39.2%
Hispanic	67	18.9%	20	16.9%	87	18.4%
White	176	49.7%	18	15.3%	194	41.1%
Other	5	1.4%	1	0.8%	6	1.3%
Age						
0-12	0	0.0%	2	1.7%	2	0.4%
13-24	21	5.9%	10	8.5%	31	6.6%
25-34	50	14.1%	34	28.8%	84	17.8%
35-44	133	37.6%	39	33.1%	172	36.4%
45-54	110	31.1%	27	22.9%	137	29.0%
55+	40	11.3%	6	5.1%	46	9.7%

Data Source: CPCDMS

****In the narrative of this report, the term "Black/African-American" is used. The decision to use this particular term is based on a discussion during a meeting of the Gaps Analysis Workgroup during the 2008 Needs Assessment. Members of this workgroup made the decision that "Black/African-American" was the preferred term. In these tables, the label "Black" appears as a result of how the race labels are generated by both DSHS and the HRSA grant application. This should not be interpreted as a move away from the local decision to use "Black/African-American."*

Figure 2.1.12: Mental Health Therapy and Counseling Utilization by Race and Gender, 2008

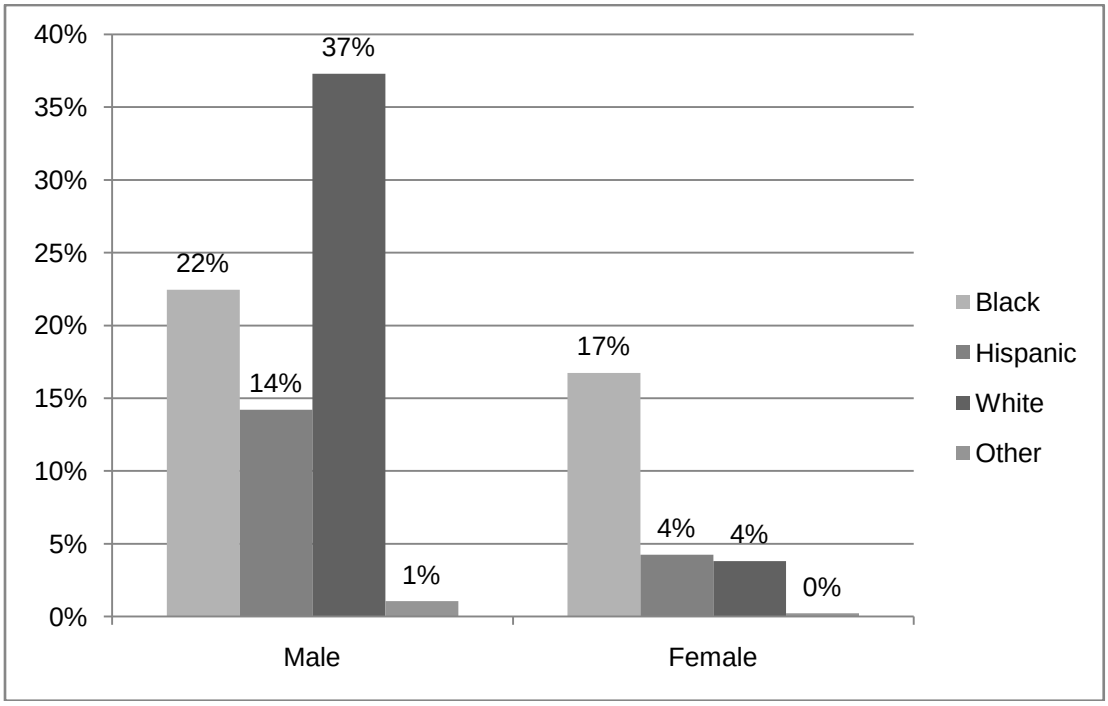


Figure 2.1.13: Mental Health Therapy and Counseling Utilization by Age (in years) and Gender, 2008

