

# **CHAPTER TWO**

## **Key Findings and Recommendations**

## KEY FINDINGS AND RECOMMENDATIONS

North Carolina 2010 Health Objectives provide a good resource for putting health data into a context for action and serve as our recommendation for beginning the process of improvement in our county. The objectives are listed at <http://www.healthycarolinians.org/2010objs/hlthgoals.htm>.

These objectives provide a target (goal NC communities should reach for), a baseline (initial known data from the state's population), and target setting method (how the state got from the baseline to the target). The data in the *Durham County Health Profile* provide the baseline from which Durham County residents could begin a process of improvement. Reaching at least the state target would be a good goal to strive for. However, if Durham County is already better than the state's baseline or target then Durham should set its own new target, perhaps based on the state's target setting method.

Below we provide statements that summarize key findings relating to Durham County residents' current health. We then provide NC 2010 Health Objectives (if corresponding objectives are available). In our first example we provide some instruction on how to use these targets and objectives. If there are questions or technical assistance is needed as you look to improve the health of your community, contact Durham Health Partners (470-6511) or the Durham County Health Department, Health Education Office (560-7600).

### CURRENT HEALTH OF DURHAM COUNTY RESIDENTS

**Key Findings:** The two leading causes of death in Durham County are heart disease and cancer. It is also important to note that Durham County rates of death from HIV infection are significantly higher than the state rate.

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#### Heart Disease

Although Durham County age-adjusted death rates from heart disease are lower than the state average rate and lower than the state's target rate, Durham must not ignore its leading cause of death. It would be rational and appropriate in light of the Healthy Carolinians objectives (see below) for Durham County to set its target rate at 20% below its own baseline. Durham's target rate for improvement on this death rate would then be 140.24 deaths per 100,000 population (age adjusted to the year 2000 standard population).

**Durham County Baseline, 1999-2001: Heart Disease Death Rate: 216.5 per 100,000 persons**

**NC 2010 Objective: Reduce heart disease death rates.**

NC Target: 219.8 deaths per 100,000 population.

NC Baseline, 1996-1998: 274.7 heart disease deaths per 100,000 population (age adjusted to the year 2000 U.S. standard population).

NC Target Setting Method: 20 percent improvement.

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#### Cancer

Total cancer age-adjusted death rates for Durham County are higher than those of the state. Additionally, for some age groups, death rates for colorectal, breast, and prostate cancers are higher than state rates. Screening tests are available for colorectal, breast and prostate cancers and have been proven effective in detecting early cancers. Early cancers are often curable so improvement efforts focused on proper screening for these cancers is an important and reasonable community initiative toward decreasing total cancer death rates.

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**Durham County Baseline 1999-2001: Cancer Deaths (Total): 213.8 per 100,000 persons**

**NC 2010 Objective: Reduce the overall cancer death rate.**

NC Target: 166.2 deaths per 100,000 population.

NC Baseline, 1994-1998: 207.8 cancer deaths per 100,000 population (age adjusted to the year 2000 U.S. standard population).

NC Target Setting Method: 20 percent improvement.

**Durham County Baseline 1999-2001: Colorectal Cancer Deaths: 24.0 per 100,000 persons**

**NC 2010 Objective: Reduce the colorectal cancer death rate.**

NC Target: 16.4 deaths per 100,000 population.

NC Baseline, 1996-1998: 20.5 colorectal deaths per 100,000 population (age adjusted to the year 2000 U.S. standard population).

NC Target Setting Method: 20 percent improvement.

**Durham County Baseline 1999-2001: Colorectal Exam: 52.2 per 100,000 persons**

**NC 2010 Objective: Increase the proportion of adults who have ever had a colorectal cancer screening examination.**

NC Target: 49.8 percent.

NC Baseline, 1998-1999: 31.5 percent adults age 18 and older received a sigmoidoscopy or proctoscopy.

NC Target Setting Method: Better than the best population group rate. Represents 58 percent improvement.

**Durham County Baseline 1999-2001: Breast Cancer Deaths: 30.5 per 100,000 persons**

**NC 2010 Objective: Reduce the breast cancer death rate.**

NC Target: 22.6 deaths per 100,000 population.

NC Baseline, 1996-1998: 28.2 breast cancer deaths per 100,000 population (age adjusted to the year 2000 U.S. standard population).

NC Target Setting Method: 20 percent improvement.

**NC 2010 Objective: Increase the proportion of women age 50 and older who have had mammogram in the last 2 years.**

NC Target: 85.2 percent.

