

DURHAM COUNTY 2003 COMMUNITY HEALTH ASSESSMENT

EXECUTIVE SUMMARY

Durham Health Partners and the Durham County Health Department are pleased to present the Durham County, North Carolina 2003 Community Health Assessment to the Durham community. We hope this document will be a useful resource for all Durham residents and local health planners as they take action to improve the community's health.

ACKNOWLEDGEMENTS

The primary authors of this report, Durham Health Partners and Durham County Health Department, would like to thank the entire community for its help in creating this health assessment. This document has been two years in the making with much input and support from hundreds of individuals and groups in the Durham community. We would like to express special appreciation to the following:

- Durham County Community Health Assessment Team and Data Team
- Durham Health Partners Health Planning Committee and Board
- Durham County Health Department and Health Education Office
- All individuals who participated in focus groups conducted by the Health Department 11/1/02-7/31/03
- All individuals who participated in telephone surveys 6/30/03-8/20/03
- All participants in Health Summit 2003
- All who collected and provided data and expertise for this process

We are also very grateful to our consultants for assistance and expertise in data collection, analysis and reporting, Dorothy Bazos and Charles Townsend of Dartmouth College, Andrew Short from the University of New Hampshire, and all the staff who worked with them on this project.

Finally, we are greatly indebted to The Duke Endowment. Without the Endowment's generous support, this project would not have been possible.

INTRODUCTION

Durham Health Partners and the Durham County Health Department are pleased to present the Durham County, North Carolina 2003 Community Health Assessment to the Durham community. We hope this document will be a useful resource to all Durham residents and local health planners.

County Health Assessment History

The state of North Carolina requires its health departments to conduct regular health assessments in their communities. The state Office of Healthy Carolinians, Department of Health and Human Services, also requires its partnerships (Durham Health Partners is Durham's Healthy Carolinians partnership) to conduct regular community assessments and is now requiring that these assessments be conducted in conjunction with the local health departments' assessments. Assessments are now due every four years (this is the 2003 effort) with annual interim progress reports required each December. Durham Health Partners and the Durham County Health Department have worked collaboratively for years to provide the community this information and welcomed the integration.

The Premise

Every product must have a foundation to build on. This assessment process started with the question, "What is health?" We answer that with two authoritative answers, that of the World Health Organization, "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" and one from Why Are Some People Healthy and Others Not? "Health is a state of well-being and the capacity to function in the face of changing circumstances." The definition of "health," therefore, in the context of this document is broad, reflecting the understanding that many different factors impact health and that good community health is a complex web of interconnected pieces. With this foundation, it becomes clear just how important it is for each piece to work well and work together to ensure good community health.

The Process

Community health assessment is a lengthy, thorough process with several components that spans four years. Initially the following must be established: a community assessment team, a structure for the group, a determination of financial and other needs, how to obtain funding, how team members will participate, and timelines. Community data from a variety of sources must be collected and analyzed, findings reported to the community and priorities determined with the community's input. A health assessment document must be created and made available to the community and a community health action plan based on the above must be generated and shared with the state. How well the community addresses its action plan over the years is a measurement of the community's success.

In early 2002 Durham Health Partners and Durham County Health Department staff began meeting and planning on how to proceed with this assessment. In spring 2002 a Community Health Assessment Team (CHAT) was assembled involving a wide variety of interested community members representing many different groups (including health, medicine, law enforcement, housing, parks and recreation, schools, cooperative extension, universities, seniors, courts, faith groups, businesses, and nonprofits). Much care was taken to ensure broad representation and additional team members were welcome throughout the process. The CHAT met regularly, identifying relevant data and new partners, developing strategy, creating and fine-tuning assessment tools, identifying target populations, conducting focus groups, and writing and refining the final document.

The CHAT recognized the need for some external expertise to help analyze and objectively interpret Durham's vast quantities of health data, so it searched for consultants. Because funds were very limited for this project, local consulting groups were unable to assist. The expert team at Dartmouth College in Hanover, NH was recommended, researched, and recruited. Familiar with community assessment processes, willing to work within limited resources and able to conduct professional telephone surveys through a call center at the University of New Hampshire, the Dartmouth team won the contract. In order to pay for services, a pre-existing Duke Endowment grant investigating related health access and barriers questions was tied in to this project. Without this grant this assessment would not have been possible in its current form.