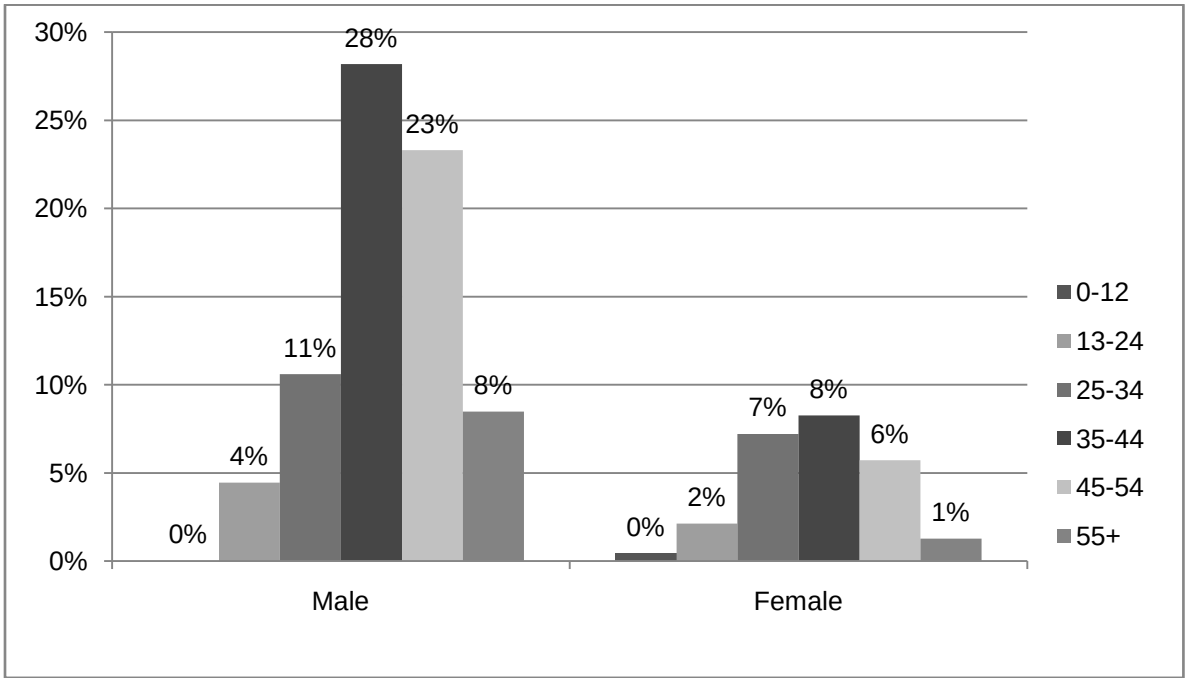


Table 2.1.14: Mental Health Therapy and Counseling Utilization by Gender, Race and Age, 2006 - 2008

	2006		2007		2008	
	(n=658)		(n=564)		(n=472)	
	#	%	#	%	#	%
Gender						
Male	471	71.6%	405	71.8%	354	75.0%
Female	187	28.4%	159	28.2%	118	25.0%
Race						
Black***	293	44.5%	238	42.2%	185	39.2%
Hispanic	120	18.2%	102	18.1%	87	18.4%
White	233	35.4%	217	38.5%	194	41.1%
Other	12	1.8%	7	1.2%	6	1.3%
Age						
0-12	6	0.9%	0	0.0%	2	0.4%
13-24	44	6.7%	31	5.5%	31	6.6%
25-34	154	23.4%	115	20.4%	84	17.8%
35-44	231	35.1%	211	37.4%	172	36.4%
45-54	190	28.9%	167	29.6%	137	29.0%
55+	33	5.0%	40	7.1%	46	9.7%

Data Source: CPCDMS

****In the narrative of this report, the term "Black/African-American" is used. The decision to use this particular term is based on a discussion during a meeting of the Gaps Analysis Workgroup during the 2008 Needs Assessment. Members of this workgroup made the decision that "Black/African-American" was the preferred term. In these tables, the label "Black" appears as a result of how the race labels are generated by both DSHS and the HRSA grant application. This should not be interpreted as a move away from the local decision to use "Black/African-American."*

Table 2.1.15: Mental Health Therapy and Counseling Utilization by Transmission Mode and Subpopulations, 2006 - 2008

	2006		2007		2008	
	(n=658)		(n=564)		(n=472)	
	#	%	#	%	#	%
Transmission Mode*						
Perinatal Transmission	16	2.4%	3	0.5%	12	2.5%
Hemophilia Coagulation	1	0.2%	2	0.4%	1	0.2%
Transfusion	12	1.8%	4	0.7%	5	1.1%
Heterosexual Contact	179	27.2%	163	28.9%	132	28.0%
MSM (not IDU)	277	42.1%	223	39.5%	186	39.4%
IV Drug Use (not MSM)	13	2.0%	14	2.5%	9	1.9%
MSM/IDU	2	0.3%	4	0.7%	4	0.8%
Multiple Exposure Categories	25	3.8%	19	3.4%	16	3.4%
Other risk	137	20.8%	136	24.1%	118	25.0%
Subpopulation*						
Unduplicated clients	658	100.0%	564	100.0%	472	100.0%
Monolingual (Spanish)	41	6.2%	37	6.6%	28	5.9%
Deaf/hard of hearing	7	1.1%	6	1.1%	6	1.3%
Blind/sight impaired	24	3.6%	18	3.2%	10	2.1%
Homeless	16	2.4%	8	1.4%	10	2.1%
Transgender M to F	6	0.9%	2	0.4%	2	0.4%
Transgender F to M	1	0.2%	0	0.0%	0	0.0%
Within Harris County	611	92.9%	466	82.6%	406	86.0%
Outside Harris County	47	7.1%	98	17.4%	66	14.0%
Active substance abuse	57	8.7%	40	7.1%	33	7.0%
Active psychiatric illness	46	7.0%	35	6.2%	24	5.1%

** Not mutually exclusive.*

Data Source: CPCDMS

Please note that most information on transmission mode and comorbidities is obtained during initial registration and not updated.

