

State of the County Report Durham County - December 2002

Prepared by the Durham County Health Department and the Durham Health Partners.

Population Changes

Durham County continues to experience significant population growth. The 2001 population estimate for the county is 229,384 (Durham City/ County Planning Department). The population estimate also indicates that 192,681 people live within the Durham City limits while 36,703 people live in the unincorporated Durham County.

A large proportion of the growth in Durham County's population can be attributed to the immigration of the Hispanic population. This rapidly growing Hispanic population is estimated to account for 25,000 of Durham County's population (Greensboro Faith Action Report). Durham County, therefore, has a higher percentage of Hispanics compared to the neighboring Orange and Wake Counties.

Although the Hispanic population is predominantly young with few chronic health conditions, it has a significant impact on the health and human service agencies of the county.

Leading Causes of Mortality

In 2000, four of the ten leading causes of death in Durham County were attributed to chronic diseases, many of which were preventable and related to lifestyle factors. The top three leading causes of mortality in Durham County were also the same top leading cause of mortality in North Carolina and the USA.

Leading Causes of Death 2000	Durham rate	NC rate
Heart Disease	188.0	243.0
Cancer	173.3	198.4
Cerebrovascular	60.1	70.4
Chronic Lower Respiratory Disease	33.0	45.7
Alzheimer's Disease	27.2	21.3
All other unintentional injury	24.9	22.7
Pneumonia and influenza	16.5	23.9
Diabetes	15.6	25.7
Kidney	14.3	16.2
HIV	13.8	5.7

Source: SCHS

Leading Morbidity Rates

Public health and population based health care practices have a significant impact on the spread of communicable diseases. Despite great strides made, a large number of people suffer from disease conditions that are preventable and controllable. Listed below are some of the leading causes of morbidity in Durham County.

Communicable Diseases 1996-2000			
Rates per 100,000 population			
Indicator	# of events	Durham Rate	State Rate
AIDS	172	16.0	9.6
Gonorrhea	5055	469.9	235.5
Syphilis	114	10.6	8.8
Hepatitis A	33	3.1	2.2
Hepatitis B	41	3.8	3.4
Tuberculosis (TB)	85	7.9	6.3
Lead Screening for Children Ages 1 to 2 years 1995-2000			
Rates per 100,000 population			
Indicator	# of events	Durham Rate	State Rate
% screened	8684	23.1	26.6
% > or = 10 ug/dL	277	3.2	4.0
Asthma Hospitalization 2000			
Rates per 100,000 population			
Indicator	# of events	Durham Rate	State Rate
Total Population	206	91.8	125.9
Ages 0-14 years	80	179.6	201.3

Source: SCHS

Health Concerns & Progress on Durham Priorities

The Durham County health Department and Durham Health partners have different missions and, necessarily, different priorities. Despite the differences, the two groups have had close interactions and a good working relationship since Durham's Healthy Carolinians partnership (now within Durham Health Partners) began meeting nearly a decade ago. The groups recognize each others' strengths and resources and choose to focus on those areas they are best equipped to manage. Through keeping communication open and in regularly interacting, we see this as a responsible, efficient way for our two groups to attain our joint overall goal of improving Durham's health.

Over the years, the Health Department, with input from the Board of Health, has developed priority health objectives that were designed to address identified public health issues. The

objectives were modified/ changed, based upon statistical data, as part of the annual budget request. A few of the objectives and accomplishments are listed below.

Health Department Priorities	Progress
1. Promote wellness in children	<ul style="list-style-type: none"> • Provided dental services to DPS students on the mobile dental van. • Provided dental screening for children in elementary schools and in the Headstart Program. • Conducted oral health presentations in DPS • Refined a sliding fee scale to enable dental treatment for low income children not eligible for Medicaid or Health Choice • Conducted Kindergarten Health assessments
2. Decrease teen pregnancies & births	<ul style="list-style-type: none"> • Provided the Teen Outreach Program (TOP) in Durham Public Schools. • Continued the Together Everyone Accomplishes Something (TEAS), teenage pregnancy prevention program, at the community level. • Continued to provide family planning services to teenagers
3. Reduce Durham’s infant mortality rate	<ul style="list-style-type: none"> • Trained community residents to assist in the infant mortality reduction effort • Provided nutrition education to clients • Promoted the “back to sleep” campaign through bus advertising • Provided childbirth and parenting classes for expectant parents • Conducted folic acid public awareness campaign
4. Prevent occurrence and secondary spread of infectious disease	<ul style="list-style-type: none"> • Managed suspected cases of tuberculosis (TB) • Treated and managed confirmed cases of TB • Established HIV/STD peer education program at NCCU • Enhanced syphilis management and follow-up
5. Promote disease prevention and wellness	<ul style="list-style-type: none"> • Continued to provide lunchtime aerobic exercise classes • Promoted disease prevention and wellness through nutrition consultation and education • Provided smoking cessation classes

Durham Healthy Carolinians Priorities (Objectives)	Progress
1. Maternal and Child Health	Family Reunification Program developing safe housing, service access and hope for court-involved families with a parent with a substance abuse history. MOU developed between primary players. Proforma developed. Seeking funds to build facility. Worked with health dept and social services to increase CHIP enrollment. Funded project in low-income community for health nurses to provide education and supplies to improve community health and health literacy.
2. Substance Abuse	Committee met, shared recommendations to destigmatize SA and increase community awareness, developed and implemented speaker's bureau with requisite materials/data.
3. Violence	Partnered with YMCA national gang initiative to prevent/reduce gang violence.
4. Chronic Disease Behavioral Risk Factors	Developed, implemented and funded pilot fitness/nutrition programs in one middle and one elementary school. Funded community association project to educate neighborhood about nutrition/exercise. Funded project to promote health, nutrition, exercise in low-income community's summer camp.
5. Mental Health	Committee met, shared recommendations to increase public awareness, gave input to county MH plan. Encouraged public schools health group to work on MH issues in schools. Funded project to retrofit a van for handicap access for disabled with severe mental illness.
6. AIDS/HIV	**
7. Sexually Transmitted Diseases	**
8. Cardiovascular/Related Conditions	**served partly in chronic disease above
9. Diabetes	**served partly in chronic disease above
10. Tuberculosis	**
11. Cancer	**
12. Accidental Injury	**Funded project bringing 1 st Aid/CPR training to Hispanic populations. Funded project for safety education in school.

* Health access runs through all areas and is addressed separately via a Duke Endowment grant.

** The organization identified Durham's priority health concerns and made a conscious decision to focus resources to address the top 5 areas.

Changes in Data that Guided Selection of These Priorities

The Durham County Board of Health established the Durham County Health Departments priorities. The priorities continued to be modified/changed based upon statistical data as part of the budget request.

Durham Healthy Carolinians priorities were developed based on the 2000 community health assessment that reviewed the previous 10 years' data and trends, and partners' experience in the community. No significant changes have been reported to require reprioritization.

New and Emerging Issues Affecting Health Status:

- A.** Bioterrorism and possible mass attack using biological and chemical agents has significantly refocused public health's attention to diseases that were controlled and even eradicated.
- B.** Insect vectored diseases, such as the West Nile Virus, have increased the need to control mosquitoes.

Ways Community Members Can Get Involved

- Community members are already engaged in addressing health concerns by participating in the Infant Mortality Reduction Task Force, Lay health Advisory, Peer Education, Breast Cancer Education, and other public health programs.
- Community members can further get involved by participating in the Community Health Assessment through the Community Health Opinion survey and focus groups.