NC Baseline, 1998-1999: 79.6 percent of women aged 50 years and older received a mammogram within the last 2 years.

NC Target Setting Method: 7 percent improvement.

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**RISKS TO FUTURE HEALTH OF DURHAM COUNTY RESIDENTS**

*Healthy People 2010* (<http://www.healthypeople.gov>), a broad-based collaborative effort among government, private, public, and nonprofit organizations, has set national disease prevention and health promotion objectives to be achieved by the end of this decade. The effort has two overarching goals: to increase the quality and length of healthy life and to eliminate health disparities.

The ten *Leading Health Indicators* listed below represent the important determinants of health for the full range of issues in the 28 focus areas of *Healthy People 2010*.

Physical Activity	Overweight and Obesity	Tobacco Use	Access to Health Care
Substance Abuse	Responsible Sexual Behavior	Mental Health	
Injury and Violence	Environmental Quality	Immunization	

These Leading Health Indicators provide an important framework for summarizing the risks to future health to Durham County residents. From the data summarized in the *Durham County Health Profile* we have concluded that there are several factors that put Durham County residents at risk in the future for poor health outcomes. Below we have summarized some of the key risks that the county could begin to work on immediately. As above, we provide the NC 2010 Health Objective as a guide.

Often county level data has not been collected and presented in exactly the same way as the state's objectives. However, this should not stop organizations from working in an area that is important. Use the data from this Profile to serve as the baseline to start from. Negotiate a target with your peers and community and begin your improvement work. Action is essential to improvement.

Durham County Baseline Data were only provided if the data in the *Durham County Health Profile* matched the objective exactly. (Please note: the majority of the data summarized in the *Durham County Health Profile* in the section on risks is adult data. Thus, we have focused this section on risks for those 18 years of age and older. Please refer to the website and review the other NC 2010 objectives as we have listed only a few of the objectives that pertain to these health related areas)

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#### **Physical Activity, Overweight and Obesity**

Diet and exercise are related to weight. Being overweight is a risk factor for many poor health outcomes, including both heart disease and cancer, two leading causes of death in Durham County. Diabetes is also closely linked to overweight and obesity and has serious health implications including being a risk factor for heart disease.

#### **Durham County Baseline 2001: 20.7% of persons 18 and older are obese**

##### **Reduce the proportion of adults who are obese.**

NC Target: 16.8 percent.

NC Baseline, 1995-1999: 19.8 percent of persons ages 18 and older identified as obese (BMI $\geq$ 25).

NC Target Setting Method: 15 percent improvement.

#### **Durham County Baseline 2001: 22.4% engage in no leisure time activity**

##### **NC 2010 Objective: Reduce the proportion of adults (18 years and older) who engage in no leisure-time physical activity.**

NC Target: 29 percent.

NC Baseline, 1997: 34.1 percent of adults 18 years and older engaged in no leisure-time physical activity.

NC Target Setting Method: 15 percent improvement.

#### **Durham County Baseline 1999-2001: 21 deaths per 100,000 persons**

##### **NC 2010 Objective: Reduce the diabetes death rate.**

NC Target: 67.4 deaths per 100,000.

NC Baseline, 1996-1998: 89.9 deaths per 100,000 persons were related to diabetes (age adjusted to the year 2000 U.S. standard population).

NC Target Setting Method: 25 percent improvement.

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#### **Tobacco Use:**

Smoking is a risk factor for cancer, a leading cause of death among Durham County residents.

**Durham County Baseline 2001: 14.1% of adults smoke every day**

**NC 2010 Objective: Reduce tobacco use (cigarette smoking) by adults.**

NC Target: 12.5 percent.

NC Baseline, 1999: 25.1 percent of adults ages 18 and older smoke cigarettes.

NC Target setting method: Better than the best population group rate.

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### **Substance Abuse**

There are few substance abuse statistics specifically for the Durham County population. We can use state and national numbers to estimate that about 10% of the population, or 23,000 people in Durham, have a problem with substance abuse. We also know that substance abuse and mental illness often occur together and that more than half, and perhaps as many as 80%, of substance abusers also have mental health issues. Many other health risks are associated with substance abuse behaviors, among these increased risk of STDs, HIV/AIDS, accidental injury, homicide, violence, and poverty that can lead to poor health outcomes and decreased health access. Durham needs more data on substance abuse to develop baselines and targets.