Figure 2.1.14: Mental Health Therapy & Counseling Utilization by Gender & Year, 2006 - 2008

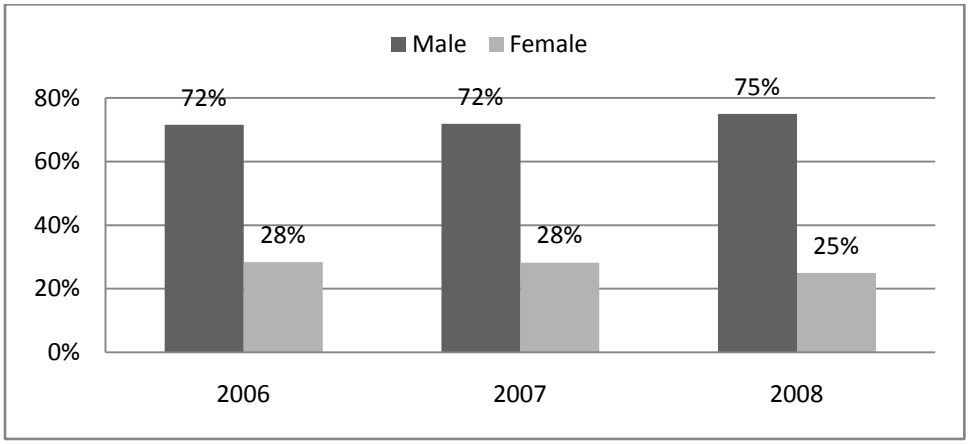


Figure 2.1.15: Mental Health Therapy & Counseling Utilization by Race/Ethnicity & Year, 2006 - 2008

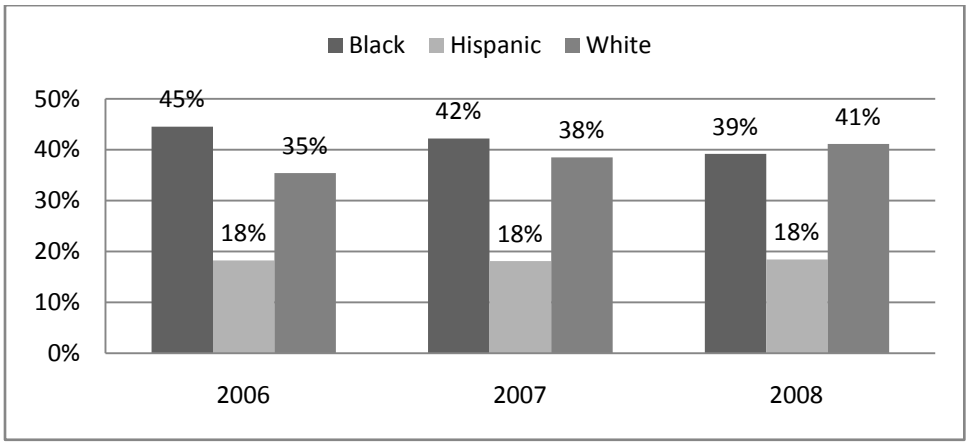
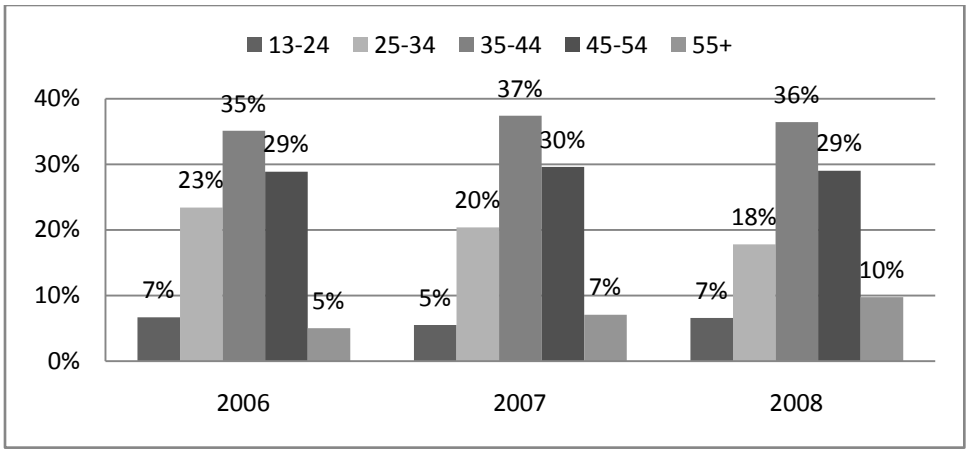


Figure 2.1.16: Mental Health Therapy & Counseling Utilization by Age (in years) & Year, 2006 - 2008



AIDS DRUG ASSISTANCE PROGRAM

- The AIDS Drug Assistance Program (ADAP) was used by more Hispanic PLWHA in 2008 and under-utilized by White PLWHA.
  - Hispanics make up 21% of PLWHA in the region but are 33.0% of ADAP clients.
  - Whites are 29% of PLWHA but only 19.5% of ADAP clients.
  - Blacks/African-Americans are 49% of PLWHA and are 45.1% of ADAP clients.
- When examined by gender and age categories, the proportions of ADAP usage appear to be similar among the different groups when compared to their distribution in the regional epidemic.