Several consensus goals for this project emerged in the process and we have worked to meet each of these in this document. They were to:

- Create a document that was accessible to all and easy to understand
- Provide good data in one location on the overall Durham community
- Help turn data into information (i.e. help the community interpret the data)
- Provide a tool for health planners and community members that would help them make good health improvement decisions and would help move them to action
- Create a template that could be used and updated over time to compare data across years

This Document

As community members and organizational representatives ourselves, we understand that too much data can be overwhelming and even intimidating, so we have worked to make the data accessible and readable. To that end, we formatted the data in the Evans and Stoddart Field Model of Health and Well-Being. This model categorizes and groups similar kinds of data and helps focus the reader in specific areas. We also ask the reader to think about the data and make some decisions: How does Durham data compare with state data? Should this particular area be a priority for Durham? How do the pieces of the model relate? What are some of the broad issues for community health improvement in each area? We hope this framework will help make analysis, logical conclusions, and action toward health improvement easier.

Within the assessment an executive summary provides a broad overview of assessment findings detailed within the document. The assessment consists of the most current secondary data (data others have collected since the last assessment) and reports on two new primary data studies (data collected for this report). The assessment also asks the community to think about the data in new ways and to make decisions about what areas are most important; it attempts to begin to analyze the implications of these data; and it outlines what the community identified as its priorities. This document does not contain all Durham data and it will not tell readers which problem to address first or how to fix the problems; but with the information provided, readers should be empowered to better understand the data, to make good health planning decisions, and to develop rational initiatives toward health improvement.

Over one thousand community members participated in the creation of this assessment through collecting, analyzing, and interpreting data, creating and completing surveys, engaging in planning and administering assessment activities, and writing and editing. We hope that all members of the community will benefit from and use this document to help improve health in Durham. We know health assessments are only useful when they encourage action that results in positive changes in health behaviors and improved community health, so we urge all readers to help make this assessment useful by making an impact in their communities.

About the Assessment

Community health assessment is mandated by the State of North Carolina for both local health departments and Healthy Carolinians partnerships (Durham Health Partners is Durham's Healthy Carolinians partnership). This assessment represents the work of over 1,000 Durham residents who participated in a process spearheaded and coordinated by Durham Health Partners and the Durham County Health Department over a two-year period from 2001-2003. The Community Health Assessment Team, which was assembled to guide the assessment process, recognized that health is complex and that it interacts with, impacts and is impacted by many traditionally non-health areas. As a result, the following broad health definitions were adopted and are fundamental to this report.

"Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." The World Health Organization

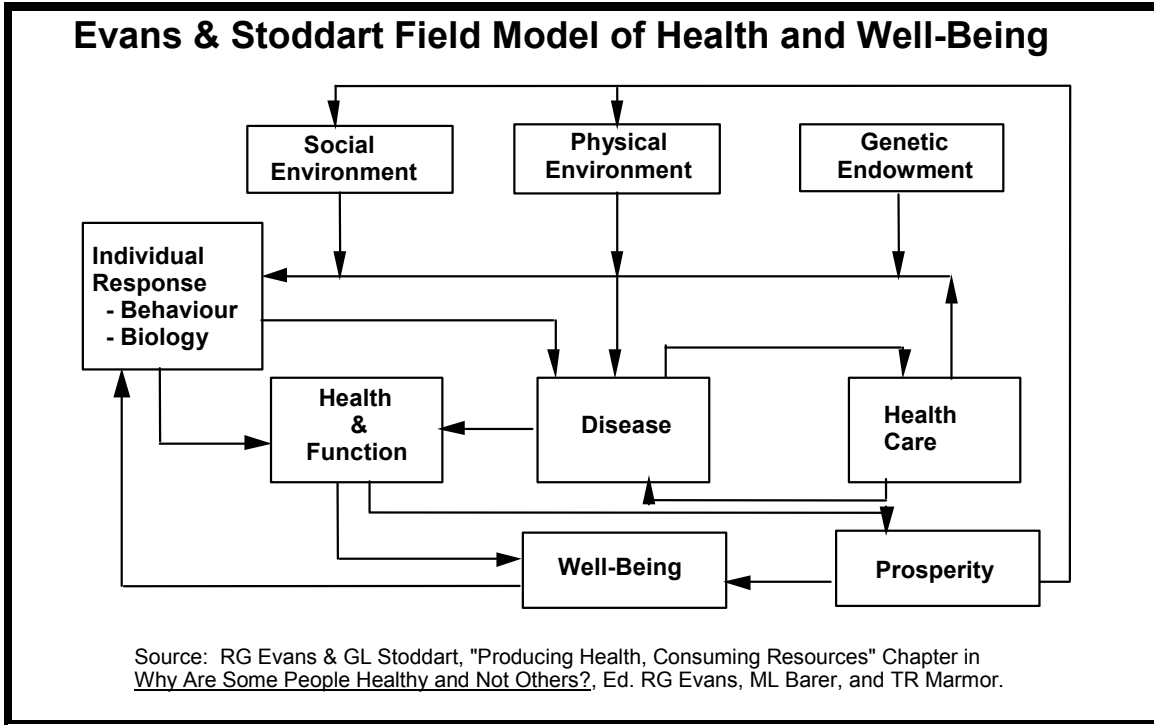
"Health is a state of well-being and the capacity to function in the face of changing circumstances."
Why Are Some People Healthy and Others Not? Evans, R., et al.

