



The Health Status of Texas 2014



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The report and other health data can be found at the following website:

<https://www.dshs.state.tx.us/chs/datalist.shtm>

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Introduction

The Texas Department of State Health Services (DSHS) vision statement is *A Healthy Texas*; its mission is to *improve the health and well-being of Texans*. As part of its role as state health authority, DSHS periodically publishes a comprehensive review of the health status of the state and makes this report available to the public, health professionals, and leadership of the state.

Over the past century, we have witnessed tremendous improvements in our ability to prevent, diagnose, treat, and even cure many diseases. Clean drinking water, safe food, vaccines, and various medications and medical practices have made quite a few diseases just a memory for many people in the world. These advancements are not universally available since disparities exist in access to health care and ability to pay.

We have also become much more aware of how personal choices can impact health. Poor nutrition, physical inactivity, drug and alcohol abuse, and cigarette smoking are all known risk factors for a variety of diseases, injuries, and death. Solutions to today's health issues will require a combination of personal behavioral changes, social and cultural changes, and public health action.

Scope of the 2014 Health Status of Texas Report

The objective of this report is to provide:

- a summary of trends over time,
- estimates of the burden of disease across major population groups, and
- the status of public health intervention efforts (e.g. immunizations).

For each indicator, the information provided follows a simple structure:

- a description of the disease or health issue,
- a description of the risk factors associated with that disease or health issue (if known or appropriate),
- a summary of recent trends, and
- comparisons to national trends and benchmarks where appropriate and/or available.

In its broadest form, a review of the state's health status is extremely complex and ultimately requires complex analyses to fully depict the interplay between multiple interrelated health factors. This document is intended to provide descriptive information that serves as a starting point for discussions to begin the process of achieving greater understanding of health and health risks in Texas. It is beyond the scope of this report to analyze specific strategies for improving health or to make recommendations about priorities for improving health in Texas.

Health Status Indicators

Health status indicators (health indicators) are quantitative or qualitative measures that collectively can be used to assess the health of a given population and factors contributing to health. Health status indicators are collected by a broad group of stakeholders including government agencies, researchers, universities, medical professionals, and policy makers. It should be understood that all of the data presented herein are estimates, as data may be collected for a sample of the population, data may be self-reported, and under-reporting occurs even for conditions required to be reported. A majority of the graphs provided are stratified by population characteristics such as race/ethnicity, gender, and age where relevant differences exist between groups and multiple maps are included in the appendix (page A23) to illustrate potential geographic disparities. Furthermore, additional data and trends are provided in the appendix (page A40) for population characteristics that may not have been included in the main body of the report.

Texas Health Indicators Website

The Texas Department of State Health Services (DSHS) developed a Texas Health Indicators website in January 2013. The site is designed to provide access to indicators of public health and well-being for all Texans. Current indicators include mortality, prevalence and incidence of disease, and potentially preventable hospitalizations. Additional indicators and enhancements to the website have been and will continue to be implemented over time. Each of the indicators on the website includes the following information:

- a description of the disease or health issue,
- a description of the risk factors associated with that disease or health issues,
- a summary of recent trends,
- comparisons to national trends and benchmark, and
- a regional and/or county map showing the rates for each year.

The website can be accessed from the following link: <http://healthindicators.dshs.texas.gov/>



David L. Lakey, M.D.
Commissioner, Texas Department of State Health Services

Thank you for taking the time to learn about health in Texas and helping us to complete our mission of improving the health of Texans.

Overview of Demographics and Mortality

Demographics

Texas has the second largest population in the United States (behind California) with approximately 26 million people in 2012. Over 88% of the Texas population lives in metropolitan counties. The population of Texas has been steadily increasing for the past 10 years. In addition, there have been current and expected increases in the proportion of certain subpopulations, such as persons 65 years and older and Hispanics.

Figure 1. Texas Population in Millions.

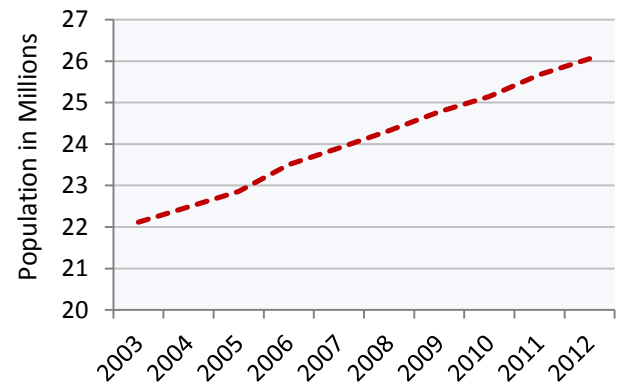


Figure 2. Estimated and Projected Percent of Texas Population by Age Group.

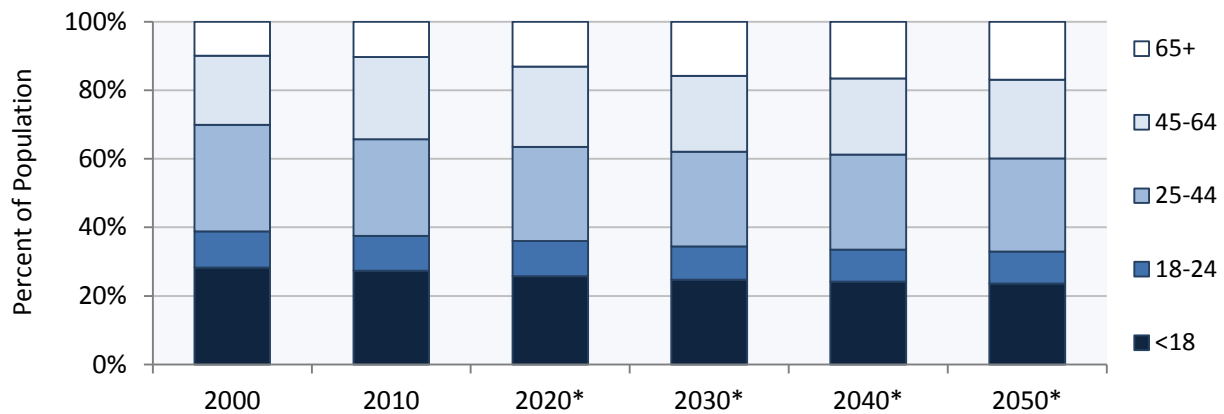
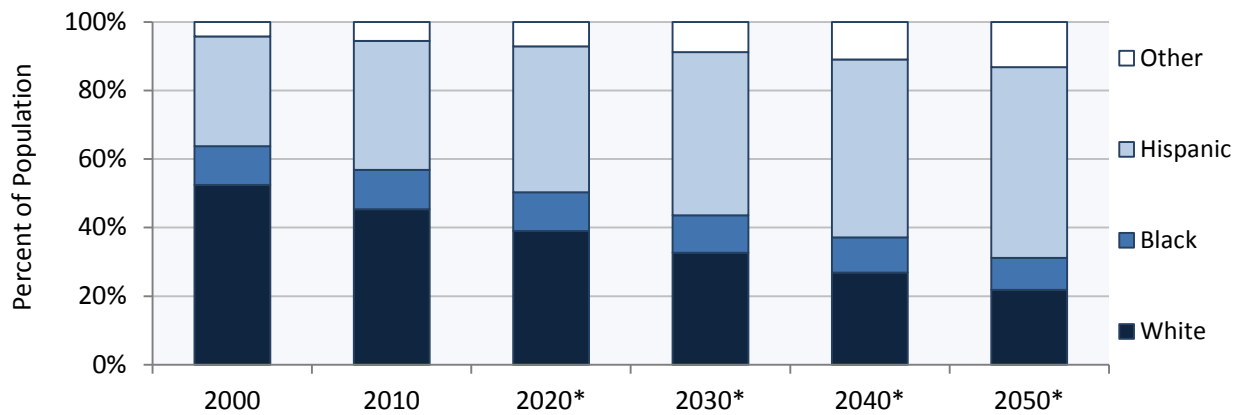


Figure 3. Estimated and Projected Percent of Texas Population by Race/Ethnicity.



* projected population

Life Expectancy and Mortality

In 2012, the average life expectancy for Texans at birth was 78.3 years. For the last decade, life expectancy in Texas has been on average approximately one-third of a year less than U.S. life expectancy.¹

Figure 4. Life Expectancy in Texas by Gender.

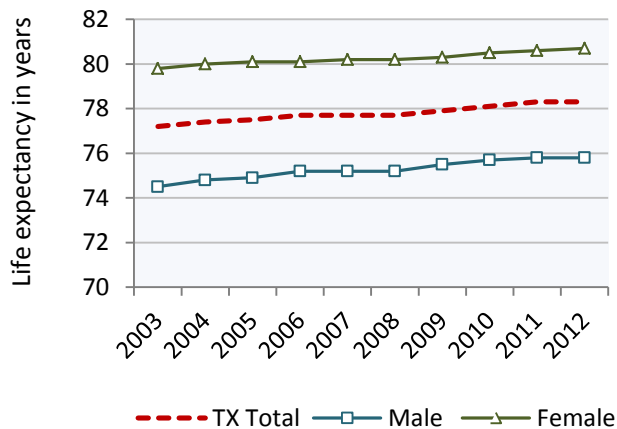
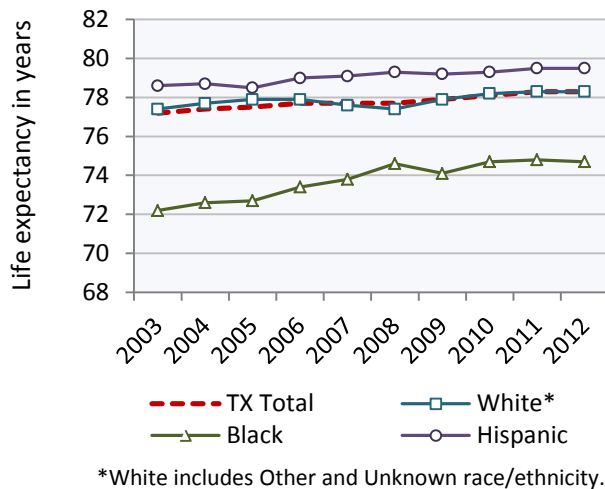


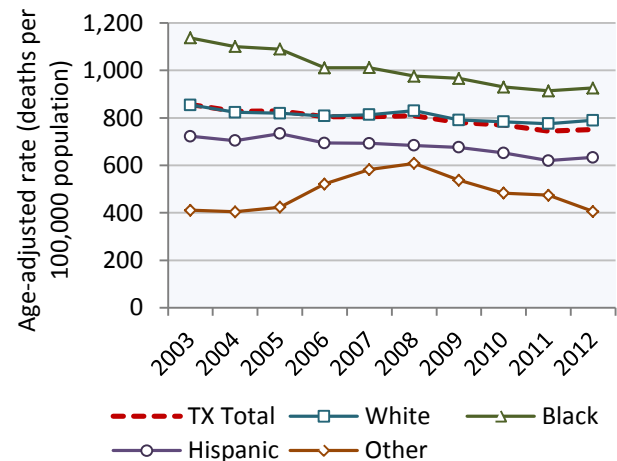
Figure 5. Life Expectancy in Texas by Race/Ethnicity.



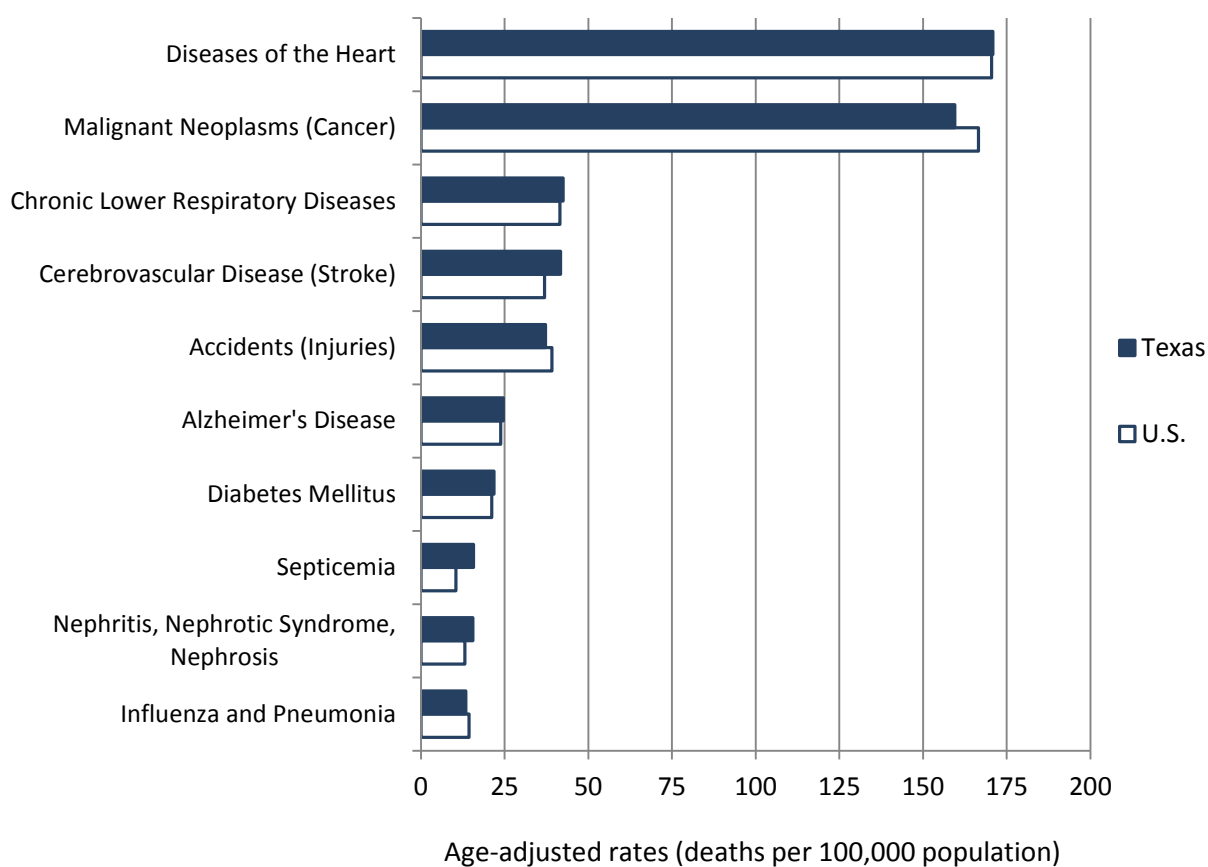
The leading causes of death are the most frequently listed underlying causes for all deaths in a single year. Tracking the diseases or conditions that cause the most deaths provides information about the overall health of the population. A listing of the 10 leading causes of death by gender and age can be found in the appendix in Tables 2 and 3 (pages A19-A20).

In 2012, chronic diseases made up a majority of the leading causes of death in Texas and the U.S. Chronic diseases are generally characterized by multiple risk factors, a long period of development, a prolonged course of illness, non-contagious origin, functional impairment or disability, and low curability.

Figure 6. Overall Mortality in Texas by Race/Ethnicity.



¹ U.S. Centers for Disease Control and Prevention. (2014). *Health, United States, 2013*. Table 18 - Life expectancy at birth, at age 65, and at age 75, by sex, race, and Hispanic origin: United States, selected years 1900-2010. Retrieved from: <http://www.cdc.gov/nchs/data/abus/abus13.pdf#018>

Figure 7. Top 10 Causes of Mortality in Texas and the U.S., 2012.²

² The 2012 U.S. rate for Septicemia is not yet available. Reported rate is from 2011. Top ten composition and order is based on Texas age-adjusted mortality rates for 2012. The U.S. top ten mortality list for 2012 is available at http://www.cdc.gov/nchs/data/databriefs/db168_table.pdf#1.

Perception of Health

When asked to assess their own health, about 20% of Texans reported that their physical health was not good for five or more days in the past 30 days and about 20% of Texans reported that their mental health was not good for five or more days in the past 30 days. Perceptions of physical health and mental health vary by numerous factors, including household income and education level.



Figure 8. Age-Adjusted Prevalence of “Physical Health Not Good 5+ Days” in Texas by Household Income Level.³

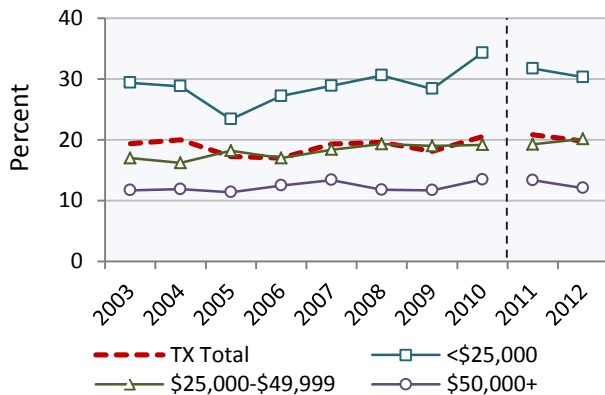


Figure 10. Age-Adjusted Prevalence of “Mental Health Not Good 5+ Days” in Texas by Household Income Level.

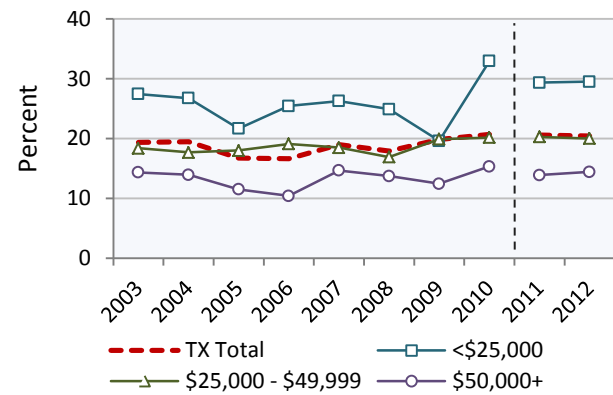


Figure 9. Age-Adjusted Prevalence of “Physical Health Not Good 5+ Days” in Texas by Education Level.

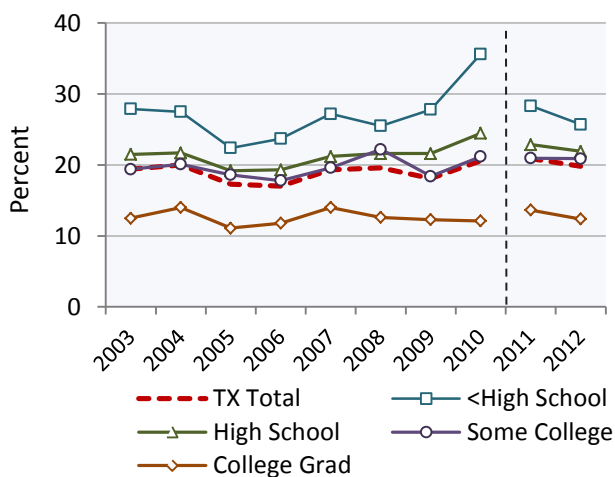
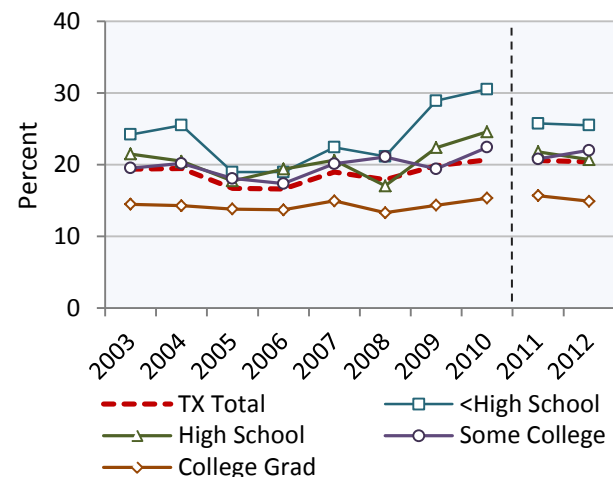


Figure 11. Age-Adjusted Prevalence of “Mental Health Not Good 5+ Days” in Texas by Education Level.



³ Vertical, dashed line represents a change in methodology in all graphs on this page. More information in Appendix, page A5.

Behaviors, Environment & Health

Modifiable health risk behaviors (particularly tobacco use, poor nutrition, lack of physical activity, and excessive alcohol consumption) contribute to illness, suffering, and premature death related to chronic diseases. Research has increasingly confirmed that an individual's behaviors can significantly change their risk for chronic disease, disability and premature death.⁴ In 2012 in Texas, five of the top six leading causes of death were chronic diseases associated with one or more of these behavioral risk factors.



Tobacco kills an estimated 24,500 Texans each year – more than alcohol, motor vehicle crashes, Acquired Immune Deficiency Syndrome (AIDS), drugs, homicides, suicides, and fires combined.⁵ Tobacco use is associated with significantly increased risk of heart disease, stroke, lung and other types of cancer, and chronic obstructive lung diseases.⁶ Tobacco use also presents health risks to developing fetuses of smoking pregnant women⁷ and to non-smokers in the form of secondhand smoke.⁸

Obesity and overweight are contributors to morbidity and mortality in the U.S. and directly linked to poor diet and sedentary lifestyle.⁹ Diseases linked to poor diet and physical inactivity include heart disease, type 2 diabetes, hypertension, osteoporosis, and certain cancers. The federal Dietary Guidelines for Americans provide science-based recommendations that promote health and reduce risk for major chronic diseases through diet and physical activity.

In one study, the risk of premature death among middle-aged people was found to be increased by 20-40% for overweight individuals and two to three times for obese individuals.¹⁰

⁴ U.S. Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. (2012) *Chronic Diseases and Health Promotion*. Retrieved February 24, 2014, from <http://www.cdc.gov/chronicdisease/overview/index.htm#2>.

⁵ Texas Department of State Health Services. (2013). *Texans and Tobacco Report*. Retrieved February 18, 2014 from <http://www.dshs.state.tx.us/tobacco/>.

⁶ U.S. Centers for Disease Control and Prevention, "Smoking and Tobacco Use - Fact Sheet: Health Effects of Cigarette Smoking," http://www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/effects_cig_smoking/.

⁷ *Ibid.*

⁸ U.S. Centers for Disease Control and Prevention, "Secondhand Smoke (SHS) Facts," http://www.cdc.gov/tobacco/data_statistics/fact_sheets/secondhand_smoke/general_facts/index.htm.

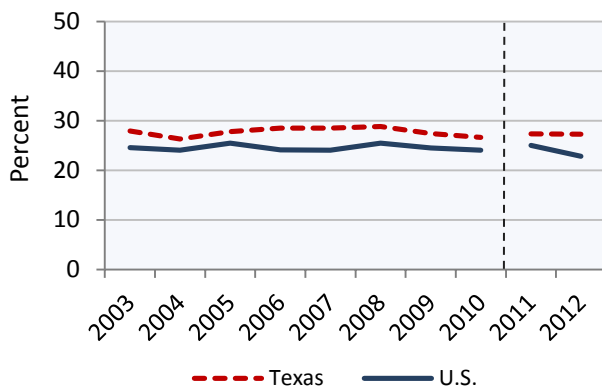
⁹ U.S. Department of Health and Human Services and U.S. Department of Agriculture. *Dietary Guidelines for Americans*, 2005. 6th Edition, Washington, DC: U.S. Government Printing Office, January 2005

¹⁰ Adams KF, Schatzkin A, Harris TB, Kipnis V, Mouw T, Ballard-Barbash R, Hollenbeck A, Leitzmann MF. Overweight, Obesity, and mortality in a large prospective cohort of persons 50 to 71 years old. *New England Journal of Medicine*, 2006. 355:763-778.

Physical Activity

Regular physical activity is associated with improved health and longevity, even with only moderate levels of activity. It also decreases the risk of death from heart disease, the risk of developing diabetes, and the risk of colon cancer. Regular physical activity helps prevent or reduce high blood pressure and helps maintain a healthy weight.¹¹

Figure 12. Age-Adjusted Prevalence of Adults with No Leisure-Time Physical Activity in Texas and the U.S.¹²



Children and adolescents need weight-bearing exercise for normal bone development. Older adults can improve and maintain strength and agility with regular physical activity; this can reduce the risk of falls and help older adults maintain an independent living status.¹³

Figure 13. Prevalence of High School Students who are Physically Active Five or More Days a Week in Texas and the U.S.

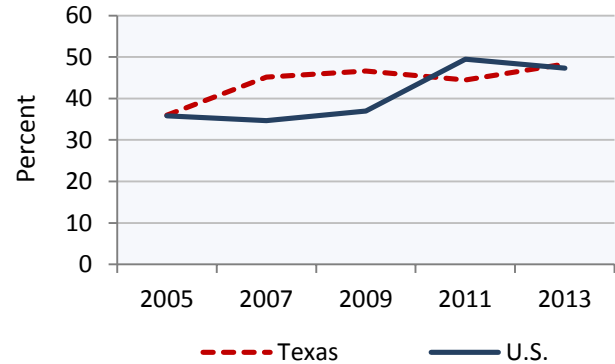


Table 1. Percent of Texas Students achieving a "Healthy Fitness Zone" on all Six FitnessGram Tests.¹⁴

Grade	2011-2012		2012-2013	
	Girls (%)	Boys (%)	Girls (%)	Boys (%)
3	26.2	24.3	23.3	21.5
4	24.5	22.2	22.0	19.7
5	22.5	20.9	19.8	18.0
6	24.7	23.2	22.0	20.6
7	26.8	24.1	22.8	21.6
8	26.4	24.6	23.7	22.4
9	26.9	21.9	24.4	20.4
10	27.9	22.4	26.7	21.5
11	27.4	22.1	27.2	21.2
12	26.0	20.7	25.4	20.7

¹¹ U.S. Centers for Disease Control and Prevention, "Physical Activity and Health: The Benefits of Physical Activity", <http://www.cdc.gov/physicalactivity/everyone/health/>

¹² Vertical, dashed line represents a change in methodology. More information in Appendix, page A5.

¹³ U.S. Centers for Disease Control and Prevention, "Physical Activity and Health: The Benefits of Physical Activity", <http://www.cdc.gov/physicalactivity/everyone/health/>

¹⁴ FitnessGram standards and data collection requirements changed between 2010-2011 and 2011-2012. Since comparisons between these years are not recommended, only 2011-2012 and 2012-2013 have been included in this report.

Overweight and Obesity

Body Mass Index (BMI) is calculated using an individual's height and weight. It is a useful and common indicator for overweight and obesity and is a measure of health risk.

For adults, the U.S. Centers for Disease Control and Prevention (CDC) define a person with a BMI of 30.0 or greater as obese and a BMI of 25.0–29.9 as overweight. In the Behavioral Risk Factor Surveillance System (BRFSS), BMI is calculated from self-reported height and weight.

Figure 14. Age-Adjusted Prevalence of Obese Adults in Texas and the U.S.¹⁵

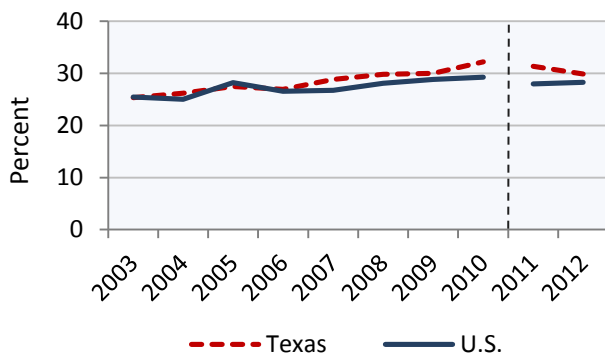
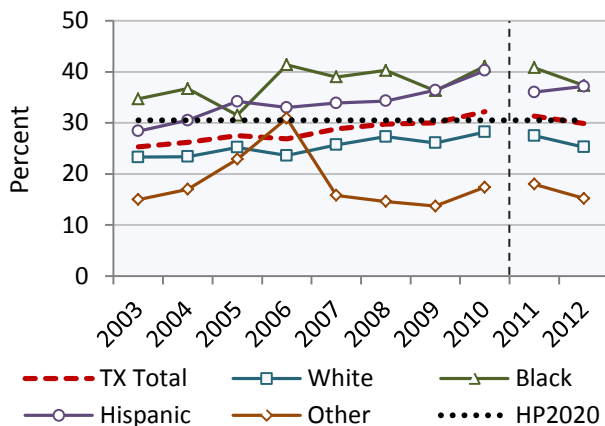


Figure 15. Age-Adjusted Prevalence of Obese Adults in Texas by Race/Ethnicity.¹⁶



¹⁵ Vertical, dashed line represents a change in methodology. More information in Appendix, page A5.

¹⁶ Ibid.

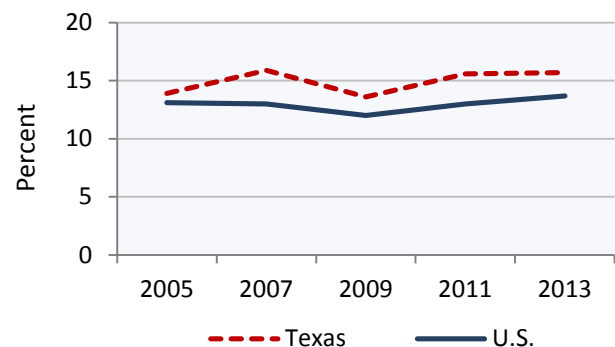
HP2020 = Healthy People 2020 Goal

For children and adolescents, the CDC defines obesity as at or above the 95th percentile for BMI by age and sex, and overweight as at or above the 85th percentile and below the 95th percentile for BMI by age and sex. In the Youth Risk Behavior Surveillance System (YRBSS), BMI is calculated from self-reported height and weight.

Approximately 30% of adults and 16% of youth (high school students) are obese in Texas. Since 1980, estimated obesity rates for adults have doubled and rates for children have tripled. Obesity rates among all groups in society, irrespective of age, gender, race, ethnicity, socioeconomic status, education level, or geographic region, have increased markedly.¹⁷

In 2010, 15.3% of low-income children aged two to four years old who were enrolled in the Texas Women, Infants and Children (WIC) Supplemental Nutrition Program were overweight or obese. Of the 46 states that contribute to the national Pediatric Nutrition Surveillance System, Texas had the 11th highest obesity percentage.¹⁸

Figure 16. Prevalence of Obese High School Students in Texas and the U.S.



¹⁷ U.S. Centers for Disease Control and Prevention, "Obesity - Halting the Epidemic by Making Health Easier: At A Glance 2010," <http://www.cdc.gov/chronicdisease/resources/publications/aag/obesity.htm>.

¹⁸ U.S. Centers for Disease Control and Prevention, "Pediatric Nutrition Surveillance, 2010 Report," http://www.cdc.gov/pednss/pdfs/PedNSS_2010_Summary.pdf

Tobacco Use

Tobacco use is currently the leading cause of preventable disease, disability, and death in Texas and the U.S., contributing to an estimated one in five deaths.¹⁹ Chemicals in tobacco smoke affect every organ of the body. Many of these chemicals can cause cancer. Others have toxic effects in various parts of the body. Approximately 18.1% of Americans were smokers in 2012, according to a CDC report²⁰, while in Texas the adult smoking rate was 18%.²¹ According to the 2010 Texas School Survey of Substance Use, about 40% of student smokers in grades 7-12 reported initiating tobacco use before age 13.



According to the U.S. Surgeon General, the scientific evidence for the health risks associated with exposure to secondhand smoke for nonsmokers is

clear.²² Secondhand smoke exposure contributes to heart disease, chronic lung ailments such as bronchitis (particularly in children), and may increase the risk of Sudden Infant Death Syndrome (SIDS). The scientific evidence indicates that there is no risk-free level of exposure to secondhand smoke.²³

In 2009, the Institute of Medicine issued a report, *Secondhand Smoke Exposure and Cardiovascular Effects: Making Sense of the Evidence*, which concluded that smoke-free laws reduce the number of heart attacks and save lives. Experimental studies cited in this report demonstrated that secondhand smoke exposure causes adverse changes in the cardiovascular system that increase the risk of a heart attack. Studies conducted in several communities have found that the implementation of smoke-free laws is associated with reductions in hospital heart attack admissions.²⁴

While there is no comprehensive statewide smoking ban in Texas, communities throughout the state have passed local ordinances that cover five settings:

- municipal worksites;
- private sector worksites;
- restaurants;
- bars in restaurants; and
- bars not in restaurants.

¹⁹ U.S. Centers for Disease Control and Prevention, "Tobacco Use: Targeting the Nation's Leading Killer: At A Glance 2011," <http://www.cdc.gov/chronicdisease/resources/publications/aag/osh.htm>.

²⁰ U.S. Centers for Disease Control and Prevention, "Current Cigarette Smoking Among Adults – United States, 2005-2012," <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6302a2.htm>.

²¹ Texas Behavioral Risk Factor Surveillance System.

²² U.S. Department of Health and Human Services. *How Tobacco Smoke Causes Disease: The Biology and Behavioral Basis for Smoking-Attributable Disease: A Report of the Surgeon General*. Atlanta, GA: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2010. <http://www.ncbi.nlm.nih.gov/books/NBK53017/>.

²³ U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, The

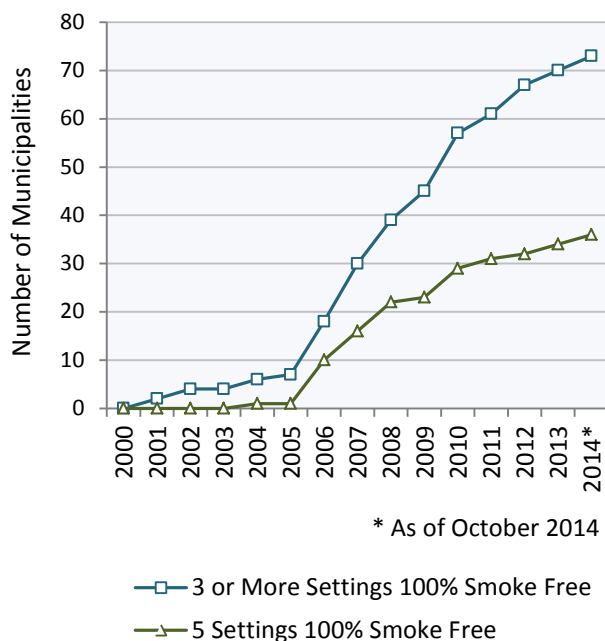
Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General, 2006.

²⁴ Institute of Medicine, *Secondhand Smoke Exposure and Cardiovascular Effects: Make Sense of the Evidence*, Washington, DC: The National Academies Press, 2009.

The strength of these ordinances can be graded on five levels of coverage:²⁵

- (5) 100% Smoke Free – No smoking allowed in a particular setting;
- (4) Moderate – Designated smoking areas are allowed if separately ventilated;
- (3) Mixed – Coverage is partial due to exceptions, ambiguities, or legal issues;
- (2) Limited – Designated smoking areas allowed or required; and
- (1) No Coverage – no restrictions on smoking, minor exceptions may exist.

Figure 17. Number of Texas Municipalities Protected by Smoke-bans.²⁶



²⁵ University of Houston Law Center and Texas Department of State Health Services (DSHS), Texas Smoke-Free Ordinance Database, <http://shsordinances.uh.edu/createReports.aspx>.

²⁶ The total number of municipalities (incorporated places) in Texas is 1,214, which includes 956 cities, 234 towns, and 24 villages, according to the Census. For more information on how the University of Houston and DSHS collect Texas Municipal Second Hand Smoke (SHS) Ordinance data, please refer to <http://shsordinances.uh.edu/methods.aspx>.

Figure 18. Prevalence of High School Students who had Smoked Cigarettes in the Past Month by Race/Ethnicity in Texas.

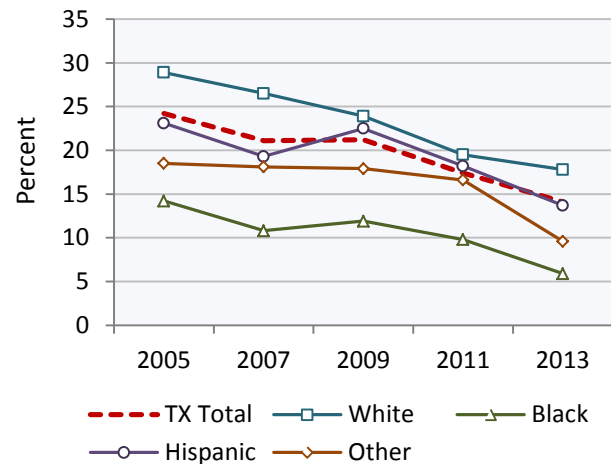
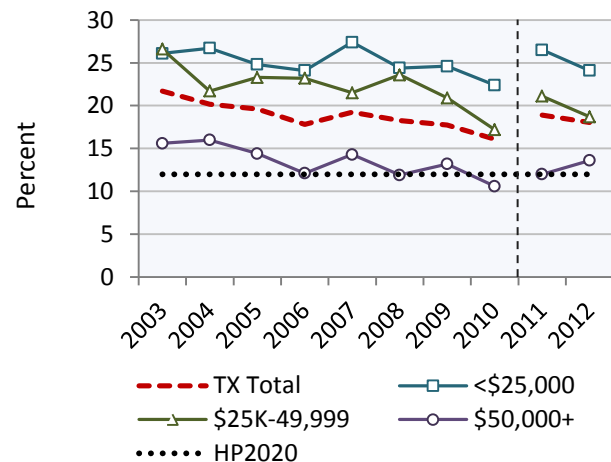


Figure 19. Age-Adjusted Prevalence of Current Adult Cigarette Smokers in Texas by Household Income Level.²⁷



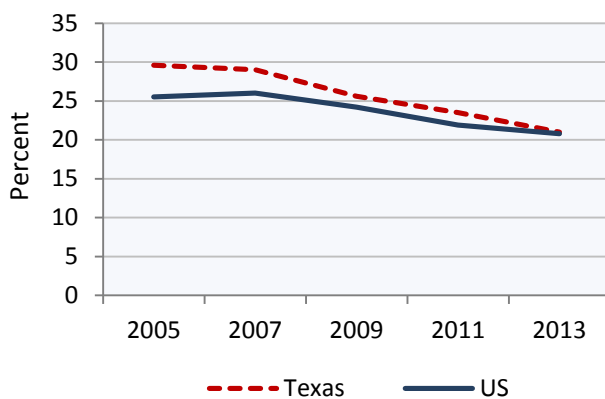
²⁷ Vertical, dashed line represents a change in methodology. More information in Appendix, page A5.

Alcohol & Other Drug Use

Substance abuse refers to the harmful use of psychoactive substances, such as alcohol and illicit drugs, and continues to be a public health problem in Texas and the rest of the U.S. The consequences of alcohol and drug abuse include significant risk of death or injury due to motor vehicle crashes, violence, firearms, burns, falls, drownings, infectious diseases, and chronic diseases such as heart, liver, mental health disorders, and cancer. The consequences also include medical costs, reduced and lost productivity, law enforcement costs, destruction of property, and social welfare administration. The total economic cost of alcohol and drug abuse in Texas was estimated to be nearly \$39 billion in 2013.²⁸

Of the 2,526 adult AIDS cases newly reported in 2012 in Texas, approximately 383 cases (15.2%) were acquired through drug use.²⁹

Figure 20. Prevalence of Binge Drinking Among High School Students within the Past 30 Days in Texas and the U.S.



²⁸ Texas Department of State Health Services, Mental Health and Substance Abuse Services Division, Decision Support Unit.

²⁹ Texas Department of State Health Services, HIV/STD Epidemiology and Surveillance Branch, *Texas HIV Surveillance Report 2012*, <http://www.dshs.state.tx.us/hivstd/reports/default.shtm>.

Figure 21. Prevalence of Binge Drinking among High School Students within the Past 30 Days by Race/Ethnicity in Texas.

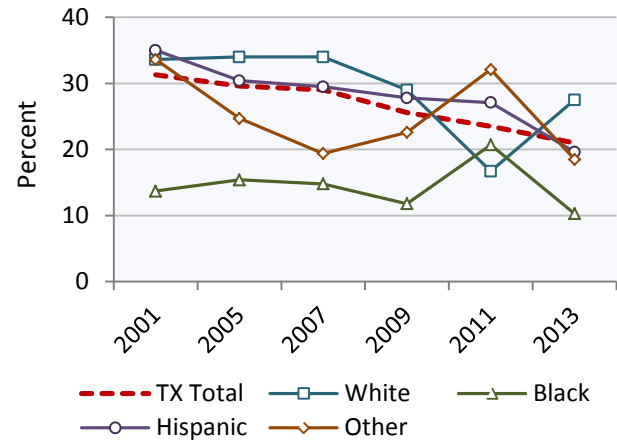


Figure 22. Past Year Use of Illicit Drugs Among Adults Ages 18-25 Years in Texas.

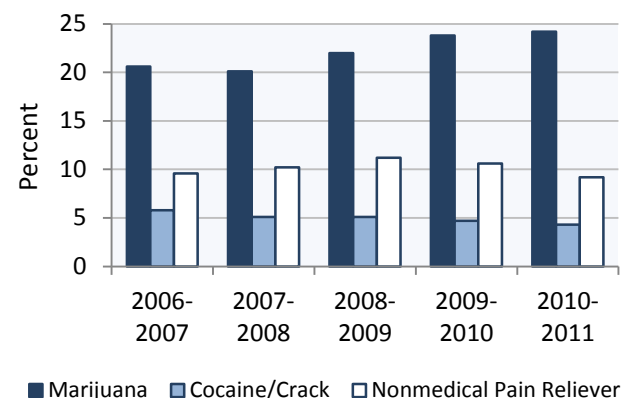
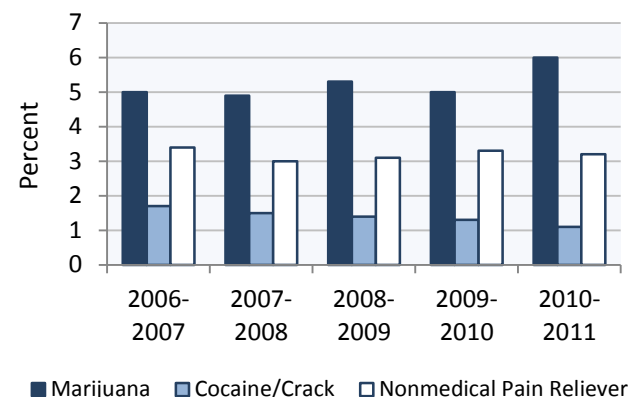


Figure 23. Past Year Use of Illicit Drugs Among Adults Ages 25+ Years in Texas.



Injury & Violence

Injury is a significant public health problem in the U.S., causing disability and premature death regardless of race, sex, or economic status, and creating a tremendous burden on our national health care system.³⁰ Injury is the leading cause of death in children ages one to 14, and it is the fifth leading cause of death for all age groups in the U.S.³¹

In 2012, unintentional injury was the fifth leading cause of death in Texas, causing 9,267 deaths. Among individuals ages 1-44 years, unintentional injury was the leading cause of death. Many counties in East Texas also appear to have higher rates of accidental injury deaths than counties in most other regions of the state (map on page A34).

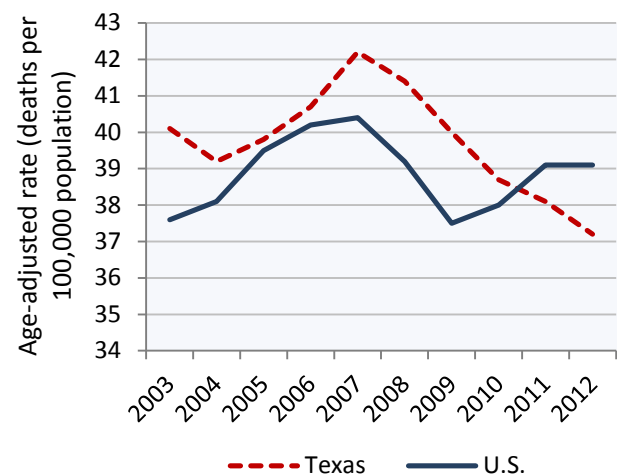
Motor vehicle crashes are one of the leading causes of death in Texas and the U.S.³² In 2012, the Texas Department of Transportation reported 3,399 deaths from motor vehicle crashes, which was a 10.8% increase from 2011. In addition, more than 230,506 persons were non-fatally injured in motor vehicle traffic crashes that year.³³

Many motor vehicle crash deaths and injuries are preventable. The use of seatbelts and proper child restraints offer significant protection in the event of a motor vehicle crash. Among those killed in Texas in 2012, 45.4% were reported as not

restrained when the crash occurred. In 2012, 1,099 people were killed in motor vehicle traffic crashes where a driver was under the influence of alcohol, accounting for 32.3% of all deaths in motor vehicle traffic crashes.³⁴



Figure 24. Accidental Injury-related Deaths in Texas and the U.S.



³⁰ U.S. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, "Injury Center - Overview," 2007, accessed May 2007, <http://www.cdc.gov/ncipc/about/about.htm>.