Table 2.1.16: ADAP Utilization, Houston HSDA, 2008

	Male		Female		Total	
	#	%	#	%	#	%
Total	**3,296**	**73.4%**	**1,194**	**26.6%**	**4,490**	**100.0%**
Race						
Black***	1,298	39.4%	726	60.8%	2,024	45.1%
Hispanic	1,142	34.6%	341	28.6%	1,483	33.0%
White	767	23.3%	109	9.1%	876	19.5%
Other	89	2.7%	18	0.0%	107	2.4%
Age						
0-12	7	0.2%	8	0.0%	15	0.3%
13-24	104	3.2%	55	0.0%	159	3.5%
25-34	650	19.7%	336	0.0%	986	22.0%
35-44	1,268	38.5%	409	0.0%	1677	37.3%
45-54	952	28.9%	287	0.0%	1239	27.6%
55+	315	9.6%	99	0.0%	414	9.2%

Data Source: DSHS, Texas HIV Medication Program

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QUESTION 2.2:

WHAT ARE THE NUMBER AND CHARACTERISTICS OF PERSONS WHO KNOW THEY ARE HIV-POSITIVE, BUT WHO HARE NOT RECEIVING PRIMARY MEDICAL CARE?

WHAT ARE THE NUMBER AND CHARACTERISTICS OF PERSONS WHO KNOW THEY ARE HIV-POSITIVE, BUT WHO ARE NOT RECEIVING PRIMARY MEDICAL CARE?

When Congress reauthorized the Ryan White Program in 2000, they placed an increased emphasis on identifying people who are HIV positive and not receiving medical care. Congress' ultimate goal is to link these people into the HIV medical care system. To this end, the Health Resources Services Administration (HRSA) wants EMAs to quantify people who are not receiving HIV medical care in their areas, and develop strategies to reach them and bring them into the care system. People are out-of-care if they have not received HIV medical care in the last 12 months. HRSA has made this very specific by defining medical care as having had blood tests to monitor their HIV condition, either CD4 count or viral load test, and/or taking HIV medication, known as antiretroviral medication. HRSA has coined the term "unmet need" to refer to these people who are not receiving HIV medical care because their needs are not being met in the medical care system.

In addition to requesting a simple "count" of the unmet need, HRSA would like a profile of the population who is out-of-care. This profile will inform outreach and service activities being designed to link populations with the care system. In order to quantify the unmet need, data about the number of people receiving HIV medical care must be compared to the prevalence, or number of people living with HIV disease. While this sounds simple in theory, a wide range of data issues make this a complex task.

2003 AND 2007 UNMET NEED ESTIMATES

The following section presents estimates of unmet need in two formats – Houston EMA estimates based on 2003 data and Texas Department of State Health Services (DSHS) estimates based on 2007 data.

Originally, the responsibility of calculating unmet need fell upon each EMA planning area. Starting in 2004, DSHS took the lead in generating the unmet need estimates for each planning area in Texas, including extracting data from public and private payers. This partnership between DSHS and the five Texas EMAs works to maintain sound methods of estimating unmet need and implement the adjustment methods necessary to refine unmet need estimates for PLWHA in Texas.

There are two reasons for presenting both unmet need estimates. The data from 2003 present highly detailed demographic breakdowns not available in the DSHS estimates. The DSHS data, however, does provide the most up-to-date unmet need data currently available for the Houston EMA. The DSHS unmet need estimates are also used as part of the Houston EMA Part A application to HRSA every year.

The 2003 estimates are presented first, followed by the 2007 DSHS estimates.

2003 UNMET NEED ESTIMATES BY THE HOUSTON EMA

The surveillance data presented in this report is an indication of the number of people with HIV disease, and it is felt that the percentages and trends are an accurate reflection of the epidemic in the region. In terms of total prevalence, however, this surveillance data has limitations since HIV reporting did not begin until 1999. Anyone diagnosed with HIV before 1999, who has not progressed to AIDS and who has not had another HIV test, is not included in the surveillance figures. Therefore, the surveillance data should not be considered complete for estimating the unmet need.

In the summer of 2003, the Centers for Disease Control and Prevention (CDC) provided the Houston EMA with a prevalence estimate that they developed for the region. This estimate, based on December 31, 2002 data, increases the prevalence figures to account for those who are not included in the surveillance statistics.

For this 2004 unmet need calculation, the CDC prevalence estimate, 20,045, is increased only by the number of new HIV cases diagnosed in 2003, or 604 cases. This results in a total prevalence of 20,649 people living with either HIV or AIDS in the Houston EMA.

Since the surveillance data presented in this profile is considered an accurate reflection of the epidemic in the region, demographics of the unmet need population are calculated based upon the percentages within the surveillance data.