The assessment, which focused on overall health in Durham County, is composed of a number of components. Collectively, they form a rich picture of health status and barriers to good health in Durham.

Because information is limited on Durham's newest and fastest growing population, the telephone survey (primary data) oversampled the Hispanic community to obtain more information. Because this was an assessment of overall health in Durham, the assessment did not examine specific populations (such as children) in detail, however, should additional funding become available, it would be advisable for the community to prioritize and pursue areas of greatest information need in other specific populations.

While not all community data are included in the secondary data section, the most reliable, regularly updated data are highlighted and provided in an easy-to-understand format.

Because numerous health data are available and they can easily become overwhelming and lead to inaction, the report is constructed around the Evans and Stoddart Field Model of Health and Well-Being (below). The model's nine health domains provide a framework to group similar pieces of information, help make gaps in information more visible and should help readers begin to grasp the interconnectedness of all the pieces while minimizing information overload.



Best used as an interactive tool, the assessment asks thought-provoking questions and prompts readers to determine for themselves where they feel the greatest concerns and needs for their specific communities are. Section summaries do not include all data within their sections, but offer highlights, encouraging readers to explore the tables and graphs to gain greater insight. Within tables the final column is left blank so that readers can decide for themselves whether each issue is a strength or a concern for their population of focus. To assist the reader, indicators fifteen percent above or below the state range are highlighted. This report was not designed to answer every health question, but it should help readers begin to ask more questions and give them a solid foundation to work from. All information in this report was the most current at the time of its printing, but updates are often made to data. Sources are cited to allow the reader to access the information first-hand.

Highlights of Findings

On many health indicators Durham County residents appear to be doing better than the state's average rates. Durham is a very diverse community. Of its 233,548 population, 51% are white, 40% are black and 8% are Hispanic, with Hispanics being the fastest growing population. While overall rates appear good, there are significant disparities when examining specific populations. There are also several indicators on which Durham is doing worse or much worse than state rates. The following statistics highlight some troublesome report findings.

- Durham's two leading causes of death are heart disease and cancer. While heart disease rates are similar to state rates, minority rates are higher than white rates. Cancer rates, while somewhat worse on the whole than state rates, are significantly worse for minorities when compared to rates for whites.
- Durham's prostate cancer rate is high (41/100,000 versus 34 for NC and 60 for Durham minorities).
- Durham's HIV/AIDS death rate is very high (13/100,000 versus 6 for NC and 30 for Durham minorities).
- Durham's homicide rate is higher than the state's.
- While Durham infant mortality rate is similar to the state's, there is a significant difference between Durham's minority and white rates (4.6 for whites versus 13.4 for minorities and 14.7 for blacks).
- The uninsured rate for the Durham population as a whole is 18%, however Durham's Hispanic uninsured rate is 79%.
- Syphilis, gonorrhea, hepatitis A and tuberculosis rates are very high and significantly higher in certain populations. For example, Durham's gonorrhea rate is nearly double the state rate (470/100,000 versus 236 for NC) and Durham's minority rate (1,029) is four times the state rate.