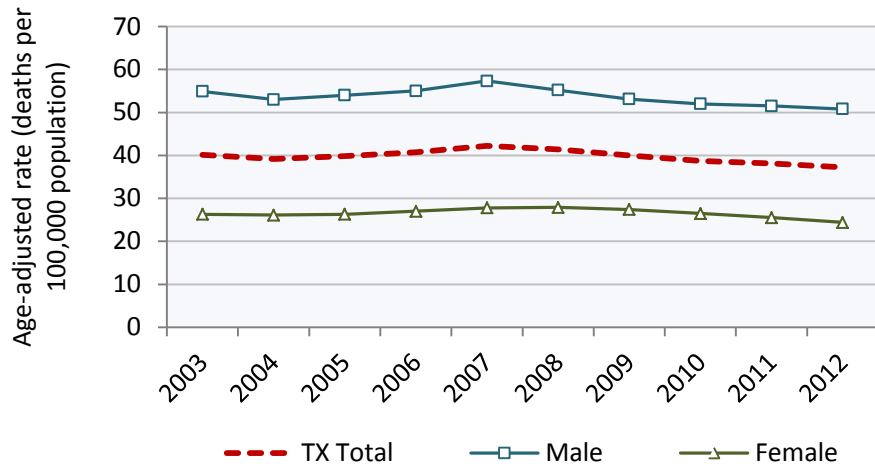
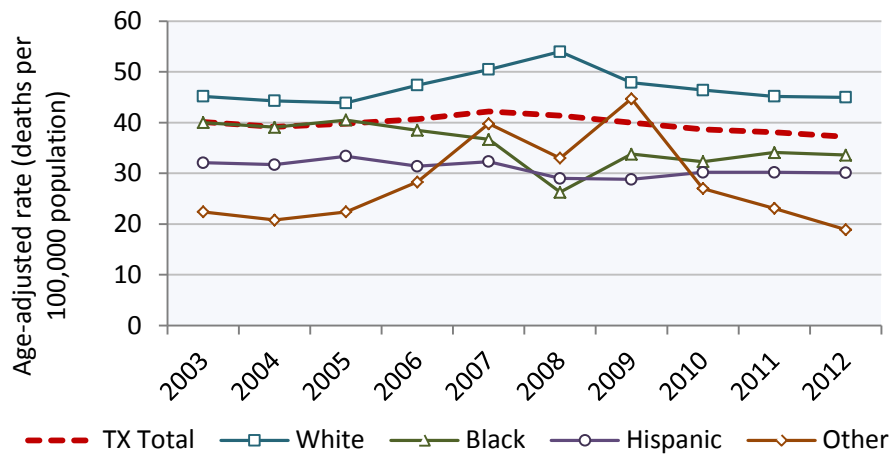
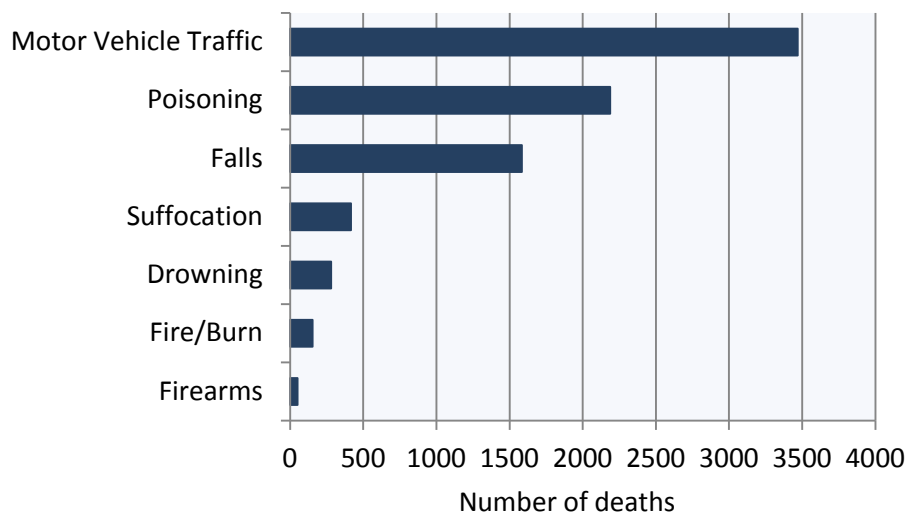
³¹ U.S. Centers for Disease Control and Prevention, National Center for Health Statistics, "Mortality in the United States, 2012," NCHS Data Brief, No. 168, October 2014:

<http://www.cdc.gov/nchs/data/databriefs/db168.pdf>.

³² U.S. Centers for Disease Control and Prevention. WISQARS (Web-based Injury Statistics Query and Reporting System). Atlanta, GA: US Department of Health and Human Services, CDC; 2010. Available at <http://www.cdc.gov/injury/wisqars>. Accessed February 18, 2014.

³³ Texas Department of Transportation, "Texas Motor Vehicle Traffic Crash Highlights, Calendar Year 2012," http://ftp.dot.state.tx.us/pub/txdot-info/trf/crash_statistics/2012/01_2012.pdf.

³⁴ *Ibid.*

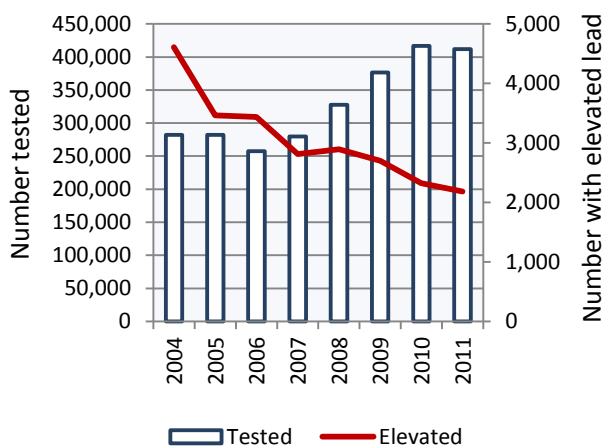
Figure 25. Accidental Injury-related Deaths in Texas by Gender.**Figure 26. Accidental Injury-related Deaths in Texas by Race/Ethnicity.****Figure 27. Accidental Injury-related Deaths in Texas by Type of Accident, 2012.**

Environmental Health

Childhood Lead

Lead is a significant and widespread environmental hazard for all Texas children. Exposure to lead can cause a number of medical conditions, including permanent neurological damage that is often associated with learning and behavioral problems. Very elevated blood lead levels can result in death. Lead is a ubiquitous toxin with varied exposure sources, including dust or chips from lead-based paints, contaminated soil, crafts and hobbies, and home remedies or folk medicines. Children who live or spend a significant amount of time in pre-1950s housing are at increased risk of lead poisoning. Children younger than 6 years of age are at greater risk of lead poisoning than older children due to increased lead absorption, frequent hand-to-mouth behavior, and developing neurological systems.

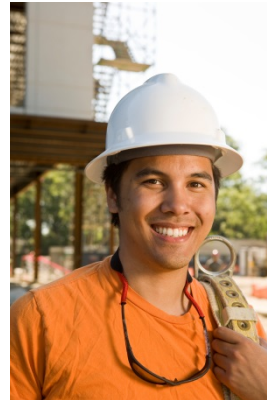
Figure 28. Children Tested and Numbers with Elevated Lead Levels in Texas.



Occupational Conditions

Occupational conditions are abnormal health conditions or laboratory findings caused by or related to exposures occurring in the workplace. There are numerous conditions related to

occupational exposures, such as work-related asthma, but most are not reportable. In Texas, elevated adult blood lead levels, acute occupational pesticide poisoning, asbestosis, and silicosis are reportable.



Occupations most frequently associated with elevated adult blood lead levels include metal manufacturing and computer and electronic product manufacturing. In 2011, nearly 30,000 adult cases of elevated blood lead levels were reported in Texas. Most cases did not have highly elevated blood lead levels.

Acute pesticide poisoning is associated with working on a farm, spraying for pests, and handling of pesticides.

Asbestosis is an irreversible lung disease that is caused by exposure to small asbestosis fibers. Asbestos consists of six naturally occurring fibrous minerals that are strong, flexible, and resistant to chemical and thermal degradation. When handled, asbestos can form microscopic particles that can remain in the air and be inhaled into the lungs of persons in the area. Asbestosis occurs mainly in people who work with structural insulation, fireproofing, and friction materials (brake linings). Although the use of asbestos-containing products has dramatically decreased in recent years, it is still found in many settings and continues to pose a health risk to workers and their families.

Silicosis is also an irreversible lung condition, which is caused by the inhalation of very fine crystalline

silica or silica dust. Inhalation of silica dust is most commonly associated with mining, sandblasting, stone cutting, masonry, and drywall work. In addition to silicosis, exposure to silica has also been associated with the development of lung cancer, pulmonary tuberculosis, and airway diseases. These exposures may also be related to the development of autoimmune disorders, chronic renal disease, and other adverse effects.

The burdens of asbestosis and silicosis in Texas, as measured by age-adjusted hospital discharge rates and age-adjusted mortality rates, have both decreased from 2004 through 2011.

Implementation of asbestos and silica related regulations, improved workplace practices, and reduced use of asbestos products may all contribute to the observed decreases in hospital discharges and deaths due to asbestosis and silicosis.

Figure 29. Age-Adjusted Rates for Asbestosis-related Hospital Discharges and Deaths in Texas.

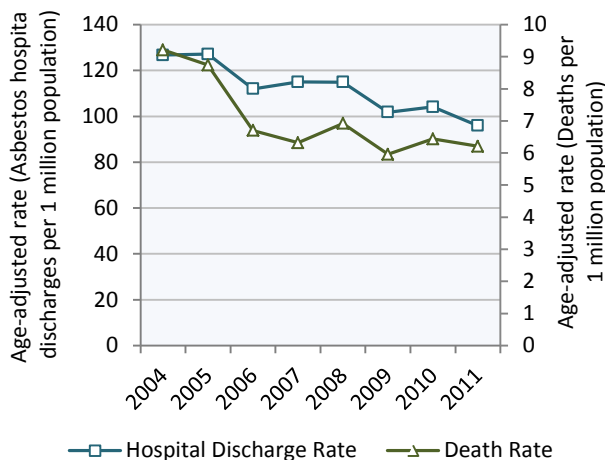
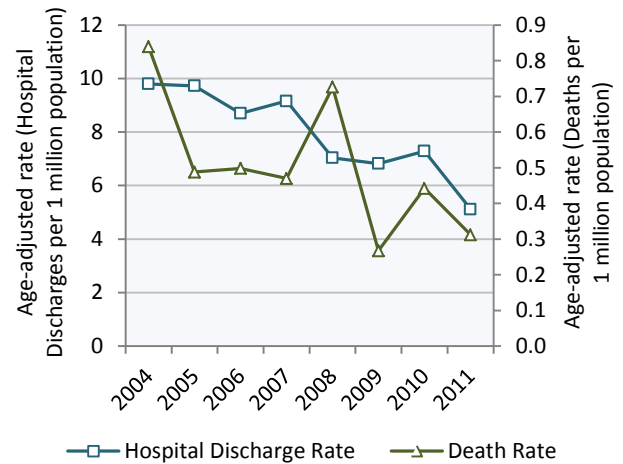


Figure 30. Age-Adjusted Rates for Silicosis-related Hospital Discharges and Deaths in Texas.



Access to Health Care

Access to health services is the timely use of personal health services to achieve the best health outcomes.³⁵ It includes gaining entry into a health



care system, having a health care location where needed services are provided, and having a health care provider with whom the patient can communicate and trust.³⁶ The ability to access health care services impacts overall physical, social

and mental health status. Barriers to accessing health services lead to unmet health needs, delays in receiving appropriate care, inability to get preventive services, and preventable hospitalizations.³⁷

Health insurance coverage helps patients get into a health care system. Uninsured people are less likely to receive medical care, more likely to die early, and more likely to have poor health status.^{38,39} People with a usual source of care have better health outcomes and fewer disparities and costs.^{40,41}

³⁵ Institute of Medicine, Committee on Monitoring Access to Personal Health Care Services. Access to health care in America. Millman M, editor. Washington: National Academies Press; 1993.

³⁶ Bierman A, Magari ES, Jette AM, et al. Assessing access as a first step toward improving the quality of care for very old adults. *J Ambul Care Manage.* 1998 Jul;121(3):17-26.

³⁷ Agency for Healthcare Research and Quality (AHRQ). National healthcare disparities report 2008. Chapter 3, Access to healthcare. Washington: AHRQ; 2008.

³⁸ Hadley J. Insurance coverage, medical care use, and short-term health changes following an unintentional injury or the onset of a chronic condition. *JAMA.* 2007;297(10):1073-84.

³⁹ Insuring America's health: Principles and recommendations. *Acad Emerg Med.* 2004;11(4):418-22.

⁴⁰ Starfield B, Shi L. The medical home, access to care, and insurance. *Pediatrics.* 2004;113(5 suppl):1493-8.

⁴¹ De Maeseneer JM, De Prins L, Gosset C, et al. Provider continuity in family medicine: Does it make a difference for total health care costs? *Ann Fam Med.* 2003;1:144-8.

Figure 31. Age-Adjusted Prevalence of No Health Care Coverage Among 18-64 Year Olds for Texas and the U.S.⁴²

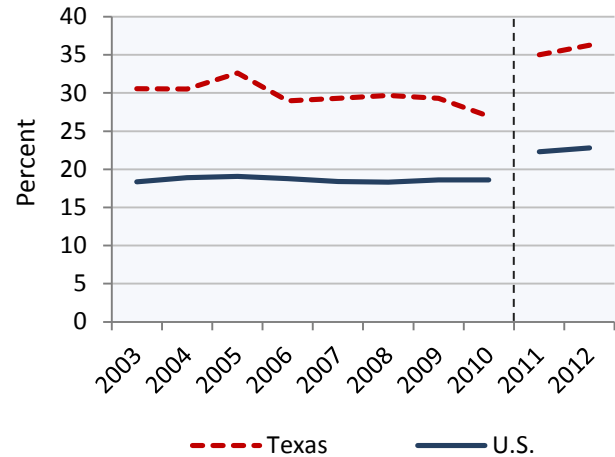
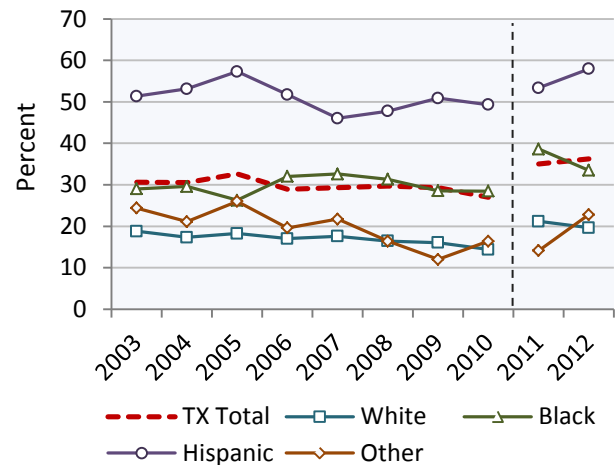


Figure 32. Age-Adjusted Prevalence of No Health Care Coverage Among 18-64 Year Olds for Texas by Race/Ethnicity.⁴³



⁴² Vertical, dashed line represents a change in methodology. More information in Appendix, page A5.

⁴³ *Ibid.*

Having a primary care provider (PCP) as the usual source of care is especially important. PCPs can



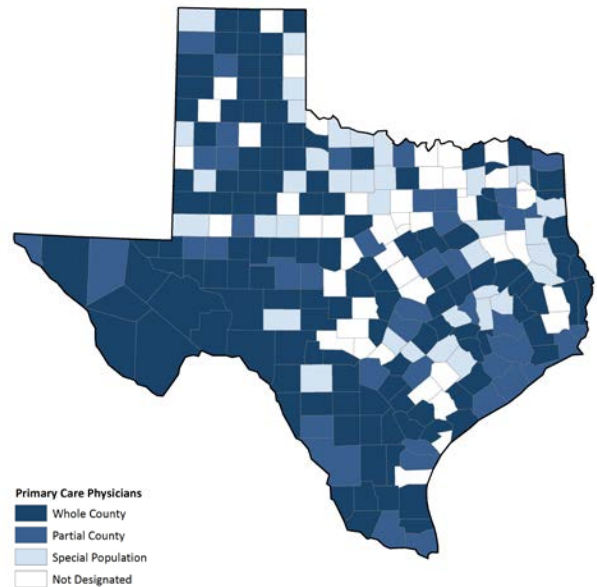
develop meaningful and sustained relationships with patients and provide integrated

services while practicing in the context of family and community.⁴⁴ Shortages of health professionals exist in many areas of Texas. The state and federal governments work together to identify acute shortages of health care personnel in geographic areas, population groups, and facilities, and to designate them as Health Profession Shortage Areas (HPSAs). Designation as an HPSA entitles an area to certain benefits, such as possible assignment of a National Health Services Corps Scholar to work in the area, awarding of state or federal loan-repayment programs to health professionals who agree to practice in the area, granting of prescriptive authority to physician assistants and nurse practitioners, and eligibility for placement of a Rural Health Clinic (RHC) in the area. Currently there are over 300 RHC sites in Texas operated by hospitals and physicians.

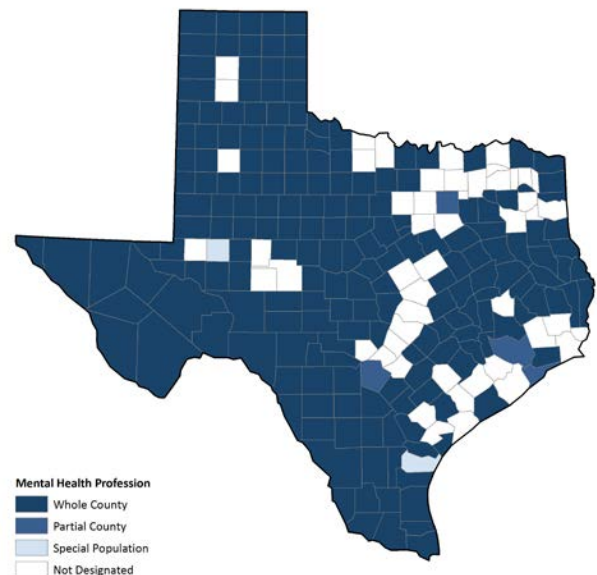
The U.S. Department of Health and Human Services (DHHS) designates geographic areas having shortages of health professionals. The population-to-health professional ratio is the primary indicator used by DHHS to determine if an area qualifies as an HPSA. A large portion of counties in Texas are federally designated primary care health professional shortage areas and the

majority of counties are federally designated as mental health professional shortage areas.

Map 1. Primary Care Health Professional Shortage Areas (HPSAs) in Texas, as of June 2013.



Map 2. Mental Health Professional Shortage Areas (HPSAs) in Texas, as of June 2013.



⁴⁴ Institute of Medicine. Primary care: America's health in a new era. Donaldson MS, Yordy KD, Lohr KN, editors. Washington: National Academies Press; 1996.

Maternal & Child Health



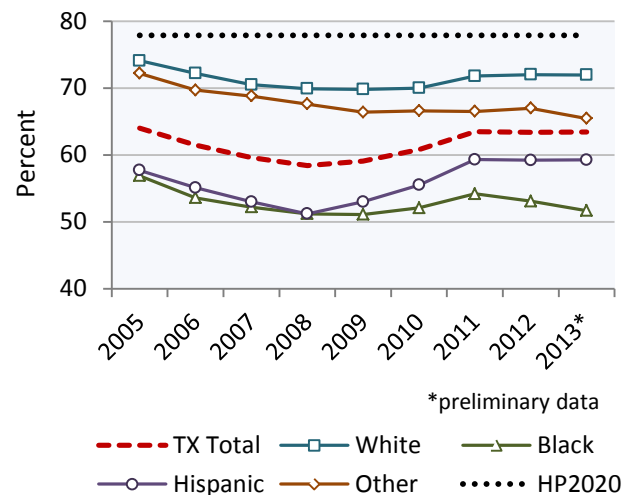
Since the beginning of the 20th century, improving the health of women, infants, and children has been a goal of public health efforts. Over a century ago, 25% of children died before their fifth birthday; the average family lost at least one child, usually to a fatal and now preventable infectious disease; and maternal mortality was one of the most common causes of death among women of childbearing age.⁴⁵

Today, the health of reproductive-age women and their children has vastly improved. Maternal deaths are rare events, and most parents can expect every child born to live to adulthood. However, there are still health risks to childbearing women, infants, children, and adolescents.⁴⁶ Early and continued access to prenatal care is important to ensure the health of mothers and infants. The major components of prenatal care include counseling about diet, avoidance of illicit drugs and alcohol, smoking cessation, and the diagnosis and treatment of any health complications.

Consequences associated with a lack of or inadequate prenatal care include low birth weight babies, preterm deliveries, infant mortality, and maternal mortality.

Women with unplanned pregnancies, without a regular health care provider prior to pregnancy, or without a high school diploma are least likely to receive prenatal care during the first trimester of pregnancy. Barriers to early or adequate prenatal care include language or cultural differences, fear of the medical system, lack of awareness of the pregnancy, lack of money or insurance, absence of services within the community, and problems related to transportation.⁴⁷

Figure 33. Percent of Women Receiving Prenatal Care in the First Trimester in Texas by Race/Ethnicity.



⁴⁵ U.S. Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Public Health Service, *From Data to Action: CDC's Public Health Surveillance for Women, Infants, and Children*, <http://stacks.cdc.gov/view/cdc/11354/>.

⁴⁶ *Ibid.*

⁴⁷ *Ibid.*

HP2020 = Healthy People 2020 Goal

Infant Deaths

The infant mortality rate (IMR) is the number of deaths among infants less than one year of age per 1,000 live births. The IMR has historically been used as an important indicator of the overall health of a community and serves as a proxy indicator of the quality of, and access to, medical care for pregnant women and infants.

The leading causes of infant mortality in Texas and the U.S. are birth defects, disorders related to preterm birth and low birth weight, and Sudden Infant Death Syndrome (SIDS). Risk factors for infant mortality include no prenatal care, maternal smoking and/or alcohol use, and inadequate weight gain during pregnancy.⁴⁸

In the U.S. in 2010, birth defects (chromosomal abnormalities, congenital malformations and deformations) were the leading cause of death for infants. This was true for all racial groups except for non-Hispanic black women and Puerto Rican women, for both of whom low birth weight was the leading cause of infant mortality.⁴⁹

SIDS is the sudden death of an infant less than one year of age that cannot be explained after a thorough investigation is conducted.⁵⁰ SIDS is the leading cause of death among infants aged one to 12 months, and is the third leading cause overall of infant mortality in Texas and the U.S.

Figure 34. Infant Death Rates in Texas and the U.S.

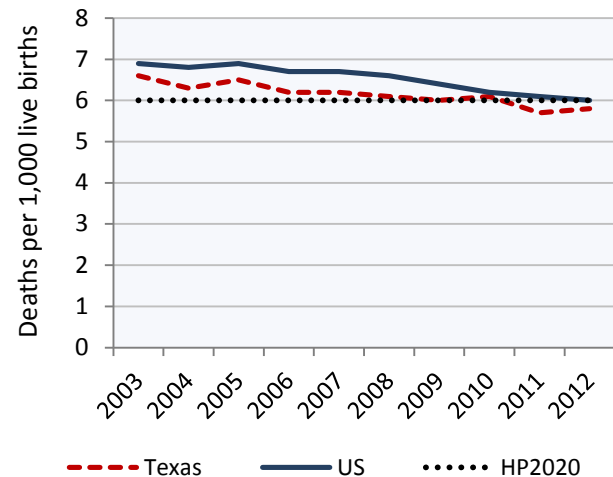
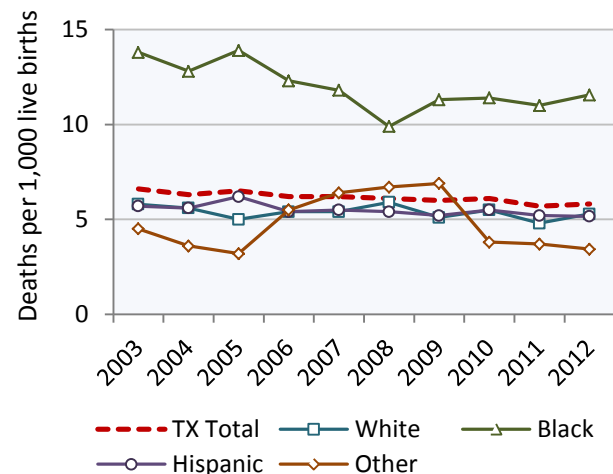


Figure 35. Infant Death Rates in Texas by Race/Ethnicity.



⁴⁸ U.S. Center for Disease Control and Prevention, "Infant Mortality"; National Center for Health Statistics. National Vital Statistics Reports (NVSR). Deaths: Final Data for 2011, http://www.cdc.gov/nchs/data/nvsr/nvsr63/nvsr63_03.pdf.

⁴⁹ T.J. Mathews and M. MacDorman, "Infant Mortality Statistics from the 2010 Period Linked Birth/Infant Death Data Set," *National Vital Statistics Reports*; Vol 62 no 9. Hyattsville, MD: National Center for Health Statistics. 2013, accessed on June 19, 2014 at http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr62_08.pdf.

⁵⁰ U.S. Centers for Disease Control and Prevention, "Sudden Infant Death Syndrome (SIDS) and Sudden Unexpected Infant Death (SUID)," accessed on September 22, 2010 at <http://www.cdc.gov/sids/>.

Preterm Births

A preterm birth is one in which an infant is born before 37 weeks of gestation. Approximately seven out of 10 infants born with low birth weight were born prematurely.⁵¹ Infants born preterm have an elevated risk of dying within their first year of life. Preterm- and low birth weight-related death is the second leading cause of death for infants in the U.S. and accounts for more than one-sixth of all infant deaths.⁵² All of the risk factors that contribute to preterm births are not understood, but some interventions that may prevent preterm births are known, including smoking cessation programs, health care before and during pregnancy, progesterone supplementation, and improved adherence to professional guidelines on fertility treatment and early cesarean sections and inductions.⁵³

Preterm birth has a wide range of impacts on society and families. Babies born preterm or low birth weight often have longer hospital stays and are at greater risk for infections, feeding problems, developmental challenges and other health problems, including dying before their first birthday. The economic cost of preterm birth in the U.S. is \$26.2 billion, or \$51,600 per baby born preterm.⁵⁴ This includes medical care for the infant, delivery costs, early intervention services,

special education, and lost household and workplace productivity. These costs do not include all of the costs that might be incurred as a result of preterm and low birth weight. In Texas, hospital charges for preterm and low birth weight infants have been on the rise and are approaching \$3 billion a year.

Figure 36. Percent of Live Births that are Preterm (<37 Weeks) in Texas and the U.S.

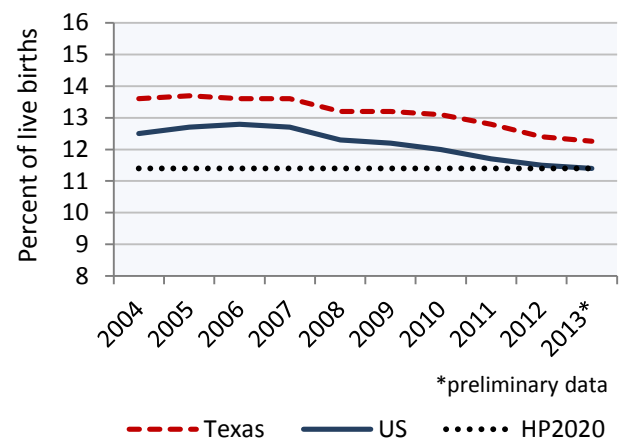
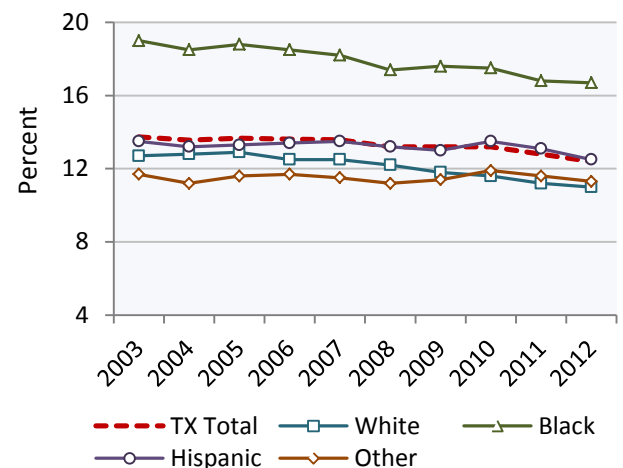


Figure 37. Percent of Live Births that are Preterm (<37 Weeks) in Texas by Race/Ethnicity.



⁵¹ March of Dimes. "Your Premature Baby" Fact Sheet. Accessed Feb. 18, 2014
<http://www.marchofdimes.com/baby/low-birthweight.aspx>.

⁵² U.S. Centers for Disease Control and Prevention. "Deaths: Preliminary Data for 2011". National Vital Statistics Reports, Vol. 61, No. 6, Oct. 10, 2012 (ICD-10 P07)
http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_06.pdf.

⁵³ March of Dimes "U.S. gets a 'D' for Preterm Birth Rate," accessed on Feb. 18, 2014 at
http://www.marchofdimes.com/aboutus/49267_62035.aspx.

⁵⁴ Institute of Medicine of the National Academies, *Preterm Birth: Causes, Consequences, and Prevention*, Committee on Understanding Premature Birth and Assuring Healthy Outcomes; Behrman RE, Butler AS, editors, Washington (DC): National Academies Press (U.S.), 2007, accessed on Feb. 18, 2014 at
<http://www.iom.edu/Reports/2006/Preterm-Birth-Causes-Consequences-and-Prevention.aspx>.

Birth Defects



More than 17,000 Texas babies, about 4% of all live births, are born each year with one or more major structural malformations or chromosomal anomalies. Birth defects are the leading cause of death among infants in Texas and the U.S., and are a major cause of lifetime disability. Birth defects account for about one-quarter of all infant deaths in Texas.

Texas women aged 35 and older and white women of any age are more likely to have a baby with a major structural or chromosomal malformation. Birth defects are attributable to complex genetic, environmental, and behavioral determinants, and much is still unknown about the actual causes of most birth defects.

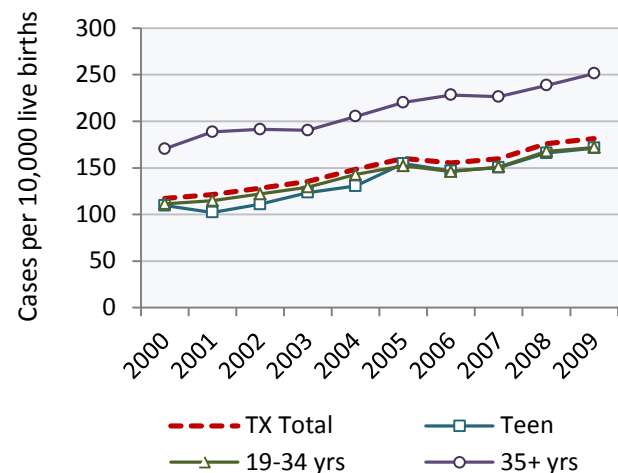
Heart Defects

Defects of the heart can range from mild, such as a small opening between two chambers, which does not require surgery, to complex groupings that involve structural problems in several cardiac structures and require surgery for survival. An infant with a cardiac (heart) defect is more likely to die from this type of defect than other types. Also, heart defects are commonly found in combination with other defects, especially chromosomal syndromes. They are also much more common among children born to older mothers, in part

because heart defects are commonly found along with Down syndrome, which is more prevalent among the children of older mothers.

The increases over time in Texas seen in congenital heart defects might be due in part to increased diagnosis and recording of heart defects, which could be due to improved and/or increased screening for heart defects, as well as improved treatment. Starting in 2011, early adoption of screening for critical congenital heart defects was initiated.

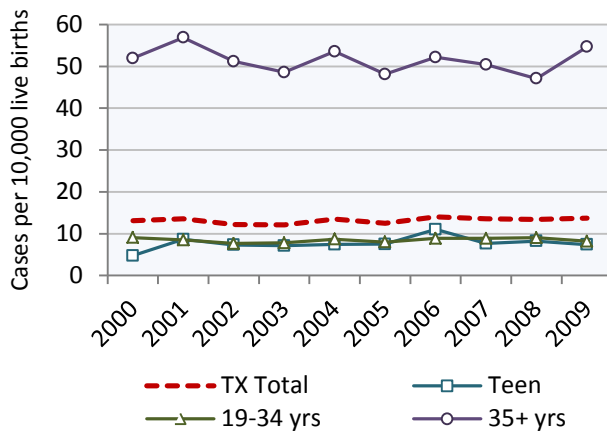
Figure 38. Heart Defect Birth Prevalence Rates in Texas by Maternal Age Group.



Down Syndrome

Down syndrome is a condition in which a baby is born with a full or partial extra copy of chromosome 21, instead of the usual two copies. Even though people with Down syndrome might have some physical and mental features in common, symptoms of Down syndrome can range from mild to severe. This genetic disorder can cause developmental delays. Children with Down syndrome often have heart defects. The most well-established risk factor for this condition is advanced maternal age.

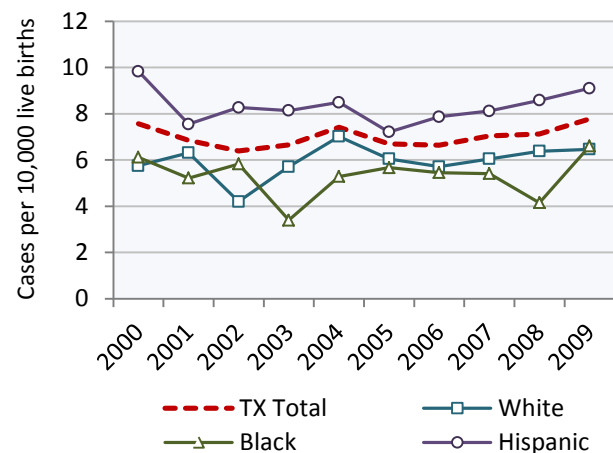
Figure 39. Down Syndrome Birth Prevalence Rates in Texas by Maternal Age Group.



Neural Tube Defects

Neural Tube Defects are a group of birth defects that result from the failure of the neural tube to close in the first month of pregnancy. The major conditions include anencephaly, spina bifida, and encephalocele. This disabling group of congenital anomalies affects about 244 pregnancies in Texas each year. Approximately 66% of all known pregnancies with one of these conditions result in a live birth and another 13% result in a spontaneous fetal death. Higher risk for neural tube defects includes folic acid deficiency, low educational attainment, Hispanic ethnicity and some medications. Maternal periconceptional consumption of folic acid supplements or highly fortified grain products reduces the risk for having an affected baby.⁵⁵

Figure 40. Neural Tube Defect Birth Prevalence Rates in Texas by Maternal Race/Ethnicity.



*"Other" race/ethnicity rates not included due to a very low number of cases.

⁵⁵ Birth Defects Epidemiology and Surveillance, Texas Department of State Health Services.

Chronic Diseases & Health Conditions

Chronic conditions are the major cause of illness, disability, and death in Texas and the U.S. Chronic diseases are generally characterized by multiple risk factors, a long latency period, a prolonged course of illness, non-contagious origin, functional impairment or disability, and low cure rates.

In 2012, six of the seven leading causes of death in Texas were chronic diseases, including heart disease, cancer, stroke, diabetes, chronic lower respiratory disease, and Alzheimer's disease. Together, these six chronic diseases claimed the lives of more than 105,000 Texans.



Modifiable risk factors that are associated with many of these chronic disease conditions have been identified. Three risk behaviors — tobacco use, physical inactivity, and poor nutrition — are major contributors to chronic disease. Effective prevention measures can reduce the incidence of the illnesses, disabilities, and unnecessary or early deaths caused by these disease conditions. Regular screening procedures are available to detect certain chronic diseases in their early stages, when intervention is most effective.



Heart Disease

Heart disease refers to a variety of diseases affecting the heart and blood vessels.

Atherosclerosis, or plaque buildup in the artery walls, narrows the arteries and leads to blockage. This blockage can lead to a heart attack.

Congestive heart failure is a type of heart disease that occurs when the heart cannot pump enough blood to the rest of the body, due to atherosclerosis, high blood pressure, a defect of the heart, or other conditions.

Heart disease is the leading cause of death in Texas and the U.S. In 2012, heart disease caused 38,987 deaths in Texas. The overall heart disease mortality rate in Texas declined 28% from 2003 through 2012. Meanwhile, the congestive heart failure mortality rate was 17.7 deaths per 100,000 population in 2012, and has been higher than the overall U.S. rate over the last decade.

Figure 41. Heart Disease Death Rates in Texas and the U.S.

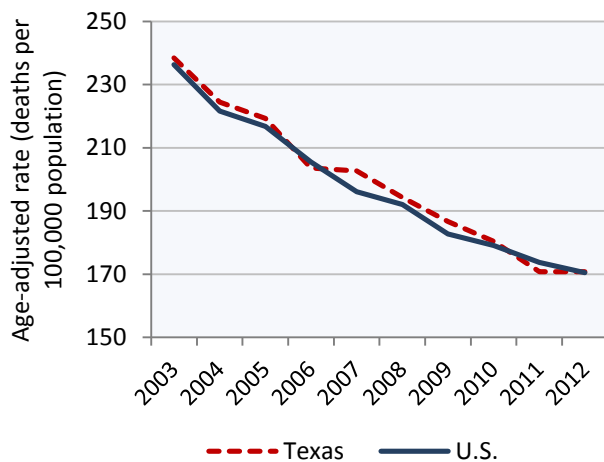


Figure 42. Heart Disease Death Rates in Texas by Race/Ethnicity.

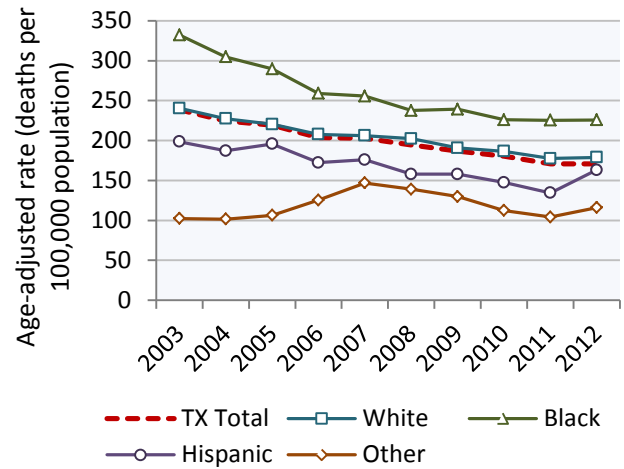
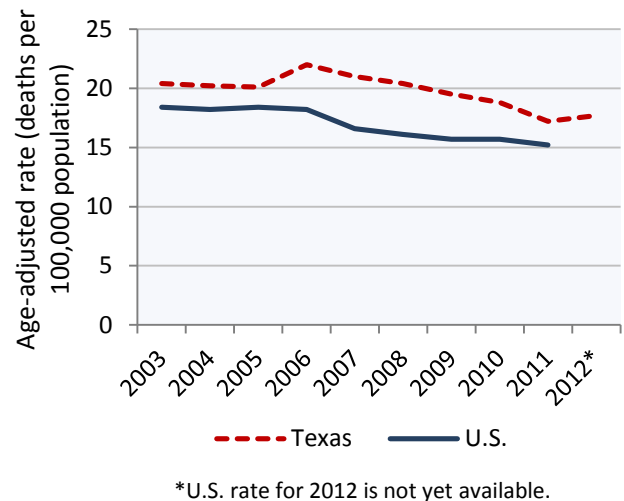


Figure 43. Congestive Heart Failure Death Rates in Texas and the U.S.



Stroke

Stroke, also known as cerebrovascular disease, occurs when an artery inside or leading to the brain becomes blocked and cuts off blood flow to part of the brain, or when an artery in the brain leaks or ruptures. When blood flow to part of the brain is reduced or cut off, that part of the brain can die.

Modifiable risk factors for stroke include uncontrolled high blood pressure, high blood cholesterol, tobacco use including smoking, excess alcohol consumption, physical inactivity, and obesity.

A person can die immediately from a massive stroke. Prompt medical attention can greatly reduce the impact of a stroke. Stroke is the third leading cause of death in Texas and the fourth leading cause of death in the U.S. It is also a leading cause of long term disability.

Figure 44. Stroke Death Rates in Texas and the U.S.

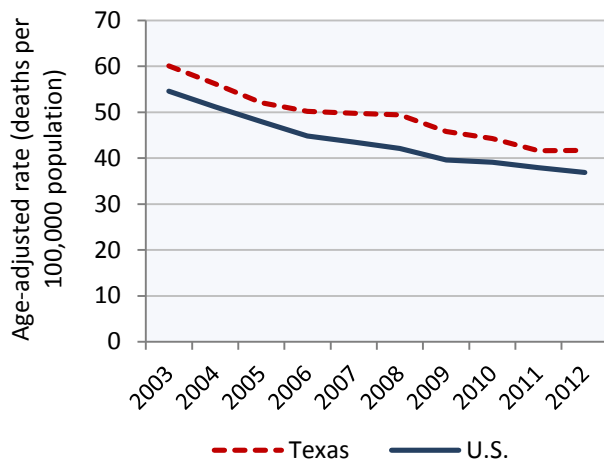


Figure 45. Stroke Death Rates in Texas by Race/Ethnicity.

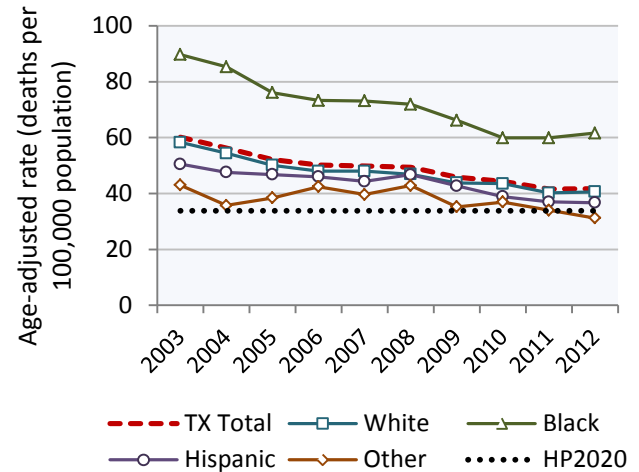
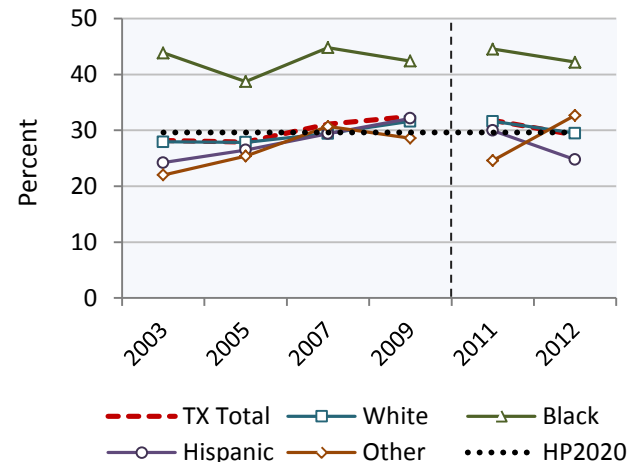


Figure 46. Age-Adjusted Prevalence of High Blood Pressure in Texas by Race/Ethnicity.⁵⁶



⁵⁶ Vertical, dashed line represents a change in methodology. More information in Appendix, page A5.

Cancer

Cancer is not one disease but a diverse group of diseases characterized by the uncontrolled growth and spread of abnormal cells in the body. The American Cancer Society estimates that approximately one in two men and one in three women alive today will develop some type of cancer in their lifetime. In Texas and the U.S., cancer is the second leading cause of death, exceeded only by heart disease.

Risk factors vary among the different types of cancer. Lifestyle, genetics, and environment may all play a role in the development of cancer. About one-third of cancer deaths are preventable because they are related to tobacco use, poor nutrition, physical inactivity, obesity, and other lifestyle factors.⁵⁷ This is equivalent to 13,774 (33%) of the 41,362 expected cancer deaths in Texas for 2013.



Lung cancer remains the leading cause of cancer death in Texas and the U.S. for both men and women. Approximately 90% of lung cancers among males and 80% among females are related to smoking. Tobacco use also increases the risk for many other cancers, including mouth, pharynx, esophagus, pancreas, kidney, bladder, and uterine cervix cancers.

Also, certain cancers related to viral infections, such as hepatitis B virus, human papillomavirus, Human Immunodeficiency Virus (HIV), could be prevented through behavioral changes or vaccinations. In addition, many of the more than one million skin cancers diagnosed in the U.S. each year could be prevented by protection from the sun's rays or reducing the use of tanning beds.

⁵⁷ American Cancer Society. "Cancer Facts and Figures 2012".
<http://www.cancer.org/acs/groups/content/@epidemiologysurveillance/documents/document/acspc-031941.pdf>.

Regular screening for certain cancers, such as breast, colon and rectum, cervix, and skin can also significantly increase survival rates, largely due to earlier detection or detection of precancerous abnormalities.

Although both cancer mortality and cancer incidence (new cases) rates declined in recent years, the total number of new cancer cases and cancer deaths increased. This is consistent with an aging and growing population.

Figure 47. Overall Cancer Incidence and Death Rates in Texas by Age Group, 2001-2011.

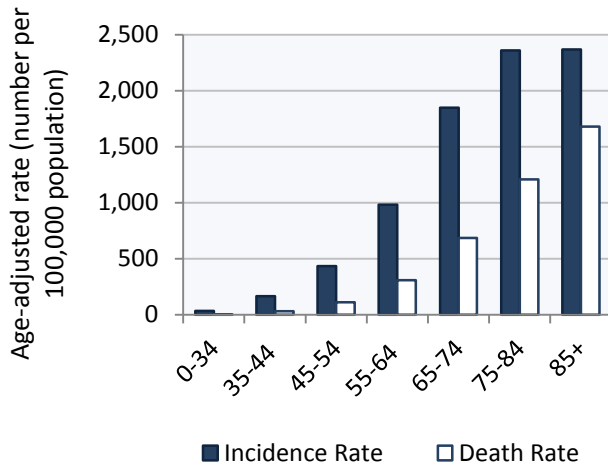


Figure 48. Cancer Incidence Rates for All Cancer Types in Texas by Race/Ethnicity.

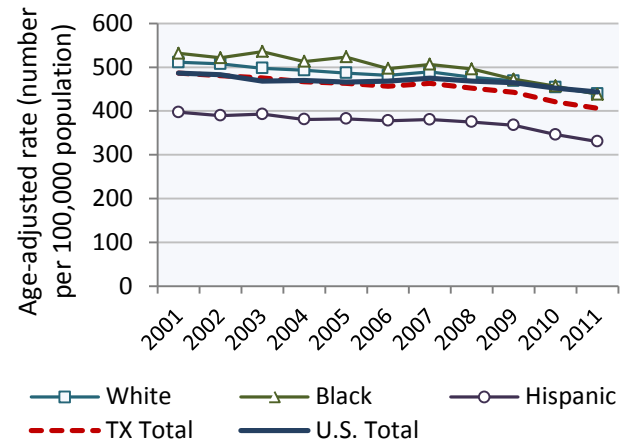
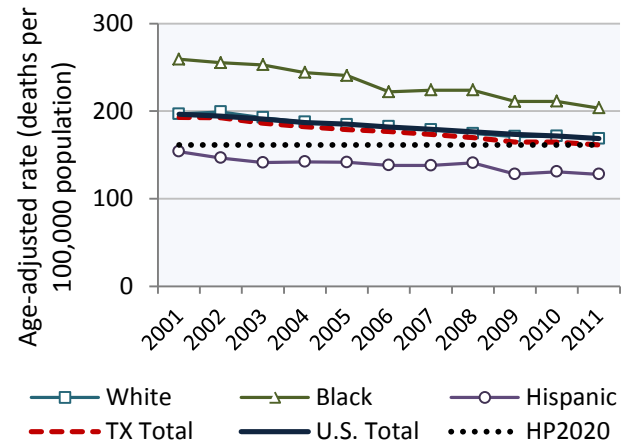


Figure 49. Cancer Death Rates for All Cancer Types in Texas by Race/Ethnicity.



Lung Cancer

There are three main types of lung cancer, Non-Small Cell Lung Cancer, Small Cell Lung Cancer, and Lung Carcinoid Tumor.⁵⁸ Each type has a different prognosis, or outlook. They can also involve the bronchi, which are the airways leading into and out of the lungs.

Tobacco smoking is by far the leading risk factor for lung cancer. Nearly 80% of lung cancer deaths are directly attributable to smoking or to secondhand smoke exposure. Smokers exposed to other known risk factors, such as radon and asbestos, are at even higher risk.

Lung cancer is not usually detected at an early stage. It tends to advance rapidly and has a poor outcome.