SERVICE UTILIZATION

CPCDMS provides excellent unduplicated patient counts and profiles of patients receiving Part A and B services. This data was accurately augmented with data from Parts C and D. The Harris County Jail and the Veterans Administration Hospital provided their patient data. These data were integrated with CPCDMS and are presented in Table 2.1.1. Slight data discrepancies are footnoted on that table.

In order to estimate the number of people receiving HIV medical care from a private provider, the Ryan White Program conducted a survey of major insurers and private physicians who treat large number of people living with HIV disease. Most major insurers responded, either in July 2003 or April 2004. The most recent responses are used. These insurers provided data on total number of patients with HIV covered by their plans and the gender of these patients. Other demographic profile information was not available.

Physician responses were limited, but four practitioners provided information on 1,072 patients. These physicians provided both gender and racial distribution. That distribution is applied to the total number of HIV patients covered by the private insurers. It should be noted that one physician reported 5% of patients were of Asian race. Basing percentages on this figure may overstate the Asian number receiving care and should be further examined.

Since neither physicians nor insurers provided age information, the CPCDMS age profile is applied. This profile includes age-adjusted Veterans Administration (VA) data. The VA data was allocated to age groups that correspond to the age groups used in this profile.

Medicaid data, prepared by the Texas Health and Human Services Commission, showed the number of people treated for HIV or AIDS during calendar year 2003. The Medicaid profile includes both Part A and Part B Medicaid claims and encounter data.

Medicare data are not included.

RESULTS

Without including Medicare data, an estimated 42.13% of people living with HIV and AIDS in the Houston EMA are outside the medical care system. This includes nearly 47.75% of men and 25.94% of women. (Table 2.2.1)

Considering the race and ethnicity of those with unmet need, Whites/Anglos have the largest percentage outside the medical care system, nearly 52%. Almost 40% of Blacks/African-Americans are outside the care system, and Hispanics/Latinos have the lowest unmet need, 34.74%. (Table 2.2.2)

Examining unmet need by age using current data sources, the largest unmet need is among pediatrics, age 0 – 12, with 56.45% out-of-care. Youth include the largest in-care percentage, with 33.50% out-of-care. Both the 25 to 44 year group and 45 to 64 year group have approximately 42% out-of-care. (Table 2.2.3)

Table 2.2.1: Houston EMA 2003 Unmet Need Estimate Gender Profile

	HIV/AIDS Prevalence	In-Care CPCDMS*	In-Care Private**	In-Care Medicaid***	Total In-Care	Total Unmet Need	Unmet Need Percentage
Total	20,649	7,331	2,850	1,769	11,950	8,699	42.13%
Gender							
Men	15,322	5,361	2,017	627	8,005	7,317	47.75%
Women	5,327	1,970	833	1,142	3,945	1,382	25.94%

* Includes Parts A, B, C, D, Ft Bend Family Health Center, Harris County Jail, Veterans Administration.
VA data includes 19 people who died during 2003.
Jail data inconsistent on race with discrepancy of one client.
Part D data from Texas Children's Hospital may reflect duplicate data of Hispanic ethnicity.
** Totals provided by gender. Insurers include: BC/BS of Texas, CIGNA, United Healthcare, Humana.
*** Includes Part A and Part B Medicaid data.

Table 2.2.2: Houston EMA 2003 Unmet Need Estimate Racial/Ethnic Profile

		Total	White, non Hispanic	Black, non-Hispanic	Hispanic	Other
HIV/AIDS	**Prevalence**	20,649	6,835	9,912	3,696	206
In-Care	**CPCDMS***	7,331	1,896	3,903	1,450	82
In-Care	**Private****	2,850				
Private race	**Profile Male**	2,017	914	472	587	46
Private race	**Profile Female**	833	286	338	167	42
In-Care***	**Medicaid Male**	627	105	368	110	44
In Care***	**Medicaid Female**	1,142	103	907	98	34
Total	**In-Care**	11,950	3,304	5,988	2,412	164
Total	**Unmet Need**	8,699	3,531	3,924	1,284	42
Unmet Need	**Percentage**	42.13%	51.66%	39.59%	34.74%	20.39%

* Includes Parts A, B, C, D, Ft Bend Family Health Center, Harris County Jail, Veterans Administration.
VA data includes 19 people who died during 2003.
Jail data inconsistent on race with discrepancy of one client.
Part D data from Texas Children's Hospital may reflect duplicate data of Hispanic ethnicity.
** Totals provided by gender. Insurers include: BC/BS of Texas, CIGNA, United Healthcare, Humana.
*** Includes Part A and Part B Medicaid data.
Private utilization by race is based upon a survey of private physicians (n=4).