Because we understand health is also impacted by many other factors, some of these areas were also reviewed in the report. Findings that bear mentioning include:

- 13% of all Durham residents live in poverty (7% of all whites, 19% of all blacks and 26% of all Hispanics).
- Fewer Durham residents have lived in their homes five or more years than in the average NC community (44% versus 53% for NC).
- Home ownership was also lower in Durham (55% compared to 69% of NC residents) and much lower (only 13%) for Durham Hispanics.
- Durham's 4th grade reading, math and writing scores are below the state's (57% proficient versus 75% for NC) and this trend continues in 7th grade (51% above grade level versus 70% for NC).
- Violent and property crime rates are much higher in Durham than the state's rates.
- Substantiated child abuse, neglect and dependency reports are higher in Durham.
- Nearly 60% of all Durham residents are overweight or obese, while 5% are underweight; 38% of Hispanics are overweight or obese with 24% being underweight.
- Connectedness to community helps individuals cope with stress, but only 28% of Durham residents belonged to civic or other organizations and only 5% of Durham Hispanics did.
- In another measure of community connectedness, 82% of Durham residents overall and 88% of Durham Hispanics ranked religion from moderately to very important, however only 55% of Durham residents overall and 32% of Durham Hispanics were active members of a church.
- While only 7% of Durham residents overall felt it was somewhat or very hard to get around Durham, 28% of Hispanics felt transportation was an issue.
- 92% of Durham residents felt very to fairly safe walking outside during the day, but only 77% of Hispanics felt very or fairly safe.
- 9% of all Durham residents are always or usually worried about being a victim of crime, compared to 24% of Hispanics.

National Healthy People 2010 and NC Healthy Carolinians 2010 health improvement objectives are good ways to begin looking at improving the Durham community's health. A list of these state and national objectives is included in the report. In comparing Durham's health to state objectives on similar health indicators, risks to future health become more apparent. Durham can work immediately to make significant improvements to its overall health by focusing on these risk areas:

- Physical activity, overweight and obesity (to decrease risk of heart disease, diabetes, some cancers, and many other poor health outcomes)
- Tobacco use (to reduce smoking which leads to cancer, a leading cause of preventable death)
- Substance abuse (to decrease related poor health outcomes and injury and violence)
- Responsible sexual behavior (to reduce high rates of unwanted pregnancy, STDs, and HIV/AIDS)
- Mental health (to strengthen the community and impact related substance abuse and injury and violence issues)
- Injury and violence (to reduce injury and death rates, particularly in young age groups where unintended injuries have the highest death rates)
- Healthcare insurance (to increase prevention and early intervention which are key to good future health).

Some notable gaps in data became evident during the creation of this report, for example, information on Hispanics (hence the primary data oversample), disease incidence (death rates are kept by the state, but information on many disease incidence rates is lacking), and environmental data. Also, health data reporting has traditionally been categorized by white and nonwhite or minority. It is clear this data collection method is insufficient to identify health disparities and specific areas of need. Data by more racial/ethnic groups and by socioeconomic status and educational attainment would be helpful in targeting effective health improvement interventions. That said, the community must be careful as it pursues collecting additional data and committing resources to this work to ensure that the data collected will be useful and utilized by the community.

Conclusion

This report is intended to be a general overview, the "big picture," of Durham's health. Sources of data are provided for the reader to obtain more detailed information and we encourage readers to familiarize themselves with these sources and others. There are many implications of these findings and while this report does not touch on all of them, the areas highlighted may help readers to interpret and begin to act on the data. Some simple conclusions are presented, however, we purposely leave to readers what the data mean for their own communities.

While there are few surprises and the data remain relatively constant, there are new and revealing findings on Durham's growing Hispanic population. It is clear that Durham's minority populations are not faring as well as the white population and in some cases there are significant health disparities that need addressing. Although there are gaps in data for which it would be beneficial to obtain more information, this report is an excellent starting point to begin work toward improvements in a variety of important health areas.

Action is the most important element in community assessment. In most areas there are enough data to make good decisions and to begin to make positive changes. Furthermore, much of the Durham data have not changed significantly over time, perhaps an indication that the Durham community has not been sufficiently active in making changes to improve health. Durham has an important choice to make. It can continue to collect more data, although it is unlikely the data will change dramatically, or it can decide that what we have now is "good enough" and begin to act on what we know. All community members want better health. Now is the time to take action together to make better health in Durham a reality.

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