Figure 50. Lung Cancer Incidence and Death Rates in Texas by Age Group, 2001-2011.

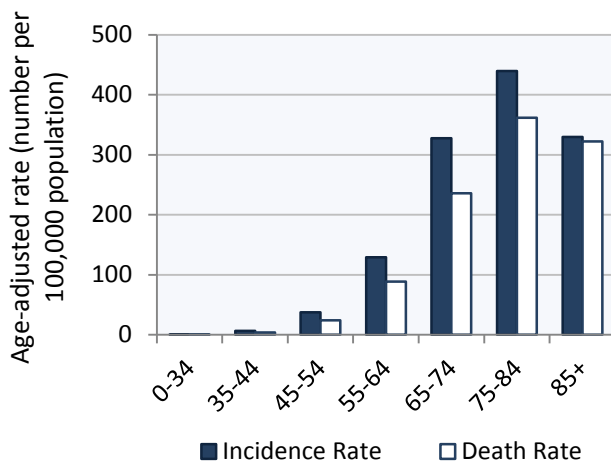


Figure 51. Lung Cancer Incidence Rates in Texas by Race/Ethnicity.

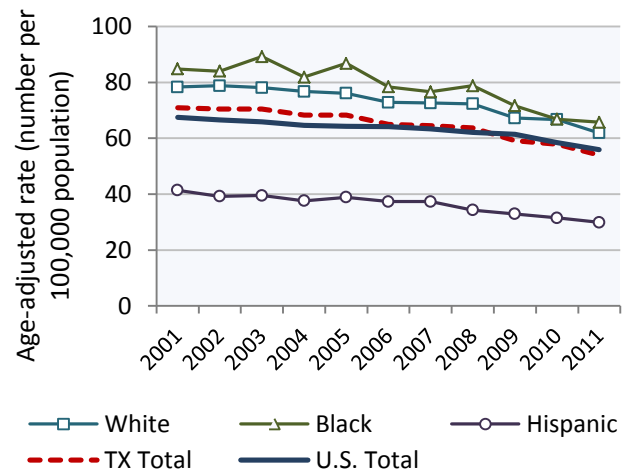
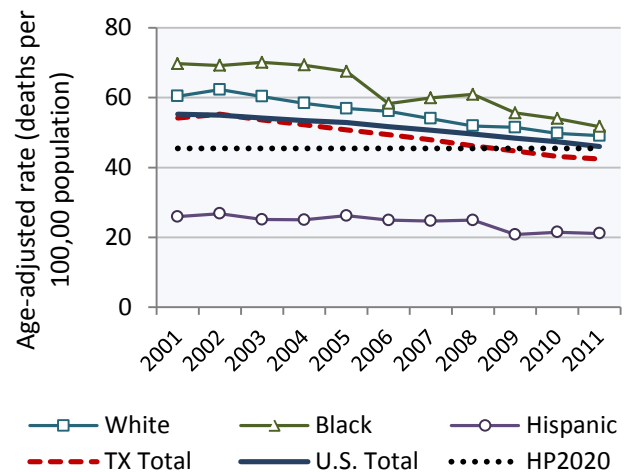


Figure 52. Lung Cancer Death Rates in Texas by Race/Ethnicity.



⁵⁸ American Cancer Society, www.cancer.org/.

Colorectal Cancer

Colorectal cancer starts in the colon or rectum. These cancers can also be referred to separately as colon cancer or rectal cancer, depending on where they start. Colon and rectal cancer have many features in common.

Non-modifiable risk factors for colorectal cancer include age, personal history of colorectal polyps or colorectal cancer, personal history of inflammatory bowel disease, family history of colorectal cancer, personal history of type 2 diabetes, and some inherited syndromes such as familial adenomatous polyposis.

There are several lifestyle-related factors that have been linked to colorectal cancer. The links between diet, weight, and exercise and colorectal cancer risk are some of the strongest for any type of cancer. A diet that is high in red meats (beef, lamb, or liver), processed meats (hot dogs and some luncheon meats) and/or heavy alcohol use increases colorectal cancer risk.⁵⁹

Black Americans have the highest colorectal cancer incidence and mortality rates of all racial groups in the U.S.

Colorectal cancer can be prevented by screening, early detection, and removal of abnormal (precancerous) cells in the colon.

Figure 53. Colorectal Cancer Incidence and Death Rates in Texas by Age Group, 2001-2011.

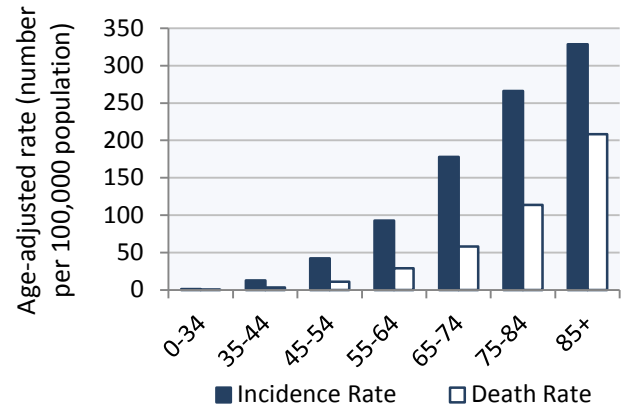


Figure 54. Colorectal Cancer Incidence Rates in Texas by Race/Ethnicity.

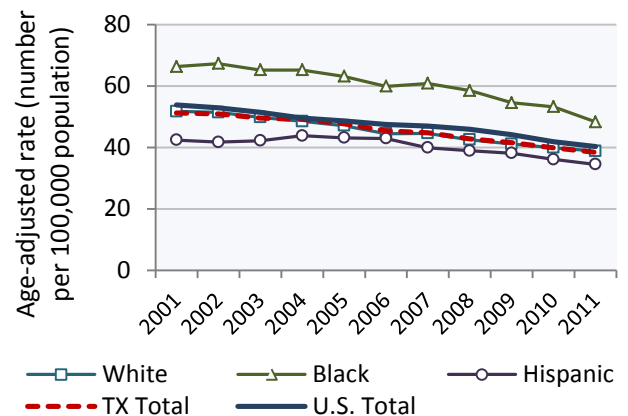
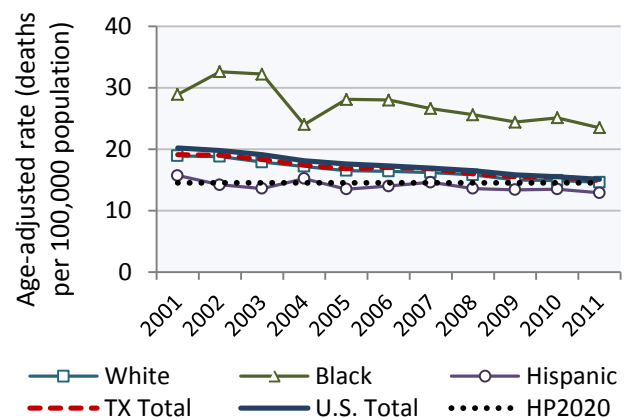


Figure 55. Colorectal Cancer Death Rates in Texas by Race/Ethnicity.



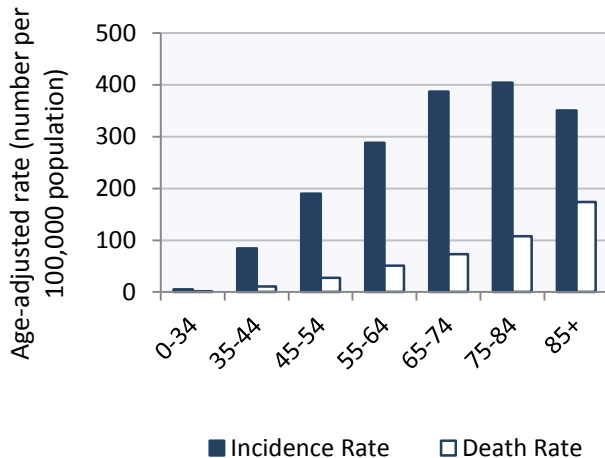
⁵⁹ American Cancer Society, <http://www.cancer.org/>.

Breast Cancer

Breast cancer is a malignant tumor that starts in the cells of the breast. A malignant tumor is a group of cancer cells that can grow into (invade) surrounding tissues or spread (metastasize) to distant areas of the body. The disease occurs almost entirely in women, but men do rarely get it.

Most women who have one or more breast cancer risk factors never develop the disease, while many women with breast cancer have no apparent risk factors other than being a woman and growing older. Even when a woman with risk factors develops breast cancer, it cannot be determined how much these factors might have contributed.⁶⁰

Figure 56. Female Breast Cancer Incidence and Death Rates in Texas by Age Group, 2001-2011.



Some risk factors, like a person's age, race, or family history of the disease, can't be modified. Others are linked to cancer-causing factors in the environment. Still others are personal behaviors, such as smoking, drinking alcohol, and a high fat diet. The risk for breast cancer can change over time, due to factors such as aging or behaviors.

⁶⁰ American Cancer Society, <http://www.cancer.org/>.

When detected early, breast cancer is usually highly treatable.

Figure 57. Female Breast Cancer Incidence in Texas by Stage at Diagnosis.

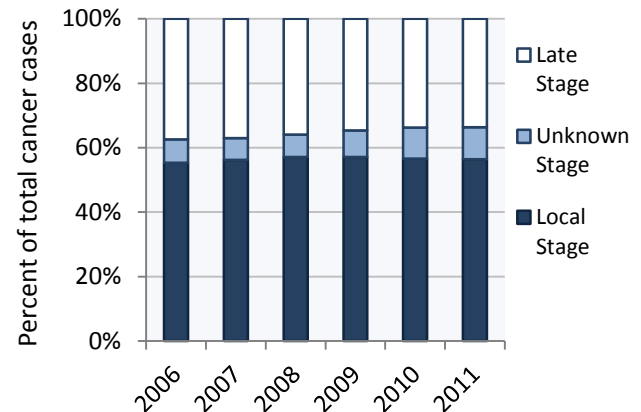


Figure 58. Female Breast Cancer Incidence Rates in Texas by Race/Ethnicity.

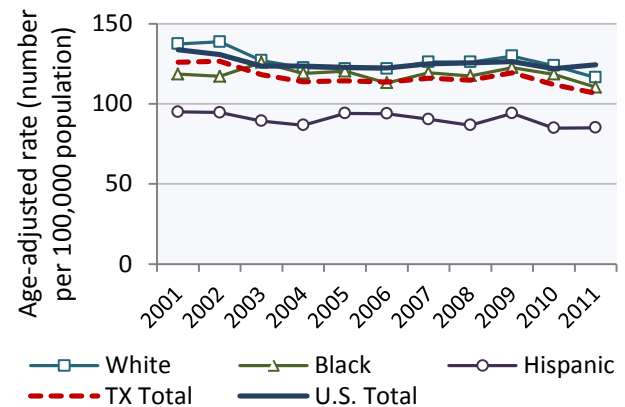
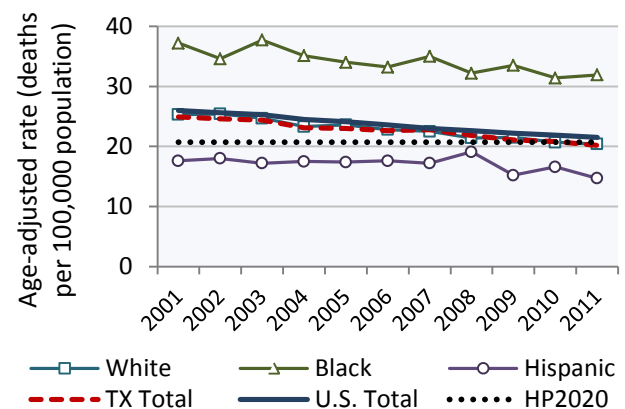


Figure 59. Female Breast Cancer Death Rates in Texas by Race/Ethnicity.



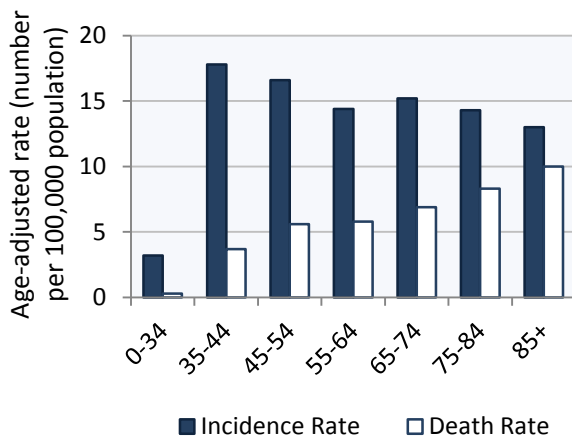
Cervical Cancer

The cervix is the lower part of the uterus or womb. It is sometimes called the uterine cervix. The two main types of cells covering the cervix are squamous cells and glandular cells. The place where these cell types meet is called the transformation zone. Most cervical cancers start in the transformation zone.⁶¹

Several risk factors increase the chance of developing cervical cancer, some of which are non-modifiable, like age and family history, along with modifiable risk factors like smoking and human papillomavirus infection (HPV) (more information on HPV and vaccination rates located on page 53). Women without any of these risk factors rarely develop cervical cancer. While these risk factors increase the odds of developing cervical cancer, many women with these risk factors do not develop the disease.

Cervical cancer can be prevented by screening, early detection, and treatment of abnormal (pre-cancerous) cells in the cervix.

Figure 60. Cervical Cancer Incidence and Death Rates in Texas by Age Group, 2001-2011.



⁶¹ American Cancer Society, <http://www.cancer.org/>.

HP2020 = Healthy People 2020 Goal

Figure 61. Cervical Cancer Incidence in Texas by Stage at Diagnosis.

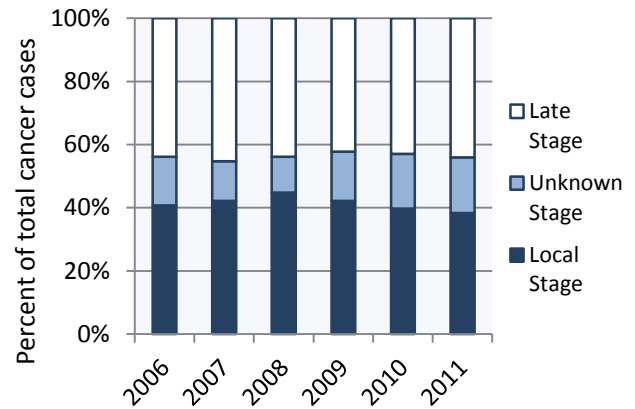


Figure 62. Cervical Cancer Incidence Rates in Texas by Race/Ethnicity.

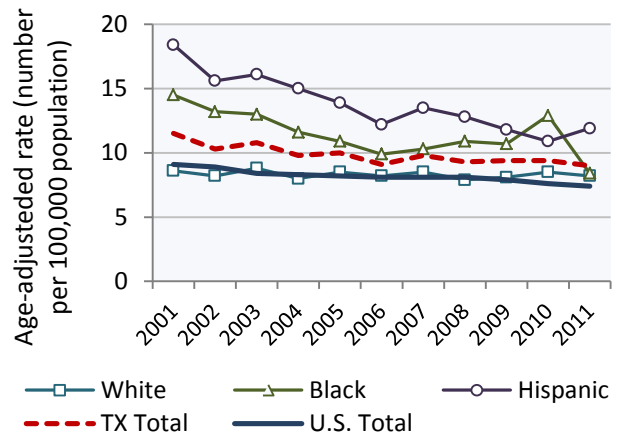
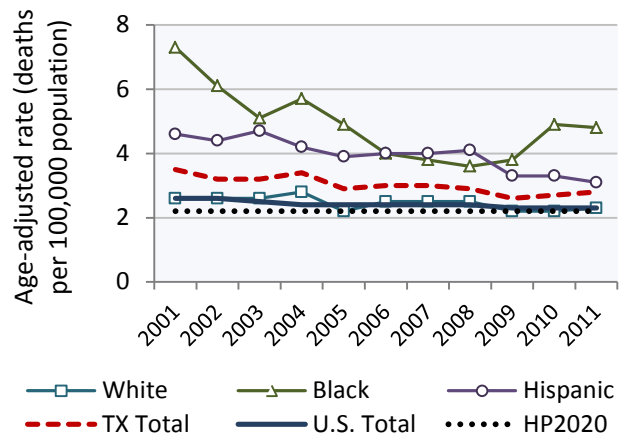


Figure 63. Cervical Cancer Death Rates in Texas by Race/Ethnicity.



Prostate Cancer

Prostate cancer is the second most common cancer among men, after skin cancer. It can often be treated successfully. More than two million men in the U.S. count themselves as prostate cancer survivors. Although about one in seven men will be diagnosed with prostate cancer, only one in 36 will die from the disease.⁶²

The causes of prostate cancer are not yet understood, but researchers have found several factors that might change the risk of getting it, including age, African American race, a high fat diet, and smoking.⁶³



Figure 64. Prostate Cancer Incidence and Death Rates in Texas by Age Group, 2001-2011.

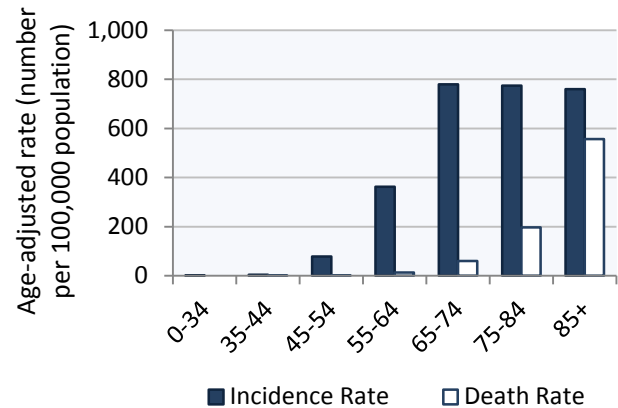


Figure 65. Prostate Cancer Incidence Rates in Texas by Race/Ethnicity.

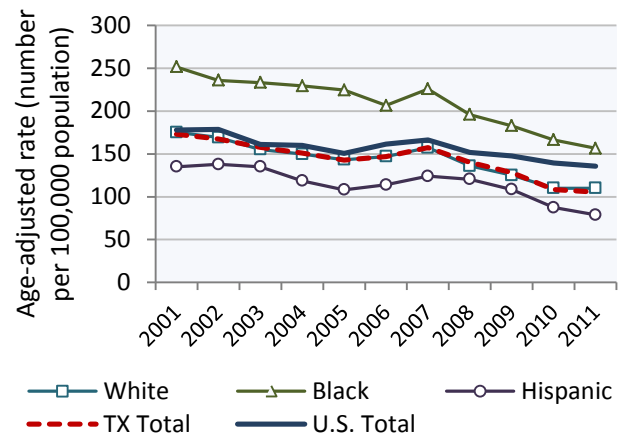
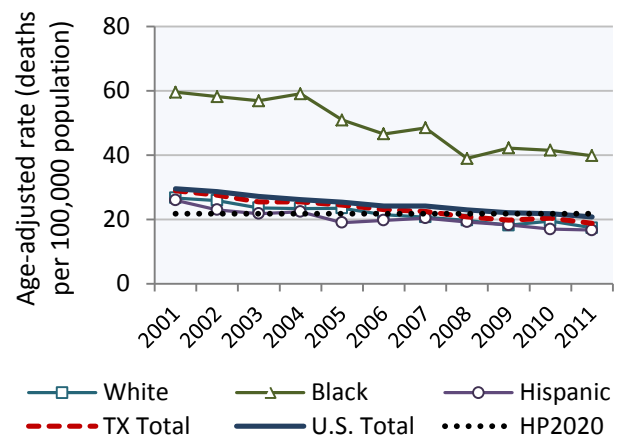


Figure 66. Prostate Cancer Death Rates in Texas by Race/Ethnicity.



⁶² American Cancer Society, www.cancer.org/.

⁶³ *Ibid.*

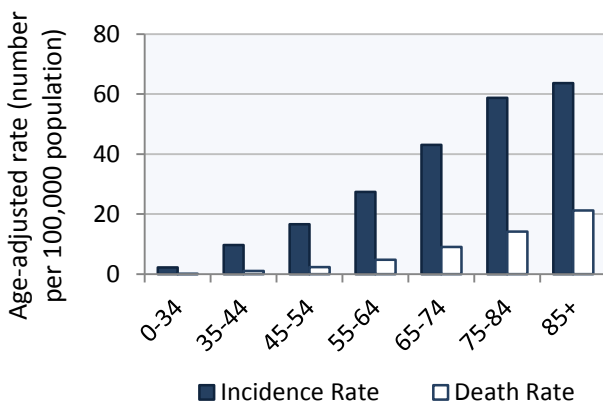
Skin Cancer

Skin cancer is the most common type of cancer. There are three main types of skin cancer. Each type has a different prognosis, or outlook.⁶⁴

- **Basal and squamous cell skin cancers** - These cancers are most often found in areas exposed to the sun, such as the head, neck, and arms, but they also can occur elsewhere. They are very common, but are also usually very treatable.
- **Melanoma skin cancer** - Melanoma is a much less common but more serious type of cancer. Melanomas are usually brown or black, but can appear pink, tan, or even white.
- **Lymphoma of the skin** - Lymphoma is a cancer that starts in cells that are part of the body's immune system. Lymphoma of the skin starts in cells of the skin. This kind of skin cancer is very rare.

The risk factors identified for skin cancer include ultraviolet light exposure, moles, fair skin, freckling, light color hair, family history of melanoma, personal history of melanoma, and immune system suppression.

Figure 67. Melanoma Cancer Incidence and Death Rates in Texas by Age Group, 2000-2011.



⁶⁴ American Cancer Society, www.cancer.org/.

Although melanoma is more likely to occur in older people, this is a cancer that is also found in younger people. In fact, melanoma is one of the most common cancers in people younger than 30 years of age. Melanoma that runs in families may occur at a younger age. In Texas, men have a higher rate of melanoma than women overall, although this varies by age. Before age 45, the risk is higher for women; after age 45 the risk is higher for men.⁶⁵

Skin cancer can be prevented by screening, early detection, and treatment of abnormal (precancerous) cells in the skin.

Figure 68. Melanoma Incidence Rates in Texas by Race/Ethnicity.

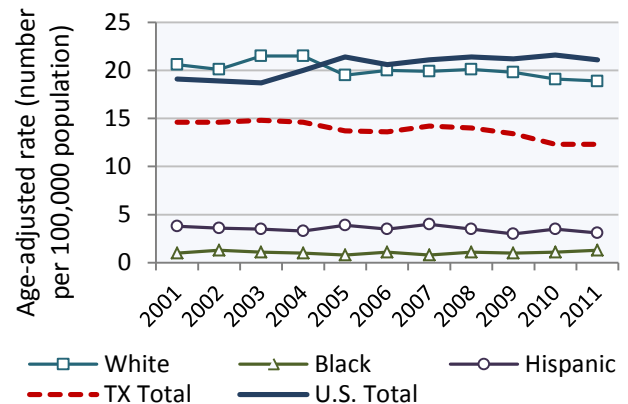
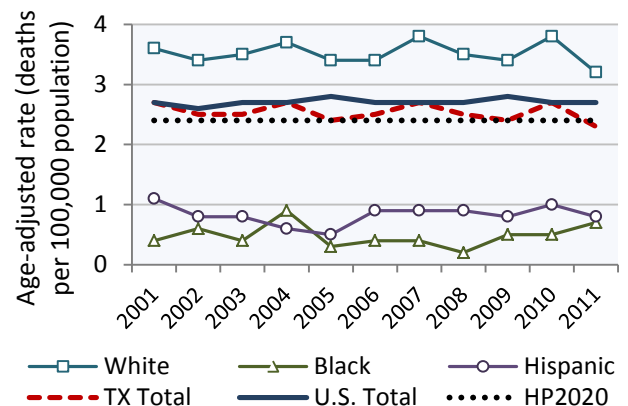


Figure 69. Melanoma Death Rates in Texas by Race/Ethnicity.



⁶⁵ Texas Cancer Registry, Texas Department of State Health Services.

Childhood and Adolescent Cancers

The types of cancers that occur most often in children are different from those seen in adults. The most common cancers of children are leukemia, brain and other nervous system tumors, lymphoma, neuroblastoma, and bone cancer.

Each year in Texas, almost 1,200 children and adolescents younger than 20 years of age are diagnosed with cancer. Approximately 200 children and adolescents die of cancer each year, making cancer the most common cause of disease-related mortality for Texans aged 0-19 years. Across the U.S., the leading cancer in children age 0-14 years is acute lymphocytic leukemia, while for adolescents age 15-19 years the leading cancer is Hodgkin lymphoma.⁶⁶

Lifestyle factors usually take many years to influence cancer risk and do not play much of a role in childhood cancers. However, a child can inherit a predisposition from a parent.

During the time period 2006 through 2010, the incidence of all types of childhood and adolescent cancers combined increased from 15.7 to 17.4 cases per 100,000 population in the U.S. overall. However, overall cancer death rates in this age group decreased from 2.5 to 2.3, and have decreased from 5.1 since 1975. For all types of leukemia, the death rate has declined from 2.0 in 1975 to 0.7 in 2010. Five-year survival rates have also been improving. During 1975-1977, the survival rate for all sites of childhood cancer was 61.5%; during 2003-2009, this rate had increased to 83.6%.⁶⁷ The reductions in mortality and

increases in survival are due to significant advances in treatment, resulting in a cure or long-term remission for a substantial proportion of children and adolescents with cancer.

Figure 70. Childhood and Adolescent Cancer Incidence Rate in Texas by Race/Ethnicity.

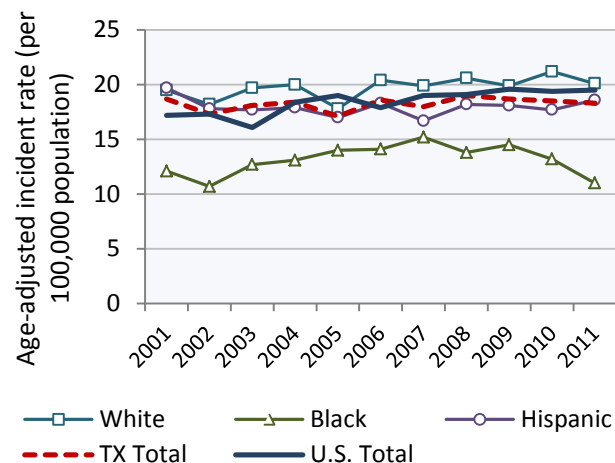
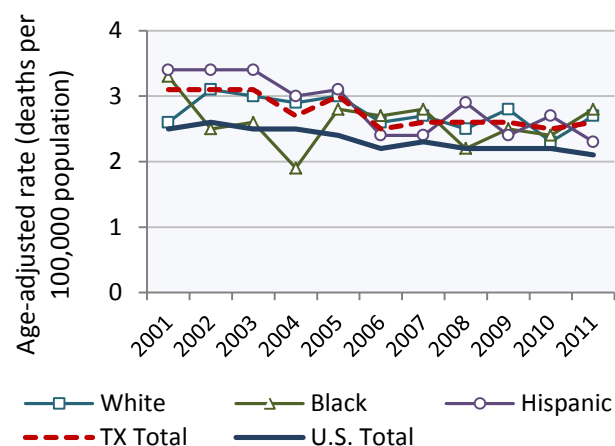


Figure 71. Childhood and Adolescent Cancer Death Rates in Texas.



⁶⁶ Ward E, et al. "Childhood and Adolescent Cancer Statistics, 2014." CA Cancer J Clin 2014; 000:000-000. American Cancer Society, Jan. 14, 2014. Accessed on Feb. 19, 2014.

<http://acco.org/Information/AboutChildhoodCancer/ChildhoodCancerStatistics.aspx>.

⁶⁷ Howlader N, et al. (eds). SEER Cancer Statistics Review, 1975-2010, National Cancer Institute. Bethesda, MD,

http://seer.cancer.gov/csr/1975_2010/, based on November 2012 SEER data submission, posted to the SEER web site, April 2013.

Figure 72. Leading Childhood (Age 0-14) Cancer Groups in Texas, 2001-2011.

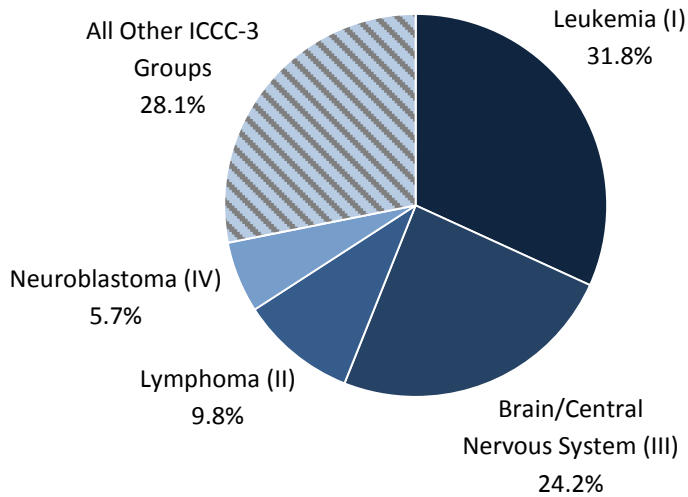


Figure 74. Five-Year Cancer Survival, Childhood (Age 0-14) Cancer Groups, Cases Diagnosed 2001-2011.

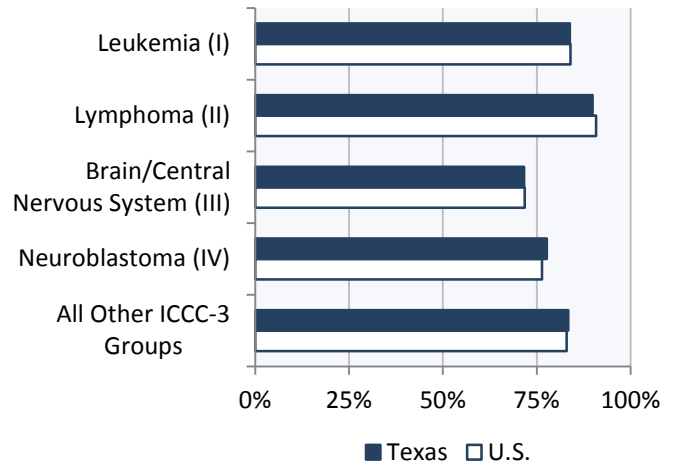


Figure 73. Leading Adolescent (Age 15-19) Cancer Groups in Texas, 2001-2011.

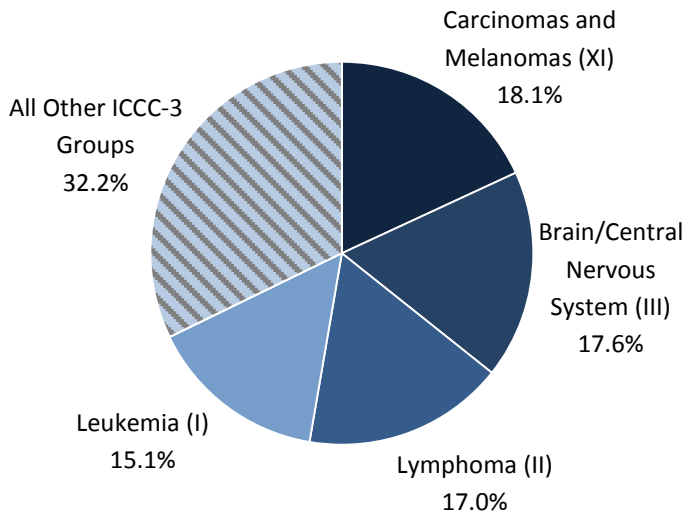
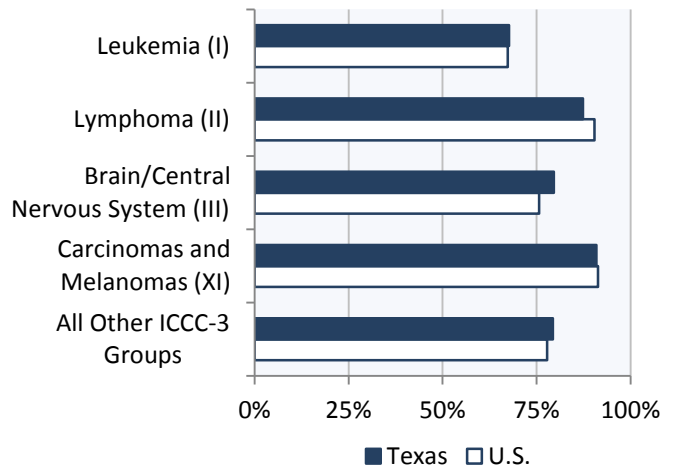


Figure 75. Five-Year Cancer Survival, Adolescent (Age 15-19) Cancer Groups, Cases Diagnosed 2001-2011.



Roman numerals indicate cancer category according to the International Classification of Childhood Cancer, 3rd edition (ICCC-3), <http://seer.cancer.gov/iccc/icccr-who2008.html>. More detail on specific tumors included in each group is in the Texas Cancer Registry's web tables at <http://www.dshs.state.tx.us/tcr/childhood.shtm>.

Mental Health

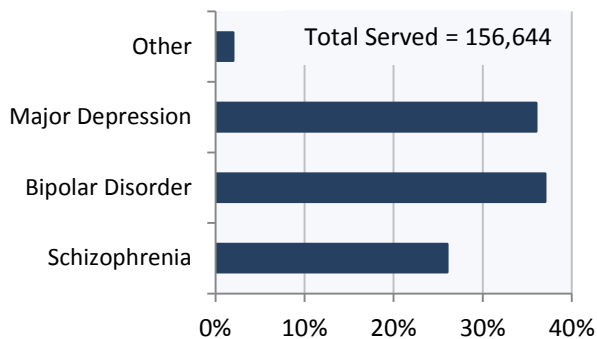


Mental health disorders represent a burden on health and productivity in Texas and the U.S. Mental health

disorders are the leading cause of disability, accounting for 25% of all years of life lost to disability and premature mortality.⁶⁸ Mental illness, including suicide, accounts for over 15% of the burden of disease in developed countries.

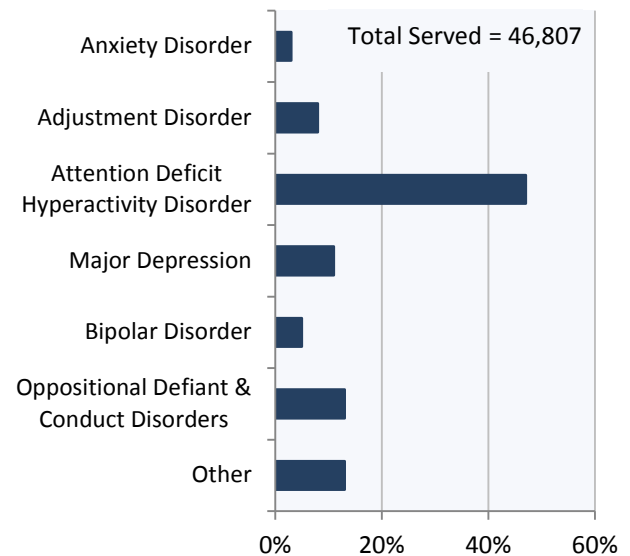
An adult with a serious and persistent mental illness is defined as having a diagnosable mental disorder that results in functional impairment that interferes with major life activities.⁶⁹ The prevalence of this adult condition is estimated to be just under 3%.

Figure 76. Medicaid and Indigent Adults Receiving Full Mental Health Services from the Texas Department of State Health Services by Diagnosis, State Fiscal Year 2013.



A child with a serious emotional disturbance is defined as someone 9-17 years old who has a diagnosable mental disorder that severely disrupts his or her ability to function socially.⁷⁰ The prevalence of this childhood condition is estimated to be 5%.

Figure 77. Medicaid and Indigent Children Receiving Mental Health Services from the Texas Department of State Health Services by Diagnosis, State Fiscal Year 2013.



Individuals with severe mental illness die at higher rates and on average 25 years earlier than those without mental illness. These individuals have a high rate of co-morbid medical conditions, including chronic diseases.⁷¹

⁶⁸ World Health Organization, *The World Health Report 2004: Changing History*, "Annex Table 3: Burden of disease in DALYs by cause, sex, and mortality stratum in WHO regions, estimates for 2002," Geneva: WHO, 2004.

⁶⁹ Kessler, R.C., Chiu, W.T., Demier, O., & Walters, E.E., "Prevalence, severity, and comorbidity of twelve-month DSM-IV disorders in the National Comorbidity Survey Replication (NCS-R)," *Archives of General Psychiatry*, 2005, Vol. 62(6): 617-27.

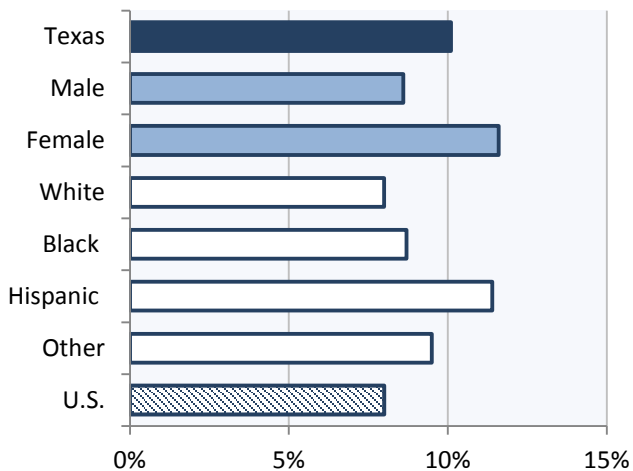
⁷⁰ NIMH (National Institute of Mental Health), NHIS (National Health Indicators Survey), *American Children: Key National Indicators of Well-Being*, http://www.nichd.nih.gov/publications/pubs/upload/americas_children_in_brief_report2008.pdf.

⁷¹ Parks, Joe, et.al., "Morbidity and Mortality in People with Serious Mental Illness", National Association of State Mental Health Program Directors (NASMHPD) Medical Directors Council, Technical Reports, October 2006, <http://www.nasmhpd.org/docs/publications/MDCdocs/Mortality%20and%20Morbidity%20Final%20Report%208.18.08.pdf>.

More than 90% of all suicides are linked to mental health disorders.^{72,73} In addition, substance abuse in conjunction with a psychiatric illness increases mortality risk. Individuals with severe mental illness die from both natural and accidental causes, but their illnesses are often undiagnosed, diagnosed late in the course of disease, or untreated.^{74,75}

The demand for crisis services and psychiatric hospitalizations reflect the continued burden of mental health disorders in Texas. From May 2008 through September 2013, the DSHS mental health crisis service hotline received an average of 7,000 calls each month. The number of adults receiving crisis services in State Fiscal Year 2013 was 51,901.

Figure 78. Prevalence of High School Students in Texas Who Attempted Suicide in the Last 12 Months, 2013.



⁷² Moscicki, E.K., "Epidemiology of completed and attempted suicide: toward a framework for prevention," *Clinical Neuroscience Research*, 2001, 1: 310-23.

⁷³ Conwell, Y., & Brent, D., "Suicide and aging: patterns of psychiatric diagnosis. *International Psychogeriatrics*, 1995, 7(2): 149-64.

⁷⁴ Felker, B., Yazel, J.J., Short, D., "Mortality and medical comorbidity among psychiatric patients: a review," *Psychiatric Services*, 1996 Dec; 47(12):1356-63.

⁷⁵ U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, *Sixteen-State Study on Mental Health Performance Measures*, 2003, http://www.nri-inc.org/reports_pubs/2003/16StateStudy2003.pdf.

Figure 79. Suicide Death Rates in Texas and the U.S.

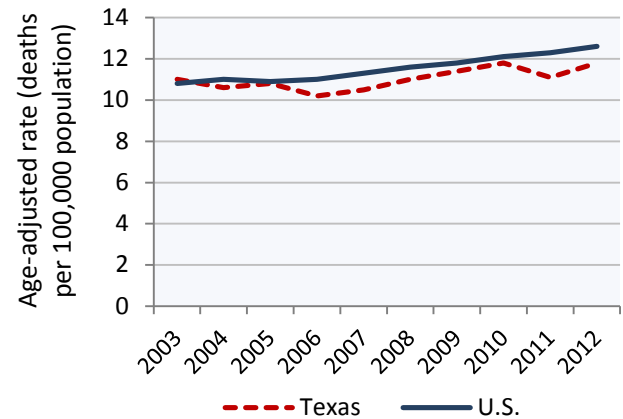


Figure 80. Suicide Death Rates in Texas by Race/Ethnicity.

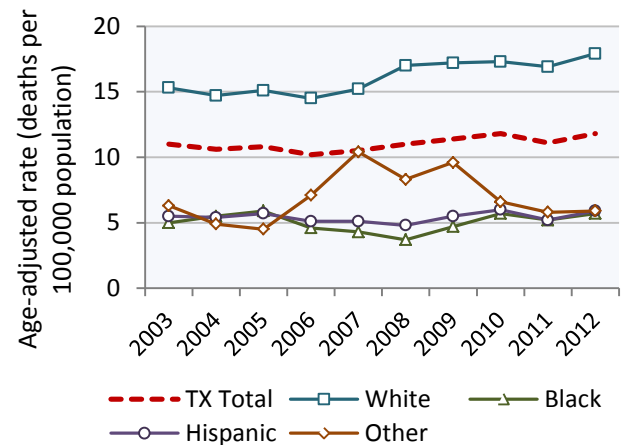
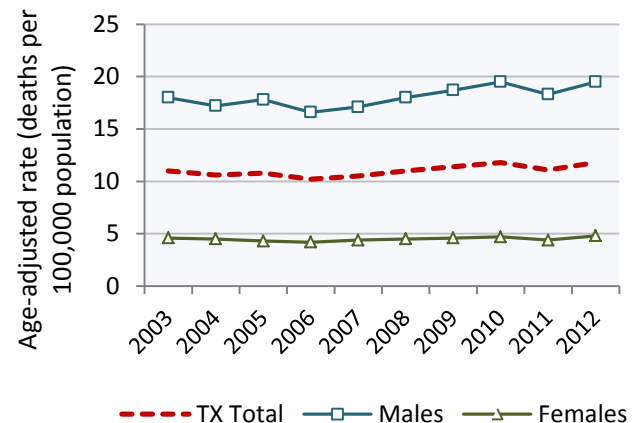


Figure 81. Suicide Death Rates in Texas by Gender.



Diabetes

Diabetes is a serious, costly, and increasingly common chronic disease that can have serious complications including heart disease, kidney failure, leg and foot amputations, and blindness, which can result in disability and premature death. Medical treatment can reduce the burden of diabetes.

There are two major types of diabetes:

- Type 1 is characterized by absolute insulin deficiency. This occurs as an autoimmune process that destroys the pancreas' ability to produce insulin. Onset occurs most often in childhood or adolescence, but can occur at any age.
- Type 2 is characterized by relative insulin deficiency. Type 2 diabetes is a progressive disease of insulin resistance in combination with insulin deficiency. The body may produce some insulin, but is unable to use it properly. Type 2 diabetes is far more common than type 1.

A less common type of diabetes is gestational diabetes. It is characterized by occurrence during pregnancy, after which it usually resolves. However, women who develop gestational diabetes are more likely to develop Type 2 diabetes later in life.

Type 2 diabetes, formerly considered “adult onset” diabetes, is now being diagnosed more frequently among children and adolescents.

Non-modifiable risk factors for type 2 diabetes include a family history of diabetes, and age of 45 years or older. Black, Hispanic, Native American, and Asian Americans also have higher risks for diabetes. Modifiable risk factors include being overweight (defined as above 20% of ideal weight), and having limited physical exercise. Other factors that increase the risk for type 2 diabetes include

previous diabetes during pregnancy or having a baby weighing more than 9 pounds at birth.

In 2012, diabetes was the seventh leading cause of death in Texas, accounting for 5,127 deaths. Diabetes prevalence and mortality rates are higher along the southern border (maps on pages A30 and A32, respectively). The mortality rate for the Texas border counties was 28.6 deaths per 100,000 population in 2012, which is higher than the combined mortality rate for all non-border counties of 21.0.⁷⁶

Figure 82. Age-Adjusted Prevalence of Diabetes in Texas by Race/Ethnicity.⁷⁷

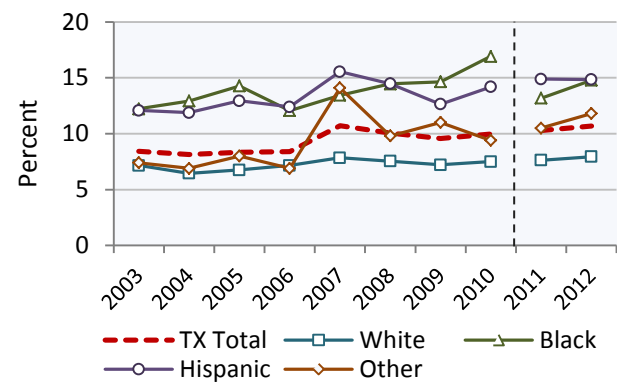
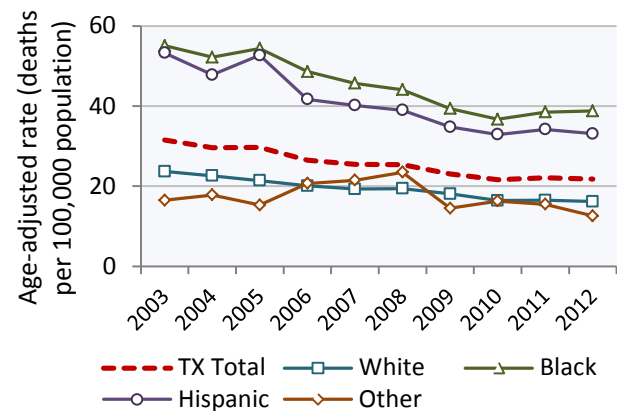


Figure 83. Diabetes Death Rates in Texas by Race/Ethnicity.



⁷⁶ Center for Health Statistics, Texas Department of State Health Services.

⁷⁷ Vertical, dashed line represents a change in methodology. More information in Appendix, page A5.

Respiratory Disease

COPD

Chronic obstructive pulmonary disease (COPD) is a slowly progressive lung disease resulting in a gradual loss of lung function. The symptoms of COPD range from chronic cough, sputum production, and wheezing, to more severe symptoms, such as shortness of breath, poor exercise tolerance, and signs or symptoms of right-sided heart failure. Because COPD often develops in long-time smokers during middle age, patients often have a variety of other diseases related to either smoking or aging. COPD itself also has significant systemic effects that lead to co-morbid conditions.^{78,79}

Figure 84. Age-Adjusted Prevalence of COPD in Texas by Household Income Level.