Table 2.2.3: Houston EMA 2003 Unmet Need Estimate Age Profile

		Total	0 - 12	13 - 24	25 - 44	45 - 64	65+
HIV/AIDS	**Prevalence**	20,649	248	991	12,369	6,690	372
In-Care	**CPCDMS***	7,331	54	416	4,355	2,359	127
In-Care	**Private****	2,850					
Private Age	**Profile Male**		20	61	1,190	706	40
Private Age	**Profile Female**		17	75	516	225	8
In-Care***	**Medicaid Male**	627	6	38	370	201	12
In Care***	**Medicaid Female**	1,142	11	69	674	365	23
Total	**In-Care**	11,950	108	659	7,105	3,856	210
Total	**Unmet Need**	8,699	140	332	5,264	2,834	162
Unmet Need	**Percentage**	42.13%	56.45%	33.50%	42.56%	43.36%	43.55%

* Includes Parts A, B, C, D, Ft Bend Family Health Center, Harris County Jail, Veterans Administration.
VA data includes 19 people who died during 2003.
Jail data inconsistent on race with discrepancy of one client.
Part D data from Texas Children's Hospital may reflect duplicate data of Hispanic ethnicity.
** Totals provided by gender. Insurers include: BC/BS of Texas, CIGNA, United Healthcare, Humana.
*** Includes Part A and Part B Medicaid data.
Utilization by age is based up on percentages from CPCDMS.
Veterans Administration patients redistributed to under 65 year age groups.

2007 Unmet Need Estimates by DSHS

As of December 31, 2007, the number of PLWA was 11,358 and the number of PLWH (non-AIDS, aware) was 7,891. The total number of people living with HIV and AIDS in the Houston EMA was 19,249.

The number of PLWA in care was 7,766, or 68% of the total number of PLWA in the Houston EMA as of December 31, 2007. The number of PLWH (non-AIDS, aware) in care was 4,303 (55%) among all PLWH in the EMA. The total number of PLWHA who received HIV primary medical services as of the end of 2007 was 12,069 (63%).

Using the inputs for care patterns obtained, the Houston EMA estimates that 3,592 (32%) of the diagnosed PLWA were not receiving HIV primary medical care. For PLWH, 3,588 (45%) were found to be out-of-care. After combining the two groups, the total number of PLWHA who had unmet need in the Houston EMA through the end of 2007 was 7,180 (37%) among all PLWHA. Please note that estimates provided by TDSHS indicate that the Houston EMA has the highest level of unmet need (37% by their estimates) when compared to other EMAs in the state (Fort Worth 31%, San Antonio 30%, Dallas 26% and Austin 23%).

Unmet need for medical care is defined following the HRSA definition such that a PLWHA is said to have unmet need for medical care if there is no evidence of either a CD4 count, a viral load (VL) test or antiretroviral therapy (ART) during the 12 months of interest. If there is evidence of one of these three things being present, the person is considered to have their medical needs met.

Methods

The following presents a narrative of the estimation methods used to compile the data necessary for the calculation of the Unmet Need Estimate.

The Houston EMA used data provided by DSHS as part of the cross-title collaboration along with data from the Houston Veterans Affairs Medical Center to provide an updated unmet need estimate based on data through 2007. The majority of the data were derived by matching and unduplicating HARS data against the following utilization databases.

- HIV/AIDS Reporting System (HARS) - Data from TDSHS HARS through the end of 2007 were used to estimate the prevalent population. The data include all reported HIV/AIDS cases living as of December 31, 2007 with a diagnosis residence county in the Houston EMA, with cases in the TDCJ removed, since a system for matching that data does not yet exist. Additionally, the first assessment of met need begins with HARS by examining cases for evidence of CD4 or viral load testing. The data on care patterns in 2007 were further derived through matches with the following:

- Texas AIDS Drug Assistance Program (ADAP) - If ADAP provided ART for a client, then that person was considered to have met medical need for the year in which the medication was provided. Name-based matching was performed to determine persons with a met medical need during 2007.

- Electronic Lab Reporting System - The largest providers of laboratory services throughout the state report CD4 and viral load measurements to the TDSHS. Name-based matching of these reports was used to determine if individuals received these measurements during 2007.

- AIDS Regional Information and Evaluation System (ARIES) - Services provided to RW-eligible clients (all Parts) by funded service providers are reported in the ARIES. If a client received a viral load lab test, CD4 count, ART, laboratory service or ambulatory/outpatient medical care during 2007, the client was classified as having a met medical need during that year. When available, name-based matching was used to detect persons with a met medical need during 2007. When client names were not available, matching was based on a unique number generated in the ARIES and HARS.

- Medicaid - Name-based matching of Medicaid clients receiving relevant procedures (CD4 counts, VL tests and ART) was used to determine if an individual had a met medical need during 2007.

- Private Insurers - A few of the largest private providers in Texas extracted relevant procedures (CD4 counts, VL measurements, and ART) from their claims systems. Matching was based on available data elements such as the first and third initial of the first and last name and date of birth.

The estimates provided may present an overestimation of unmet need due to the following data limitations:

1. Cases diagnosed in the TDCJ are excluded from this analysis, although some diagnosed within the prison system have since been released and are living in Texas. A systematic source of information on those receiving care within the prison system is not yet available and those who remain incarcerated cannot be distinguished from those

2. The data sources also do not contain all the care provided by the VA, private insurance providers and Medicare. Like other RW Program grantees, it is difficult to obtain client-level Medicare utilization data, since Medicare is a federal benefit that is not administered by state agencies. One potential effect may be found in the 55+ age group showing the highest proportion of unmet medical need. Much of this group is eligible for Medicare benefits, so it is possible that this group is receiving HIV-related care through Medicare.