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### **Responsible Sexual Behavior**

Durham County rates for the communicable diseases of AIDS, gonorrhea, and syphilis are higher than the state average rate. While proper condom use would help to prevent the spread of these diseases only 24% of Durham County residents over 18 years of age reported in a survey that they used a condom during their last sexual intercourse. Finally, Durham County has high rates of pregnancies for young women and high rates of abortion.

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**Durham County Baseline: no Durham equivalent.**

**NC 2010 Objective: Increase the proportion of adolescents who use condoms, if currently sexually active.**

NC Target: 75 percent.

NC Baseline, 1997: 62.2 percent of adolescents surveyed, grades 9 through 12, used condoms.

NC Target setting method: 20.5 percent improvement.

**Durham County Baseline: no Durham equivalent.**

**NC 2010 Objective: Reduce the rate of unplanned pregnancies in adolescent females ages 10-19.**

NC Target: 10 per 1000

NC Baseline, 1998: 15.6 pregnancies per 1000 females ages 10 to 19 years.

NC Target setting method: 36 percent improvement.

**Durham County Baseline 1997-2001: 432.7 (875.6 Minority) cases per 100,000 population of gonorrhea.**

**NC 2010 Objective: Reduce the rate of gonorrhea.**

NC Target: 191 new cases per 100,000 population.

NC Baseline, 1998: 254.7 new cases of gonorrhea per 100,000 population.

NC Target Setting Method: 25 percent improvement.

**Durham County Baseline 1997-2001: 9.6 (20.1 Minority) cases per 100,000 population of syphilis.**

**NC 2010 Objective: Reduce the number of new cases of primary and secondary syphilis.**

NC Target: 0.25 per 100,000 population.

NC Baseline, 1998: 9.6 primary and secondary cases per 100,000 population.

NC Target Setting Method: Total elimination.

**Durham County Baseline 1997-2001: 14.4 AIDS cases per 100,000 population.\***

**NC 2010 Objective: Reduce the rate of HIV infection.**

NC Target: 14.7 per 100,000 population.

NC Baseline, 1998: 19.7 new cases per 100,000 population.

NC Target Setting Method: 25 percent improvement.

\*Note: AIDS and HIV are not the same, however, the state is beginning to report both in morbidity and mortality numbers as “HIV/AIDS” because first diagnosis may be of AIDS, not HIV, and death may result in an HIV patient who has not yet progressed to AIDS. At present, the above Durham numbers are the closest approximation to the NC objective.

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**Mental Health**

According to the Office of Healthy Carolinians 15-25% of adults experience mental illness, ranging from serious and persistent to undiagnosed mental health problems and national estimates indicate only a third needing treatment receive it. (<http://www.healthycarolinians.org/2010objs/mental.htm>).

**Durham County Baseline year: no Durham equivalent.**

**NC 2010 Objective: Increase the proportion of adults with mental illnesses who receive treatment. \***

NC Target: 162,228 adults with mental illnesses will receive treatment. NC Baseline, 1998-1999:

141,068 adults with mental illnesses receive treatment from Division of Mental Health/Developmental Disabilities/ Substance Abuse Services.

NC Target Setting Method: 15 percent improvement.

\*Note: This is difficult to measure since each county provides services differently. Ideally the state should develop a better objective for measuring success. In the interim, Durham should establish its own baseline and target.

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**Injury and Violence**

**Durham County Baseline 1999-2001: 9.2 age adjusted deaths per 100,000 population.**

**NC 2010 Objective: Reduce homicides.**

NC Target: 5.0 homicides per 100,000 population.

NC Baseline, 1996-1998: 8.8 homicides per 100,000 population (age adjusted to year 2000 U.S. standard population).

NC Target Setting Method: 43 percent improvement.

**Durham County Baseline: no Durham equivalent.**

**NC 2010 Objective: Reduce fatal alcohol-related motor vehicle crashes.**

NC Target: 0.045 fatal alcohol-related crashes per 1000 population.

NC Baseline, 1998: 458 or 0.06 per 1000 population in fatal alcohol-related crashes.

NC Target Setting Method: 25 percent improvement. Increase use of safety belts.

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**Access to Health Care**

**Durham County Baseline 2001: 18% 0-64 years have no health insurance.**

**NC 2010 Objective: Increase the proportion of persons with health insurance.**

NC Target: 100 percent of adults 18 years and older will have insurance coverage.

NC Baseline, 1995-1999: 9.2 percent adults 18 years and older report having no health insurance within the last 12 months.

NC Target Setting Method: Universal coverage.