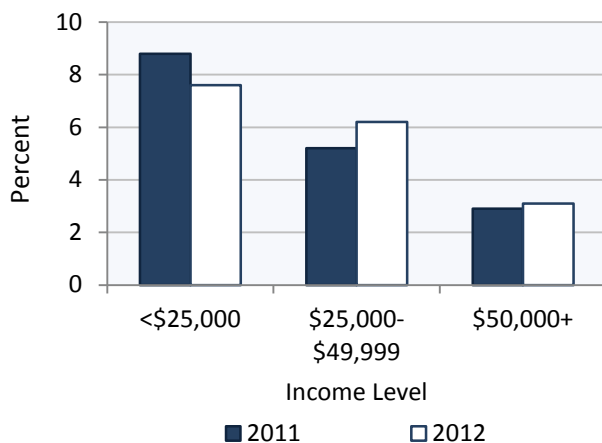
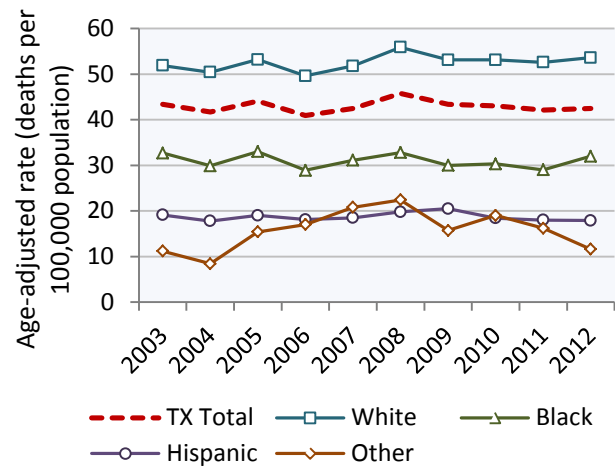


Figure 85. COPD Death Rates in Texas by Race/Ethnicity.



⁷⁸ Global Initiative for Chronic Obstructive Lung Disease, 2009, <http://www.goldcopd.com/>.

⁷⁹ Qaseem, A., Snow, V., Shekelle, P., et al., "Diagnosis and Management of Stable Chronic Obstructive Pulmonary Disease: Clinical Practice Guidelines from the American College of Physicians," *Ann Intern Med.*, 2007;147:633-638.

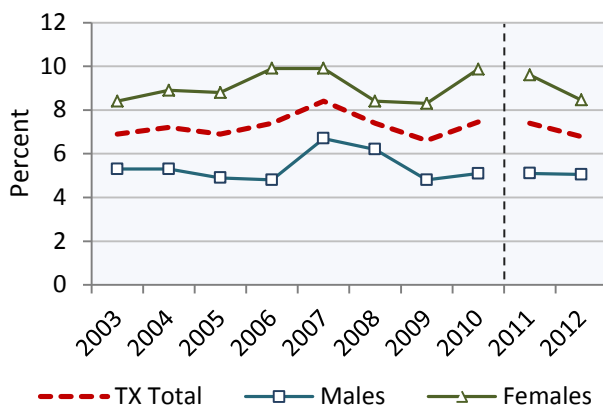
Asthma

Asthma is a chronic lung disease characterized by inflammation, bronchoconstriction, and an increase in mucus production. Although it is not known specifically what causes asthma, it is associated with genetic, environmental, socioeconomic, allergenic, and psychosocial factors.

Deaths due to asthma are rare, but they do occur. From 2003 to 2012, there were a total of 2,160 reported deaths in Texas due to asthma. Like asthma hospitalizations and emergency department visits, most asthma deaths can be prevented by proper management and quality health care.

In 2011, there was an estimated 1.4 million Texans who self-reported current asthma, in addition to an estimated 556,773 children 0-17 years of age who reported having asthma.⁸⁰ Asthma affects more children than any other chronic disease and is one of the most frequent reasons for hospital admissions among children.

Figure 86. Age-Adjusted Prevalence of Current Asthma in Texas by Gender.⁸¹



⁸⁰ Texas Department of State Health Services, Texas Asthma Control Program, *Asthma Health Facts 2011*, <http://www.dshs.state.tx.us/asthma/data.shtm>.

⁸¹ Vertical, dashed line represents a change in methodology. More information in Appendix, page A5.

Figure 87. Age-Adjusted Prevalence of Current Asthma in Texas by Race/Ethnicity.⁸²

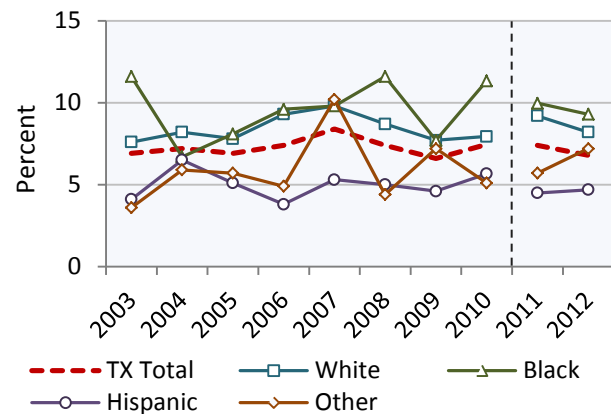
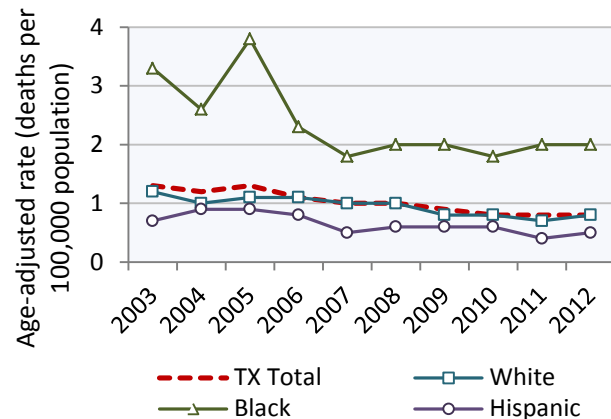


Figure 88. Asthma Death Rates in Texas by Race/Ethnicity.



* Numerator for "Other" race too small for rate calculation.

⁸² *Ibid.*

Kidney Disease

Chronic kidney disease (CKD) is a serious health condition in which the kidneys gradually lose their ability to function. The kidneys serve as the body's blood filtration system and also help maintain electrolyte balance, blood pressure, bone metabolism, and red blood cell production. When kidney function is seriously impaired, dangerous levels of fluid and waste can accumulate in the body, resulting in death from complications and co-morbid conditions. Early detection and treatment may prevent or delay adverse outcomes and progression to kidney failure.

Diabetes and hypertension are the leading causes of CKD. Individuals with cardiovascular disease or a family history of kidney disease also are at increased risk. Like many chronic diseases, the incidence of kidney disease increases with age and affects certain racial and ethnic populations disproportionately. Once the kidneys fail, renal replacement therapy in the form of dialysis or transplantation is necessary for survival.

CKD increases the probability of co-morbid conditions, such as hypertension and cardiovascular disease. More CKD patients die of cardiovascular events, particularly heart failure and acute myocardial infarction, than progress to end-stage kidney disease. Hypertension, a significant risk factor for CKD, is also recognized as a co-morbid condition in 85-95% of patients in later stages of CKD.⁸³ Other complications include anemia, bone disease, impaired vision, walking problems, and infections.

Management and treatment of CKD is aimed at ameliorating or delaying progression of the

disease, usually by controlling its underlying cause (such as diabetes, hypertension or CVD) and managing co-morbid conditions.

Figure 89. Number of Living End Stage Renal Disease Patients in Texas.

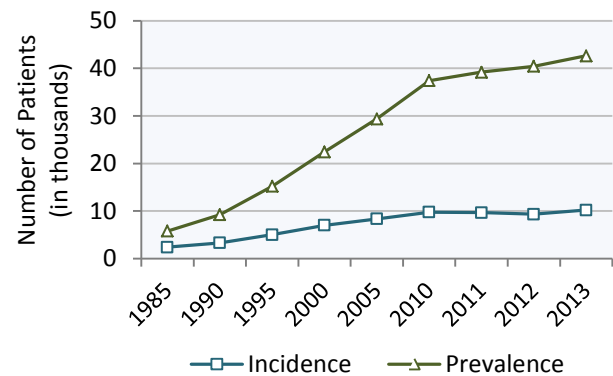


Figure 90. Kidney Disease Death Rates in Texas and the U.S.

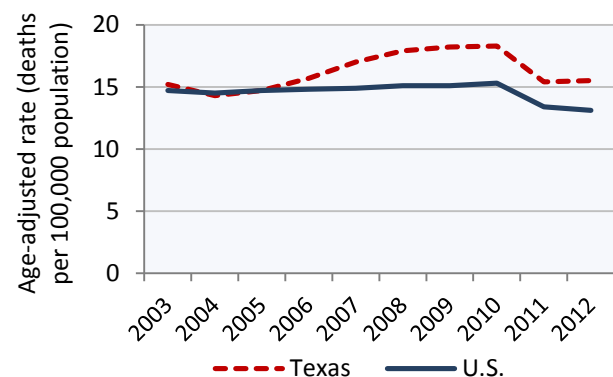
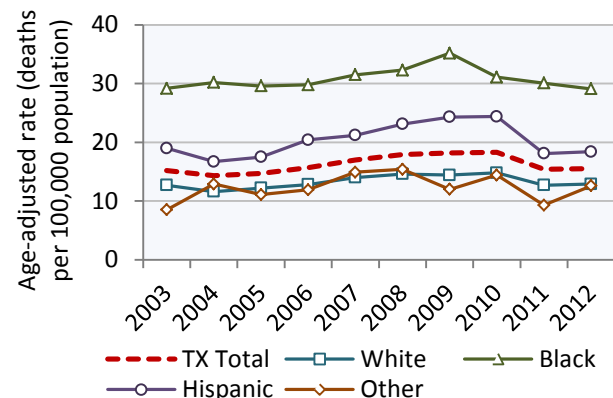


Figure 91. Kidney Disease Death Rates in Texas by Race/Ethnicity.



⁸³ Rao MV, Qiu Y, Wang C, Bakris G. Hypertension and CKD: Kidney Early Evaluation Program (KEEP) and National Health and Nutrition Examination Survey (NHANES), 1999–2004. *Am J Kidney Dis.* 2008;51(suppl 2):S30-S37.

Arthritis

Arthritis is one of the most prevalent diseases in the U.S. and a leading cause of disability among adults. Common symptoms include pain, aching, stiffness, and swelling in or around the joints. Common forms of arthritis include osteoarthritis, rheumatoid arthritis, fibromyalgia and juvenile arthritis. However, arthritis can be seen in over 100 different conditions ranging from mild to life-threatening.⁸⁴

Arthritis affects more than 52.5 million people in the U.S., resulting in substantial disability and an estimated \$128 billion in lost wages and medical expenditures every year. Arthritis limits the activities of nearly 22.7 million U.S. adults.⁸⁵ In Texas, 4.1 million adults have doctor-diagnosed arthritis, of which 1.7 million report activity limitations severe enough to interfere with daily activities.⁸⁶ As the U.S. population ages, the number of adults living with arthritis and other chronic conditions will increase. The number of U.S. adults with doctor-diagnosed arthritis is expected to reach 67 million by 2030, and 25 million of those are expected to have an arthritis-attributable activity limitation.⁸⁷

Certain factors have been shown to be associated with a greater risk of arthritis. Some of these risk factors are modifiable while others are not. Non-modifiable risk factors include age, gender, and family history. Modifiable risk factors include overweight and obesity, joint injuries, infection of

the joints, and occupations that involve repetitive motion.

Figure 92. Age-Adjusted Prevalence of Arthritis in Texas by Race/Ethnicity.⁸⁸

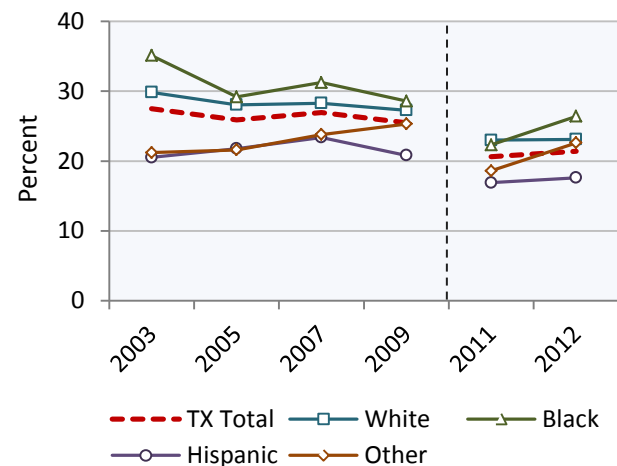
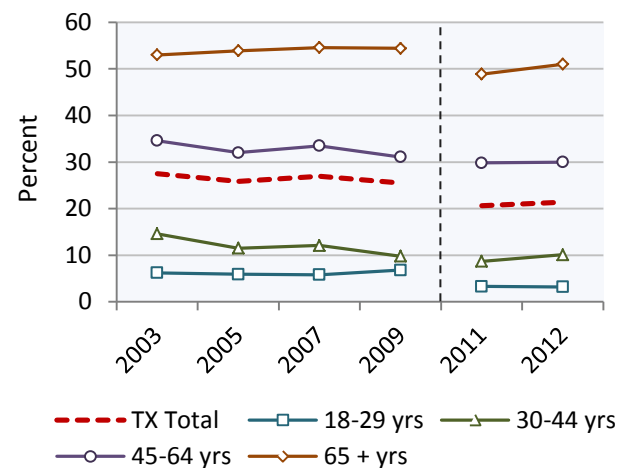


Figure 93. Age-Adjusted Prevalence of Arthritis in Texas by Age Group.⁸⁹



⁸⁴ Texas Department of State Health Services, "The Burden of Arthritis in Texas," 2005, <http://www.dshs.state.tx.us/arthritis/pdf/burden.pdf>, accessed on June 19, 2010.

⁸⁵ U.S. Centers for Disease Control and Prevention, "Prevalence of Doctor-Diagnosed Arthritis and Arthritis-Attributable Activity Limitation - United States, 2010-2012," MMWR 2013 62(44): 869-873.

⁸⁶ Texas Department of State Health Services, Texas Arthritis Program, "2009-2014 Arthritis State Plan," 2009, <http://www.dshs.state.tx.us/arthritis/pdf/ArthritisStatePlan0609.pdf>, accessed on Feb. 18, 2014.

⁸⁷ U.S. Centers for Disease Control and Prevention, "Arthritis Data and Statistics: National Statistics," www.cdc.gov/arthritis/data_statistics/index.htm, accessed on January 8, 2009.

⁸⁸ Vertical, dashed line represents a change in methodology. More information in Appendix, page A5.

⁸⁹ *Ibid.*

Alzheimer's Disease

Dementia is the loss of brain function that occurs with certain diseases. Alzheimer's disease is one form of dementia that gradually worsens over time. It affects memory, thinking, and behavior.⁹⁰

Alzheimer's is the 6th overall leading cause of death in Texas, the 5th leading cause of death for men over the age of 75, and the 4th leading cause of death for women over the age of 75. In the U.S., there are now more than 5.3 million people living with Alzheimer's disease. This includes 5.1 million people age 65 or older and approximately 200,000 under age 65 with younger-onset Alzheimer's disease.⁹¹ In Texas, an estimated 340,000 individuals have Alzheimer's Disease.⁹²

There is no cure for Alzheimer's disease. Unlike other forms of dementia, Alzheimer's disease is progressive in nature and continues through cognitive and functional decline to total disability and death. The financial impact of the disease exceeds \$172 billion in annual costs in the U.S.⁹³

The primary risk for Alzheimer's disease is advanced age, but it is not a normal part of aging. More women than men have Alzheimer's disease, but this could be a consequence of their longer life expectancy. Black and Hispanic individuals may be at higher risk for the disease. The increasing prevalence of Alzheimer's disease is related

directly to increasing life expectancy. A person with Alzheimer's disease or a related dementia will live an average of five to eight years after diagnosis, but may live another 20 years or more.⁹⁴

Figure 94. Alzheimer's Death Rates in Texas and the U.S.

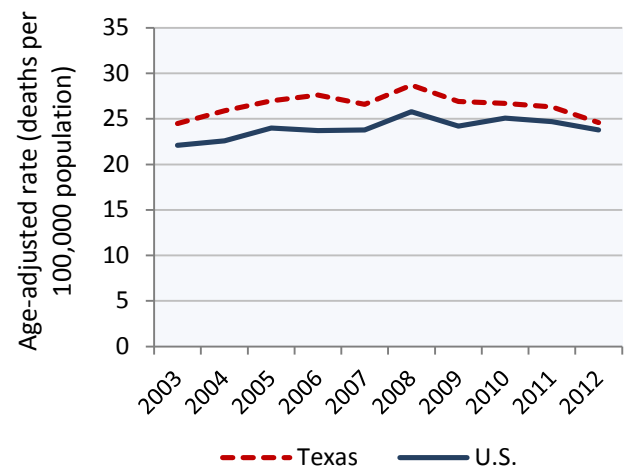
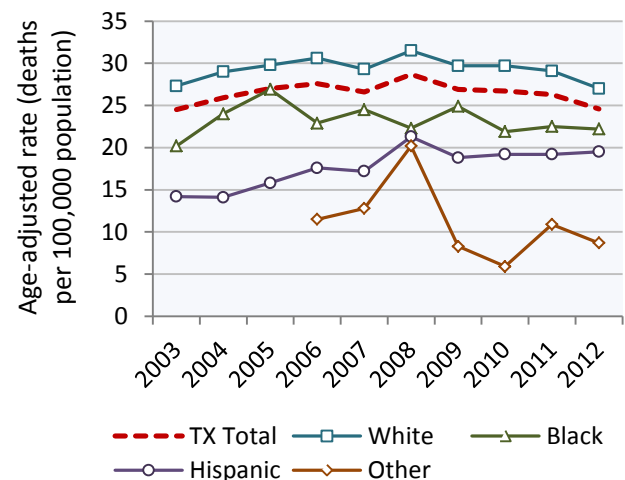


Figure 95. Alzheimer's Death Rates in Texas by Race/Ethnicity.



*Prior to 2006, the number of "Other" Alzheimer's deaths was too small for rate calculation.

⁹⁰ U.S. National Library of Medicine.

⁹¹ Texas Department of State Health Services, "2010-2015 Texas State Plan on Alzheimer's Disease," <http://www.dshs.state.tx.us/alzheimers/pdf/DRAFTTEXASPLAN.pdf>; accessed on June 19, 2010.

⁹² Texas Department of State Health Services, Alzheimer's Disease Program, "Alzheimer's Disease Statistics," <http://www.dshs.state.tx.us/alzheimers/statistics.shtm>; accessed on September 12, 2014.

⁹³ Texas Department of State Health Services, "2010-2015 Texas State Plan on Alzheimer's Disease," <http://www.dshs.state.tx.us/alzheimers/pdf/DRAFTTEXASPLAN.pdf>; accessed on June 19, 2010.

⁹⁴ Texas Department of State Health Services, "2010-2015 Texas State Plan on Alzheimer's Disease".

Infectious Diseases

Infectious diseases are caused by bacteria, viruses, or other microorganisms. At the turn of the 20th century, the leading causes of death in Texas were infectious diseases, including influenza, smallpox, and certain enteric diseases. Through vaccine development, effective treatments for certain infectious diseases, improvements in drinking water quality and sanitation, and pasteurization of nearly all milk products, large reductions in infectious disease incidence and mortality have occurred.

Infectious diseases are still a significant health concern in Texas and the U.S. Certain behaviors can greatly reduce the risk of spreading infections. Proper hand washing, for example, can prevent the transmission of many diseases. Vaccinations reduce illnesses and deaths from diseases such as influenza, pertussis (whooping cough), measles, mumps, and others. Avoidance of risky sexual behaviors reduces the spread of HIV, chlamydia, gonorrhea, syphilis, and other disorders. HIV in Texas is primarily spread by sexual contact. Nearly 90% of the top ten reported infectious diseases in the U.S. are sexually transmitted, including chlamydia, gonorrhea, syphilis, and HIV.⁹⁵

Vaccines stimulate the immune system to produce an immune response similar to that produced by a natural infection, but they do not subject the recipient to the disease and its potential complications. The viruses and bacteria that cause vaccine-preventable diseases and death still exist and can be passed on to unprotected persons.



⁹⁵ U.S. Centers for Disease Control and Prevention, "Summary of Notifiable Diseases – United States, 2102," MMWR 2014 61(53), <http://www.cdc.gov/mmwr/PDF/wk/mm6153.pdf>.

Immunizations

Vaccines are recognized as one of the top ten public health successes of the twentieth century. Not long ago, diseases like measles, mumps, rubella, diphtheria, and polio were common causes of illness and death, especially among children. Today, these diseases are preventable by immunization and occur much less often in the U.S. Texans do, however, still contract and die from vaccine-preventable diseases.

Sustaining high vaccine coverage levels is important because a highly vaccinated population reduces the spread of disease and safeguards the health of all Texans. DSHS continues efforts to make improvements in raising vaccine coverage levels by implementing nationally proven strategies statewide.

The childhood immunization series for children 19-35 months of age includes four or more doses of DTaP (diphtheria, tetanus, pertussis) vaccine, three or more doses of poliovirus vaccine, one or more doses of MMR (measles, mumps, rubella) vaccine, three or more doses of hepatitis B vaccine, one or more doses of varicella vaccine, and four or more doses of pneumococcal conjugate vaccine, and a full series of Hib (*Haemophilus influenzae* type b).⁹⁶ The vaccine coverage rate in Texas for children in this age range was 64.8% for the complete series in 2012. This rate is below the national average of 68.4%.⁹⁷

The Healthy People 2020 goal for each individual vaccine included in the full childhood series is 90%.⁹⁸ In 2010 and 2011, Texas met this goal for

four of the six vaccines mentioned; however, by 2012, Texas met the goal for only the poliovirus vaccine, with MMR falling just shy of 90% coverage.

Figure 96. Percent of Children 19-35 Months of Age Receiving Full Vaccination Series.

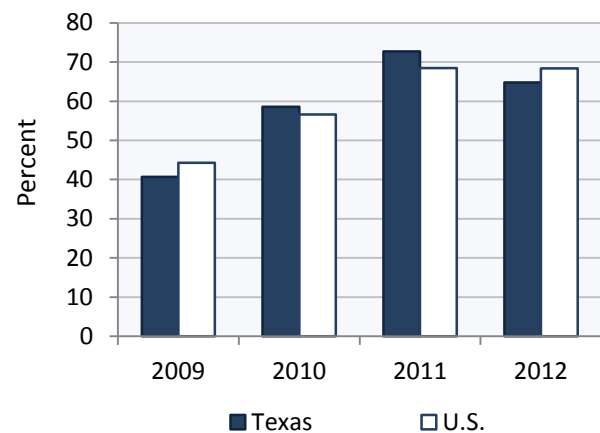
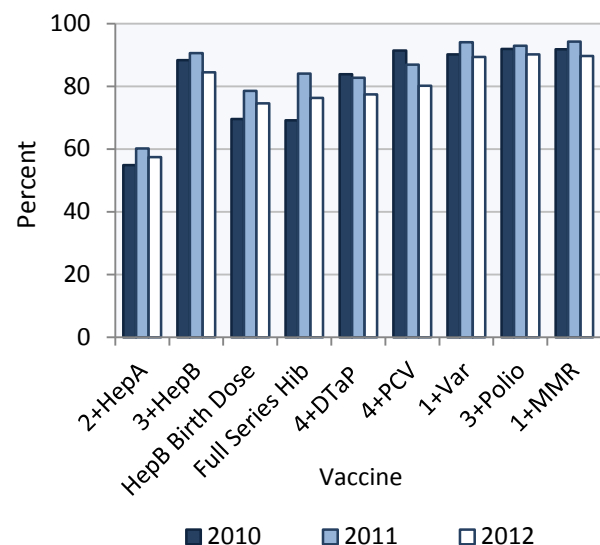


Figure 97. Estimated Vaccination Coverage among Children 19-35 Months of Age in Texas by Vaccine.



⁹⁶ The full series of Hib vaccine is ≥ 3 or ≥ 4 doses depending on the brand used.

⁹⁷ U.S. Centers for Disease Control and Prevention, National Immunization Survey, Children (19-35 months), <http://www.cdc.gov/VACCINES/stats-surv/nis/default.htm#nis>.

⁹⁸ U.S. Department of Health and Human Services, Healthy People 2020, Immunization and Infectious Diseases,

Hepatitis A, B, and C

Hepatitis A, B and C are viral diseases of the liver. Hepatitis A and B are vaccine preventable, while currently there is no vaccine to prevent Hepatitis C infection. Hepatitis A is spread primarily by fecal-oral contact, while hepatitis B and C are usually spread through sexual or blood contact.

People infected with Hepatitis B and C can become long-term or chronic carriers of the disease and infect others for years after they became infected. Hepatitis B and C can also cause serious liver disease and liver failure. People with Hepatitis B and C are also at increased risk of developing liver cancer.

Hepatitis A

Since the introduction of routine childhood Hepatitis A vaccine recommendations in 1996, the incidence of this disease in Texas has dramatically declined. School and childcare Hepatitis A vaccination requirements began in Texas in 1999, and as of the school year 2009-2010, Hepatitis A vaccination is required for kindergarten and daycare entry across Texas. There has been an 82% decline in cases from 2003 to 2013, from 613 cases (2.8 cases per 100,000 population) to 109 cases (0.4 cases per 100,000 population) reported.

Hepatitis B

In 2013, 142 acute Hepatitis B virus infections were reported in Texas (0.5 cases per 100,000 population). This is an 85% decline from 2003, when 965 cases were reported (4.4 cases per 100,000 population). The majority of acute Hepatitis B cases in Texas have been reported for adults ages 18 years and older.

Figure 98. Hepatitis A Cases and Incidence Rates in Texas.

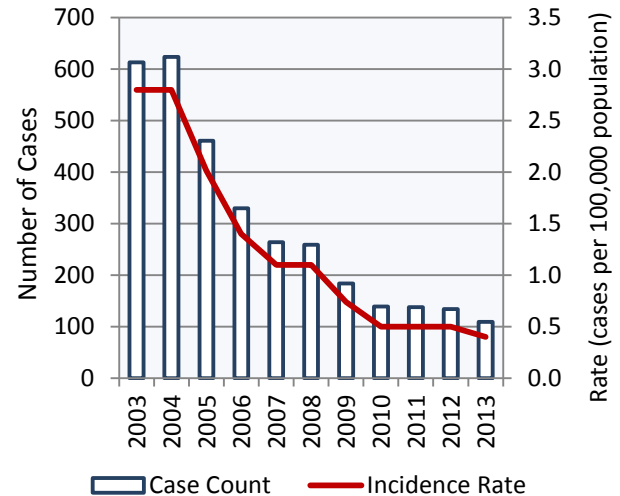
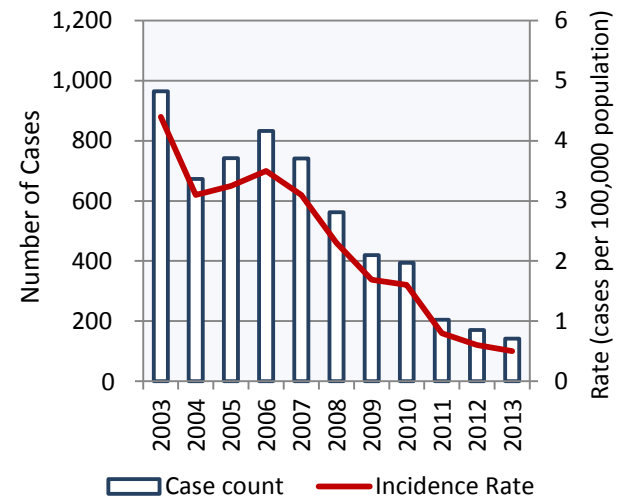


Figure 99. Acute Hepatitis B Cases and Incidence Rates in Texas.

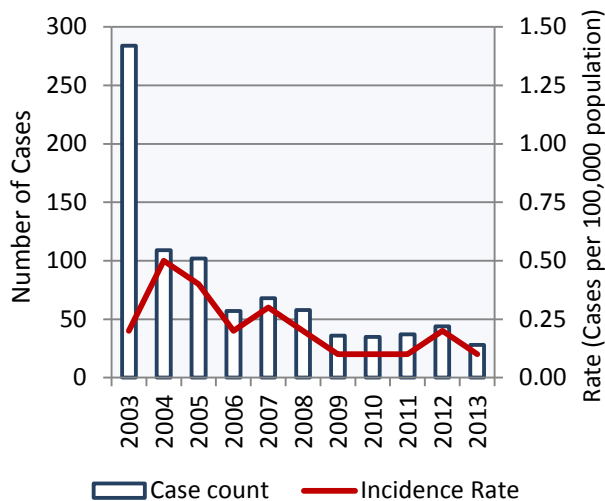


Hepatitis C

Only acute cases of Hepatitis C are reported. The number of cases dropped from 2003 through 2013, from 284 to 28. This decrease in reported cases may be related to a change in case definition, rather than changes in actual morbidity.

There are approximately 3.2 million people in the U.S. who have chronic Hepatitis C infection. Infection is most prevalent among those born between 1945 and 1965, the majority of whom were likely infected during the 1970s and 1980s when rates were highest.⁹⁹

Figure 100. Acute Hepatitis C Cases and Incidence Rates in Texas.



⁹⁹ "Recommendations for the identification of chronic hepatitis C virus infection among persons born during 1945-1965". *MMWR Recomm Rep* 61 (RR-4): 1-32. August 2012.

Measles, Mumps & Rubella

Measles, mumps, and rubella are viral illnesses that occur mainly in children. Vaccines against these diseases have been available for many years, and the numbers of cases are now low, however, outbreaks do sometimes occur.

Measles

Measles is a respiratory disease that is typically accompanied by a rash. It spreads very easily from person to person. About one in 1,000 infected children dies from the disease. Before the first licensed measles vaccine was released in 1963, there were usually at least 500,000 cases of measles and nearly 500 deaths each year in the U.S.¹⁰⁰ Through effective vaccination, the incidence and deaths from measles have declined, however, travelers from areas of the world where measles are still common can bring it into the U.S. and cause outbreaks in groups of people who have low vaccination rates. In 2012, there were no cases of measles reported in Texas, but in 2013, 27 cases of measles were reported in the state, the highest annual case count in more than 20 years.¹⁰¹

Mumps

Mumps typically starts with a few days of fever, headache, muscle aches, tiredness, and loss of appetite, and is followed by swelling of the salivary glands. In 1964, over 200,000 cases of mumps and 50 deaths were reported in the U.S. Through effective vaccination, the incidence and deaths from mumps have declined. In 2013, only 13 cases of mumps were reported in Texas, continuing a

downward trend since 2010 in which there were 121 mumps cases.¹⁰²

Rubella

Rubella (German measles) causes fever and rash that can be spread when an infected person coughs or sneezes. Pregnant women who get rubella have a 20% chance of giving birth to a baby with birth defects, including deafness, cataracts, heart defects, mental impairment, and liver and spleen damage. In 1964, nearly 500,000 cases of rubella and about 20 deaths were reported in the U.S. Through effective vaccination, the incidence and deaths from rubella have declined. There have been no cases of rubella reported in Texas since 2004.¹⁰³



¹⁰⁰ Roush SW, Murphy TV; Vaccine-Preventable Disease Table Working Group. Historical comparisons of morbidity and mortality for vaccine-preventable diseases in the United States. JAMA. 2007 Nov 14;298(18):2155-63.

¹⁰¹ Infectious Disease Control Unit, Texas Department of State Health Services, "Reported Morbidity and Mortality of Vaccine-Preventable Diseases in Texas, 2004-2013, http://www.dshs.state.tx.us/idcu/health/vaccine_preventable_diseases/statistics/.

¹⁰² Ibid.

¹⁰³ Ibid.

Influenza

Influenza is caused by any of three types of influenza viruses, A, B, and C. Without confirmation of infection with one of the influenza viruses, influenza-like illness is defined as fever ($\geq 100^{\circ}$ F), cough, and/or sore throat.

Most influenza cases occur during “flu season”, which runs from approximately October to April, resulting in 10-20% of the population becoming infected. Risk of complications (including pneumonia), hospitalization, and death due to seasonal influenza are typically highest in persons over 64 years of age, the very young, and those with certain underlying health conditions. There are an estimated 36,000 influenza deaths annually in the U.S. and 90% of fatalities occur in persons over age 64.¹⁰⁴

In most cases, influenza is not a reportable disease in Texas, but reporting of outbreaks is required. Additionally, influenza-associated pediatric death became a reportable condition in 2007. Twelve influenza-associated pediatric deaths were reported in Texas for the 2011 - 2012 influenza season.

The potential for avian influenza to become easily transmissible to humans and the uncertainty over the severity of any influenza have made influenza preparedness and surveillance for influenza a high public health priority.

Table 2. Influenza-associated Pediatric Deaths and Death Rates* in Texas.

	2008	2009	2010	2011	2012
Deaths	9	54	7	11	12
Rate	0.1	0.8	0.1	0.2	0.2

Deaths per 100,000 population (ages 0-17)

¹⁰⁴ W. Thompson, D. Shay, E. Weintraub, L. Brammer, N. Cox, L. Anderson, K. Fukuda, “Mortality Associated With Influenza and Respiratory Syncytial Virus in the United States,” *JAMA*, 2003, 289:179-186, <http://jama.ama-assn.org/cgi/content/abstract/289/2/179>.

Figure 101. Influenza and Pneumonia-related Death Rates in Texas by Age Group.

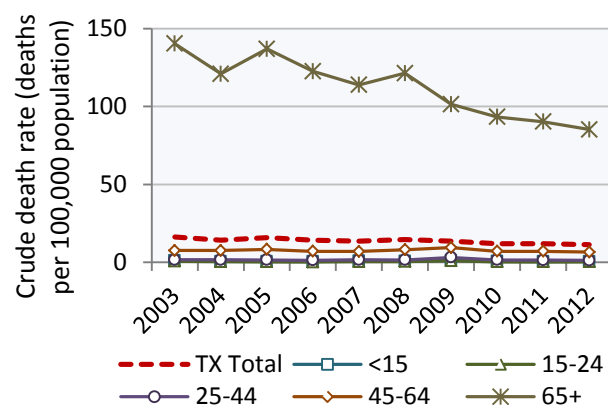


Figure 102. Influenza and Pneumonia-related Death Rates in Texas by Race/Ethnicity.

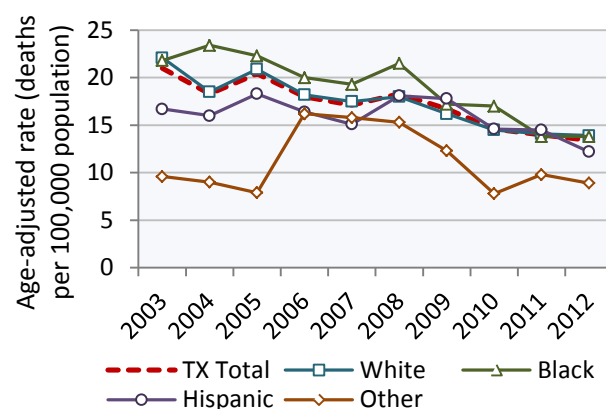
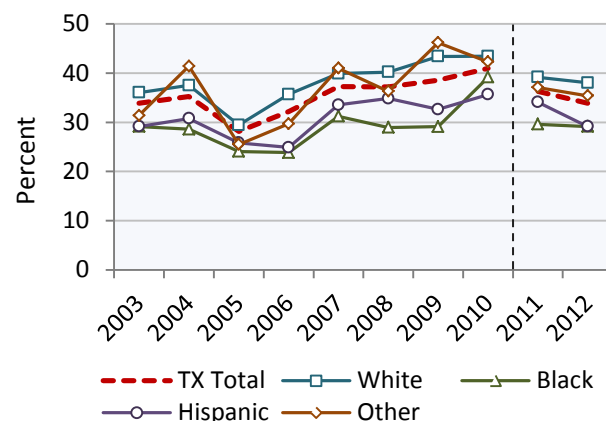


Figure 103. Percent of Adults Age 18 and Older in Texas who Received the Influenza Vaccine by Race/Ethnicity (Age-Adjusted).¹⁰⁵



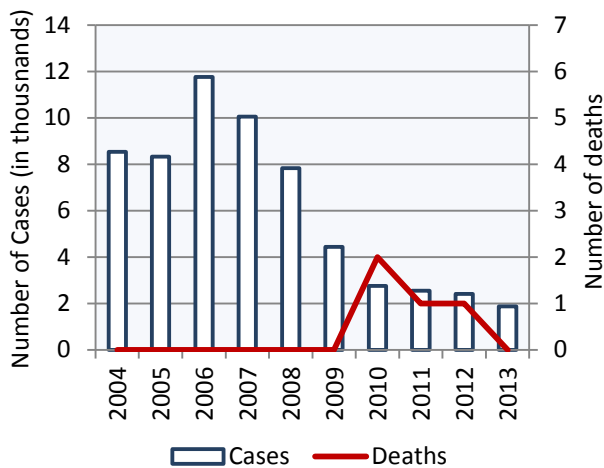
¹⁰⁵ Vertical, dashed line represents a change in methodology. More information in Appendix, page A5.

Other Vaccine-Preventable Diseases

Chickenpox

Chickenpox (varicella) is a viral infection that used to be a common childhood disease. The infection is characterized by a very itchy and blistery rash that often covers most of the body. The disease is rarely fatal, but it can have serious complications. A vaccine that prevents chickenpox has been available since 1995. In Texas, the number of chickenpox cases continues to decline, and in 2013 there were 1,874 cases reported.

Figure 104. Chickenpox Cases and Deaths in Texas.

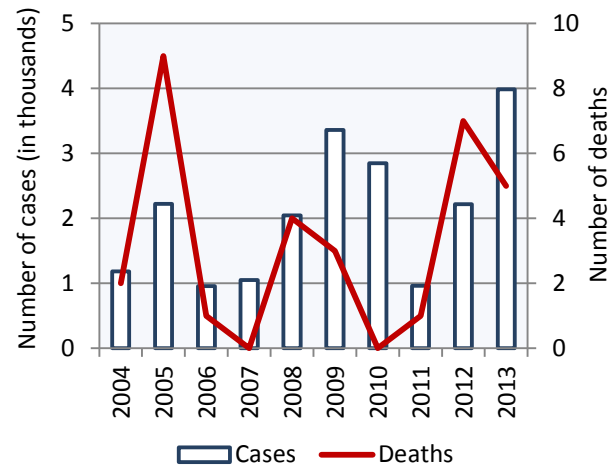


Pertussis

Pertussis, or whooping cough, is a highly contagious upper respiratory illness. The coughing fits of an ill person can be prolonged and exhausting, and they also have a distinctive sound - the “whoop” - that gives the illness its common name. Pertussis is especially dangerous for infants, but it can cause pneumonia and death in persons of any age. Of the childhood diseases for which we now have vaccines, immunity to pertussis wanes over time and so protection from illness and death are not as effective as for other vaccines. Still, vaccination is the most effective method for

prevention of pertussis. In 1934, there were over 250,000 reported pertussis cases and 7,500 deaths in the U.S. In 2013, there were 3,985 cases of pertussis reported in Texas, with five deaths.

Figure 105. Pertussis Cases and Deaths in Texas.

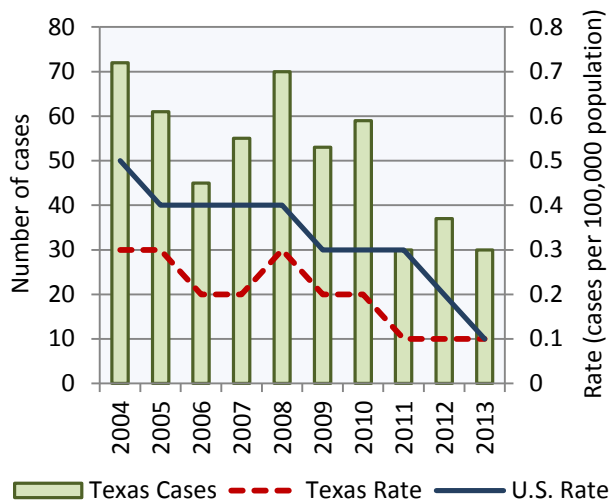


Meningitis

Meningitis, which is an inflammation of the membranes that cover the brain and spinal cord, can be caused by a variety of microorganisms and other factors. The most common type of bacterial meningitis in children and adolescents is meningococcal meningitis, which is caused by the bacterium *Neisseria meningitidis*. This organism is also a leading cause of bacterial meningitis in adults, and it can invade tissues other than those of the nervous system. There are 13 subgroups, or serotypes, of meningococcal meningitis, the symptoms of which typically include sudden onset of fever, headache, and a stiff neck. This organism can be passed from person to person and is a problem in crowded living quarters, such as dormitories and military barracks. Early treatment is important in preventing serious complications and death.

Multiple vaccines against meningococcal disease are now available in the United States. Currently, however, there is no U.S. licensed vaccine that protects against meningococcal serogroup B, which causes about one third of all meningococcal disease in the U.S. and Texas.¹⁰⁶ Vaccination is most commonly recommended for adolescents, college students, and military recruits, although it may be recommended for other age groups and populations considered to be at increased risk for meningococcal disease.

Figure 106. Meningococcal Cases and Incidence Rates.



Human papillomavirus

Human papillomavirus, or HPV, can cause warts (soft growths) on the skin and mucus membranes of the genitals. The virus is spread from person to person by sexual contact. These warts usually go away on their own, but in some infected women the virus persists and can cause cancer of the cervix. In fact, this virus is the cause of nearly all cases of cervical cancer. In addition, HPV has been

found to be associated with several other types of cancer, including vulvar, vaginal, penile, anal, and oropharyngeal (back of the throat, including the base of the tongue and tonsils).¹⁰⁷

HPV is one of the most common causes of STDs in the world. According CDC, there are approximately 6.2 million new cases of HPV infections reported each year. At least 20 million Americans are already infected.

Vaccines to prevent HPV infection have been available since 2006 and have been routinely recommended for females ages 11-12. In 2009, CDC added the recommendation of routine HPV vaccination for males ages 11-12. In addition, HPV



vaccines are also recommended for teen boys and girls who did not get the vaccine when they were younger, teen girls and young women through age 26, as well as teen boys and young men through age 21. It may also be recommended for individuals at increased risk for HPV infection, such as those with compromised immune systems through age 26.¹⁰⁸

Table 3. Prevalence of HPV Vaccination among Female Youth and Adults in Texas, 2012.

	Yes	No
Female Youth (13-17 years)	38.6%	61.4%
Adult Females (18-26 years)	28.6%	71.4%

¹⁰⁶ Immunization Action Coalition, "Meningococcal: Questions and Answers – Information about the disease and vaccines," (Technical content reviewed by the Centers for Disease Control and Prevention), accessed September 15, 2014. <http://www.immunize.org/catg.d/p4210.pdf>.

¹⁰⁷ U.S. Center for Disease Control and Prevention, HPV Vaccines <http://www.cdc.gov/hpv/vaccine.html>.

¹⁰⁸ *Ibid.*

Tuberculosis

Tuberculosis (TB) is a bacterial disease caused by *Mycobacterium tuberculosis*. These bacteria infect primarily the lungs and can be transmitted when a person with TB in the lungs or throat talks, coughs, or sneezes. Pulmonary TB, the most common form of the disease, is characterized by fever, night sweats, weight loss, difficulty breathing, and a cough. TB bacteria can infect any part of the body, including the kidneys, joints, spine, and brain. If not treated properly, TB can be fatal.

In 2013, just over 1,222 TB cases were reported in Texas. The U.S. national TB infection rate in 2013 was 3.0 cases per 100,000 population with 9,582 cases reported.¹⁰⁹ Texas reported 12.7% of the total 2013 cases, with a TB infection rate of 4.6 cases per 100,000 population.

In 2013, the majority of TB cases (65%) reported in Texas were among males. In Texas, the counties with the highest incidence rates of TB are near the border with Mexico (map on page A39).

Resistance to antibiotics is a serious problem with TB. Most patients must take a combination of several antibiotics to effectively treat their infection. In 2013, six TB cases in Texas were resistant to multiple antibiotics.

Foreign-born persons continue to account for a significant portion of reported TB cases in Texas. More than half of persons diagnosed with TB in Texas in 2013 were born outside of the U.S. Among Texas TB patients who were born outside of the U.S., most were from Mexico (46%), Vietnam (8%), India (6%), and Honduras (5%).¹¹⁰

Figure 107. Number of Newly Identified Tuberculosis Cases in Texas and Incidence Rates in Texas and the U.S.

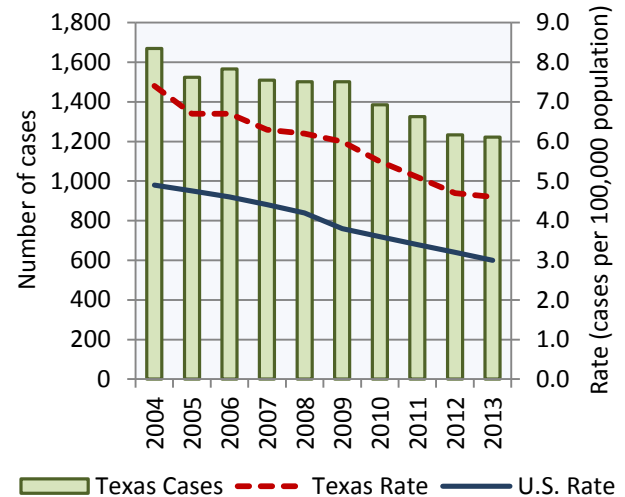
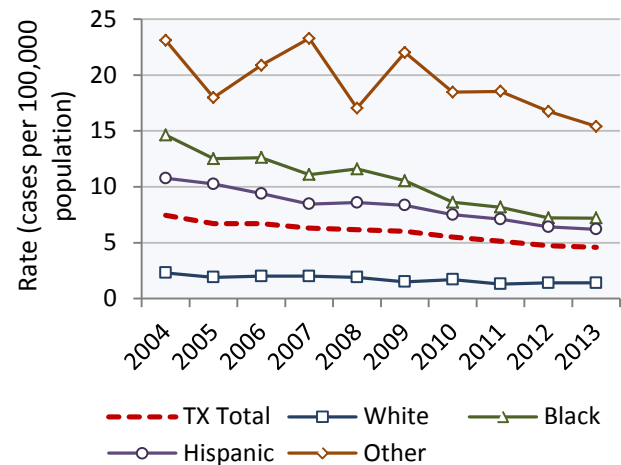


Figure 108. Tuberculosis Incidence Rates in Texas by Race/Ethnicity.



¹⁰⁹ U.S. Centers for Disease Control and Prevention, "Reported Tuberculosis in the United States, 2013".

<http://www.cdc.gov/tb/statistics/reports/2013/pdf/report2013.pdf>.

¹¹⁰ Texas Department of State Health Services, Epidemiology and Surveillance Branch, TB/HIV/STD and Viral Hepatitis Unit.

HIV and AIDS

Human Immunodeficiency Virus (HIV) is the virus that causes AIDS (Acquired Immune Deficiency Syndrome). HIV attacks certain cells of the immune system which fight infections. When the number of these targeted immune system cells falls below a certain level, the infected person is considered to have AIDS. People with AIDS are susceptible to a wide variety of infections and cancers because their immune systems are not able to protect the body from diseases. There is no cure for AIDS.