3. Matches conducted between HARS and some of the cases in the ARIES and between HARS and private payer data were based on a unique identifier or limited data elements rather than client name; this may underestimate the true number of clients with met need from these data sources.

4. There are persons reported in HARS who have since moved away (out-migrated cases). A systematic way of identifying and removing these out-migrated cases is not yet in place; these cases remain in the base population and inflate the unmet need estimate.

5. Finally, HARS often does not capture all of the CD4 counts and viral loads for cases, which limits the yield of met need found. Within HARS, if a CD4 count was within 2 months of an AIDS diagnosis, or a detectable viral load was within 2 months of initial HIV diagnosis, these instances were not included as having met medical need.

Assessment of Unmet Need

For the Houston EMA, African American PLWH have the highest proportion of clients with unmet need at 51%. Interestingly, among PLWA, Whites have a slightly higher proportion (34%) when compared to the other races/ethnicities; this may be related to White PLWA having more access to private providers, whose data is limited at this time.

Among the age groups, those 55+ appear to have the greatest proportion of their population out of care for PLWA at 41%; however, Medicare data was not available for this analysis and may explain this greater proportion.

When looking at unmet need by exposure category, the risk of IDU had high proportions of their population out of care, yet MSM and the category of Heterosexual contact had greater numbers out of care. The large number and percentage of out of care in the No Identified Risk (NIR)/Other category could indicate two things: that these were newer cases which have not yet had a full surveillance investigation, or that these were older cases that are lost to follow-up with no risk established. However, CDC believes that heterosexual contact may be the main transmission mode for persons in this category because women may be unaware of how they were infected if they did not know of their partner's HIV status. If this category is taken into account, then the exposure of heterosexual contact may represent a much higher proportion of the unmet need population.

In separating out HIV cases versus AIDS cases of unmet need, it is evident that the proportions of PLWH who are not receiving medical care is overall greater than the proportions among PLWA. However, some of these differences may be attributable to the interaction of the case definition for AIDS and the definition of met need. A large proportion of AIDS cases meet the case criteria for AIDS because of CD4 testing, which is also an indicator of met need. Consequently, the larger proportion of AIDS cases

with met need may be a result of the fact that infected individuals receiving medical care are more likely to have an AIDS diagnosis because of that care. Nevertheless, almost all demographic and exposure categories for PLWH show significantly greater proportions of unmet need then PLWA. It is noteworthy that only White individuals have similar proportions of unmet need regardless of disease status (36% for PLWH and 34% for PLWA), while for both Hispanics and African Americans, the unmet need among African American and Hispanic HIV cases is much higher than it is for AIDS cases.

Table 2.2.4: Number and proportions of PLWHA with Unmet Need in the Houston EMA, 2007

	PLWHA		PLWH		PLWA	
	#	%	#	%	#	%
Total	**7,180**	**37.3**	**3,588**	**45.5**	**3,592**	**31.6**
Race/Ethnicity						
White	1,954	34.7	767	35.9	1,187	34.0
Black	3,647	38.9	2,134	51.0	1,513	29.1
Hispanic	1,486	37.1	636	43.4	850	33.4
Other/Unknown	93	41.2	51	45.5	42	34.1
Age						
<2 years	2	33.3	2	40.0	0	0.0
2-12 years	44	39.3	34	37.0	10	50.0
13-24 years	319	37.1	267	43.6	52	21.1
25-34 years	1,455	40.1	1,044	49.6	411	27.0
35-44 years	2,374	36.4	1,221	46.7	1,153	29.5
45-54 years	1,979	34.9	746	42.0	1,233	31.7
55+ years	1,007	41.0	274	39.9	733	41.4
Exposure Category						
MSM	2,682	33.2	1,129	36.9	1,553	30.9
IDU	830	41.0	325	49.2	505	37.0
MSM/IDU	385	36.3	124	40.4	261	34.6
Heterosexual	1,611	34.2	862	44.2	749	27.2
NIR/Other	1,589	50.5	1,086	61.9	503	36.1

Data Source: TDSHS 2007 HARS data matched against other data sources

APPENDIX: A

POPULATION PROJECTIONS BY AGE, GENDER AND COUNTY

POPULATION CHANGE

COUNTY	POPULATION 2000		POPULATION 2010		PERCENT CHANGE 2000-2010
	#	%	#	%	
Chambers					
Under 2 years	672	2.6%	770	2.5%	14.6%
2-12 years	4,504	17.3%	4,273	13.6%	-5.1%
13-24 years	4,473	17.2%	5,775	18.4%	29.1%
25-44 years	7,783	29.9%	8,173	26.0%	5.0%
45-64 years	6,249	24.0%	9,068	28.9%	45.1%
65 and older	2,350	9.0%	3,316	10.6%	41.1%
Total	**26,031**	**100.0%**	**31,375**	**100.0%**	**20.5%**
Fort Bend					
Under 2 years	10,475	3.0%	10,798	2.4%	3.1%
2-12 years	69,263	19.5%	63,465	14.1%	-8.4%
13-24 years	60,807	17.2%	88,613	19.7%	45.7%
25-44 years	114,336	32.3%	110,664	24.6%	-3.2%
45-64 years	79,402	22.4%	141,207	31.4%	77.8%
65 and older	20,169	5.7%	35,064	7.8%	73.9%
Total	**354,452**	**100.0%**	**449,811**	**100.0%**	**26.9%**
Harris					
Under 2 years	114,059	3.4%	124,181	3.1%	8.9%
2-12 years	611,189	18.0%	655,435	16.6%	7.2%
13-24 years	611,150	18.0%	670,299	17.0%	9.7%
25-44 years	1,136,376	33.4%	1,219,700	30.9%	7.3%
45-64 years	674,909	19.8%	946,732	24.0%	40.3%
65 and older	252,895	7.4%	335,335	8.5%	32.6%
Total	**3,400,578**	**100.0%**	**3,951,682**	**100.0%**	**16.2%**
Liberty					
Under 2 years	1,986	2.8%	2,263	2.8%	13.9%
2-12 years	11,826	16.9%	12,101	14.8%	2.3%
13-24 years	11,995	17.1%	14,568	17.8%	21.5%
25-44 years	22,134	31.6%	23,300	28.4%	5.3%
45-64 years	15,021	21.4%	20,729	25.3%	38.0%
65 and older	7,192	10.3%	8,969	10.9%	24.7%
Total	**70,154**	**100.0%**	**81,930**	**100.0%**	**16.8%**
Montgomery					
Under 2 years	8,975	3.1%	10,292	2.7%	14.7%
2-12 years	53,217	18.1%	57,250	15.1%	7.6%
13-24 years	48,105	16.4%	67,694	17.8%	40.7%
25-44 years	90,013	30.6%	95,900	25.3%	6.5%
45-64 years	67,910	23.1%	108,793	28.7%	60.2%
65 and older	25,548	8.7%	39,434	10.4%	54.4%
Total	**293,768**	**100.0%**	**379,363**	**100.0%**	**29.1%**

(Table continues)

COUNTY	POPULATION 2000		POPULATION 2010		PERCENT CHANGE 2000-2010
	#	%	#	%	
Waller					
Under 2 years	963	2.9%	1,172	2.8%	21.7%
2-12 years	5,032	15.4%	6,109	14.9%	21.4%
13-24 years	8,294	25.4%	10,126	24.6%	22.1%
25-44 years	8,614	26.4%	10,512	25.6%	22.0%
45-64 years	6,701	20.5%	9,874	24.0%	47.4%
65 and older	3,059	9.4%	3,344	8.1%	9.3%
Total	**32,663**	**100.0%**	**41,137**	**100.0%**	**25.9%**
Austin					
Under 2 years	625	2.6%	674	2.6%	7.8%
2-12 years	3,774	16.0%	3,630	14.2%	-3.8%
13-24 years	3,877	16.4%	4,319	16.9%	11.4%
25-44 years	6,218	26.4%	6,045	23.6%	-2.8%
45-64 years	5,601	23.7%	7,175	28.0%	28.1%
65 and older	3,495	14.8%	3,739	14.6%	7.0%
Total	**23,590**	**100.0%**	**25,582**	**100.0%**	**8.4%**
Colorado					
Under 2 years	484	2.4%	606	2.9%	25.2%
2-12 years	3,043	14.9%	2,939	13.9%	-3.4%
13-24 years	3,509	17.2%	3,478	16.5%	-0.9%
25-44 years	4,848	23.8%	4,997	23.7%	3.1%
45-64 years	4,715	23.1%	5,446	25.8%	15.5%
65 and older	3,791	18.6%	3,635	17.2%	-4.1%
Total	**20,390**	**100.0%**	**21,101**	**100.0%**	**3.5%**
Walker					
Under 2 years	1,235	2.0%	1,329	2.0%	7.6%
2-12 years	6,619	10.7%	7,408	10.9%	11.9%
13-24 years	17,446	28.2%	16,728	24.7%	-4.1%
25-44 years	19,230	31.1%	22,060	32.6%	14.7%
45-64 years	11,702	18.9%	13,718	20.3%	17.2%
65 and older	5,526	8.9%	6,421	9.5%	16.2%
Total	**61,758**	**100.0%**	**67,664**	**100.0%**	**9.6%**
Wharton					
Under 2 years	1,164	2.8%	1,359	3.1%	16.8%
2-12 years	7,004	17.0%	7,000	16.1%	-0.1%
13-24 years	7,508	18.2%	7,703	17.7%	2.6%
25-44 years	10,916	26.5%	11,126	25.5%	1.9%
45-64 years	8,874	21.5%	10,736	24.6%	21.0%
65 and older	5,722	13.9%	5,636	12.9%	-1.5%
Total	**41,188**	**100.0%**	**43,560**	**100.0%**	**5.8%**