HIV is transmitted from one person to another through blood, semen, vaginal secretions, and breast milk. In Texas, about three-quarters of persons with HIV are infected by sexual contact with an infected person, and about 22% acquire their infections by sharing injection drug needles or syringes with an infected person. Women can pass HIV to their children during pregnancy or birth, or very rarely, through breastfeeding. Less than 1% of HIV cases in Texas result from mother to child transmission.

In 2013, there were an estimated 76,621 persons living with HIV infection in Texas.¹¹¹ Though the number of people living with HIV infection has been slowly increasing, more of them are surviving longer. After peaking in the mid-1990s, the number of deaths in Texas resulting from HIV infection has slowly decreased each year since, reaching 693 deaths in 2012.

Based on population and the number of HIV cases, five areas in Texas are designated by the Health Resources and Services Administration (HRSA) as Eligible Metropolitan Areas (EMA) or Transitional Grant Areas (TGA). These areas are Austin, Dallas, Fort Worth, Houston, and San Antonio. The

Houston EMA accounted for 32% and the Dallas EMA accounted for 24% of persons living with HIV in Texas in 2012.¹¹²

Figure 109. Rates of People Living with HIV Infection in Texas by Race/Ethnicity.

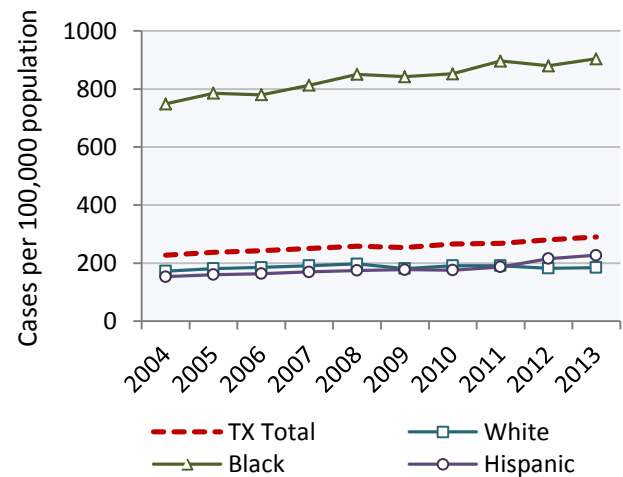
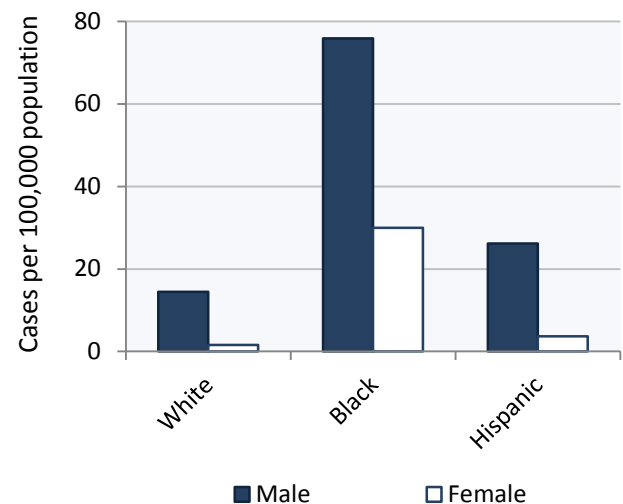


Figure 110. Rate of Newly Diagnosed HIV Cases in Texas by Gender and Race/Ethnicity, 2013.



¹¹¹ Texas HIV Surveillance Report 2013, HIV/STD Program, Texas Department of State Health Services, <https://www.dshs.state.tx.us/hivstd/reports/>.

¹¹² Texas Integrated Epidemiological Profile, 2012, HIV/STD Program, Texas Department of State Health Services, <https://www.dshs.state.tx.us/hivstd/reports/>.

Other Sexually Transmitted Diseases

In 2013, 165,249 sexually transmitted disease (STD) cases, excluding HIV, were reported in Texas, an increase of 0.9% from 163,809 cases in 2012.¹¹³

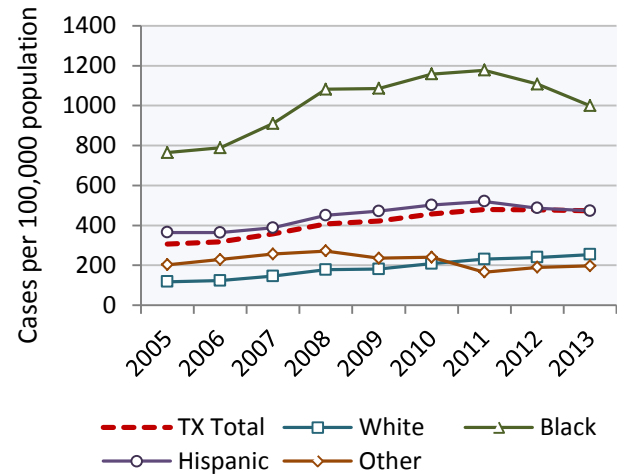
STDs are generally treatable. However, STD prevention is important because of potential adverse effects of STDs related to fertility, the health of pregnant women and their babies, and risk for other infectious diseases, including HIV. In addition, antibiotic drug resistance has become a problem in the treatment of some STDs.

Texas bears a significant portion of the reportable STD burden in the U.S., ranking 13th among states in chlamydia case rates, 13th in gonorrhea rates, and 2nd in syphilis rates in 2012.¹¹⁴ STDs continue to affect the Black population more than any other racial or ethnic group.

Chlamydia

The bacterium *Chlamydia trachomatis* is the most common reportable cause of STDs in Texas. Reports of chlamydia infection in 2013 totaled 125,114 (473.1 cases per 100,000 population), which is an increase over the total number of cases in 2012 (124,649), but represents a 1.1% rate decrease.¹¹⁵ Chlamydia infections often produce no symptoms or mild symptoms, such as burning during urination. Asymptomatic persons can readily spread the disease. Women are tested more often than men for chlamydia because of the increased risk of severe outcomes, including pelvic inflammatory disease, ectopic pregnancy, and infection of a fetus. Infected newborns can have serious health problems.

Figure 111. Chlamydia Incidence Rates for Texas by Race/Ethnicity.



Syphilis

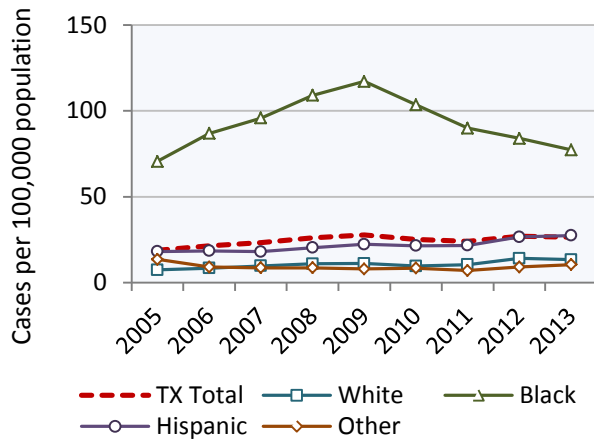
Syphilis is an STD caused by the bacterium *Treponema pallidum*. Primary syphilis is characterized by the appearance of one or more sores at the infection site. These sores heal, but the disease progresses to secondary syphilis, if no treatment is given. The symptoms of secondary syphilis usually go away with or without treatment, and without treatment a latent or hidden stage follows that can last several decades. Late syphilis, which can appear after latency, is often fatal. Total syphilis includes all stages of the disease including congenital syphilis.

¹¹³ Texas Department of State Health Services, *Texas STD Surveillance Report, 2013*, <https://www.dshs.state.tx.us/hivstd/reports/>.

¹¹⁴ U.S. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Division of STD Prevention, *Sexually Transmitted Disease Surveillance 2012*. <http://www.cdc.gov/std/stats12/Surv2012.pdf>.

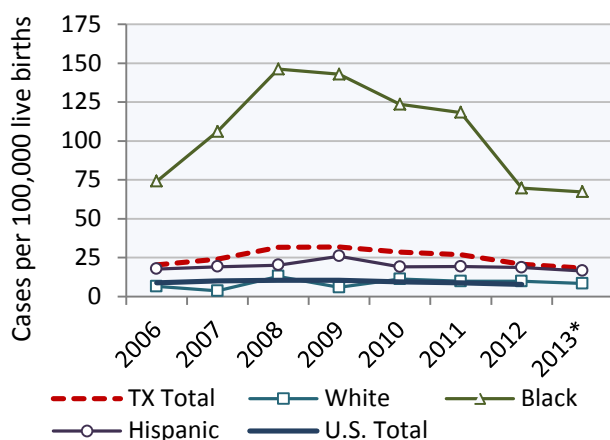
¹¹⁵ Texas Department of State Health Services, *Texas STD Surveillance Report, 2013*, <https://www.dshs.state.tx.us/hivstd/reports/>.

Figure 112. Total Syphilis Incidence Rates for Texas by Race/Ethnicity.



Congenital syphilis, which occurs when an infected woman passes the disease to her unborn child, can cause miscarriage, stillbirth, premature delivery, or other severe complications in the newborn. In 2012, Texas had the third highest rate of congenital syphilis in the nation with 79 cases (20.7 cases per 100,000 live births), which was nearly one fourth of the total number of cases in the U.S.¹¹⁶ The overall rate of congenital syphilis in Texas fell to 18.3 cases per 100,000 live births in 2013.

Figure 113. Congenital Syphilis Incidence Rates for Texas by Race/Ethnicity.



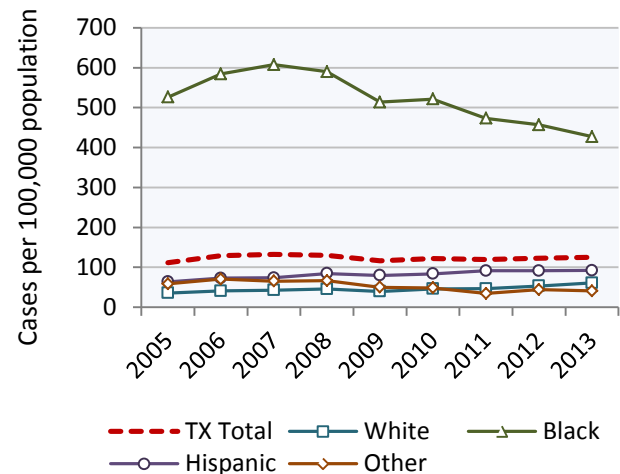
Numerator for "Other" too small to calculate stable rates.

*U.S. rate for 2013 not yet available.

Gonorrhea

The bacterium *Neisseria gonorrhoeae* causes gonorrhea, the second most frequently reported STD in Texas. In 2013, 33,116 cases of gonorrhea were reported.¹¹⁷ Like chlamydia, gonorrhea infections often produce no symptoms or mild symptoms such as burning during urination. The disease is easily spread by asymptomatic persons. Women with gonorrhea are at risk for the same complications that can occur with chlamydia infection.

Figure 114. Gonorrhea Incidence Rates for Texas by Race/Ethnicity.



¹¹⁶ Texas Department of State Health Services, *Texas STD Surveillance Report, 2013*, <https://www.dshs.state.tx.us/hivstd/reports/>; CDC "2012 Sexually Transmitted Diseases Surveillance," Table 42, <http://www.cdc.gov/std/stats12/tables/42.htm>.

¹¹⁷ Texas Department of State Health Services, *Texas STD Surveillance Report, 2013*, <https://www.dshs.state.tx.us/hivstd/reports/>.

Foodborne Illness

Foodborne disease results from consuming contaminated foods or beverages. There are a variety of pathogens or disease-causing microbes, including bacteria, viruses, fungi, and parasites, that can cause illness when consumed. Often, toxins produced by these microbes — either in food before consumption or in the intestines — cause illness. Each year in the U.S. an estimated 48 million persons experience foodborne illnesses.¹¹⁸ Pathogens transmitted through food sicken approximately one in six Texans (4,000,000 people) each year, and an estimated 240 Texans die from these illnesses.

One of the most common foodborne illnesses is salmonellosis. About 5,000 cases of salmonellosis were reported in Texas in 2012. *Salmonella* bacteria live in the digestive tracts of many animals, particularly cattle and chicken. Beef and chicken products often contain *Salmonella*, and if not cooked thoroughly, these foods can make people ill. Other food items, such as fruits and vegetables, can become contaminated in fields, during handling and processing, and during preparation. Salmonellosis usually causes vomiting, diarrhea, headache, and fever, but it can also have other manifestations. It is rarely fatal.

Escherichia coli (*E. coli*) are bacteria that are commonly found in harmless forms in the digestive tracts of many animals and humans. However, there are pathogenic forms of *E. coli* that can cause serious illness and even death; these are called Shiga toxin-producing *Escherichia coli*, or STECs. Over 300 STEC infections are reported in Texas each year. The best known STEC is *E. coli* O157:H7, which is often associated with beef products. There

are many other serotypes as well, and these also cause serious illness. Illnesses caused by pathogenic *E. coli* usually involve vomiting, diarrhea, and fever. These illnesses can also lead to kidney failure which can be fatal, especially in young children or the elderly.

Figure 115. Number of Salmonellosis Cases in Texas.

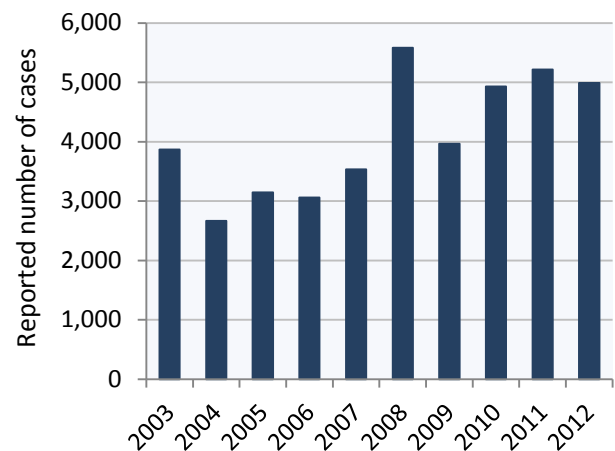
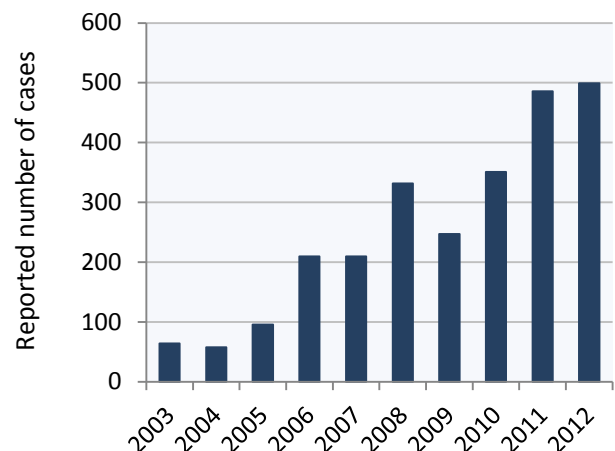


Figure 116. Number of *Escherichia coli*, Shiga toxin producing (STEC) cases in Texas.



¹¹⁸Callan E, Hoekstra RM, Angulo FJ, Tauxe RV, Widdowson M-A, Roy SL, et al. Foodborne illness acquired in the United States—major pathogens. *Emerg Infect Dis* [serial on the Internet]. 2011 Jan [Accessed JULY 2014] <http://dx.doi.org/10.3201/eid1701.P11101>.

Appendix

Definitions

Adjusted rate

An adjusted rate is one that has taken into account influences in a crude rate, such as differences in age composition of one population relative to a comparison population.

Age-specific rate

Rate obtained for specific age groups (for example, age-specific fertility rate, death rate, marriage rate, illiteracy rate, school enrollment rate, etc.).

Assessment

Assessment is the regular and systematic collection, assembly, analysis, and dissemination of information. Public health assessment, policy development and assurance of access to quality health care are considered the three core functions of government in public health. (Institute of Medicine (1988) *The Future of Public Health*, National Academies Press).

Birth Rate

The birth rate is the number of live births per 1,000 persons (males and females) in the population.

Birth weight

Birth weight is the weight of an infant at delivery, recorded in pounds and ounces or in grams.

Body Mass Index (BMI)

BMI is a measure of weight relative to height. It is calculated as weight in kilograms divided by height in meters squared. Healthy BMI for adults (20 years of age and over) is defined as 18.5 to less than 25; overweight, as greater than or equal to a BMI of 25; and obesity, as greater than or equal to a BMI of 30.

Cause of death

A cause of death is any condition which leads to or contributes to death. Causes of death are classified according to the tenth revision of The International Classification of Diseases (ICD-10).

Confidence Interval

A confidence interval is the range of probable true values for a statistic such as an average or mean, that is calculated for a sample of some set of data. Typically, the 95% confidence interval indicates the range of values within which the statistic would fall 95% of the time if the researcher were to calculate the statistic from an infinite number of samples of the same size drawn from the same set of data.

Congenital anomaly

A congenital anomaly is a physical, physiological, or metabolic abnormality existing before or at birth, but not necessarily detectable at birth.

COPD

COPD refers to chronic obstructive pulmonary diseases and allied conditions, including bronchitis, emphysema, asthma, and other conditions (replaced, as a leading cause, in ICD-10 by chronic lower respiratory diseases).

Crude rate

The crude rate is the rate of any demographic or vital event or disease occurrence that is based on an entire population.

Ethnicity

Ethnicity is the classification of a population that shares common characteristics, such as religion, traditions, culture, language, and tribal or national origin

Fertility

Fertility is the actual reproductive performance of an individual, couple or a population.

Health indicator

Health indicators are measurable characteristics that describe the health of a population (such as life expectancy, mortality, disease incidence or prevalence, or other health states); determinants of health (such as health behaviors, health risk factors, physical environments, and socioeconomic environments); and health care access, cost, quality, and use. Depending on the measure, a health indicator may be defined for a specific population, place, political jurisdiction, or geographic area.

Homicide

Homicide is death due to injury inflicted by other individuals.

Incidence

Disease incidence is a newly diagnosed illness. A disease incidence rate is the number of new cases of a disease, divided by the number of persons at risk for the disease.

Infant

An infant is an individual less than one year of age.

Infant death

Infant death is the death of an individual less than one year of age.

International Classification of Diseases (ICD)

The ICD is a coding and classifying system for diseases. The ICD is developed collaboratively by the World Health Organization and 10 international centers, one of which is housed at the National Center for Health Statistics. The purpose of the ICD is to promote international comparability in the collection, classification, processing, and presentation of health statistics.

Live birth

A live birth is the complete expulsion or extraction from the mother of a product of conception, which breathes or shows any other evidence of life, such as beating of the heart.

Low birth weight

Low birth weight is defined as less than 2,500 grams or 5 pounds, 9 ounces.

Malignant neoplasm

A malignant neoplasm is defined as a tumor having the properties of invasion and metastatic cancer.

Maternal death

Maternal death is a death of a woman resulting from pregnancy or childbearing, while pregnant or within 42 days of termination of pregnancy.

Morbidity

Morbidity is the technical term for illness.

Mortality

Mortality is the technical term for death.

Obese

See Body Mass Index (BMI).

Population

A population is the total of all individuals in a given area.

Poverty status

Poverty status is a measure of family income expressed as a percent of the poverty threshold. Families or individuals with income below their appropriate thresholds are classified as below the poverty threshold. These thresholds are updated annually by the U.S. Census Bureau to reflect changes in the Consumer Price Index for all urban consumers.

Preterm birth

A preterm birth is one that occurs at less than 37 completed weeks of gestation.

Prevalence

Disease prevalence is the number of cases of a chronic condition existing in a population. A prevalence rate is the total number of cases of a condition existing in a population divided by the total population at risk.

Race

In accordance with the Census Bureau and the U.S. Office of Management and Budget (OMB), racial categories in this report "generally reflect a social definition of race recognized in this county and not an attempt to define race biologically, anthropologically, or genetically," (U.S. Census Bureau, <http://www.census.gov/topics/population/race/about.html>).

Race/Ethnicity

Race/Ethnicity refers to the array of diversity of language, culture, national origin, and the societal and historical context within which individuals self-identify. For most statistical reporting, four major categories (White, Black, Hispanic, Other) represent race/ethnicity. Persons of Hispanic origin are reported as Hispanic, regardless of other racial identification. White, Black, and Other include only persons of non-Hispanic origin. Asian is included under Other and a recent change in the definition of this race/ethnicity category means that some multi-race Texans were reclassified from White or Black to Other. At the statewide level, this change is relatively small. More information: http://www.dshs.state.tx.us/chs/chs_fags.shtm#RaceEth. For cancer incidence and mortality data in this report, White is the only category that is exclusively non-Hispanic.

Rate

A rate is the frequency of a demographic event in a specified period of time divided by the population at risk of the event.

Residence

Residence is the geographic area of the usual place where a person lives.

Standardized rate

See Adjusted Rate.

State Fiscal Year (SFY)

Some of the data throughout this report are collected and measured not by the standard calendar year, but by the Texas State Fiscal Year, which runs from September 1 through August 31.

Statistical Significance

Statistical significance is used to evaluate the likelihood that chance variability may be considered an explanation for observed results. One test of statistical significance is the calculation of a p value, which is the probability that the observed results may be due to chance alone.

Underlying cause of death

The underlying cause of death is the disease or injury which initiated the train of morbid events leading directly to death, or the circumstances of the accident or violence which produced the fatal injury.

Vital statistics

Vital statistics are demographic data on abortions, births, deaths, fetal deaths, marriages and divorces.

BRFSS and YRBSS Questions

The Texas Behavioral Risk Factor Surveillance System (BRFSS), initiated in 1987, is a federally funded telephone survey conducted on a monthly basis of randomly selected adult Texans to collect data on lifestyle risk factors contributing to the leading causes of death and chronic diseases. In 2011, the survey was refined to include data received from cell phone users, which broadens the demographic of survey respondents. Therefore, data collected in 2011 and beyond cannot be directly compared to data collected before 2011. Throughout the graphs in this report, this change in methodology is represented by a vertical, dashed dividing line and breaks between the 2010 and 2011 data points.

The Texas Youth Risk Behavior Surveillance System (YRBSS), initiated in 1991, is a federally funded classroom-based paper survey conducted biennially in odd numbered years to monitor priority health risk behaviors that contribute substantially to the leading causes of death, disability, and social problems among youth and adults.

Measure*	Figure	Page	Data Source	Question
Age-Adjusted Prevalence of "Physical Health Not Good 5+ Days" in Texas by Household Income Level.	8	6	BRFSS	Adults were asked for the number of days that their physical health was not good in the past 30 days.
Age-Adjusted Prevalence of "Physical Health Not Good 5+ Days" in Texas by Education Level.	9	6	BRFSS	Adults were asked for the number of days that their physical health was not good in the past 30 days.
Age-Adjusted Prevalence of "Mental Health Not Good 5+ Days" in Texas by Household Income Level.	10	6	BRFSS	Adults were asked for the number of days that their mental health was not good in the past 30 days.
Age-Adjusted Prevalence of "Mental Health Not Good 5+ Days" in Texas by Education Level.	11	6	BRFSS	Adults were asked for the number of days that their mental health was not good in the past 30 days.
Age-Adjusted Prevalence of Adults with No Leisure-Time Physical Activity in Texas and the U.S.	12	8	BRFSS	Adults were asked if, other than their regular job, they participated in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise during the past month.
Prevalence of High School Students who are Physically Active in Texas and the U.S.	13	8	YRBSS	High school students were asked if they had been physically active for at least one hour for five or more of the last seven days; this serves as the definition for physically active.
Age-Adjusted Prevalence of Obese Adults in Texas and the U.S.	14	9	BRFSS	Adults were asked about their height and weight. BMI was calculated based on their reported height and weight. Obese adults are defined based on a BMI of 30.0 or greater.
Age-Adjusted Prevalence of Obese Adults in Texas by Race/Ethnicity.	15	9	BRFSS	Adults were asked about their height and weight. BMI was calculated based on their reported height and weight. Obese adults are defined based on a BMI of 30.0 or greater.
Prevalence of Obese High School Students in Texas and the U.S.	16	9	YRBSS	Students were asked about their height and weight. BMI was calculated based on their reported height and weight. Obese is defined as at or above the 95th percentile for BMI for age and gender.
Prevalence of High School Students who had Smoked Cigarettes in the Past Month by Race/Ethnicity in Texas.	18	11	YRBSS	High school students were asked how many days they smoked cigarettes out of the past 30 days.
Age-Adjusted Prevalence of Current Adult Cigarette Smokers in Texas by Household Income Level.	19	11	BRFSS	Adults ages 18 and older were asked if they are current smokers who had smoked 100 cigarettes in their lifetime and now smoke every day or some days.
Prevalence of Binge Drinking among High School Students within the	20	12	YRBSS	Students were asked about the number days that they had 5 or more drinks of alcohol in a row (within a couple of hours) in the

Measure*	Figure	Page	Data Source	Question
Past 30 Days in Texas and the U.S.				past 30 days. Binge drinking is defined as drinking 5 or more drinks of alcohol in a row within a couple of hours
Prevalence of Binge Drinking among High School Students within the Past 30 Days in Texas by Race/Ethnicity.	21	12	YRBSS	Students were asked about the number days that they had 5 or more drinks of alcohol in a row (within a couple of hours) in the past 30 days. Binge drinking is defined as drinking 5 or more drinks of alcohol in a row within a couple of hours
Age-Adjusted Prevalence of No Health Care Coverage Among 18-64 Year Olds for Texas and the U.S.	31	17	BRFSS	Adults were asked if they had any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare.
Age-Adjusted Prevalence of No Health Care Coverage Among 18-64 Year Olds for Texas by Race/Ethnicity.	32	17	BRFSS	Adults were asked if they had any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare.
Age-Adjusted Prevalence of High Blood Pressure in Texas by Race/Ethnicity.	46	26	BRFSS	Adults were asked if they have ever been told that they have high blood pressure; those who reported either gestational HBP or pre-hypertension were considered not to have HBP.
Prevalence of High School Students in Texas Who Attempted Suicide in the Last 12 Months, 2013.	78	39	YRBSS	Students were asked how many times in the last 12 months they had attempted suicide.
Age-Adjusted Prevalence of Diabetes in Texas by Race/Ethnicity.	82	39	BRFSS	Adults were asked whether they have ever been told by a doctor or other healthcare professional that they had diabetes; those who reported gestational diabetes or pre-diabetic conditions were not considered to have had diabetes.
Age-Adjusted Prevalence of COPD in Texas by Household Income Level, 2009.	84	40	BRFSS	Adults were asked if they had ever been told by a doctor or other health care professional that they have COPD, emphysema, or chronic bronchitis. (COPD prevalence data were only collected in 2009 for Texas. National data were not collected).
Age-Adjusted Prevalence of Asthma in Texas by Gender.	86	41	BRFSS	Adults were asked whether they have ever been told by a doctor, nurse, or other health professional that they had asthma and still have asthma; this defines "current asthma".
Age-Adjusted Prevalence of Asthma in Texas by Race/Ethnicity.	87	41	BRFSS	Adults were asked whether they have ever been told by a doctor, nurse, or other health professional that they had asthma and still have asthma; this defines current asthma.
Age-Adjusted Prevalence of Arthritis in Texas by Race/Ethnicity.	92	43	BRFSS	Adults were asked if they have ever been told by a doctor or other health professional that they had some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia.
Prevalence of Arthritis in Texas by Age Group.	93	43	BRFSS	Adults were asked if they have ever been told by a doctor or other health professional that they had some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia.
Percent of Adults Age 18 and Older in Texas who Received the Influenza Vaccine by Race/Ethnicity (Age-Adjusted).	103	50	BRFSS	Adults were asked whether during the past 12 months if they had received the seasonal flu vaccine.
Prevalence of HPV Vaccination among Female Youth and Adults in Texas, 2009.	Table 3	52	BRFSS	Parents and adults were asked about the HPV vaccination. <ul style="list-style-type: none"> Parents were asked this question about their female child 9-17 years of age: "A vaccine to prevent the human papillomavirus or HPV infection is available and is called cervical cancer vaccine, HPV shot, or GARDASIL®. Has this child EVER had the HPV vaccination?" Adult females were asked this question: "A vaccine to prevent the human papillomavirus or HPV infection is available and is called cervical cancer vaccine, HPV shot, or GARDASIL®. Have you ever had the HPV vaccination?"

* All Texas BRFSS and YRBSS prevalence estimates are reported as percentages.

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Texas Data Sets

Birth Data

Birth data are derived from a subset of variables collected on the Texas Certificate of Live Birth. A new Certificate of Birth was introduced in Texas in 2005. The process involved in this revision, as well as details of what was revised, can be found at http://www.cdc.gov/nchs/vital_certs_rev.htm. There were several changes in the certificate that may affect comparisons with data for 2004 and earlier. A new birth module for 2005 and onward was added to Texas Health Data to reflect those changes. Care is recommended when making comparisons with pre-2005 data.

Tables of birth statistics can be created for many outcomes or risk factors by county of residence of the mother. The categories include four or more prior births, no prenatal care, prenatal care began in first trimester, smoking during pregnancy, cesarean section, vaginal birth after cesarean, spacing less than 18 months apart, low birth weight, very low birth weight, and premature births.

Queryable data can be found at: <http://soupfin.tdh.state.tx.us/birthdoc.htm>

For additional vital statistics reports on Births and Deaths, see the following link.

<http://www.dshs.state.tx.us/chs/vstat/annrpts.shtm>

Behavioral Risk Factor Surveillance System (BRFSS)

The Texas Behavioral Risk Factor Surveillance System (BRFSS), initiated in 1987, is a federally funded telephone survey conducted on a monthly basis of randomly selected adult Texans to collect data on lifestyle risk factors contributing to the leading causes of death and chronic diseases. As a primary source for comprehensive statewide data on preventive health practices and health risk behaviors, BRFSS is an important tool for decision-making throughout DSHS and the public health community. Public and private health authorities at the federal, state, and local levels rely on BRFSS to identify public health problems, design policies and interventions, set goals, and measure progress toward those goals.

Queryable data can be found at: http://www.dshs.state.tx.us/chs/brfss/query/brfss_form.shtm

Cancer Registry Data

The Texas Cancer Registry (TCR) is a statewide population-based registry that serves as the foundation for measuring the Texas cancer burden, comprehensive cancer control efforts, health disparities, progress in prevention, diagnosis, treatment, and survivorship, as well as supports a wide variety of cancer-related research. These priorities cannot be adequately addressed in public health, academic institutions, or the private sector without timely, complete, and accurate cancer data.

Queryable data can be found at: <http://www.cancer-rates.info/tx/index.php>

Mortality Data

Death data are based on a subset of variables collected on the Texas Certificate of Death. Death data are available in two modules, one for the years 1990 through 1998 and one for the years 1999 and forward. Two modules are necessary for death statistics because deaths occurring during 1990 through 1998 were coded using ICD-9 while deaths occurring since 1999 are coded using ICD-10.

Queryable data can be found at: <http://soupfin.tdh.state.tx.us/deathdoc.htm>

For additional vital statistics reports on Births and Deaths, see the following link:

<http://www.dshs.state.tx.us/chs/vstat/annrpts.shtm>

Population Estimates

The DSHS Center for Health Statistics maintains a population database for all Texas counties that serves many purposes in public health analysis and planning. In addition to providing denominators for the calculation of rates of disease, fertility, and mortality, the dataset supports the understanding of demographic indicators such as birth rates, life expectancy, number of women of childbearing age, population density, and aging of the population. Population projected into the future assists in planning for changes in demand for health services and workforce requirements.

Queryable data can be found at: <http://www.dshs.state.tx.us/chs/popdat/>

Youth Risk Behavior Surveillance System (YRBSS)

The Texas Youth Risk Behavior Surveillance System (YRBSS), initiated in 1991, is a federally funded classroom-based paper survey conducted biennially in odd numbered years to monitor priority health risk behaviors that contribute substantially to the leading causes of death, disability, and social problems among youth and adults. As a primary source for comprehensive statewide data on preventive health practices and health risk behaviors, YRBSS is an important tool for decision-making throughout the DSHS, the [Texas Education Agency](#) (TEA), and the public health community. Public and private health authorities at the federal and state levels rely on YRBSS to identify public health problems, design policy and interventions, set goals, and measure progress toward those goals.

Queryable data can be found at: http://www.dshs.state.tx.us/chs/yrbs/query/yrbss_form.shtm

National Data Sets:

Behavioral Risk Factor Surveillance System (BRFSS), CDC

The Behavioral Risk Factor Surveillance System (BRFSS) is a state-based system of health surveys that collects information on health risk behaviors, preventive health practices, and health care access primarily related to chronic disease and injury. For many states, the BRFSS is the only available source of timely, accurate data on health-related behaviors.

BRFSS was established in 1984 by the Centers for Disease Control and Prevention (CDC); currently data are collected monthly in all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and Guam. More than 350,000 adults are interviewed each year, making the BRFSS the largest telephone health survey in the world. States use BRFSS data to identify emerging health problems, establish and track health objectives, and develop and evaluate public health policies and programs. Many states also use BRFSS data to support health-related legislative efforts.

<http://www.cdc.gov/brfss/>

Healthy People

Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. For three decades, Healthy People has established benchmarks and monitored progress over time in order to encourage collaborations across communities and sectors, empower individuals toward making informed health decisions, and measure the impact of prevention activities

<http://www.healthypeople.gov/2020/>

National Vital Statistics System, Centers for Disease Control and Prevention (CDC)

Mortality data from the National Vital Statistics System (NVSS) are a fundamental source of demographic, geographic, and cause-of-death information. This is one of the few sources of health-related data that are comparable for small geographic areas and are available for a long time period in the U.S. The data are also used to present the characteristics of those dying in the U.S., to determine life expectancy, and to compare mortality trends with other countries.

<http://www.cdc.gov/nchs/deaths.htm>

Youth Risk Behavior Surveillance System (YRBSS), CDC

The Youth Risk Behavior Surveillance System (YRBSS) monitors six types of health-risk behaviors that contribute to the leading causes of death and disability among youth and adults, including:

Behaviors that contribute to unintentional injuries and violence, sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases, alcohol and other drug use, tobacco use, unhealthy dietary behaviors, and inadequate physical activity. YRBSS also measures the prevalence of obesity and asthma among youth and young adults. YRBSS includes a national school-based survey conducted by CDC and state, territorial, tribal, and local surveys conducted by state, territorial, and local education and health agencies and tribal governments.

<http://www.cdc.gov/healthyyouth/yrbs/index.htm>

The National Survey on Drug Use and Health (NSDUH)

The National Survey on Drug Use and Health (NSDUH) is an annual nationwide survey involving interviews with approximately 70,000 randomly selected individuals aged 12 and older. The Substance Abuse and Mental Health Services Administration (SAMHSA), which funds NSDUH, is an agency of the U.S. Public Health Service in the U.S. Department of Health and Human Services (DHHS). Supervision of the project comes from SAMHSA's Center for Behavioral Health Statistics and Quality (CBHSQ).

Data from the NSDUH provide national and state-level estimates on the use of tobacco products, alcohol, illicit drugs (including non-medical use of prescription drugs) and mental health in the United States.

<https://nsduhweb.rti.org/>

Additional Information

For more information on any of the listed topic areas, please refer to the links provided below.

Birth Defects

<http://www.dshs.state.tx.us/birthdefects/>

Cancer Registry

<http://www.dshs.state.tx.us/tcr/>

Chronic Diseases

<http://www.dshs.state.tx.us/chronic/>

Environmental Health

<http://www.dshs.state.tx.us/epitox/>

Health Care-Associated Infections (HAI) Reports by Healthcare Facility

<http://txhsn.dshs.texas.gov/hai/>

Health Professions Resource Center

<http://www.dshs.state.tx.us/chs/hprc>

Healthy Texas Babies

<http://www.dshs.state.tx.us/HealthyTexasBabies>

Infectious Diseases

<http://www.dshs.state.tx.us/idcu/>

Injury

<http://www.dshs.state.tx.us/injury>

Maternal and Child Health

<http://www.dshs.state.tx.us/mch>

Mental Health

<http://www.dshs.state.tx.us/mental-health/>

Potentially Preventable Hospitalizations

<http://www.dshs.state.tx.us/ph/>

Substance Abuse

<http://www.dshs.state.tx.us/sa/default.shtm>

10 Leading Causes of Death by Sex and Age Group in Texas – 2012

Table 4. Leading Causes of Death in Texas for Males, number of deaths and rates (numbers per 100,000 population)

Rank	Age Group							
	1-14	15-24	25-34	35-44	45-54	55-64	65-74	75+
1	Accidents (Injuries) 202 (7.2)	Accidents (Injuries) 839 (42.5)	Accidents (Injuries) 981 (52.4)	Accidents (Injuries) 835 (47.5)	Diseases of the Heart 1,904 (110.8)	Malignant Neoplasms (Cancer) 4,615 (338.4)	Malignant Neoplasms (Cancer) 5,636 (724.4)	Diseases of the Heart 10,105 (2,090.2)
2	Malignant Neoplasms (Cancer) 71 (2.5)	Intentional Self-Harm (Suicide) 356 (18.0)	Intentional Self-Harm (Suicide) 397 (21.2)	Diseases of the Heart 583 (33.1)	Malignant Neoplasms (Cancer) 1,794 (104.4)	Diseases of the Heart 3,767 (276.2)	Diseases of the Heart 4,340 (557.8)	Malignant Neoplasms (Cancer) 7,600 (1,572.8)
3	Congenital Malformations 46 (1.6)	Assault (Homicide) 271 (13.7)	Assault (Homicide) 291 (15.5)	Intentional Self-Harm (Suicide) 397 (22.6)	Accidents (Injuries) 981 (57.1)	Accidents (Injuries) 812 (59.5)	Chronic Lower Respiratory Diseases 1,249 (160.5)	Chronic Lower Respiratory Diseases 2,657 (549.9)
4	Assault (Homicide) 29 (1.0)	Malignant Neoplasms (Cancer) 103 (5.2)	Diseases of the Heart 202 (10.8)	Malignant Neoplasms (Cancer) 390 (22.2)	Chronic Liver Disease & Cirrhosis 654 (38.1)	Chronic Liver Disease & Cirrhosis 741 (54.3)	Cerebrovascular Disease (Stroke) 769 (98.8)	Cerebrovascular Disease (Stroke) 2,171 (449.3)
5	Diseases of the Heart 27 (1.0)	Diseases of the Heart 70 (3.5)	Malignant Neoplasms (Cancer) 153 (8.2)	Assault (Homicide) 203 (11.5)	Intentional Self-Harm (Suicide) 457 (26.6)	Cerebrovascular Disease (Stroke) 578 (42.4)	Diabetes Mellitus 696 (89.5)	Alzheimer's Disease 1,472 (304.6)
6	Intentional Self-Harm (Suicide) 14 (0.5)	Congenital Malformations 26 (1.3)	HIV 58 (3.1)	Chronic Liver Disease & Cirrhosis 146 (8.3)	Cerebrovascular Disease (Stroke) 300 (17.5)	Diabetes Mellitus 560 (41.1)	Accidents (Injuries) 495 (63.6)	Kidney Disease* 929 (192.3)
7	Chronic Lower Respiratory Diseases 11 (0.4)	Cerebrovascular Disease (Stroke) 11 (0.6)	Cerebrovascular Disease (Stroke) 32 (1.7)	Cerebrovascular Disease (Stroke) 117 (6.7)	Diabetes Mellitus 245 (14.3)	Chronic Lower Respiratory Diseases 547 (40.1)	Septicemia 384 (49.4)	Diabetes Mellitus 870 (180.0)
8	Septicemia 10 (0.4)	Chronic Lower Respiratory Diseases 7 (0.4)	Chronic Liver Disease & Cirrhosis 32 (1.7)	Diabetes Mellitus 102 (5.8)	HIV 192 (11.2)	Intentional Self-Harm (Suicide) 374 (27.4)	Kidney Disease* 364 (46.8)	Accidents (Injuries) 913 (188.9)
9	Cerebrovascular Disease (Stroke) 9 (0.3)	Influenza and Pneumonia 7 (0.4)	Diabetes Mellitus 28 (1.5)	HIV 97 (5.5)	Septicemia 147 (8.6)	Septicemia 317 (23.2)	Chronic Liver Disease & Cirrhosis 342 (44.0)	Influenza and Pneumonia 847 (175.3)
10	Influenza and Pneumonia 9 (0.3)	Kidney Disease* 6 (0.3)	Septicemia 27 (1.4)	Septicemia 57 (3.2)	Assault (Homicide) 140 (8.1)	Kidney Disease* 261 (19.1)	Influenza and Pneumonia 256 (32.9)	Septicemia 765 (158.3)

*Kidney Disease includes Nephritis, Nephrotic Syndrome, and Nephrosis

Table 5. Leading Causes of Death in Texas for Females, number of deaths and rates (numbers per 100,000 population)

Rank	Age Group							
	1-14	15-24	25-34	35-44	45-54	55-64	65-74	75+
1	Accidents (Injuries) 126 (4.7)	Accidents (Injuries) 293 (15.8)	Accidents (Injuries) 325 (17.8)	Malignant Neoplasms (Cancer) 536 (30.1)	Malignant Neoplasms (Cancer) 1,790 (102.5)	Malignant Neoplasms (Cancer) 3,576 (245.7)	Malignant Neoplasms (Cancer) 4,334 (492.3)	Diseases of the Heart 12,456 (1,744.9)
2	Malignant Neoplasms (Cancer) 55 (2.1)	Intentional Self-Harm (Suicide) 73 (3.9)	Malignant Neoplasms (Cancer) 192 (10.5)	Accidents (Injuries) 299 (16.8)	Diseases of the Heart 854 (48.9)	Diseases of the Heart 1,733 (119.1)	Diseases of the Heart 2,514 (285.6)	Malignant Neoplasms (Cancer) 7,184 (1,006.4)
3	Congenital Malformations 39 (1.5)	Malignant Neoplasms (Cancer) 60 (3.2)	Intentional Self-Harm (Suicide) 118 (6.5)	Diseases of the Heart 266 (14.9)	Accidents (Injuries) 469 (26.9)	Chronic Lower Respiratory Diseases 516 (35.5)	Chronic Lower Respiratory Diseases 1,090 (123.8)	Cerebrovascular Disease (Stroke) 3,871 (542.3)
4	Assault (Homicide) 22 (0.8)	Assault (Homicide) 48 (2.6)	Diseases of the Heart 72 (4.9)	Intentional Self-Harm (Suicide) 118 (6.6)	Chronic Liver Disease & Cirrhosis 271 (15.5)	Diabetes Mellitus 424 (29.1)	Cerebrovascular Disease (Stroke) 678 (77.0)	Alzheimer's Disease 3,338 (467.6)
5	Diseases of the Heart 17 (0.6)	Diseases of the Heart 28 (1.5)	Assault (Homicide) 46 (3.9)	Cerebrovascular Disease (Stroke) 83 (4.7)	Cerebrovascular Disease (Stroke) 225 (12.9)	Cerebrovascular Disease (Stroke) 404 (27.8)	Diabetes Mellitus 556 (63.2)	Chronic Lower Respiratory Diseases 3,069 (429.9)
6	Influenza and Pneumonia 11 (0.4)	Pregnancy, Childbirth, Puerperium 17 (0.9)	Pregnancy, Childbirth, Puerperium 28 (2.5)	Chronic Liver Disease & Cirrhosis 74 (4.2)	Diabetes Mellitus 189 (10.8)	Accidents (Injuries) 345 (23.7)	Septicemia 348 (39.5)	Diabetes Mellitus 1,316 (184.4)
7	Conditions Arising in Perinatal Period 8 (0.3)	Congenital Malformations 13 (0.7)	Cerebrovascular Disease (Stroke) 26 (1.5)	Diabetes Mellitus 55 (3.1)	Chronic Lower Respiratory Diseases 173 (9.9)	Chronic Liver Disease & Cirrhosis 317 (21.8)	Kidney Disease* 335 (38.1)	Influenza and Pneumonia 1,144 (160.3)
8	Intentional Self-Harm (Suicide) 8 (0.3)	Diabetes Mellitus 10 (0.5)	Diabetes Mellitus 20 (1.4)	Assault (Homicide) 46 (2.6)	Intentional Self-Harm (Suicide) 153 (8.8)	Septicemia 252 (17.3)	Accidents (Injuries) 259 (29.4)	Kidney Disease* 1,119 (156.8)
9	Non-Malignant Neoplasm <u>6 (0.2)</u> Chronic Lower Respiratory Diseases <u>6 (0.2)</u>	Cerebrovascular Disease (Stroke) 8 (0.4)	Septicemia 17 (1.1)	HIV 44 (2.5)	Septicemia 122 (7.0)	Kidney Disease* 207 (14.2)	Chronic Liver Disease & Cirrhosis 232 (26.4)	Septicemia 1,090 (152.7)
10	Cerebrovascular Disease (Stroke) 6 (0.2)	Septicemia 7 (0.4)	HIV 15 (0.9)	Septicemia 43 (2.4)	Kidney Disease* 78 (4.5)	Influenza and Pneumonia <u>99 (6.8)</u> Viral Hepatitis 99 (6.8)	Influenza and Pneumonia 186 (21.1)	Accidents (Injuries) 1,048 (146.8)

*Kidney Disease includes Nephritis, Nephrotic Syndrome, and Nephrosis

Healthy People Objectives

Healthy People (HP) 2020 Objective	Measure	Target	Texas Value	U.S. Value	Year	Texas Trend*	Ref. Page
Behaviors, Environment, and Health							
Reduce the proportion of adults who are obese	Percent	30.5	29.9	28.3	2012	↓	8
Reduce cigarette smoking by adults	Percent	12	18.0	18.1	2012	↓	9
Reduce unintentional injury deaths	Deaths per 100,000 population	36	37.2	39.4† (2011)	2012	↓	12
Maternal and Child Health							
Increase proportion of pregnant women who receive prenatal care in the beginning of the first trimester	Percent	77.9	63.5†	74.1	2013	→	18
Reduce total preterm births	Percent	11.4	12.3	11.4†	2013	↓	19
Reduce low birth weight (LBW)	Percent	7.8	8.3	8.0	2012	↓	
Reduce the rate of infant deaths (within 1 year)	Deaths per 1,000 live births	6.0	5.8	6.1 (2011)	2012	↑	20
Chronic Diseases and Health Conditions							
Reduce stroke deaths	Deaths per 100,000 population	33.8	41.7	37.9 (2011)	2012	↑	25
Reduce the overall cancer death rate	Deaths per 100,000 population	160.6	161.5	168.7	2011	↓	26
Reduce the lung cancer death rate	Deaths per 100,000 population	45.5	42.4	46.0	2011	↓	28
Reduce colorectal cancer death rate	Deaths per 100,000 population	14.5	14.9	15.1	2011	↓	29
Reduce female breast cancer death rate	Deaths per 100,000 population	20.6	20.2	21.5	2011	↓	30
Reduce the death rate from cancer of the uterine cervix	Deaths per 100,000 population	2.2	2.8	2.3	2011	↓	31
Reduce prostate cancer death rate	Deaths per 100,000 population	21.2	18.8	20.8	2011	↓	32
Reduce melanoma cancer death rate	Deaths per 100,000 population	2.4	2.3	2.7	2011	↓	33
Reduce the suicide rate	Deaths per 100,000 population	10.2	11.8	12.3 (2011)	2012	↑	35
Infectious Diseases							
Maintain an effective vaccination coverage level of 4 doses of the diphtheria-tetanus-acellular pertussis (DTaP) vaccine among	Percent	90	77.4±3.6	82.5±1.2	2012	↓	44

Healthy People (HP) 2020 Objective	Measure	Target	Texas Value	U.S. Value	Year	Texas Trend*	Ref. Page
children by age 19 to 35 months							
Achieve and maintain an effective vaccination coverage level of 3 or 4 doses of <i>Haemophilus influenzae</i> type b (Hib) vaccine among children by age 19 to 35 months	Percent	90	76.3±3.7	80.9±1.2	2012	↓	44
Maintain an effective vaccination coverage level of 3 doses of hepatitis B (hep B) vaccine among children by age 19 to 35 months	Percent	90	84.5±3.3	89.7±0.9	2012	↓	44
Maintain an effective coverage level of 1 dose of measles-mumps-rubella (MMR) vaccine among children by age 19 to 35 months	Percent	90	89.7±2.4	90.8±0.8	2012	↓	44
Maintain an effective coverage level of 3 doses of polio vaccine among children by age 19 to 35 months	Percent	90	90.2±2.5	92.8±0.7	2012	↓	44
Maintain an effective coverage level of 1 dose of varicella vaccine among children by age 19 to 35 months	Percent	90	89.4±2.5	90.2±0.8	2012	↓	44
Achieve and maintain an effective coverage level of 4 doses of pneumococcal conjugate vaccine (PCV) among children by age 19 to 35 months	Percent	90	80.2±3.4	81.9±1.1	2012	↓	44
Reduce meningococcal disease	Cases per 100,000	0.3	0.1	0.1	2013	↓	50

* Arrows represent an increase, a decrease, or no change from the previous year data was collected.

† Rate is preliminary.

Data Sources for Healthy People Objectives Table

Adult Obesity and Smoking: TX Data - Texas Behavioral Risk Factor Surveillance System, June 2014; U.S. Data - BRFSS, CDC.

Prenatal Care, Preterm Births, & Low Birth Weight: TX Data - Texas Natality Files, Texas Department of State Health Services, June 2014; U.S. Data - National Center for Health Statistics, final natality data, www.marchofdimes.com/peristats.

Infant Death: TX Data - Texas Natality and Mortality Files, Texas Department of State Health Services, June 2014; U.S. Data - National Vital Statistics Reports, Centers for Health Statistics.

Cancer Deaths: TX Data - Texas Department of State Health Services, Cancer Epidemiology and Surveillance Branch, Mortality - Texas, 1990-2011, SEER Pop Adj, SEER*Prep 2.5.2 (created 02/26/14); U.S. Data - U.S. Centers for Disease Control and Prevention. "Deaths: Preliminary Data for 2011". National Vital Statistics Reports, Vol. 61, No. 6, Oct. 10, 2012 (ICD-10 P07) and CDC WONDER.

Other Deaths: TX Data - Center for Health Statistics, Texas Department of State Health Services, June 2014; U.S. Data - U.S. Centers for Disease Control and Prevention. "Deaths: Preliminary Data for 2011". National Vital Statistics Reports, Vol. 61, No. 6, Oct. 10, 2012 (ICD-10 P07) and CDC WONDER.

Childhood Vaccinations: U.S. Centers for Disease Control and Prevention, National Immunization Survey, <http://www.cdc.gov/vaccines/imz-managers/coverage/nis/child/data/tables-2012.html>.

Meningococcal Disease: Emerging and Acute Infectious Disease Branch, Infectious Disease Control Unit, Texas Department of State Health Services, February 2014.

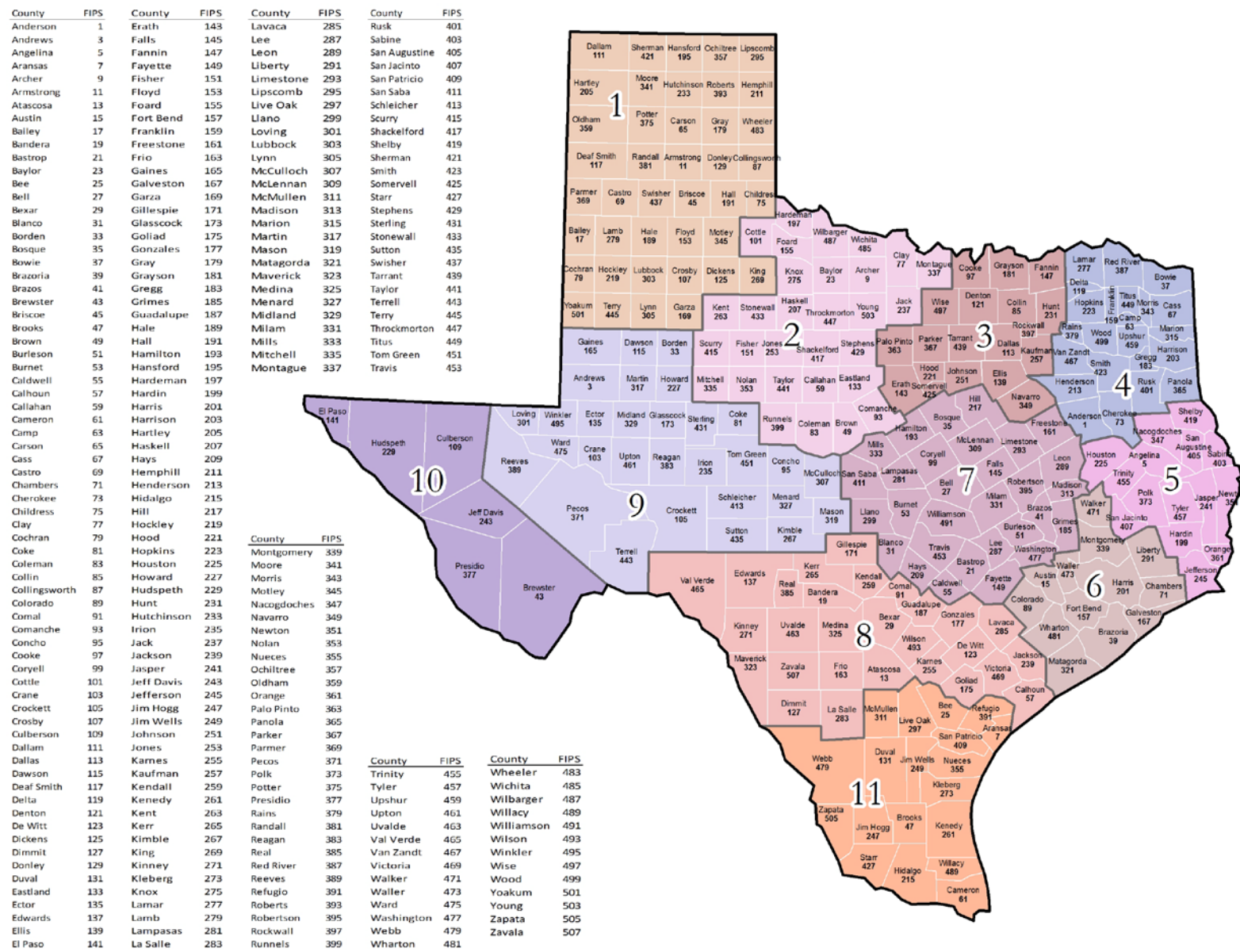
Health Indicator Maps

The following section contains maps showing geographic trends and disparities for many of the health indicators detailed in this report. A set of five reference maps and four race/ethnicity population maps are included to provide context for the geographic trends present in the health indicator maps.

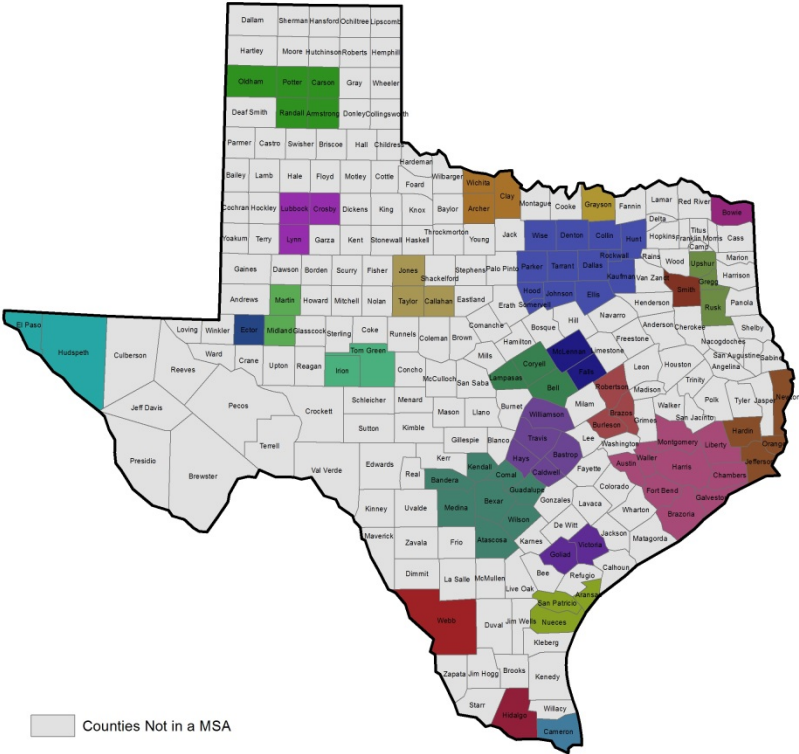
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8	Percentage of White Population	A27
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27	Low Birth Weight	A31

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29	Congestive Heart Failure Deaths	A32
30	Stroke Deaths	A32
31	Diabetes Deaths	A32
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33	Kidney Disease Deaths	A33
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Cancer Incidence and Mortality Maps		
38	Cancer Incidence (All Cancer Sites)	A35
39	Cancer Deaths (All Cancer Sites)	A35
40	Lung Cancer Incidence	A35
41	Lung Cancer Deaths	A35
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51	Melanoma Deaths	A38
Infectious Disease Incidence Maps		
52	HIV Incidence (Newly Diagnosed)	A39
53	Tuberculosis Incidence	A39

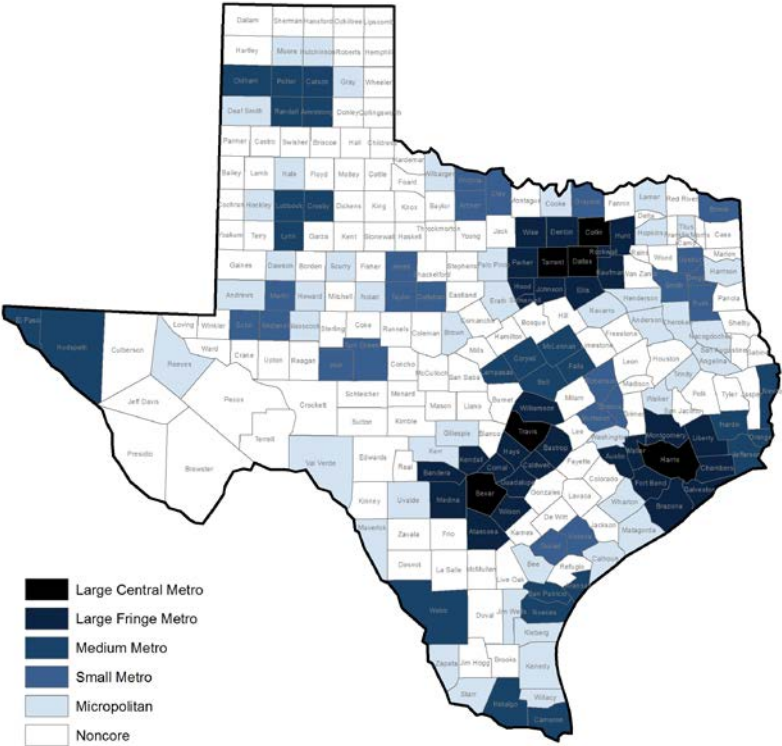
Map 3. Texas County Locator with Public Health Regions and Federal Information Processing Standards (FIPS) Codes



Map 4. Metropolitan Statistical Areas (MSAs) in Texas.



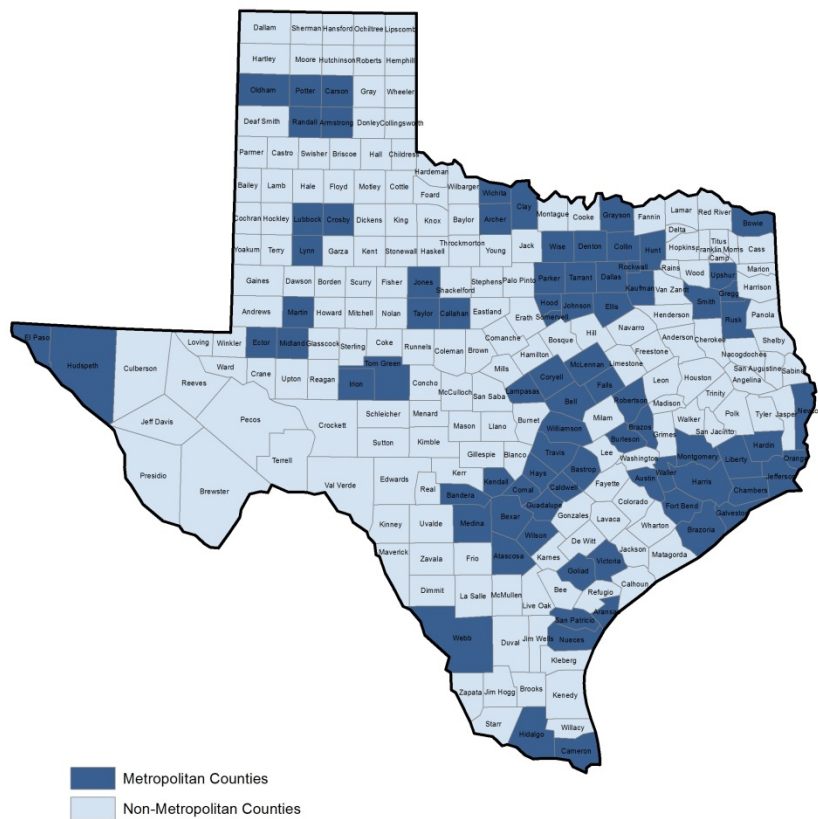
Map 5. National Center for Health Statistics (NCHS) 2013 Urban-Rural Classification Scheme for Counties in Texas.



Source: U.S. Office of Management and Budget (OMB) and U.S. Census

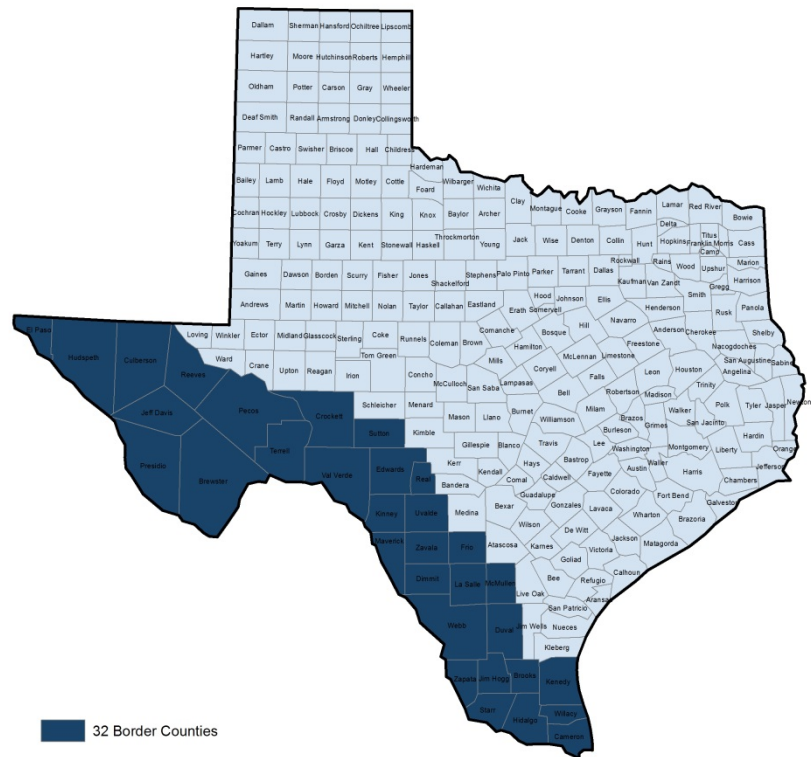
Source: Center for Disease Control and Prevention, National Center for Health Statistics and U.S. Census

Map 6. Metropolitan and Non-Metropolitan Counties in Texas.



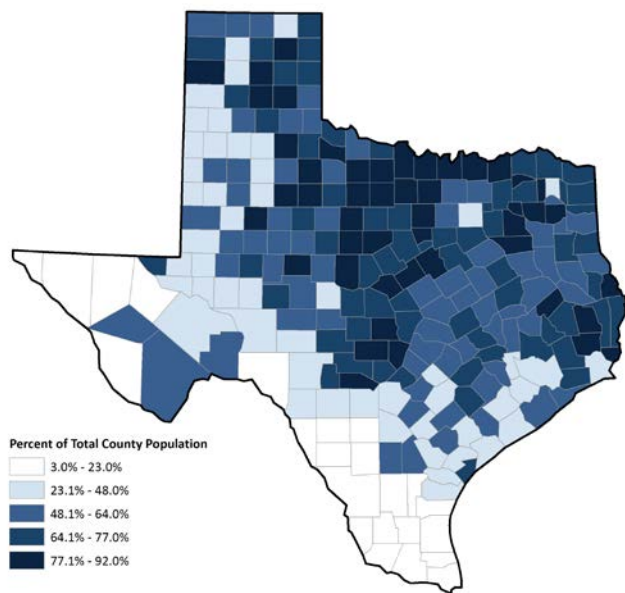
Source: U.S. Office of Management and Budget (OMB) and U.S. Census

Map 7. Texas Border Counties (La Paz Agreement 32-County Designation).

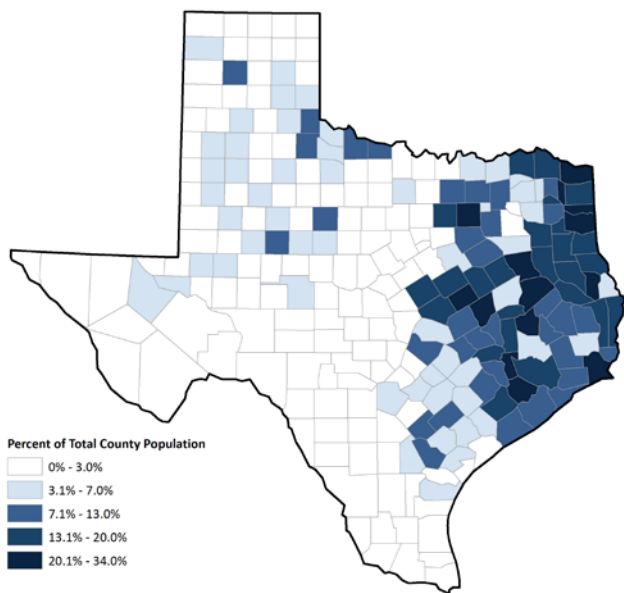


Source: Texas Office of Border Health, DSHS

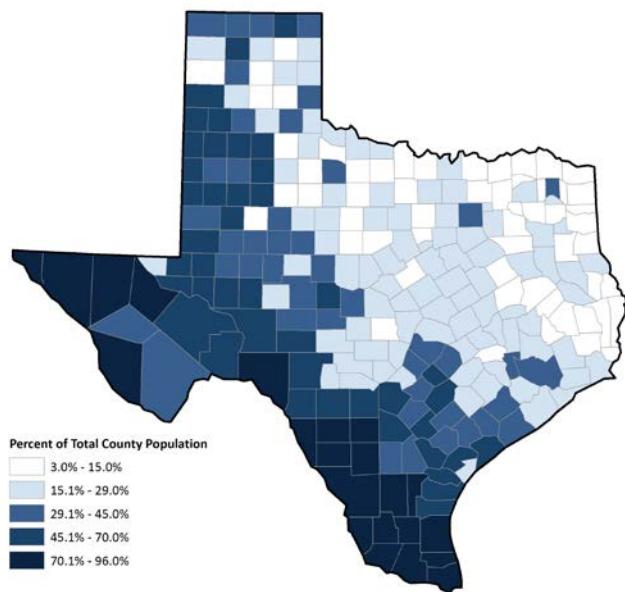
Map 8. Estimated Percentage of White, non-Hispanic Population in Texas by County, 2012



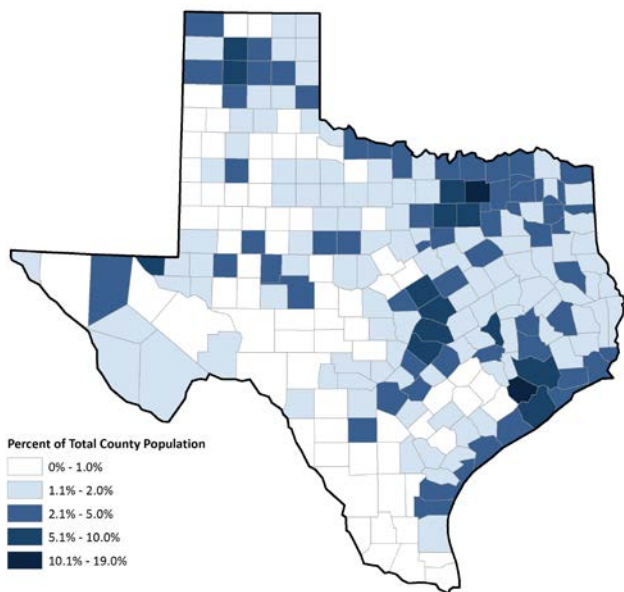
Map 9. Estimated Percentage of Black, non-Hispanic Population in Texas by County, 2012



Map 10. Estimated Percentage of Hispanic Population in Texas by County, 2012

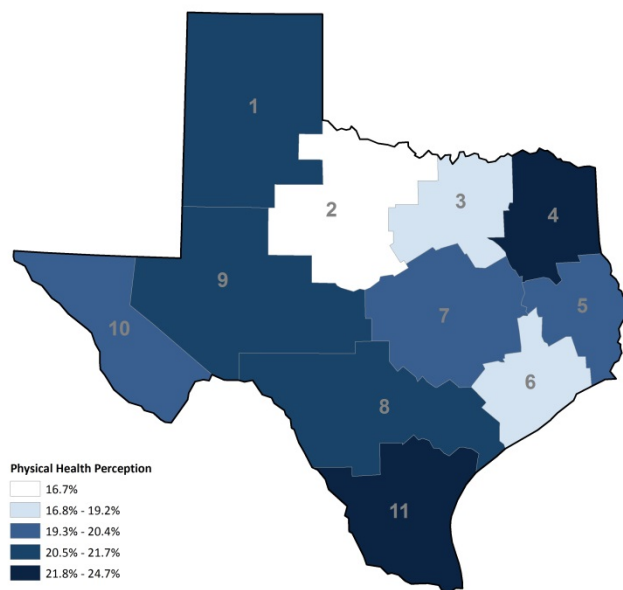


Map 11. Estimated Percentage of “Other”, non-Hispanic Population in Texas by County, 2012

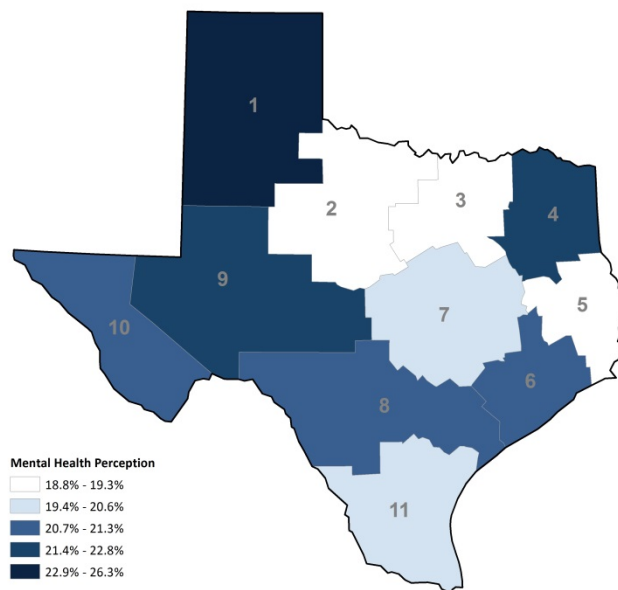


Source: Texas State Data Center

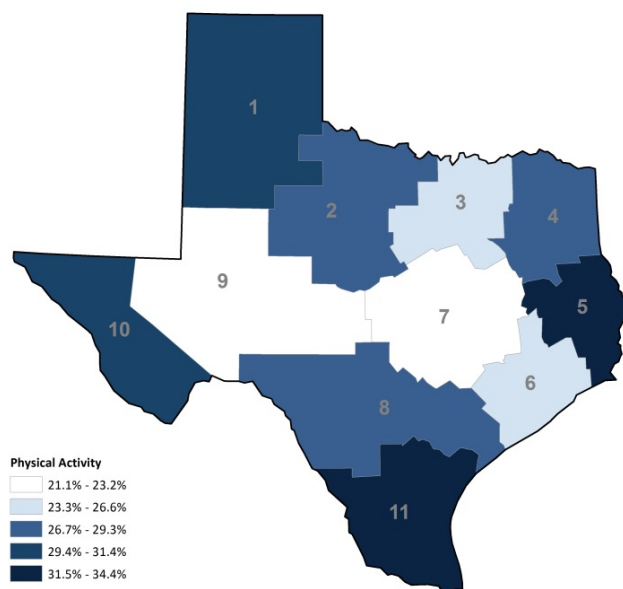
Map 12. Age-Adjusted Prevalence of “Physical Health Not Good 5+ Days” in Texas by Public Health Region, 2012



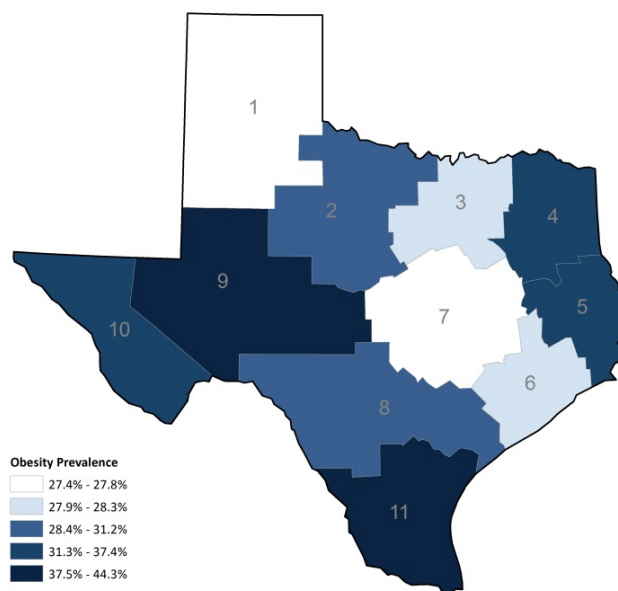
Map 13. Age-Adjusted Prevalence of “Mental Health Not Good 5+ Days” in Texas by Public Health Region, 2012



Map 14. Age-Adjusted Prevalence of Adults with No Leisure Time Physical Activity in Texas by Public Health Region, 2012

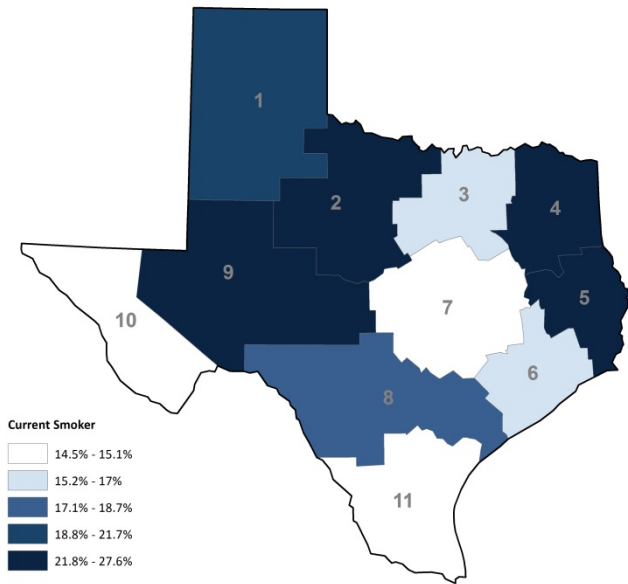


Map 15. Age-Adjusted Prevalence of Obese Adults in Texas by Public Health Region, 2012

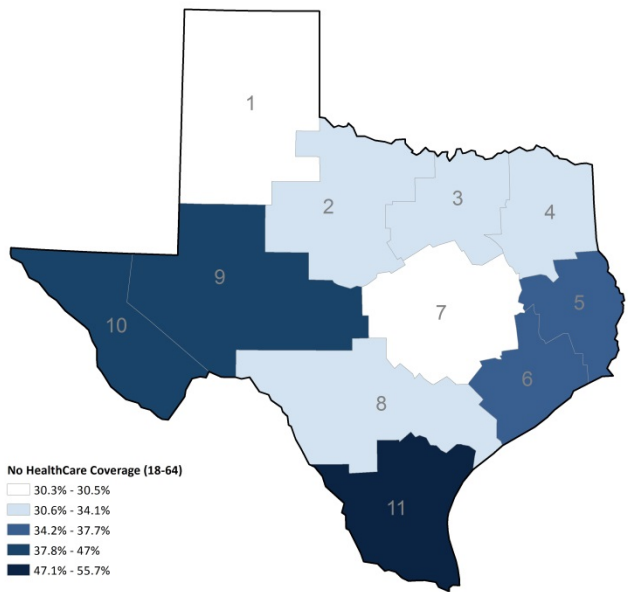


Source: Texas Behavioral Risk Factor Surveillance System

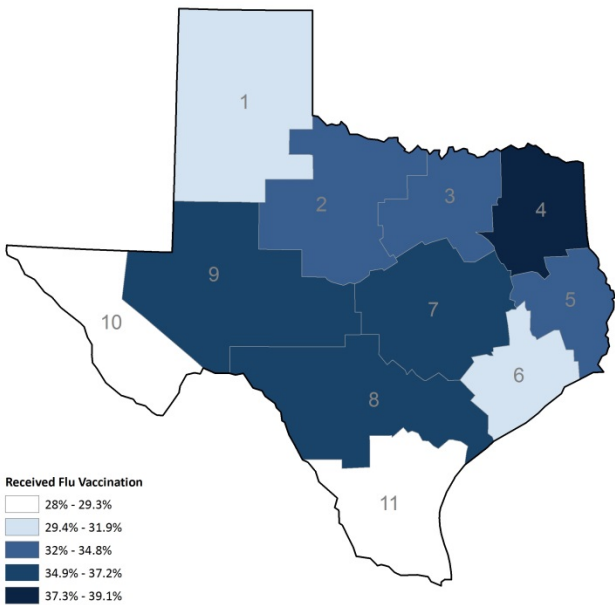
Map 16. Age-Adjusted Prevalence of Current Adult Smokers in Texas by Public Health Region, 2012



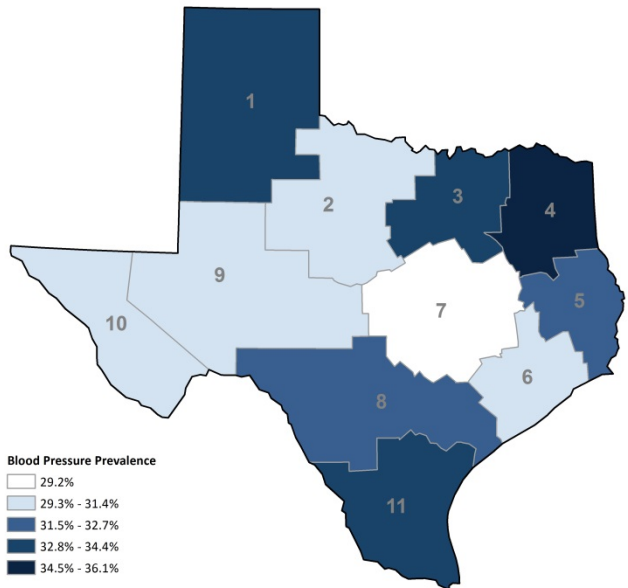
Map 17. Age-Adjusted Prevalence of No Health Care Coverage Among 18-64 Year Olds in Texas by Public Health Region, 2012



Map 18. Percent of Adults 18+ who Received an Influenza Vaccination in the last 12 months in Texas by Public Health Region, 2012 (Age-Adjusted)

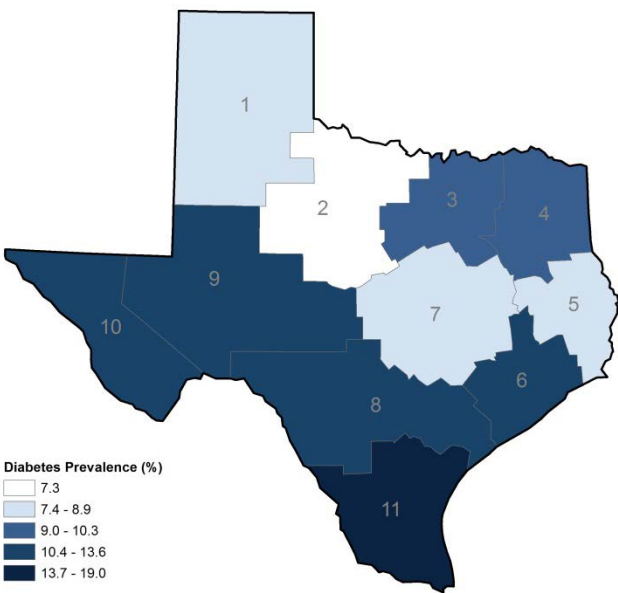


Map 19. Age-Adjusted Prevalence of High Blood Pressure in Texas by Public Health Region, 2012

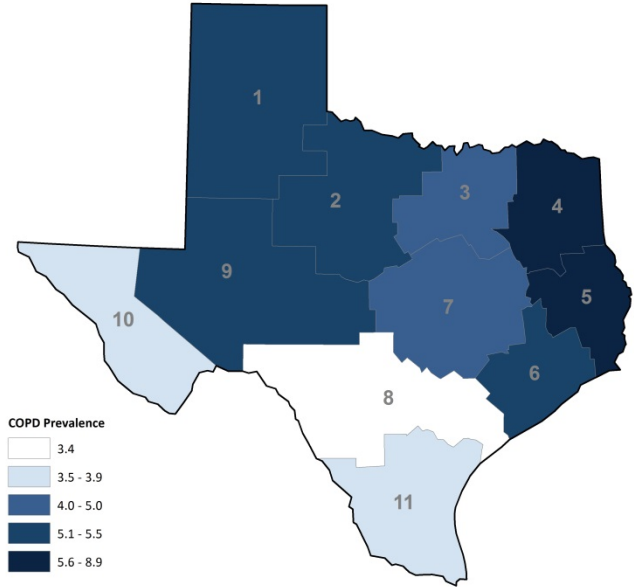


Source: Texas Behavioral Risk Factor Surveillance System

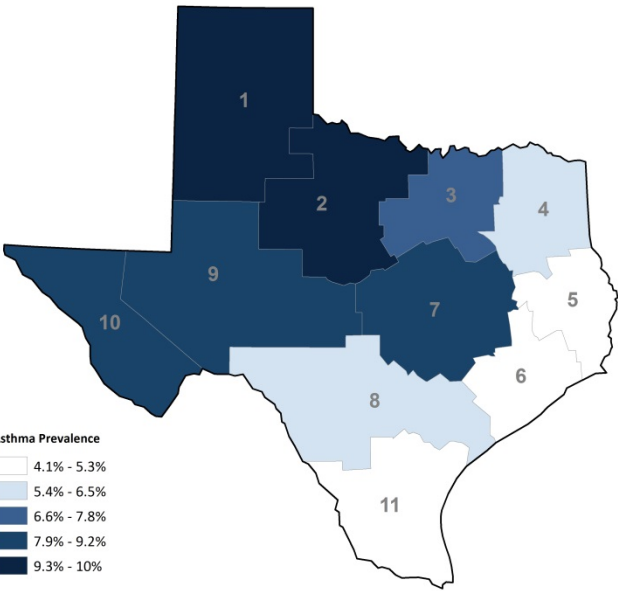
Map 20. Age-Adjusted Prevalence of Diabetes in Texas by Public Health Region, 2012



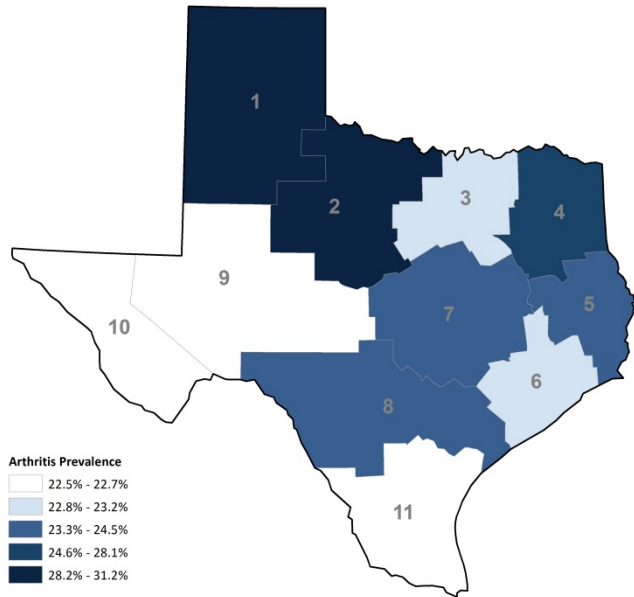
Map 21. Age-Adjusted Prevalence of COPD in Texas by Public Health Region, 2012



Map 22. Age-Adjusted Prevalence of Current Asthma in Texas by Public Health Region, 2012

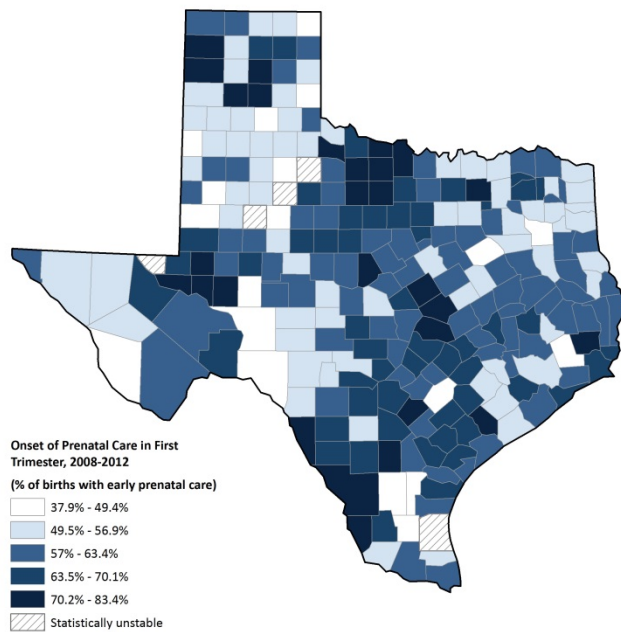


Map 23. Age-Adjusted Prevalence of Arthritis in Texas by Public Health Region, 2012

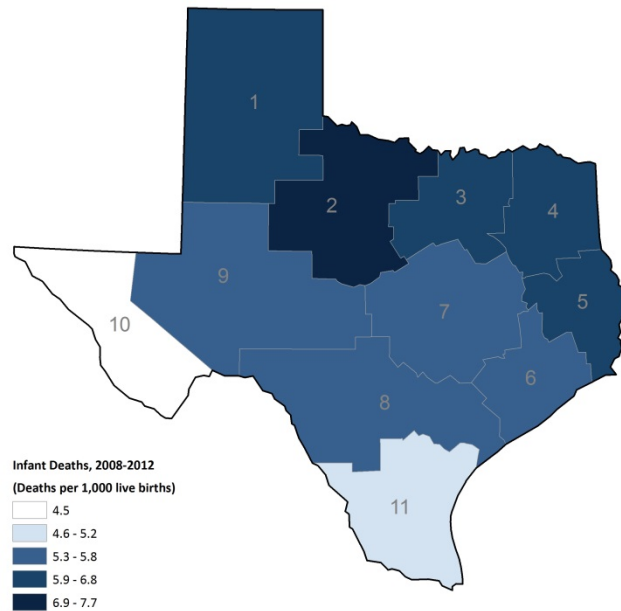


Source: Texas Behavioral Risk Factor Surveillance System

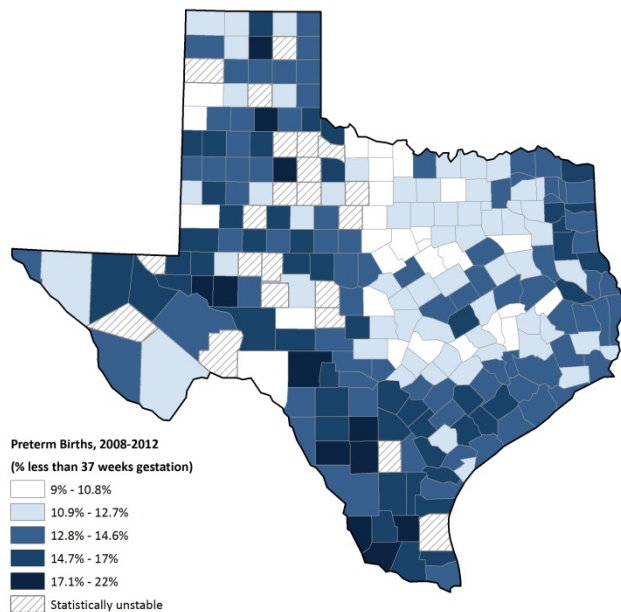
Map 24. Percent of Women Receiving Prenatal Care in the First Trimester in Texas by County, 2008-2012



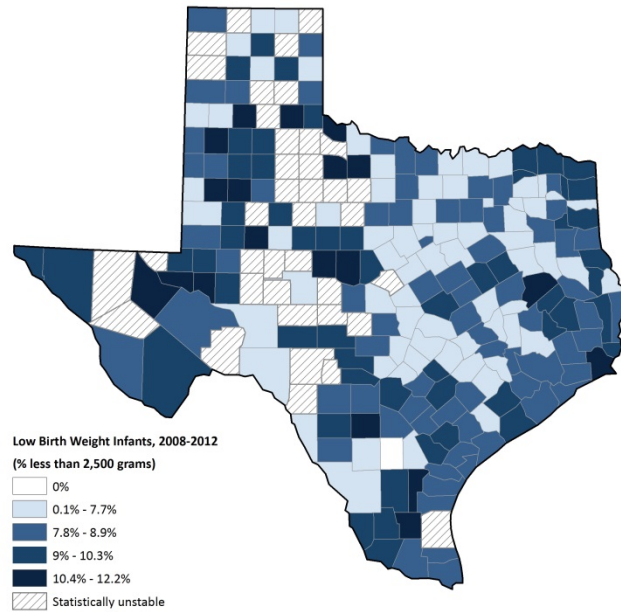
Map 25. Infant Death Rates in Texas by Public Health Region, 2008-2012



Map 26. Percent of Live Births that are Preterm (<37 Weeks Gestation) in Texas by County, 2008-2012

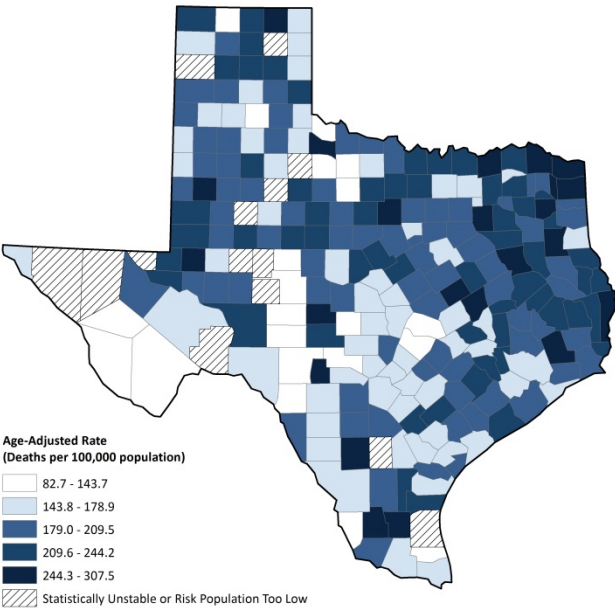


Map 27. Percent of Live Births that are Low Birth Weight (<2,500 Grams) in Texas by County, 2008-2012

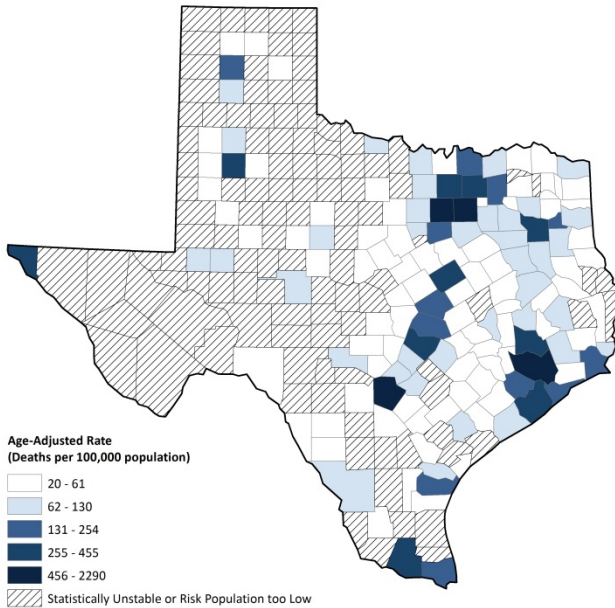


Source: Texas Natality Files, Center for Health Statistics, DSHS

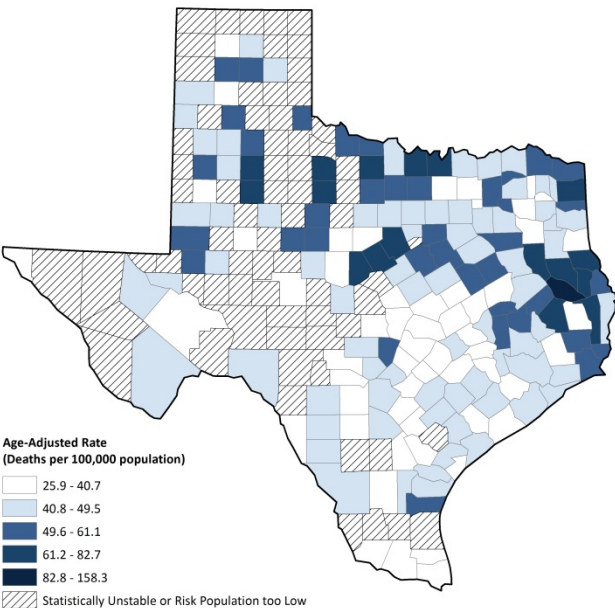
Map 28. Heart Disease Death Rates in Texas by County, 2008-2012



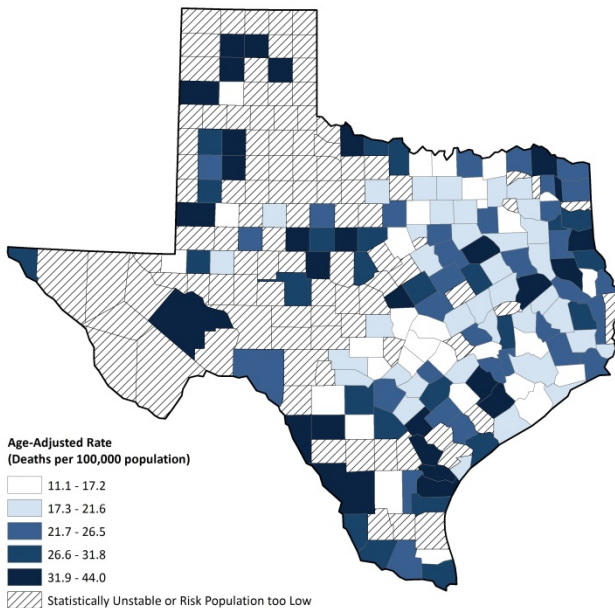
Map 29. Congestive Heart Failure Death Rates in Texas by County, 2008-2012



Map 30. Stroke Death Rates in Texas by County, 2008-2012

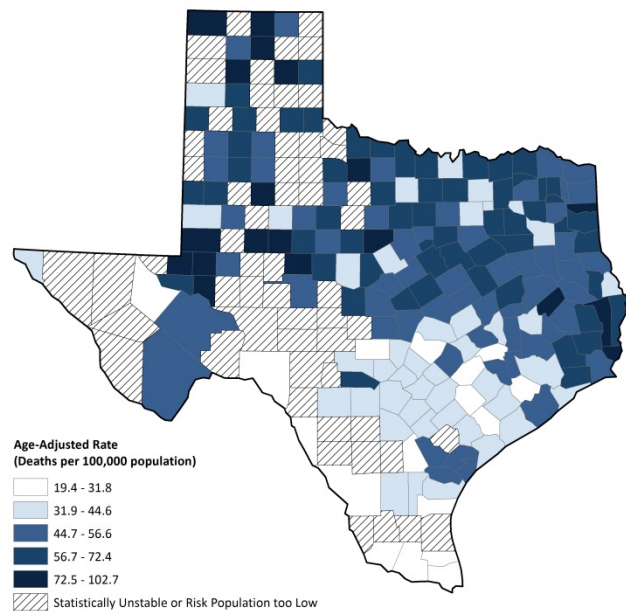


Map 31. Diabetes Death Rates in Texas by County, 2008-2012

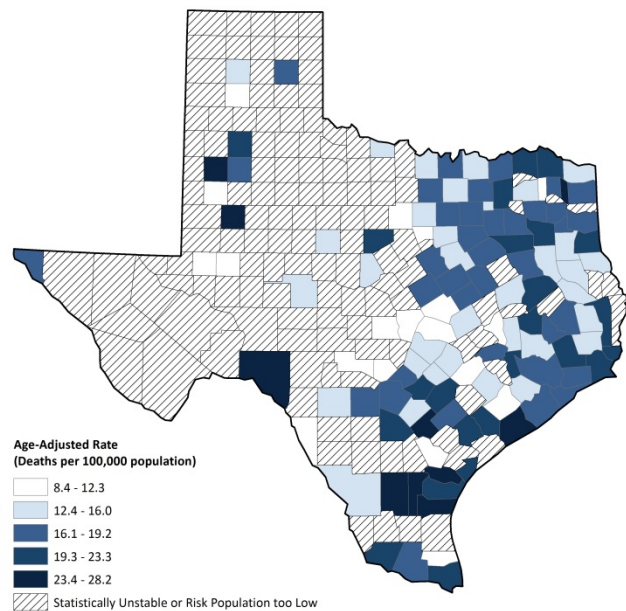


Source: Center for Health Statistics, DSHS

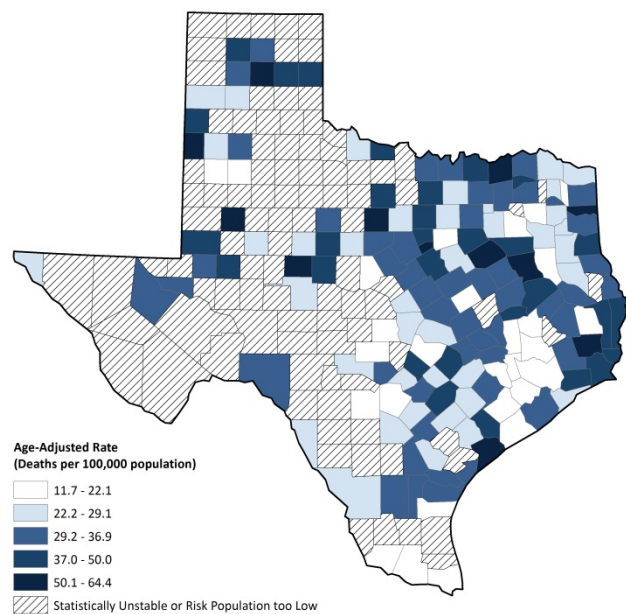
Map 32. Chronic Obstructive Pulmonary Disease (COPD) Death Rates in Texas by County, 2008-2012



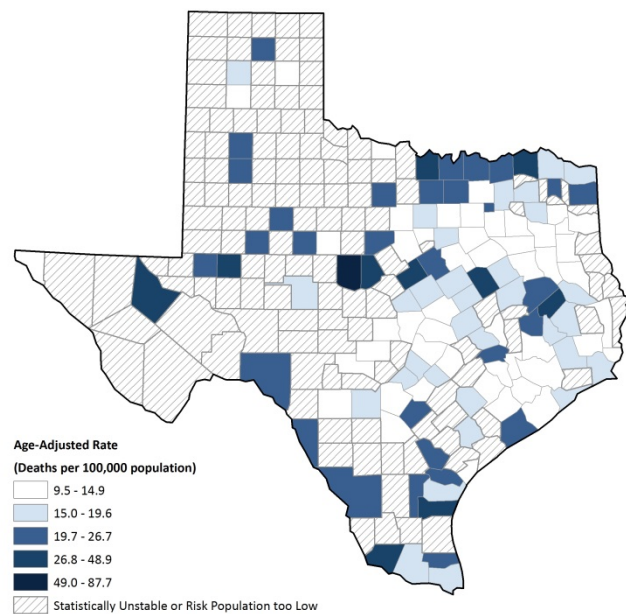
Map 33. Kidney Disease Death Rates in Texas by County, 2008-2012



Map 34. Alzheimer's Death Rates in Texas by County, 2008-2012

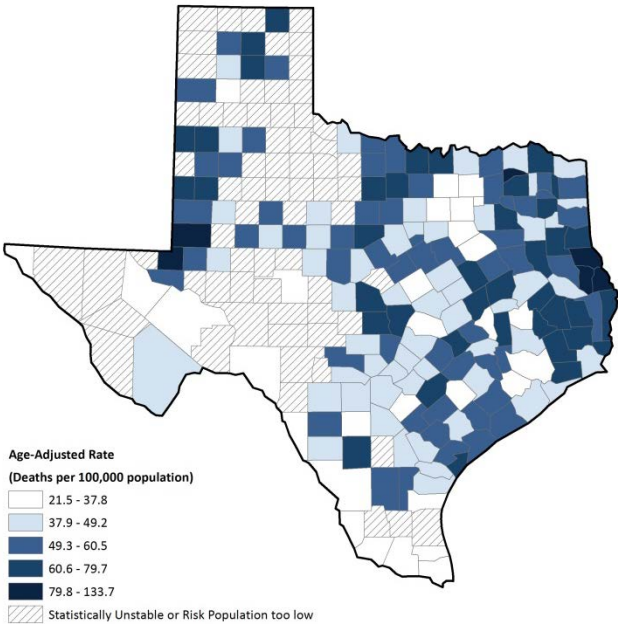


Map 35. Influenza and Pneumonia-Related Death Rates in Texas by County, 2008-2012

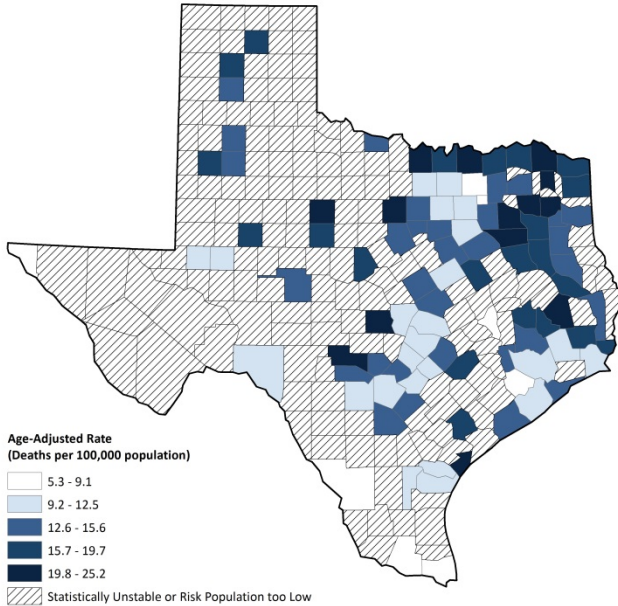


Source: Center for Health Statistics, DSHS

Map 36. Accidental Injury Death Rates in Texas by County, 2008-2012

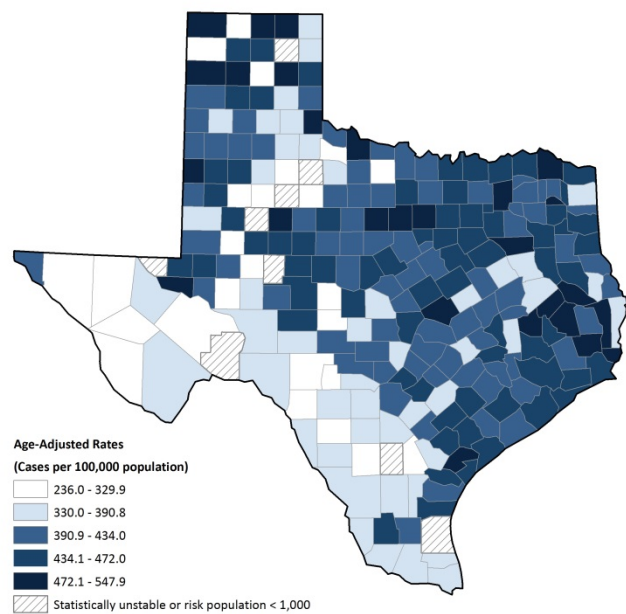


Map 37. Suicide Death Rates in Texas by County, 2008-2012

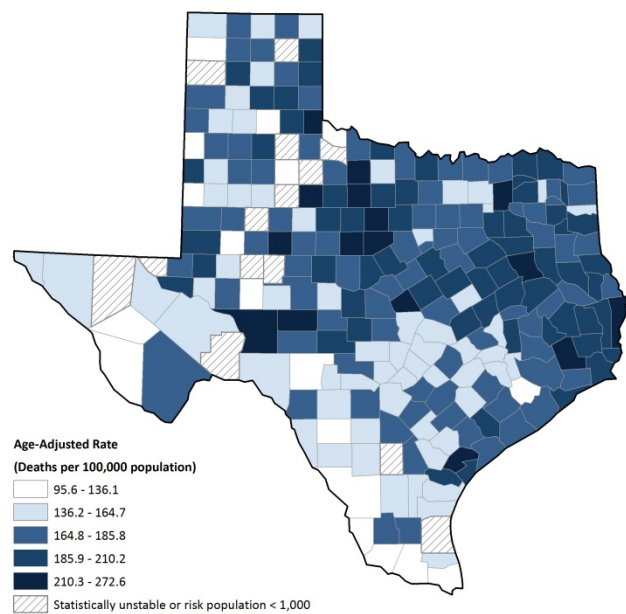


Source: Center for Health Statistics, DSHS

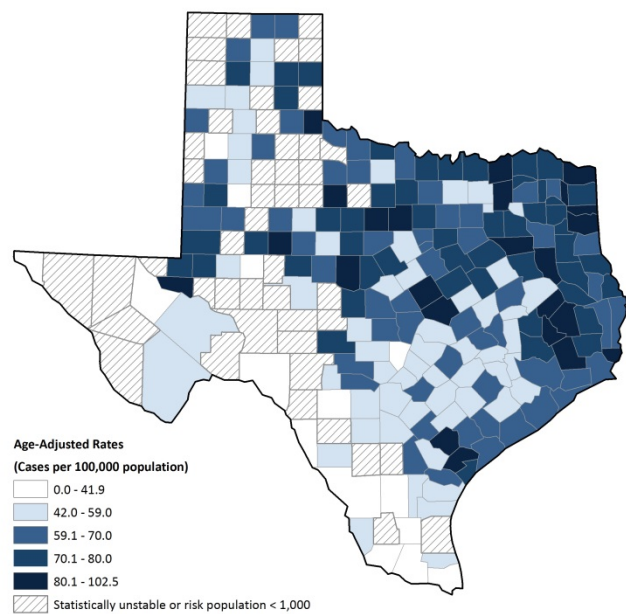
Map 38. Cancer Incidence Rates for All Cancer Types in Texas by County, 2007-2011



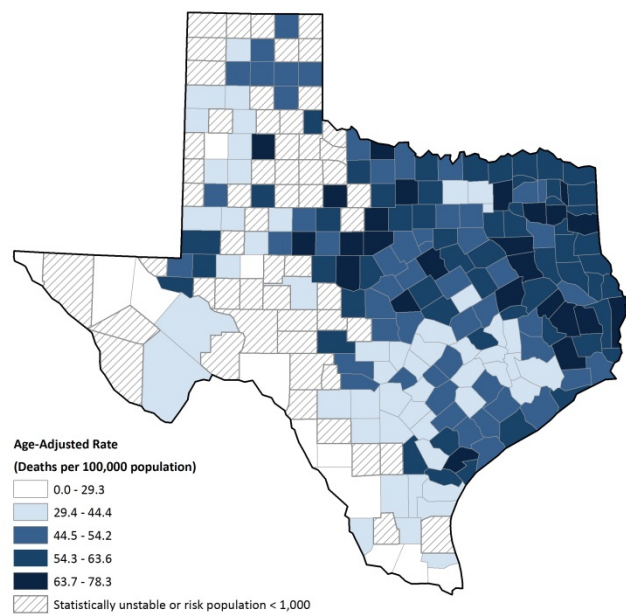
Map 39. Cancer Death Rates for All Cancer Types in Texas by County, 2007-2011



Map 40. Lung Cancer Incidence Rates in Texas by County, 2007-2011

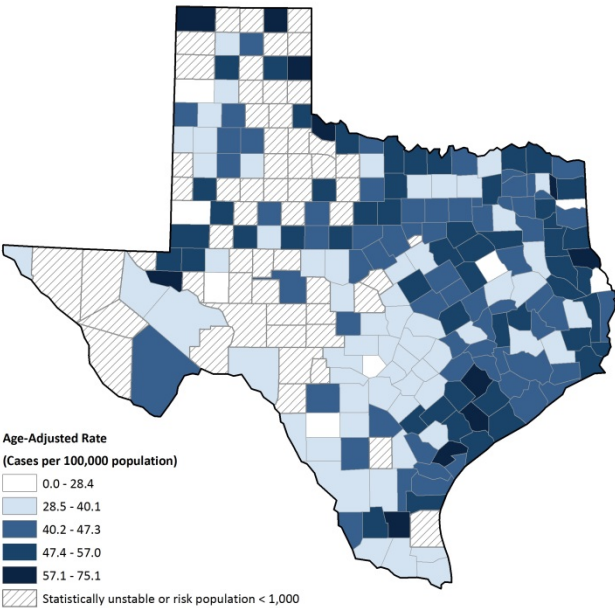


Map 41. Lung Cancer Death Rates in Texas by County, 2007-2011

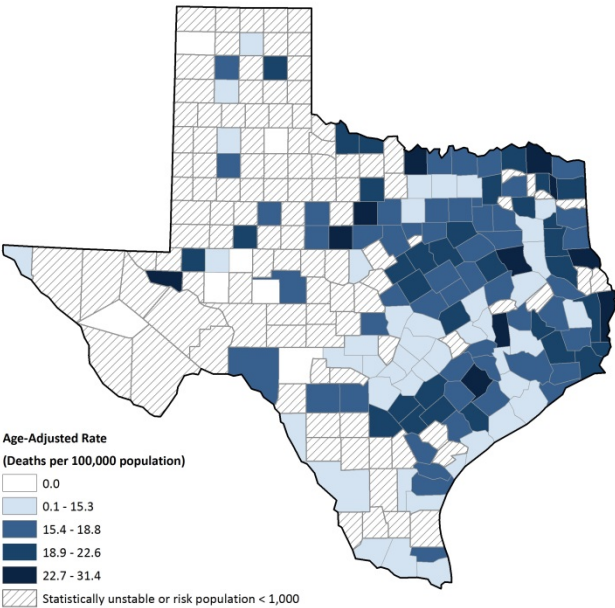


Source: Texas Cancer Registry, DSHS

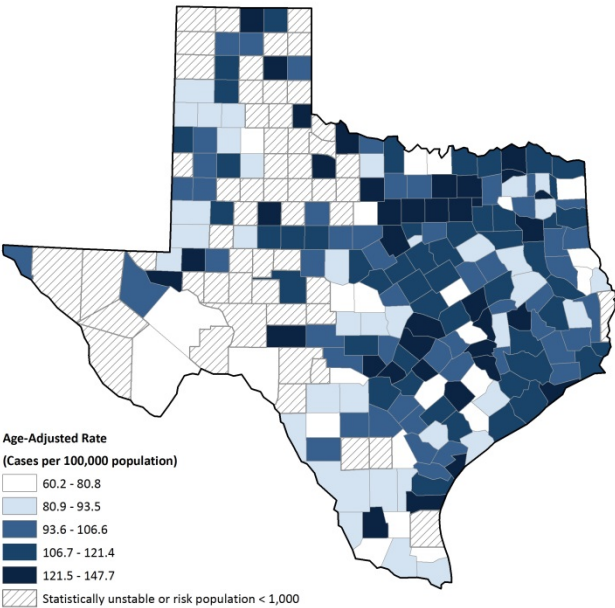
Map 42. Colorectal Cancer Incidence Rates in Texas by County, 2007-2011



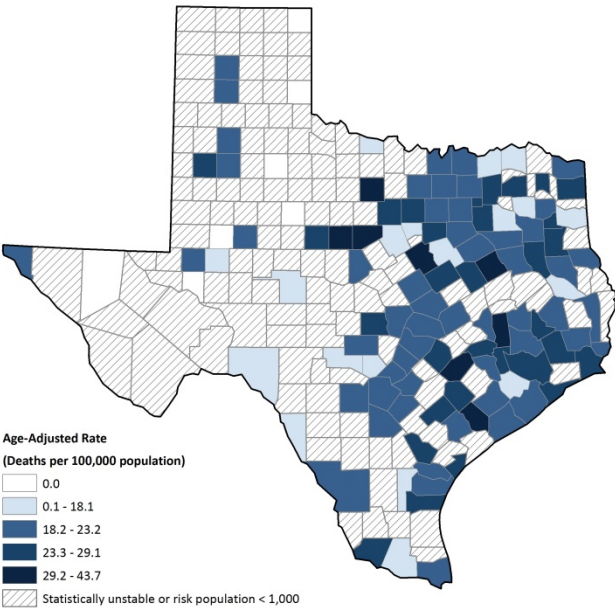
Map 43. Colorectal Cancer Death Rates in Texas by County, 2007-2011



Map 44. Female Breast Cancer Incidence Rates in Texas by County, 2007-2011

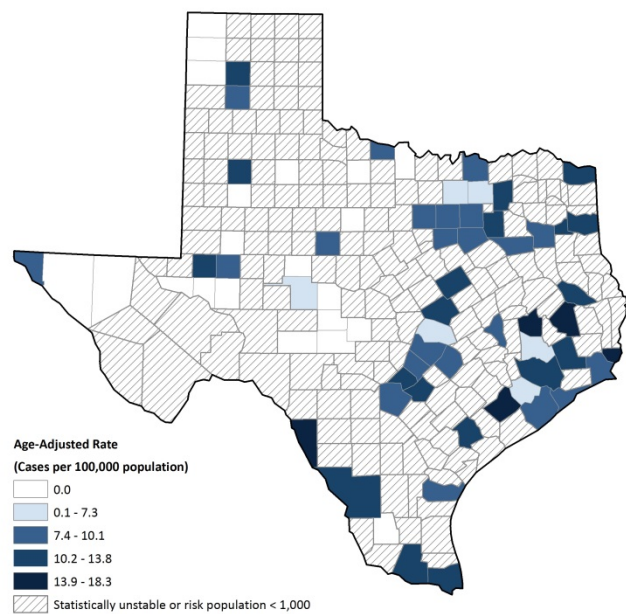


Map 45. Female Breast Cancer Death Rates in Texas by County, 2007-2011

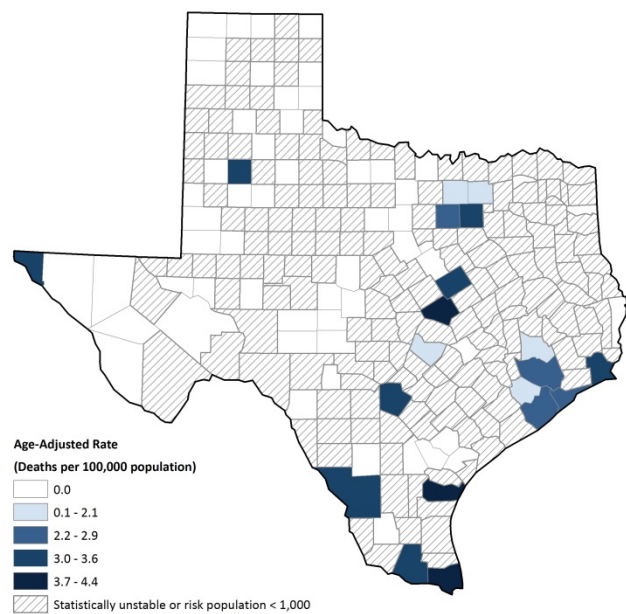


Source: Texas Cancer Registry, DSHS

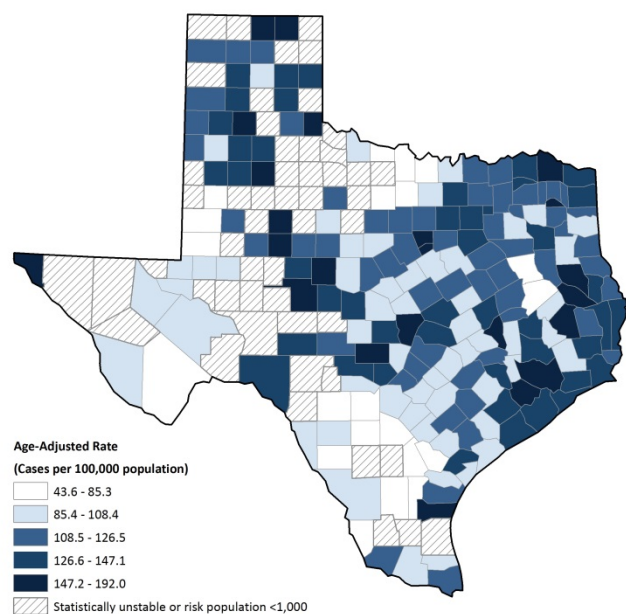
Map 46. Cervical Cancer Incidence Rates in Texas by County, 2007-2011



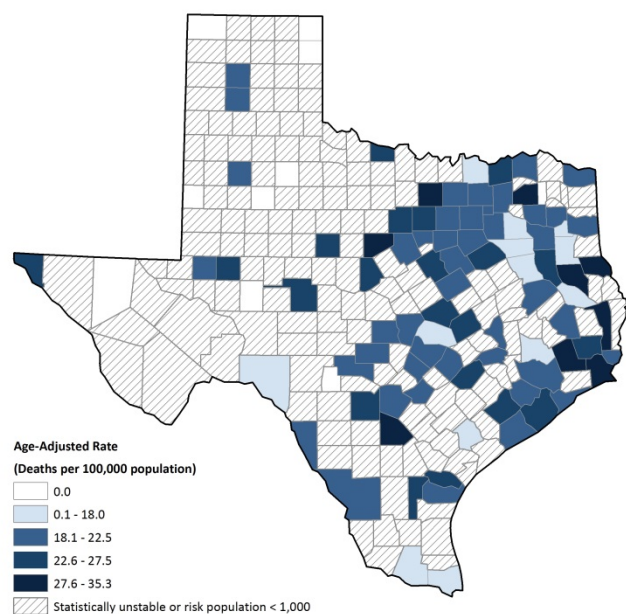
Map 47. Cervical Cancer Death Rates in Texas by County, 2007-2011



Map 48. Prostate Cancer Incidence Rates in Texas by County, 2007-2011

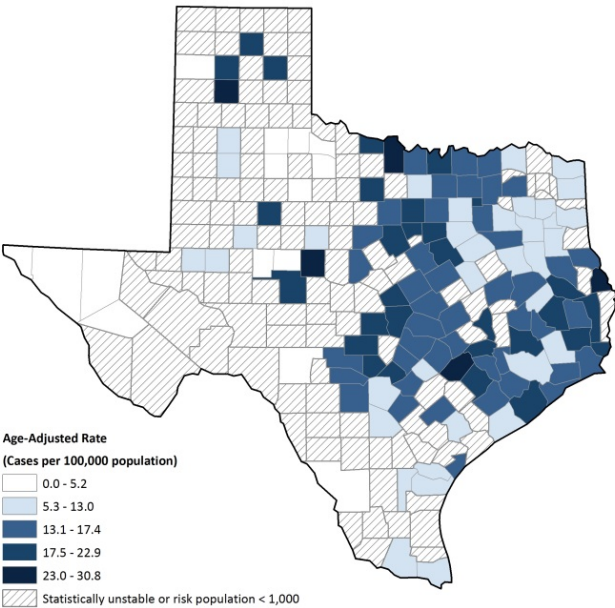


Map 49. Prostate Cancer Death Rates in Texas by County, 2007-2011

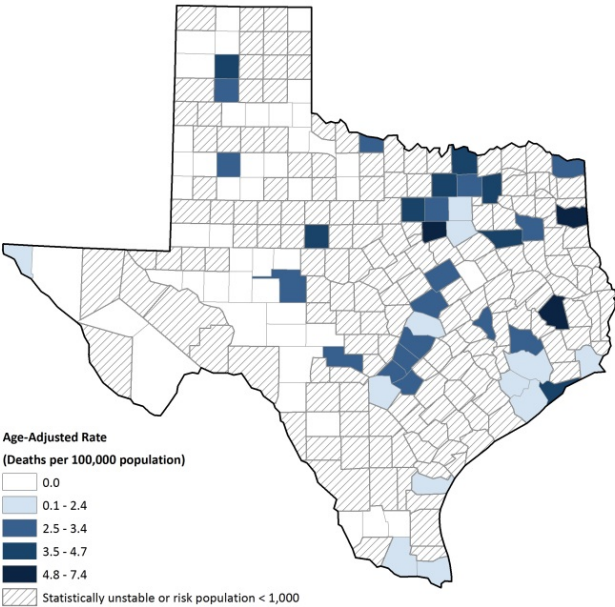


Source: Texas Cancer Registry, DSHS

Map 50. Melanoma Incidence Rates in Texas by County, 2007-2011

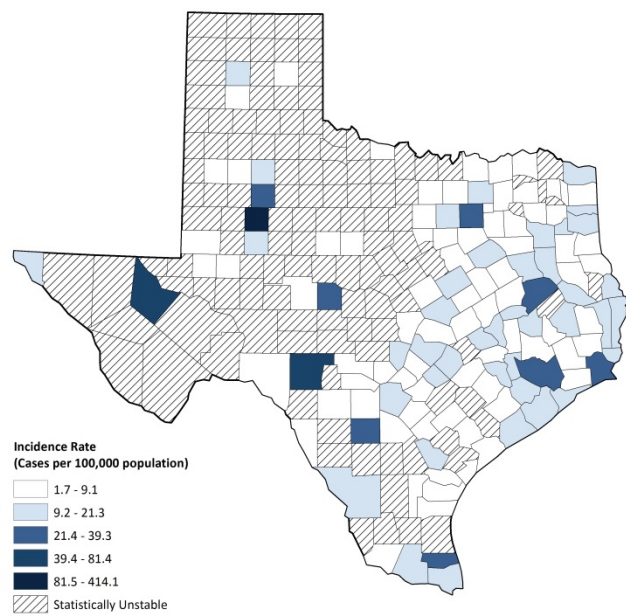


Map 51. Melanoma Death Rates in Texas by County, 2007-2011

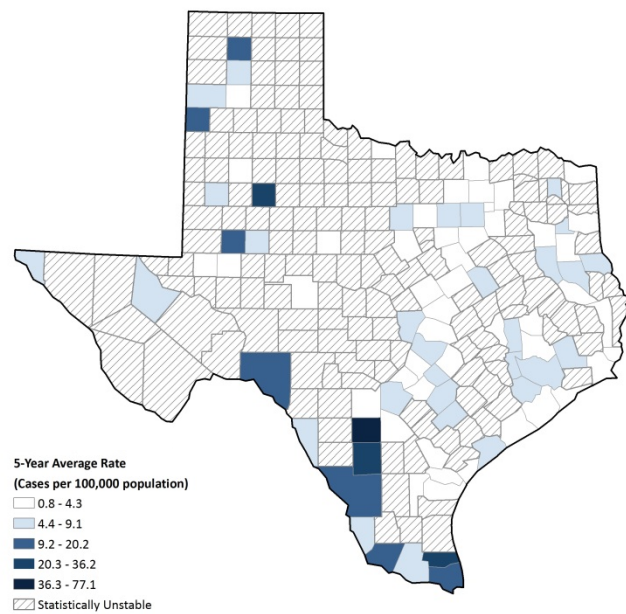


Source: Texas Cancer Registry, DSHS

Map 52. Newly Diagnosed HIV Incidence Rate in Texas by County, 2009-2013



Map 53. Tuberculosis (TB) Incidence 5-Year Averaged Rate in Texas by County, 2009-2013



Source: HIV - Texas HIV Surveillance Report 2013, HIV/STD Program, DSHS; TB - Tuberculosis Surveillance, DSHS.

Additional Data Tables – Sparklines

A majority of the tables and graphs provided in The Health Status of Texas report are stratified by population characteristics such as race/ethnicity, gender, age group, and household income level, among others. Most of the graphs included in the preceding pages were chosen because they show a disparity in the outcomes – death rates, disease incidence rates, etc. – between groups. As a result, some of the health indicators that are stratified by one population characteristic may not also be stratified by another if a meaningful difference between groups does not exist. These data, however, are still important to our understanding of public health in Texas. The following section includes a series of data tables containing sparklines for the various health indicators in this report stratified by the population characteristics available for that particular indicator, regardless of whether a disparity is present.


















How to Read the Sparkline Tables

A sparkline is essentially a very small line (or bar) graph highlighting a single trend without displaying axes or labels. The minimum and maximum axis values for each sparkline in this report are adjusted to fit that sparkline alone. When comparing across the rows, keep in mind that each sparkline in a single table may have different axis values. To assist with comparison, each sparkline is accompanied by values for the first and last data points and the associated percent change. National level data is provided for many of the indicators, but all demographic groupings are for Texas populations. Caution is advised when interpreting large spikes or dips in the sparklines, as some demographic groups may have a relatively small number of cases or risk population, leading to less stable trends. A file providing the data for every year in the displayed trend line is available for download from the DSHS Center for Health Statistics website at: <http://www.dshs.state.tx.us/chs/HealthStatusSupplement14.xls>.



















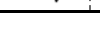
Sparkline Table of Contents

#	Topic	Page	#	Topic	Page	#	Topic	Page
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2	Mental Health Perception	A41	27	Diseases of the Heart	A52	50	Melanoma Incidence	A60
3	Physical Activity (Adult)	A42				51	Melanoma Deaths	A60
4	Physical Activity (Youth)	A42	28	Congestive Heart Failure Deaths	A52	52	Child and Adolescent Cancer Incidence	A60
5	Obesity (Adult)	A43	29	Cerebrovascular Disease	A53	53	Child and Adolescent Cancer Deaths	A60
6	Overweight (Adult)	A43	30	Diabetes Deaths	A53		Infectious Disease Data	
7	Obesity (Youth)	A44	31	COPD Deaths	A54	54	Newly Diagnosed HIV Incidence	A61
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9	Smoking (Adult)	A45	33	Alzheimer's Disease Deaths	A55	56	Hepatitis A Incidence	A62
10	Smoking (Youth)	A45	34	Kidney Disease Deaths	A55	57	Hepatitis B Incidence	A62
11	Binge Drinking (Youth)	A45	35	Influenza and Pneumonia	A55	58	Hepatitis C Incidence	A62
12	Health Coverage (Adult)	A46	36	Accidental Injury Deaths	A56	59	Chlamydia Incidence	A63
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14	Diabetes Prevalence (Adult)	A47		Cancer Incidence and Mortality Data		61	Total Syphilis Incidence	A64
15	High Blood Pressure Prevalence (Adult)	A47	38	Cancer Incidence (All)	A57	62	Congenital Syphilis Incidence	A64
16	Asthma Prevalence (Adult)	A48	39	Cancer Deaths (All)	A57	63	Tuberculosis Incidence	A64
17	Arthritis Prevalence (Adult)	A48	40	Lung Cancer Incidence	A57	64	Varicella (Chickenpox) Incidence	A65
	Maternal and Child Health Data		41	Lung Cancer Deaths	A57	65	Pertussis (Whooping Cough) Incidence	A65
18	Prenatal Care in First Trimester	A49	42	Colorectal Cancer	A58	66	Meningococcal Incidence	A65
19	Infant Death Rate	A49	43	Colorectal Cancer Deaths	A58			
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21	Low Birth Weight	A49	45	Female Breast Cancer Deaths	A58			
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23	Heart Defect Birth Prevalence	A50	47	Cervical Cancer Deaths	A59			
24	Down Syndrome Birth Prevalence	A50	48	Prostate Cancer Incidence	A59			
25	Neural Tube Defect Birth Prevalence	A50						

Sparkline Table 1. Age-Adjusted Prevalence of "Physical Health Not Good 5+ Days" (BRFSS)

	2003 (%)	2012 (%)	% Change 2003-2012	Trend
U.S.	18.7	22.1	-	
Texas	19.4	19.8	-	
Male	15.6	17.0	-	
Female	23.2	22.6	-	
White	18.3	17.8	-	
Black	19.9	25.8	-	
Hispanic	24.4	21.7	-	
Other	14.9	20.4	-	
18-29 yrs	13.6	12.5	-	
30-44 yrs	17.5	16.4	-	
45-64 yrs	21.6	23.1	-	
65+ yrs	26.2	29.7	-	
Income: <\$25,000	29.4	30.3	-	
\$25,000- \$49,999	17.0	20.1	-	
\$50,000+	11.7	12.1	-	
Education: <High School	27.9	25.7	-	
High School Graduate	21.5	21.9	-	
Some College	19.4	20.9	-	
College Graduate	12.5	12.4	-	

Sparkline Table 2. Age-Adjusted Prevalence of "Mental Health Not Good 5+ Days" (BRFSS)

	2003 (%)	2012 (%)	% Change 2003-2012	Trend
U.S.	19.6	22.1	-	
Texas	19.4	20.4	-	
Male	14.1	17.1	-	
Female	24.5	23.5	-	
White	20.4	19.7	-	
Black	21.5	24.6	-	
Hispanic	19.0	20.8	-	
Other	21.2	17.5	-	
18-29 yrs	26.1	22.3	-	
30-44 yrs	19.8	21.3	-	
45-64 yrs	18.6	21.2	-	
65+ yrs	11.5	14.8	-	
Income: <\$25,000	27.4	29.5	-	
\$25,000- \$49,999	18.4	20.0	-	
\$50,000+	14.3	14.4	-	
Education: <High School	24.2	25.5	-	
High School Graduate	21.5	20.7	-	
Some College	19.5	22.0	-	
College Graduate	14.5	14.9	-	

Due to a change in methodology, the percent change from 2003-2012 cannot be calculated for BRFSS data. A vertical, dashed line in the trend column represents this change. More information on page A5.

Source: TX Data - Texas Behavioral Risk Factor Surveillance System; U.S. Data - Center for Disease Control and Prevention (CDC). *Behavioral Risk Factor Surveillance System Survey Data*. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2003-2012.

Sparkline Table 3. Age-Adjusted Prevalence of Adults with No Leisure Time Physical Activity (BRFSS)

	2003 (%)	2012 (%)	% Change 2003-2012	Trend
U.S.	24.6	22.9	-	
Texas	27.9	27.3	-	
Male	24.7	25.4	-	
Female	30.8	29.0	-	
White	21.5	20.4	-	
Black	35.0	28.7	-	
Hispanic	38.8	35.9	-	
Other	21.7	20.3	-	
18-29 yrs	22.8	21.9	-	
30-44 yrs	26.1	27.4	-	
45-64 yrs	29.6	28.4	-	
65+ yrs	34.7	31.8	-	
Income: <\$25,000	41.6	40.0	-	
\$25,000- \$49,999	26.2	25.7	-	
\$50,000+	15.4	16.8	-	
Education: <High School	49.1	44.9	-	
High School Graduate	33.9	31.5	-	
Some College	23.0	23.3	-	
College Graduate	13.9	12.7	-	

Sparkline Table 4. Prevalence of High School Students who are Physically Active Five or More Days a Week (YRBSS)*




















	2005 (%)	2013 (%)	% Change 2005-2013	Trend
U.S.	35.8	47.3	32.1%	
Texas	36.0	48.3	34.2%	
Male	45.2	58.2	28.8%	
Female	26.5	37.9	43.0%	
White	41.8	55.3	32.3%	
Black	35.7	48.9	37.0%	
Hispanic	29.0	43.9	51.4%	
Other	32.9	48.2	46.5%	
Ninth Grade	40.5	55.9	38.0%	
Tenth Grade	33.5	47.3	41.2%	
Eleventh Grade	37.7	45.5	20.7%	
Twelfth Grade	30.3	43.4	43.2%	

* Question only asked in odd years (YRBSS)










Due to a change in methodology, the percent change from 2003-2012 cannot be calculated for BRFSS data. This is also represented by a vertical, dashed line in the trend column. More information on page A5.

Source: Sparkline Table 3 - TX Data - Texas Behavioral Risk Factor Surveillance System; U.S. Data - Center for Disease Control and Prevention (CDC). *Behavioral Risk Factor Surveillance System Survey Data*. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2003-2012. Sparkline Table 4 - TX Data - Texas Youth Risk Behavior Surveillance System, June 2014; U.S. Data - Centers for Disease Control and Prevention. 2005-2013 Youth Risk Behavior Surveys. Available at <http://www.cdc.gov/yrbs>.

Sparkline Table 5. Age-Adjusted Prevalence of Obese Adults (BRFSS)

	2003 (%)	2012 (%)	% Change 2003-2012	Trend
U.S.	25.4	28.3	-	
Texas	25.3	29.9	-	
Male	24.9	29.1	-	
Female	25.7	30.8	-	
White	23.3	25.3	-	
Black	34.7	37.3	-	
Hispanic	28.4	37.2	-	
Other	15.0	15.2	-	
18-29 yrs	15.2	18.7	-	
30-44 yrs	28.1	33.0	-	
45-64 yrs	31.6	34.9	-	
65+ yrs	18.7	26.9	-	
Income: <\$25,000	29.2	35.9	-	
\$25,000- \$49,999	26.4	30.1	-	
\$50,000+	22.2	26.5	-	
Education: <High School	27.6	35.8	-	
High School Graduate	29.4	32.3	-	
Some College	26.3	30.1	-	
College Graduate	19.7	23.2	-	

Sparkline Table 6. Age-Adjusted Prevalence of Overweight Adults (BRFSS)

	2003 (%)	2012 (%)	% Change 2003-2012	Trend
U.S.	35.4	35.6	-	
Texas	37.2	35.7	-	
Male	43.8	42.4	-	
Female	30.4	28.5	-	
White	35.1	35.7	-	
Black	39.3	35.5	-	
Hispanic	41.1	35.8	-	
Other	35.8	29.2	-	
18-29 yrs	30.9	31.7	-	
30-44 yrs	39.2	34.3	-	
45-64 yrs	38.8	38.2	-	
65+ yrs	38.3	39.2	-	
Income: <\$25,000	36.1	32.2	-	
\$25,000- \$49,999	36.8	36.9	-	
\$50,000+	39.9	38.2	-	
Education: <High School	39.9	35.5	-	
High School Graduate	36.8	36.2	-	
Some College	37.9	35.4	-	
College Graduate	36.5	36.1	-	

Due to a change in methodology, the percent change from 2003-2012 cannot be calculated for BRFSS data. This is also represented by a vertical, dashed line in the trend column. More information on page A5.

Source: TX Data - Texas Behavioral Risk Factor Surveillance System; U.S. Data - Center for Disease Control and Prevention (CDC). *Behavioral Risk Factor Surveillance System Survey Data*. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2003-2012.

Sparkline Table 7. Prevalence of Obese High School Students (YRBSS)*

	2005 (%)	2013 (%)	% Change 2005-2013	Trend
U.S.	13.1	13.7	4.6%	
Texas	13.9	15.7	12.9%	
Male	16.4	19.4	18.3%	
Female	11.2	11.8	5.4%	
White	10.2	12.1	18.6%	
Black	18.0	14.6	-18.9%	
Hispanic	16.9	19.0	12.4%	
Other	7.5	12.8	70.7%	
Ninth Grade	13.2	13.7	3.8%	
Tenth Grade	16.3	19.5	19.6%	
Eleventh Grade	13.1	13.7	4.6%	
Twelfth Grade	12.6	15.9	26.2%	

Sparkline Table 8. Prevalence of Overweight High School Students (YRBSS)*

	2005 (%)	2013 (%)	% Change 2005-2013	Trend
U.S.	15.7	16.6	5.7%	
Texas	15.0	15.6	4.0%	
Male	14.5	14.8	2.1%	
Female	15.5	16.4	5.8%	
White	12.4	14.3	15.3%	
Black	16.3	16.8	3.1%	
Hispanic	17.4	17.2	-1.1%	
Other	13.8	4.6	-66.7%	
Ninth Grade	16.4	15.1	-7.9%	
Tenth Grade	15.4	15.1	-1.9%	
Eleventh Grade	14.6	17.2	17.8%	
Twelfth Grade	12.7	14.7	15.7%	

* Question only asked in odd years (YRBSS)

Due to a change in methodology, the percent change from 2003-2012 cannot be calculated for BRFSS data. This is also represented by a vertical, dashed line in the trend column. More information on page A5.

Source: TX Data – Texas Youth Risk Behavior Surveillance System, June 2014; U.S. Data - Centers for Disease Control and Prevention. 2005-2013 Youth Risk Behavior Surveys. Available at <http://www.cdc.gov/yrbs>.

Sparkline Table 9. Age-Adjusted Prevalence of Current Adult Smokers (BRFSS)

	2003 (%)	2012 (%)	% Change 2003-2012	Trend
U.S.	22.3	18.8	-	
Texas	21.7	18.0	-	
Male	25.7	22.9	-	
Female	17.6	13.1	-	
White	24.4	20.2	-	
Black	19.9	18.8	-	
Hispanic	16.9	15.8	-	
Other	25.9	16.8	-	
18-29 yrs	26.8	20.2	-	
30-44 yrs	22.7	20.8	-	
45-64 yrs	23.1	18.6	-	
65+ yrs	10.9	9.7	-	
Income: <\$25,000	26.1	24.1	-	
\$25,000- \$49,999	26.6	18.7	-	
\$50,000+	15.6	13.6	-	
Education: <High School	24.3	22.7	-	
High School Graduate	27.2	23.3	-	
Some College	22.7	19.1	-	
College Graduate	13.7	8.3	-	

* Question only asked in odd years (YRBSS)

Due to a change in methodology, the percent change from 2003-2012 cannot be calculated for BRFSS data. This is also represented by a vertical, dashed line in the trend column. More information on page A5.

Source: Sparkline Table 9 - TX Data - Texas Behavioral Risk Factor Surveillance System; U.S. Data - Center for Disease Control and Prevention (CDC). *Behavioral Risk Factor Surveillance System Survey Data*. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2003-2012. Sparkline Tables 10 & 11 - TX Data - Texas Youth Risk Behavior Surveillance System, June 2014; U.S. Data - Centers for Disease Control and Prevention. 2005-2013 Youth Risk Behavior Surveys. Available at <http://www.cdc.gov/yrbss>.

Sparkline Table 10. Prevalence of High School Students who Smoked Cigarettes in the Past Month (YRBSS)*

	2005 (%)	2013 (%)	% Change 2005-2013	Trend
U.S.	23.0	15.7	-31.7%	
Texas	24.2	14.1	-41.7%	
Male	26.3	16.5	-37.3%	
Female	22.0	11.7	-46.8%	
White	28.9	17.8	-38.4%	
Black	14.2	5.9	-58.5%	
Hispanic	23.1	13.7	-40.7%	
Other	18.5	9.6	-48.1%	
Ninth Grade	17.7	8.6	-51.4%	
Tenth Grade	23.1	13.3	-42.4%	
Eleventh Grade	25.8	14.0	-45.7%	
Twelfth Grade	33.8	21.8	-35.5%	

Sparkline Table 11. Prevalence of Binge Drinking Among High School Students in the Past 30 Days (YRBSS)*

	2005 (%)	2013 (%)	% Change 2005-2013	Trend
U.S.	25.5	20.8	-18.4%	
Texas	29.6	21.0	-29.1%	
Male	33.1	22.2	-32.9%	
Female	26.2	19.9	-24.0%	
White	34.0	27.5	-19.1%	
Black	15.4	10.3	-33.1%	
Hispanic	30.4	19.6	-35.5%	
Other	24.7	18.5	-25.1%	
Ninth Grade	20.2	11.8	-41.6%	
Tenth Grade	27.7	20.2	-27.1%	
Eleventh Grade	34.3	24.2	-29.4%	
Twelfth Grade	33.8	30.3	-10.4%	

Sparkline Table 12. Percent of Adults with No Health Coverage (BRFSS) (Age-Adjusted)

	2003 (%)	2012 (%)	% Change 2003-2012	Trend
U.S.	18.4	22.8	-	
Texas	30.6	36.3	-	
Male	29.9	37.4	-	
Female	31.3	35.1	-	
White	18.8	19.6	-	
Black	29.0	33.5	-	
Hispanic	51.4	58.0	-	
Other	24.4	22.8	-	
18-29 yrs	40.4	46.2	-	
30-44 yrs	31.4	39.6	-	
45-64 yrs	22.4	25.3	-	
Income: <\$25,000	58.5	64.0	-	
\$25,000- \$49,999	25.4	34.8	-	
\$50,000+	7.1	10.5	-	
Education: <High School	62.3	71.3	-	
High School Graduate	36.3	39.1	-	
Some College	24.1	29.4	-	
College Graduate	11.1	11.0	-	

Sparkline Table 13. Percent of Adults 18+ who Received the Flu Vaccine (BRFSS) (Age-Adjusted)

	2003 (%)	2012 (%)	% Change 2003-2012	Trend
U.S.	32.6	34.2	-	
Texas	33.9	33.9	-	
Male	34.7	31.2	-	
Female	33.1	36.5	-	
White	36.0	38.0	-	
Black	29.1	29.1	-	
Hispanic	29.1	29.2	-	
Other	31.4	35.4	-	
18-29 yrs	20.1	23.1	-	
30-44 yrs	22.5	27.0	-	
45-64 yrs	36.4	34.8	-	
65+ yrs	67.7	59.4	-	
Income: <\$25,000	29.0	27.6	-	
\$25,000- \$49,999	35.2	32.6	-	
\$50,000+	37.2	39.9	-	
Education: <High School	25.9	25.8	-	
High School Graduate	32.7	32.1	-	
Some College	35.7	34.1	-	
College Graduate	37.1	41.3	-	

Due to a change in methodology, the percent change from 2003-2012 cannot be calculated for BRFSS data. This is also represented by a vertical, dashed line in the trend column. More information on page A5.

Source: TX Data - Texas Behavioral Risk Factor Surveillance System; U.S. Data - Center for Disease Control and Prevention (CDC). *Behavioral Risk Factor Surveillance System Survey Data*. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2003-2012.

Sparkline Table 14. Age-Adjusted Prevalence of Diabetes (BRFSS)

	2003 (%)	2012 (%)	% Change 2003-2012	Trend
U.S.	7.4	9.4	-	
Texas	8.4	10.7	-	
Male	8.6	11.4	-	
Female	8.3	10.0	-	
White	7.2	7.9	-	
Black	12.2	14.8	-	
Hispanic	12.1	14.8	-	
Other	7.4	11.8	-	
18-29 yrs	1.1	1.2	-	
30-44 yrs	4.7	5.4	-	
45-64 yrs	13.3	15.2	-	
65+ yrs	16.3	24.9	-	
Income: <\$25,000	12.1	15.3	-	
\$25,000- \$49,999	7.6	10.1	-	
\$50,000+	5.1	8.3	-	
Education: <High School	11.6	15.1	-	
High School Graduate	9.8	11.1	-	
Some College	8.4	10.3	-	
College Graduate	5.2	7.3	-	

Sparkline Table 15. Age-Adjusted Prevalence of High Blood Pressure (BRFSS)**

	2003 (%)	2012 (%)	% Change 2003-2012	Trend
U.S.	25.4	30.1*	-	
Texas	28.2	29.2	-	
Male	29.9	30.4	-	
Female	26.7	28.0	-	
White	27.9	29.5	-	
Black	43.9	42.2	-	
Hispanic	24.2	24.8	-	
Other	22.0	32.7	-	
18-29 yrs	5.4	4.5	-	
30-44 yrs	14.1	14.0	-	
45-64 yrs	37.4	41.0	-	
65+ yrs	53.0	67.7	-	
Income: <\$25,000	31.3	32.4	-	
\$25,000- \$49,999	28.0	26.7	-	
\$50,000+	27.8	28.9	-	
Education: <High School	27.5	30.4	-	
High School Graduate	31.3	32.9	-	
Some College	28.7	34.3	-	
College Graduate	25.3	30.1	-	

* National data is not available for 2012. As such rates for the U.S. range from 2003 to 2011.

** Question asked in 2003, 2005, 2007, 2009, 2011, & 2012 (BRFSS)

Due to a change in methodology, the percent change from 2003-2012 cannot be calculated for BRFSS data. This is also represented by a vertical, dashed line in the trend column. More information in on page A5.

Source: TX Data - Texas Behavioral Risk Factor Surveillance System; U.S. Data - Center for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2003-2012.

Sparkline Table 16. Age-Adjusted Prevalence of Current Asthma (BRFSS)

	2003 (%)	2012 (%)	% Change 2003-2012	Trend
U.S.	7.7	8.8	-	
Texas	6.9	6.8	-	
Male	5.3	5.0	-	
Female	8.4	8.5	-	
White	7.6	8.2	-	
Black	11.6	9.3	-	
Hispanic	4.1	4.7	-	
Other	3.6	7.2	-	
18-29 yrs	7.7	6.2	-	
30-44 yrs	6.5	6.1	-	
45-64 yrs	6.6	7.8	-	
65+ yrs	7.0	7.4	-	
Income: <\$25,000	8.0	8.3	-	
\$25,000- \$49,999	5.8	7.3	-	
\$50,000+	8.0	5.5	-	
Education: <High School	5.6	5.6	-	
High School Graduate	6.8	7.4	-	
Some College	7.3	7.7	-	
College Graduate	7.8	6.6	-	

Sparkline Table 17. Age-Adjusted Prevalence of Arthritis (BRFSS)*


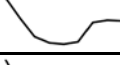


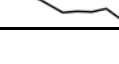
	2003 (%)	2012 (%)	% Change 2001-2012	Trend
U.S.	26.7	23.8	-	
Texas	27.5	21.4	-	
Male	24.3	17.4	-	
Female	30.1	25.0	-	
White	29.8	23.1	-	
Black	35.1	26.4	-	
Hispanic	20.5	17.6	-	
Other	21.2	22.6	-	
18-29 yrs	6.2	3.2	-	
30-44 yrs	14.6	10.1	-	
45-64 yrs	34.6	30.0	-	
65+ yrs	53.0	51.0	-	
Income: <\$25,000	30.7	25.5	-	
\$25,000- \$49,999	27.8	21.0	-	
\$50,000+	26.5	19.1	-	
Education: <High School	24.3	23.5	-	
High School Graduate	29.4	26.2	-	
Some College	31.7	25.5	-	
College Graduate	23.9	19.2	-	

* Question asked 2003, 2005, 2007, 2009, 2011, & 2012 (BRFSS)



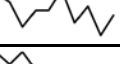
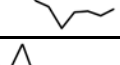

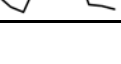
Due to a change in methodology, the percent change from 2003-2012 cannot be calculated for BRFSS data. This is also represented by a vertical, dashed line in the trend column. More information on page A5.

Source: TX Data - Texas Behavioral Risk Factor Surveillance System; U.S. Data - Center for Disease Control and Prevention (CDC). *Behavioral Risk Factor Surveillance System Survey Data*. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2003-2012.



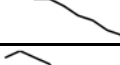

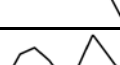
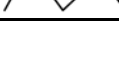
Sparkline Table 18. Percent of Women Receiving Prenatal Care in First Trimester*

	2005 (%)	2013 (%)	% Change 2005-2013	Trend
Texas	64.0	63.5	-0.8%	
White	74.1	72.0	-2.8%	
Black	56.9	51.7	-9.1%	
Hispanic	57.7	59.3	2.8%	
Other	72.2	65.5	-9.3%	

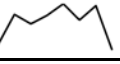


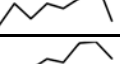
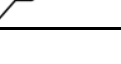
Sparkline Table 19. Infant Death Rates (per 1,000 live births)**

	2003	2012	% Change 2003-2012	Trend
U.S.	6.9	6.1	-11.6%	
Texas	6.6	5.8	-12.1%	
White	5.8	5.3	-8.6%	
Black	13.8	11.6	-15.9%	
Hispanic	5.7	5.2	-8.8%	
Other	4.5	3.4	-24.4%	

Sparkline Table 20. Percent of Live Births that are Preterm*†

	2004 (%)	2013 (%)	% Change 2005-2013	Trend
U.S.	12.5	11.4	-8.8%	
Texas	13.6	12.3	-9.6%	
White	12.8	11.0	-14.1%	
Black	18.5	16.7	-9.7%	
Hispanic	13.2	12.5	-5.3%	
Other	11.2	11.3	0.9%	

Sparkline Table 21. Percent of Live Births that are Low Birth Weight

	2005 (%)	2012 (%)	% Change 2005-2012	Trend
Texas	8.3	8.3	0.0%	
White	7.6	7.3	-3.9%	
Black	14.1	13.9	-1.4%	
Hispanic	7.5	7.5	0.0%	
Other	8.4	9.1	8.3%	

* 2013 rates are preliminary from National Center for Health Statistics (NCHS).

** National data for 2012 is not available, 2011 is provisional. National rates and trends range from 2003-2011.

† Race category data is only available up to 2012. Rates and trends are for 2004-2012.

In Sparkline Table 19, race/ethnicity is of the infant. For other tables on this page, race/ethnicity is of the mother.

Source: TX Data - Texas Natality and Mortality Files, Texas Department of State Health Services, June 2014; U.S. Data - National Vital Statistics Reports, National Center for Health Statistics.

Sparkline Table 22. All Birth Defects Prevalence Rate in Texas (Cases per 10,000 live births)

	2000	2009	% Change 2000-2009	Trend
Texas	358.7	490.46	36.7%	
White	375.2	499.5	33.1%	
Black	345.9	478.9	38.5%	
Hispanic	354.1	492.6	39.1%	
Teen	370.4	455.2	22.9%	
19-34 yrs	344.5	478.5	38.9%	
35+ yrs	457.8	595.1	30.0%	

Sparkline Table 23. Heart Defect Birth Prevalence Rate in Texas (Cases per 10,000 live births)*

	2000	2009	% Change 2000-2009	Trend
Texas	117.4	181.37	54.5%	
White	112.0	168.7	50.6%	
Black	99.2	167.5	68.9%	
Hispanic	130.0	196.2	51.0%	
Teen	109.6	171.3	56.4%	
19-34 yrs	111.4	171.9	54.3%	
35+ yrs	170.5	251.3	47.4%	

Sparkline Table 24. Down Syndrome (Trisomy 21) Prevalence Rate in Texas (Cases per 10,000 live births)**

	2000	2009	% Change 2000-2009	Trend
Texas	13.1	13.7	4.6%	
White	13.0	12.2	-6.2%	
Black	5.4	11.7	116.1%	
Hispanic	15.3	14.7	-3.7%	
Teen	4.7	7.4	56.0%	
19-34 yrs	9.1	8.2	-9.7%	
35+ yrs	52.0	54.7	5.2%	

Sparkline Table 25. Neural Tube Defect Birth Prevalence Rate in Texas (Cases per 10,000 live births)†

	2000	2009	% Change 2000-2009	Trend
Texas	7.6	7.77	2.6%	
White	5.8	6.5	12.3%	
Black	6.1	6.6	7.8%	
Hispanic	9.8	9.1	-7.4%	
Teen	9.4	9.2	-3.1%	
19-34 yrs	7.2	7.4	3.8%	
35+ yrs	9.0	9.2	1.6%	

Tables refer to the race/ethnicity and age of the mother.

* No statistical significance between White and Black race/ethnicity. Hispanics had significantly higher prevalences over both Whites and Blacks for 2000-2002, 2004, and 2008-2009, and statistically higher prevalences over Blacks in 2006 and Whites in 2007.

** Blacks have statistically significantly lower prevalences of Down Syndrome than that of Hispanics for all displayed delivery years except 2003, 2004, and 2009. Blacks have statistically lower prevalences than Whites in delivery years 2000 and 2007. There were no statistically significant differences between White and Hispanics for the years displayed. Women 35+ have statistically significantly higher prevalences of Down Syndrome than teens and women 19-34 years old.

† There were no statistically significant differences for Neural Tube Defects by maternal age group or delivery year.

Source: Texas Birth Defects Registry, Texas Department of State Health Services.

Sparkline Table 26. All Death Causes Death Rates

	2003	2012	% Change 2003-2012	Trend
U.S.	843.5	732.8	-13.1%	
Texas	856.8	751.3	-12.3%	
Male	1,013.3	878.4	-13.3%	
Female	731.5	644.2	-11.9%	
White	870.3	790.0	-9.2%	
Black	1,137.0	926.0	-18.6%	
Hispanic	722.6	633.3	-12.4%	
Other	411.4	405.4	-1.5%	
<1 year	671.6	585.2	-12.9%	
1-4 yrs	38.1	28.8	-24.4%	
5-14 yrs	18.8	12.9	-31.4%	
15-24 yrs	83.6	68.0	-18.7%	
25-34 yrs	101.3	101.2	-0.1%	
35-44 yrs	203.0	161.3	-20.5%	
45-54 yrs	438.9	406.4	-7.4%	
55-64 yrs	971.8	895.0	-7.9%	
65-74 yrs	2,315.2	1,850.2	-20.1%	
75-84 yrs	5,630.4	4,848.6	-13.9%	
85+ yrs	15,152.6	14,046.2	-7.3%	

Rates per 100,000 population. All rates age adjusted using 2000 Standard Population except for the age group rates.

Source: TX Data - Center for Health Statistics, Texas Department of State Health Services, June 2014; U.S. Data - National Vital Statistics System, Centers for Disease Control and Prevention.

Sparkline Table 27. Diseases of the Heart Death Rates

	2003	2012	% Change 2003-2012	Trend
U.S.	236.3	170.5	-27.8%	
Texas	238.4	170.8	-28.4%	
Male	288.9	213.5	-26.1%	
Female	197.7	136.3	-31.1%	
White	240.4	179.0	-25.5%	
Black	332.3	219.9	-33.8%	
Hispanic	198.6	138.1	-30.5%	
Other	102.3	94.1	-8.0%	
<1 year	6.8	7.9	16.2%	
1-24 yrs	1.7	1.5	-11.8%	
25-44 yrs	19.7	15.8	-19.8%	
45-64 yrs	154.7	131.4	-15.1%	
65-74 yrs	627.6	413.3	-34.1%	
75+ yrs	2561.9	1884.7	-26.4%	

Sparkline Table 28. Congestive Heart Failure Death Rates**

	2003	2012	% Change 2003-2012	Trend
U.S.	18.4	15.7*	-14.7%*	
Texas	20.4	17.7	-13.2%	
Male	21.4	19.5	-8.9%	
Female	19.6	16.3	-16.8%	
White	21.9	19.3	-11.9%	
Black	20.8	20.3	-2.4%	
Hispanic	14.5	12.0	-17.2%	
Other	8.9†	7.3	-18.0%†	
25-44 yrs	0.7	0.6	-14.3%	
45-64 yrs	6.1	6.5	6.6%	
65-74 yrs	43.2	33.4	-22.7%	
75+ yrs	286.8	278.8	-2.8%	

Rates per 100,000 population. All rates age adjusted using 2000 Standard Population except for the age group rates.

* National data for 2012 is not available. National rates and trends range from 2003-2011.

** Numerator for 0-24 years too low for stable rate calculation.

† Other race/ethnicity ranges from 2004-2012

Source: TX Data - Center for Health Statistics, Texas Department of State Health Services, June 2014; U.S. Data - National Vital Statistics System, Centers for Disease Control and Prevention.

Sparkline Table 29. Cerebrovascular Disease (Stroke) Death Rates

	2003	2012	% Change 2003-2012	Trend
U.S.	54.6	36.9	-32.4%	
Texas	60.1	41.7	-30.6%	
Male	59.9	41.9	-30.1%	
Female	59.1	40.8	-31.0%	
White	58.3	40.6	-30.4%	
Black	89.7	61.6	-31.3%	
Hispanic	50.5	36.7	-27.3%	
Other	43.0	31.2	-27.4%	
<25 yrs	0.5	0.4	-20.0%	
25-44 yrs	4.1	3.6	-12.2%	
45-64 yrs	26.1	24.0	-8.0%	
65-74 yrs	120.9	87.3	-27.8%	
75+ yrs	736.8	504.7	-31.5%	

Sparkline Table 30. Diabetes Mellitus (Diabetes) Death Rates

	2003	2012	% Change 2003-2012	Trend
U.S.	25.5	21.2	-16.9%	
Texas	31.5	21.8	-30.8%	
Male	35.0	24.2	-30.9%	
Female	28.9	19.7	-31.8%	
White	23.7	16.2	-31.6%	
Black	55.1	38.8	-29.6%	
Hispanic	53.3	33.1	-37.9%	
Other	16.5	12.6	-23.6%	
<25 yrs	0.2	0.2	0.0%	
25-44 yrs	3.5	2.9	-17.1%	
45-64 yrs	30.0	22.6	-24.7%	
65-74 yrs	113.7	75.5	-33.6%	
75+ yrs	266.9	186.2	-30.2%	

Rates per 100,000 population. All rates age adjusted using 2000 Standard Population except for the age group rates.

Source: TX Data - Center for Health Statistics, Texas Department of State Health Services, June 2014; U.S. Data - National Vital Statistics System, Centers for Disease Control and Prevention.

Sparkline Table 31. Chronic Obstructive Pulmonary Disease (COPD) Death Rates

	2003	2012	% Change 2003-2012	Trend
U.S.	43.7	41.5	-5.0%	
Texas	43.4	42.5	-2.1%	
Male	54.3	49.3	-9.2%	
Female	36.9	37.9	2.7%	
White	51.9	53.6	3.3%	
Black	32.7	32.0	-2.1%	
Hispanic	19.1	17.9	-6.3%	
Other	11.2	11.6	3.6%	
<25 yrs	0.4	0.3	-25.0%	
25-44 yrs	1.2	0.9	-25.0%	
45-64 yrs	21.1	21.8	3.3%	
65-74 yrs	166.4	141.0	-15.3%	
75+ yrs	450.1	478.3	6.3%	

Sparkline Table 32. Asthma Death Rates**

	2003	2012	% Change 2003-2012	Trend
U.S.	1.4	1.0*	-28.6%*	
Texas	1.3	0.8	-38.5%	
Male	1.1	0.7	-36.4%	
Female	1.4	0.9	-35.7%	
White	1.2	0.8	-33.3%	
Black	3.3	2.0	-39.4%	
Hispanic	0.7	0.5	-28.6%	
<25 yrs	0.3	0.2	-33.3%	
25-44 yrs	0.5	0.4	-20.0%	
45-64 yrs	1.5	1.1	-26.7%	
65-74 yrs	3	1.3	-56.7%	
75+ yrs	8.8	5.2	-40.9%	

Rates per 100,000 population. All rates age adjusted using 2000 Standard Population except for the age group rates.

* National data for 2012 is not available. National rates and trends range from 2003-2011.

** Numerator for Other race/ethnicity too low for stable rate calculation.

Source: TX Data - Center for Health Statistics, Texas Department of State Health Services, June 2014; U.S. Data - National Vital Statistics System, Centers for Disease Control and Prevention.

Sparkline Table 33. Alzheimer's Disease Death Rates*

	2003	2012	% Change 2003-2012	Trend
U.S.	22.1	23.8	7.7%	
Texas	24.5	24.6	0.4%	
Male	20.4	20.5	0.5%	
Female	26.6	27.0	1.5%	
White	27.3	27.0	-1.1%	
Black	20.2	22.2	9.9%	
Hispanic	14.2	19.5	37.3%	
Other	11.5	8.7	-24.3%	
50-64 yrs	1.2	1.2	0.0%	
65-74 yrs	22.8	18.2	-20.2%	
75+ yrs	373.7	401.8	7.5%	

Sparkline Table 35. Influenza and Pneumonia-Related Death Rates

	2003	2012	% Change 2003-2012	Trend
U.S.	22.6	14.4	-36.3%	
Texas	21.0	13.4	-36.2%	
Male	24.6	15.4	-37.4%	
Female	18.8	11.9	-36.7%	
White	22.1	13.9	-37.1%	
Black	21.8	13.8	-36.7%	
Hispanic	16.7	12.2	-26.9%	
Other	9.6	8.9	-7.3%	
<25 yrs	1.0	0.5	-50.0%	
25-44 yrs	1.6	1.2	-25.0%	
45-64 yrs	7.6	6.5	-14.5%	
65-74 yrs	36.4	26.7	-26.6%	
75+ yrs	264.7	166.3	-37.2%	

Sparkline Table 34. Nephritis, Nephrotic Syndrome, and Nephrosis (Kidney Disease) Death Rates

	2003	2012	% Change 2003-2012	Trend
U.S.	14.7	13.1	-10.9%	
Texas	15.2	15.5	2.0%	
Male	19.3	18.2	-5.7%	
Female	12.7	13.6	7.1%	
White	12.7	12.9	1.6%	
Black	29.2	29.1	-0.3%	
Hispanic	19.0	18.4	-3.2%	
Other	8.5	12.6	48.2%	
<25 yrs	0.3	0.1	-66.7%	
25-44 yrs	1.4	1.3	-7.1%	
45-64 yrs	9.4	10.6	12.8%	
65-74 yrs	42.7	42.1	-1.4%	
75+ yrs	160.6	171.1	6.5%	

Rates per 100,000 population. All rates age adjusted using 2000 Standard Population except for the age group rates.

* Other from 2003 to 2005 and <50 age group not included because the numerators are too low for stable rate calculation. Other ranges from 2006-2012.

Source: TX Data - Center for Health Statistics, Texas Department of State Health Services, June 2014; U.S. Data - National Vital Statistics System, Centers for Disease Control and Prevention.

Sparkline Table 36. Accidental (Unintended Injury) Death Rates

	2003	2012	% Change 2003-2012	Trend
U.S.	37.6	39.1	4.0%	
Texas	40.1	37.2	-7.2%	
Male	54.9	50.8	-7.5%	
Female	26.3	24.4	-7.2%	
White	45.2	45.0	-0.4%	
Black	40.0	33.6	-16.0%	
Hispanic	32.1	30.1	-6.2%	
Other	22.4	18.9	-15.6%	
<1 yr	18.1	23.2	28.2%	
1-14 yrs	9.5	6.0	-36.8%	
15-44 yrs	38.2	32.3	-15.4%	
45-74 yrs	40.9	42.3	3.4%	
75+ yrs	153.9	160.2	4.1%	

Sparkline Table 37. Intentional Self-Harm (Suicide) Death Rates

	2003	2012	% Change 2003-2012	Trend
U.S.	10.8	12.6	16.7%	
Texas	11.0	11.8	7.3%	
Male	18.0	19.5	8.3%	
Female	4.6	4.8	4.3%	
White	15.3	17.9	17.0%	
Black	5.0	5.7	14.0%	
Hispanic	5.5	5.9	7.3%	
Other	6.3	5.9	-6.3%	
<15 yrs	0.5	0.4	-20.0%	
15-44 yrs	12.1	13.2	9.1%	
45-74 yrs	15.7	16.6	5.7%	
75+ yrs	17.4	19.5	12.1%	

Rates per 100,000 population. All rates age adjusted using 2000 Standard Population except for the age group rates.

Source: TX Data - Center for Health Statistics, Texas Department of State Health Services, June 2014; U.S. Data - National Vital Statistics System, Centers for Disease Control and Prevention.

Sparkline Table 38: Cancer Incidence Rates (All Sites)

	2001	2011	% Change 2001-2011	Trend
U.S.	486.6	443.7	-8.8%	
Texas	486.7	406.4	-16.5%	
Male	590.9	462.5	-21.7%	
Female	415.2	365.6	-11.9%	
White	511.2	439.0	-14.1%	
Black	531.6	438.2	-17.6%	
Hispanic	397.1	330.4	-16.8%	
<25 yrs	21.7	21.0	-3.2%	
25-44 yrs	119.5	109.0	-8.8%	
45-74 yrs	966.3	826.4	-14.5%	
75+ yrs	2522.5	2050.0	-18.7%	

Sparkline Table 39. Cancer Death Rates (All Sites)

	2001	2011	% Change 2001-2011	Trend
U.S.	196.3	168.7	-14.1%	
Texas	192.8	161.5	-16.2%	
Male	244.9	197.1	-19.5%	
Female	158.1	135.3	-14.4%	
White	196.7	168.6	-14.3%	
Black	259.2	203.6	-21.5%	
Hispanic	153.8	127.9	-16.8%	
<25 yrs	3.6	3.0	-16.7%	
25-44 yrs	23.3	17.6	-24.5%	
45-74 yrs	325.4	273.4	-16.0%	
75+ yrs	1418.2	1236.4	-12.8%	

Sparkline Table 40. Lung Cancer Incidence Rates

	2001	2011	% Change 2001-2011	Trend
U.S.	67.5	55.9	-17.2%	
Texas	70.9	54.0	-23.8%	
Male	95.2	68.5	-28.0%	
Female	53.2	42.9	-19.4%	
White	78.3	61.9	-20.9%	
Black	84.8	65.7	-22.5%	
Hispanic	41.4	29.9	-27.8%	
<25 yrs	0.1	0.1	0.0%	
25-44 yrs	5.2	2.3	-55.8%	
45-74 yrs	144.4	106.4	-26.3%	
75+ yrs	419.5	352.7	-15.9%	

Sparkline Table 41. Lung Cancer Death Rates

	2001	2011	% Change 2001-2011	Trend
U.S.	55.3	46.0	-16.8%	
Texas	54.2	42.4	-21.8%	
Male	75.7	55.1	-27.2%	
Female	38.6	32.6	-15.5%	
White	60.4	49.1	-18.7%	
Black	69.7	51.7	-25.8%	
Hispanic	25.9	21.1	-18.5%	
<25 yrs	0.1	0.1	0.0%	
25-44 yrs	2.8	1.0	-64.3%	
45-74 yrs	103.9	75.8	-27.0%	
75+ yrs	358.3	317.8	-11.3%	

Rates are per 100,000 and age-adjusted to the 2000 U.S. Std Population.

Source: Refer to page A58

Sparkline Table 42. Colorectal Cancer Incidence Rates

	2001	2011	% Change 2001-2011	Trend
U.S.	53.8	40.3	-25.1%	
Texas	51.2	38.4	-25.0%	
Male	62.3	46.1	-26.0%	
Female	42.6	32.0	-24.9%	
White	51.7	38.8	-25.0%	
Black	66.3	48.3	-27.1%	
Hispanic	42.4	34.5	-18.6%	
<25 yrs	0.3	0.4	33.3%	
25-44 yrs	7.7	7.8	1.3%	
45-74 yrs	95.9	75.9	-20.9%	
75+ yrs	328.7	228.2	-30.6%	

Sparkline Table 43. Colorectal Cancer Death Rates

	2001	2011	% Change 2001-2011	Trend
U.S.	20.2	15.1	-25.2%	
Texas	19.1	14.9	-22.0%	
Male	23.7	18.3	-22.8%	
Female	15.6	12.2	-21.8%	
White	18.9	14.6	-22.8%	
Black	28.9	23.5	-18.7%	
Hispanic	15.7	12.9	-17.8%	
<25 yrs	0.0	0.1	-	
25-44 yrs	2.1	1.8	-14.3%	
45-74 yrs	29.0	24.9	-14.1%	
75+ yrs	159.8	119.3	-25.3%	

Sparkline Table 44. Female Breast Cancer Incidence Rates

	2001	2011	% Change 2001-2011	Trend
U.S.	133.8	124.3	-7.1%	
Texas	125.9	106.7	-15.3%	
White	137.4	116.5	-15.2%	
Black	118.5	110.4	-6.8%	
Hispanic	95.0	85.1	-10.4%	
<25 yrs	0.4	0.3	-25.0%	
25-44 yrs	53.8	46.5	-13.6%	
45-74 yrs	285.5	243.3	-14.8%	
75+ yrs	427.1	355.2	-16.8%	

Sparkline Table 45. Female Breast Cancer Death Rates

	2001	2011	% Change 2001-2011	Trend
U.S.	26.0	21.5	-17.3%	
Texas	24.9	20.2	-18.9%	
White	25.3	20.4	-19.4%	
Black	37.2	31.9	-14.2%	
Hispanic	17.6	14.7	-16.5%	
<25 yrs	0.0	0.1	-	
25-44 yrs	6.7	5.9	-11.9%	
45-74 yrs	50.6	40.8	-19.4%	
75+ yrs	134.5	112.5	-16.4%	

Rates are per 100,000 and age-adjusted to the 2000 U.S. Std Population.

Source: Texas Department of State Health Services, Cancer Epidemiology and Surveillance Branch, Texas Cancer Registry, Incidence: Texas data - 1995-2011, Cut-off 11-30-13, SEER*Prep 2.5.2 (Confidential) - Linked to County Attributes - Texas, 1969-2005; U.S. Data - Incidence - SEER 18 Regs Research Data + Hurricane Katrina Impacted Louisiana Cases, Nov 2013 Sub (2000-2011), <Katrina/Rita Population Adjustment> - Linked to County Attributes - Total U.S., 1969-2012 Counties. Mortality: Texas data - 1990-2011, SEER Pop Adj, SEER*Prep 2.5.2 (created 02/26/14); U.S. data - SEER Cancer Statistics Review, 1975-2011, Age-adjusted U.S. Death Rates Table 16.6.

Sparkline Table 46. Cervical Cancer Incidence Rates

	2001	2011	% Change 2001-2011	Trend
U.S.	9.1	7.4	-18.7%	
Texas	11.5	9.0	-21.7%	
White	8.6	8.2	-4.7%	
Black	14.5	8.4	-42.1%	
Hispanic	18.4	11.9	-35.3%	
<25 yrs	0.4	0.4	0.0%	
25-44 yrs	15.8	12.6	-20.3%	
45-74 yrs	18.4	15.0	-18.5%	
75+ yrs	20.0	9.7	-51.5%	

Sparkline Table 47. Cervical Cancer Death Rates

	2001	2011	% Change 2001-2011	Trend
U.S.	2.7	2.3	-14.8%	
Texas	3.5	2.8	-20.0%	
White	2.6	2.3	-11.5%	
Black	7.3	4.8	-34.2%	
Hispanic	4.6	3.1	-32.6%	
<25 yrs	0.0	0.0	-	
25-44 yrs	2.2	2.0	-9.1%	
45-74 yrs	6.8	5.7	-16.2%	
75+ yrs	14.3	8.4	-41.3%	

Sparkline Table 48. Prostate Cancer Incidence Rates

	2001	2011	% Change 2001-2011	Trend
U.S.	178.0	135.7	-23.8%	
Texas	173.2	105.5	-39.1%	
White	175.2	110.0	-37.2%	
Black	251.5	156.6	-37.7%	
Hispanic	135.0	78.8	-41.6%	
<25 yrs	0.0	0.0	-	
25-44 yrs	2.1	2.3	9.5%	
45-74 yrs	354.4	254.8	-28.1%	
75+ yrs	1011.0	490.0	-51.5%	

Sparkline Table 49. Prostate Cancer Death Rates

	2001	2011	% Change 2001-2011	Trend
U.S.	29.5	20.8	-29.5%	
Texas	29.0	18.8	-35.2%	
White	26.7	17.4	-34.8%	
Black	59.6	39.8	-33.2%	
Hispanic	26.0	16.7	-35.8%	
<25 yrs	0.0	0.0	-	
25-44 yrs	0.2	0.0	-100.0%	
45-74 yrs	19.8	14.3	-27.8%	
75+ yrs	343.8	228.3	-33.6%	

Rates are per 100,000 and age-adjusted to the 2000 U.S. Std Population.

Source: Texas Department of State Health Services, Cancer Epidemiology and Surveillance Branch, Texas Cancer Registry, Incidence: Texas data - 1995-2011, Cut-off 11-30-13, SEER*Prep 2.5.2 (Confidential) - Linked to County Attributes - Texas, 1969-2005; U.S. Data - Incidence - SEER 18 Regs Research Data + Hurricane Katrina Impacted Louisiana Cases, Nov 2013 Sub (2000-2011), <Katrina/Rita Population Adjustment> - Linked to County Attributes - Total U.S., 1969-2012 Counties. Mortality: Texas data - 1990-2011, SEER Pop Adj, SEER*Prep 2.5.2 (created 02/26/14); U.S. data - SEER Cancer Statistics Review, 1975-2011, Age-adjusted U.S. Death Rates Table 16.6.

Sparkline Table 50. Melanoma Incidence Rates

	2001	2011	% Change 2001-2011	Trend
U.S.	19.1	21.1	10.5%	
Texas	14.6	12.3	-15.8%	
Male	19.5	16.8	-13.8%	
Female	11.0	8.9	-19.1%	
White	20.6	18.9	-8.3%	
Black	1.0	1.3	30.0%	
Hispanic	3.8	3.1	-18.4%	
<25 yrs	1.1	0.6	-45.5%	
25-44 yrs	9.0	6.0	-33.3%	
45-74 yrs	27.8	22.7	-18.3%	
75+ yrs	54.7	60.0	9.7%	

Sparkline Table 51. Melanoma Death Rates

	2001	2011	% Change 2001-2011	Trend
U.S.	2.7	2.7	0.0%	
Texas	2.7	2.3	-14.8%	
Male	3.9	3.5	-10.3%	
Female	1.8	1.4	-22.2%	
White	3.6	3.2	-11.1%	
Black	0.4	0.7	75.0%	
Hispanic	1.1	0.8	-27.3%	
<25 yrs	0.0	0.0	-	
25-44 yrs	0.9	0.5	-44.4%	
45-74 yrs	4.7	4.1	-12.8%	
75+ yrs	16.4	15.2	-7.3%	

Sparkline Table 52. Child and Adolescent Cancer Incidence Rates

	2001	2011	% Change 2001-2011	Trend
U.S.	17.2	19.5	13.4%	
Texas	18.7	20.2	8.0%	
Male	20.5	22.0	7.3%	
Female	16.8	18.4	9.5%	
White	19.5	22.2	13.8%	
Black	12.1	13.2	9.1%	
Hispanic	19.7	20.2	2.5%	
<15 yrs	17.3	17.5	1.2%	
15-19 yrs	23.3	21.3	-8.6%	

Sparkline Table 53. Child and Adolescent Cancer Death Rates

	2001	2011	% Change 2001-2011	Trend
U.S.	2.5	2.1	-16.0%	
Texas	3.1	2.6	-16.1%	
Male	3.5	2.8	-20.0%	
Female	2.6	2.2	-15.4%	
White	2.6	2.7	3.8%	
Black	3.3	2.8	-15.2%	
Hispanic	3.4	2.3	-32.4%	
<15 yrs	2.7	2.2	-18.5%	
15-19 yrs	4.1	3.6	-12.2%	

Rates are per 100,000 and age-adjusted to the 2000 U.S. Std Population.

Source: Texas Department of State Health Services, Cancer Epidemiology and Surveillance Branch, Texas Cancer Registry, Incidence: Texas data - 1995-2011, Cut-off 11-30-13, SEER*Prep 2.5.2 (Confidential) - Linked to County Attributes - Texas, 1969-2005; U.S. Data - Incidence - SEER 18 Regs Research Data + Hurricane Katrina Impacted Louisiana Cases, Nov 2013 Sub (2000-2011), <Katrina/Rita Population Adjustment> - Linked to County Attributes - Total U.S., 1969-2012 Counties. Mortality: Texas data - 1990-2011, SEER Pop Adj, SEER*Prep 2.5.2 (created 02/26/14); U.S. data - SEER Cancer Statistics Review, 1975-2011, Age-adjusted U.S. Death Rates Table 16.6.

Sparkline Table 54. Newly Diagnosed HIV Incidence Rates

	2004	2013	% Change 2004-2013	Trend
Texas	19.8	16.3	-17.7%	
Male	31	27	-12.9%	
Female	9	6	-33.3%	
White	11	8	-27.3%	
Black	66	52	-21.2%	
Hispanic	17	15	-11.8%	
Other	5	6	20.0%	
<10 yrs	1	0	-100.0%	
10-14 yrs	1	0	-100.0%	
15-19 yrs	7	11	57.1%	
20-24 yrs	26	41	57.7%	
25-29 yrs	41	41	0.0%	
30-34 yrs	41	33	-19.5%	
35-39 yrs	52	25	-51.9%	
40-44 yrs	40	23	-42.5%	
45+ yrs	13	11	-15.4%	

Sparkline Table 55. Newly Diagnosed AIDS Incidence Rates

	2004	2013	% Change 2004-2013	Trend
Texas	12.9	9.3	-27.9%	
Male	19.9	14.5	-27.1%	
Female	6	4.1	-31.7%	
White	6.7	4.3	-35.8%	
Black	44.4	31	-30.2%	
Hispanic	11.5	8.3	-27.8%	
Other	3.7	1.9	-48.6%	
<10 yrs	0	0	-	
10-14 yrs	0.2	0.1	-50.0%	
15-19 yrs	1.9	2.4	26.3%	
20-24 yrs	8.7	12.2	40.2%	
25-29 yrs	21.5	16.8	-21.9%	
30-34 yrs	27.2	17.8	-34.6%	
35-39 yrs	36.5	17.7	-51.5%	
40-44 yrs	31.5	19.0	-39.7%	
45+ yrs	10.8	9.1	-15.7%	

Cases per 100,000 population.

Source: Texas HIV Surveillance Report 2013, HIV/STD Program, Texas Department of State Health Services, July 2014.
<https://www.dshs.state.tx.us/hivstd/reports/>.

Sparkline Table 56. Hepatitis A Incidence Rates**

	2005	2013	% Change 2005-2013	Trend
U.S.	1.5	0.4*	73.3%*	
Texas	2.0	0.4	80.2%	
Male	2.1	0.3	85.7%	
Female	1.8	0.5	72.2%	
<20 yrs	1.7	0.1	94.1%	
20-29 yrs	1.6	0.5	68.8%	
30-49 yrs	1.8	0.5	72.2%	
50-59 yrs	2.3	0.4	82.6%	
60+ yrs	3.5	0.7	80.0%	

Sparkline Table 57. Acute Hepatitis B Incidence Rates**

	2005	2013	% Change 2005-2013	Trend
U.S.	1.9	0.9*	-52.6%*	
Texas	3.2	0.5	-84.6%	
Male	3.7	0.6	-83.8%	
Female	2.4	0.4	-83.3%	
<20 yrs	0.4	0.0	-100.0%	
20-29 yrs	3.6	0.3	-91.7%	
30-49 yrs	5.2	1.0	-80.8%	
50-59 yrs	4.7	0.8	-83.0%	
60+ yrs	3.7	0.5	-86.5%	

Sparkline Table 58. Acute Hepatitis C Incidence Rates**

	2005	2013	% Change 2005-2013	Trend
U.S.	0.2	0.4*	100%*	
Texas	0.4	0.1	-75.0%	
Male	0.5	0.1	-80.0%	
Female	0.4	0.1	-75.0%	
<20 yrs	0.1	0.1	0.0%	
20-29 yrs	0.6	0.3	-50.0%	
30-49 yrs	0.9	0.1	-88.9%	
50-59 yrs	0.4	0.1	-75.0%	
60+ yrs	0.1	0.1	0.0%	

Cases per 100,000 population.

* National data is not available for 2012 and 2013. As such rates and % Change for the U.S. range from 2005 to 2011.

** Race/Ethnicity information is not routinely collected for hepatitis investigations. Depending on the year, the race/ethnicity for 25-50% of hepatitis cases are recorded as unknown.

Source: Emerging and Acute Infectious Disease Branch, Infectious Disease Control Unit, Texas Department of State Health Services, June 2014.

Sparkline Table 59. Chlamydia Incidence Rates

	2005	2013	% Change 2005-2013	Trend
Texas	306.8	473.1	54.2%	
Male	114.8	235.0	104.7%	
Female	495.9	701.1	41.4%	
White	118.1	253.7	114.8%	
Black	764.4	999.9	30.8%	
Hispanic	364.8	472.5	29.5%	
Other	202.4	197.4	-2.5%	
<10 yrs	3.6	2.3	-36.1%	
10-14 yrs	59.1	58.5	-1.0%	
15-19 yrs	1431.2	1896.9	32.5%	
20-24 yrs	1491.2	2470.7	65.7%	
25-29 yrs	625.4	1100.8	76.0%	
30-34 yrs	249.0	509.6	104.7%	
35-39 yrs	107.3	240.0	123.7%	
40-44 yrs	42.4	122.4	188.7%	
45+ yrs	9.2	22.1	140.2%	

Sparkline Table 60. Gonorrhea Incidence Rates

	2005	2013	% Change 2005-2013	Trend
Texas	111.2	125.2	12.6%	
Male	106.1	122.3	15.3%	
Female	116.2	126.4	8.8%	
White	35.7	60.8	70.3%	
Black	526.3	427.4	-18.8%	
Hispanic	63.8	92.0	44.2%	
Other	58.4	41.0	-29.8%	
<10 yrs	0.8	0.8	0.0%	
10-14 yrs	18.8	14.1	-25.0%	
15-19 yrs	410.2	431.8	5.3%	
20-24 yrs	465.8	593.6	27.4%	
25-29 yrs	254.3	312.2	22.8%	
30-34 yrs	130.3	165.6	27.1%	
35-39 yrs	79.9	89.5	12.0%	
40-44 yrs	52.2	52.2	0.0%	
45+ yrs	14.7	13.6	-7.5%	

Cases per 100,000 population.

Source: Texas STD Surveillance Report 2013, HIV/STD Program, Texas Department of State Health Services, July 2014.
<https://www.dshs.state.tx.us/hivstd/reports/>.

Sparkline Table 61. Total Syphilis Incidence Rates

	2005	2013	% Change 2005-2013	Trend
Texas	18.8	26.5	41.0%	
Male	23.5	40.9	74.0%	
Female	14.3	12.3	-14.0%	
White	7.4	13.4	81.1%	
Black	70.6	77.3	9.5%	
Hispanic	18.1	27.4	51.4%	
Other	13.6	10.5	-22.8%	
<10 yrs	2.0	1.9	-5.0%	
10-14 yrs	0.6	0.3	-50.0%	
15-19 yrs	17.1	22.4	31.0%	
20-24 yrs	39.2	70.7	80.4%	
25-29 yrs	38.1	69.2	81.6%	
30-34 yrs	34.8	51.4	47.7%	
35-39 yrs	34.3	40.4	17.8%	
40-44 yrs	30.9	35.6	15.2%	
45+ yrs	12.7	15.7	23.6%	

Cases per 100,000 population (Sparkline Tables 60 & 62).

* National data for 2013 is not available. National rates and trends range from 2005-2012.

Sparkline Table 62. Congenital Syphilis Incidence Rates

	2005	2013	% Change 2005-2013	Trend
U.S.	8.7	7.8*	-10.3%*	
Texas	20.3	18.3	-9.9%	
White	6.5	8.3	27.7%	
Black	74.1	67.3	-9.2%	
Hispanic	17.7	16.4	-7.3%	

Cases per 100,000 live births.

Sparkline Table 63. Tuberculosis Incidence Rates

	2004	2013	% Change 2004-2013	Trend
U.S.	4.9	3.0	-38.8%	
Texas	7.5	4.6	-38.3%	
Male	9.8	6.1	-37.6%	
Female	5.2	3.2	-38.0%	
White	2.3	1.4	-38.4%	
Black	14.6	7.2	-50.8%	
Hispanic	10.8	6.2	-42.4%	
Other	23.1	15.4	-33.3%	
<15 yrs	2.1	1.3	-37.1%	
15-29 yrs	6.5	4.3	-33.6%	
30-44 yrs	9.2	4.8	-47.7%	
45+ yrs	10.8	6.8	-37.2%	

Source: Sparkline Table 60 - Texas STD Surveillance Report 2013, HIV/STD Program, Texas Department of State Health Services, July 2014. <https://www.dshs.state.tx.us/hivstd/reports/>; Sparkline Table 61 - Texas STD Surveillance Report 2013, HIV/STD Program, Texas Department of State Health Services, July 2014. <https://www.dshs.state.tx.us/hivstd/reports/>; U.S. Data - Centers for Disease Control and Prevention. www.cdc.gov/std/stats12/tables/42.htm; Sparkline Table 62 - TX Data - Tuberculosis Surveillance, Texas Department of State Health Services, June 2014; U.S. Data - Reported Tuberculosis in the United States, 2013, Centers for Disease Control and Prevention. <http://www.cdc.gov/tb/statistics/reports/2012/>.

Sparkline Table 64. Varicella (Chickenpox) Incidence Rates†

	2005	2013	% Change 2005-2013	Trend
Texas	36.5	7.0	-80.8%	
Male	36.6	7.2	-80.3%	
Female	35.5	6.7	-81.1%	
White	55.8	15.5	-72.2%	
Black	19.1	4.8	-74.9%	
Hispanic	38.0	8.2	-78.4%	
<1 year	77.4	42.5	-45.1%	
1-4 yrs	78.5	32.9	-58.1%	
5-9 yrs	310.5	35.2	-88.7%	
10-19 yrs	39.4	12.8	-67.5%	
20+ yrs	3.0	2.8	-6.7%	

Sparkline Table 65. Pertussis (Whooping Cough) Incidence Rates

	2005	2013	% Change 2005-2013	Trend
U.S.	8.7	15.4*	77.0%*	
Texas	9.7	14.9	53.6%	
Male	8.8	13.8	56.8%	
Female	10.9	15.8	45.0%	
White	15.1	28.3	87.4%	
Black	3.2	7.9	146.9%	
Hispanic	9.4	15.8	68.1%	
<1 year	155.6	217.7	39.9%	
1-4 yrs	18.8	39.1	108.0%	
5-9 yrs	16.4	39.6	141.5%	
10-19 yrs	13.6	13.4	-1.5%	
20+ yrs	3.9	2.3	-41.0%	

Sparkline Table 66. Meningococcal Incidence Rates**

	2005	2013	% Change 2005-2013	Trend
U.S.	0.4	0.2*	-50%*	
Texas	0.3	0.1	-66.7%	
Male	0.4	0.1	-75.0%	
Female	0.2	0.1	-50.0%	
<1 year	2.4	0.7	-70.8%	
1-4 yrs	0.4	0.1	-75.0%	
5-9 yrs	0.3	0.1	-66.7%	
10-19 yrs	0.0	0.0	-	
20+ yrs	1.9	0.1	-94.7%	

Cases per 100,000 population.

† Not all states report varicella. As such, U.S. rate is not provided.

* National data is not available for 2013. As such rates and % Change for the U.S. range from 2005 to 2012.

** Race/Ethnicity numerators too low for rate calculation.

Source: Emerging and Acute Infectious Disease Branch, Infectious Disease Control Unit, Texas Department of State Health Services, February 2014.



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