Health Priorities:

Durham County & North Carolina

Each Durham Community Health Assessment culminates in the selection of new health priorities. Ten community listening sessions with 283 participants were held in late 2011. Community members were given information about the community health assessment process and a list of the top 13 health priorities in Durham County. The data-driven list of 13 priorities was generated using key findings from the: 1) Durham Community Health Opinion Survey; 2) Healthy North Carolina 2020 Objectives; and 3) the top causes of deaths in the county. Community listening session participants were asked to select the county's *top five* health priorities. This chapter summarizes the final health priorities chosen, the process and outcome of the listening sessions, key data that was used to make the final decision and statewide health priorities.

This chapter includes:

- Durham County's Health Priorities, 2012 – 2014
  - Final priorities
  - Results of community listening sessions
  - Selection of the final Partnership for a Healthy Durham's priorities
  - Selection of the original 13 priorities
- Durham County Health Indicators
  - Leading Causes of Death
  - Leading Causes of Hospitalization
- Healthy NC 2020 Objectives
- NC Prevention Action Plan

Section 2.01 *Durham County's Health Priorities*

Final priorities

The Durham County Health Department and the Partnership for a Healthy Durham teamed up with numerous organizations and residents, as described in the Introduction, to conduct the 2011 Community Health Assessment. This process was previously conducted every four years as a part of public health strategic planning. The recently passed federal Affordable Care Act (ACA) law, however, requires each nonprofit hospital organization to conduct a community health needs assessment every three years and adopt an implementation strategy to meet the community health needs identified in the assessment. Therefore, the Partnership for a Healthy Durham, Durham County Health Department and Duke Medicine will continue to collaborate and move to a three year cycle to accommodate this change for future assessments.

Each Durham Community Health Assessment culminates in the selection of new health priorities with the input of community residents, local leaders and elected officials. The 2012 – 2014 Durham County health priorities, as finalized by the Partnership for a Healthy Durham, include:

Partnership for a Healthy Durham, 2012- 2014 health priorities:

1. Obesity and chronic illness
2. Poverty
3. Education
4. Access to medical and dental care
5. Mental health and substance abuse
6. HIV and sexually transmitted infections

The Durham County Health Department will continue to provide its core services, some of which include sexually transmitted infections and reproductive health. As a result of the community listening sessions and the health assessment, however, the Health Department has will specifically emphasize the areas of education, access to medical and dental care and obesity / chronic illnesses across all of its Divisions.

Results of community listening sessions

Ten community listening sessions with 283 participants were held in late 2011. Community members were given information about the community health assessment process and a list of the top 13 health priorities in Durham County culled from available data. Following the presentation, community members were asked to answer the following question: "Which five of these 13 issues most impact you, your family and neighbors in Durham County?" Each community members wrote down their top five issues and then shared them in a small group of five people. After everyone shared, each small group came to a consensus and created one list of their top five priorities. These five priorities were then shared with the larger group. The cumulative results of the listening sessions are below. For example, 43 small groups of five people choose the top priority, healthy eating/weight (~n=215). The top five priorities included: 1) healthy eating /weight; 2) poverty and education; 3) access to medical /dental care; 4) neighborhood safety; and 5) mental health.

Dates and locations of listening sessions

- July 13: Partnership for a Healthy Durham
- Aug 17: Emily K Community Center (Spanish)
- Aug 18: Salvation Army
- Aug 23: Lyon Park Community Center
- Sept 1: South Regional Library
- Sept 13: Little River Community Center
- Sept 14: Duke Family Medicine staff
- Sept 19: East Regional Library
- Sept 29: El Centro Hispano (Spanish)
- Oct 5: Health Department staff

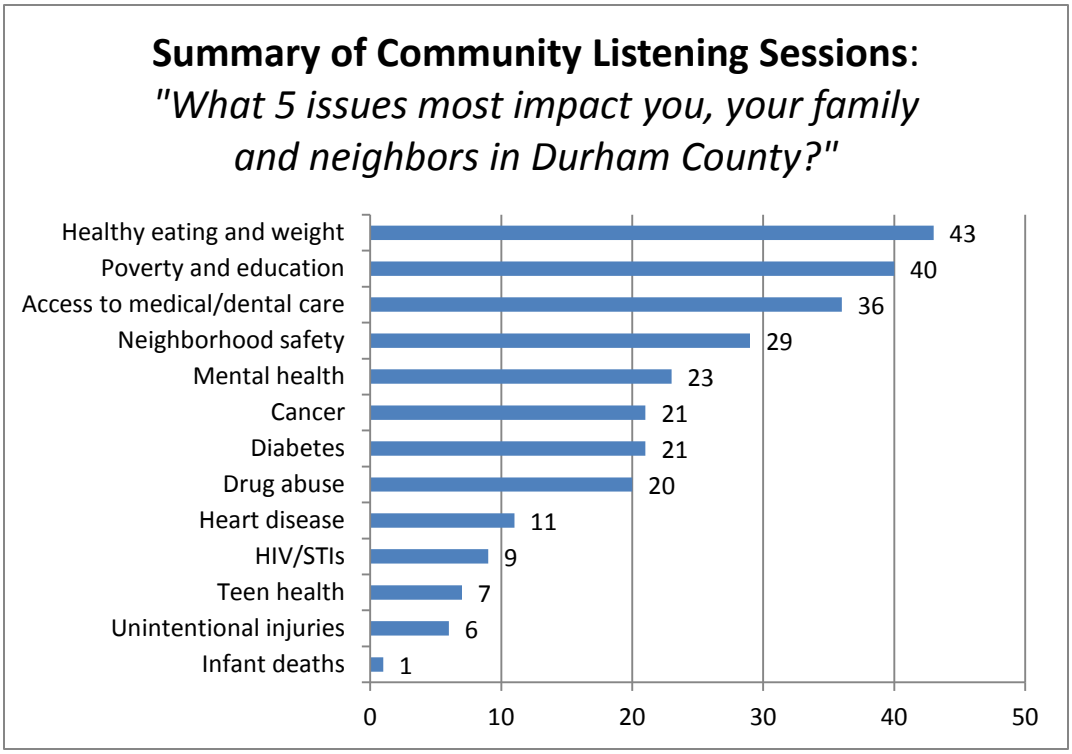

Figure 2.01(a) Summary of Community Listening Sessions

Selection of the final Partnership for a Healthy Durham's priorities

In September 2011, the Partnership for a Healthy Durham's Steering committee made an official recommendation on the 3-year health priorities based on the:

1) Results from the community listening sessions
2) Gaps / needs in Durham County, with a focus on not duplicating efforts
3) Feasibility with our resources
4) Likelihood of making an impact over the next three years

A presentation was created that summarized the Steering committee's recommendation. Members of the Partnership for a Healthy Durham were asked to review the online presentation and then vote online for the Partnership's final priorities. Among the 65 individuals who voted, there was a high level of agreement with the recommendation, which ranged from 77 – 94% for each health priority. Sixty-seven (67%) of respondents also indicated that HIV and sexually transmitted infections should be a priority. The final recommendation of seven priorities, which included HIV, was presented at the Partnership for a Healthy Durham's Quarterly meeting on October 19, 2011. The group (n=49) unanimously approved the new health priorities.

Summary: Selection of final Community Health Priorities

- Created a list of the top 13 priorities using:
  - Durham community health opinion survey
  - Local causes of death
  - Statewide health objectives
- Held 10 community listening sessions to present findings and narrow list to top five
- Compiled findings from listening sessions and shared with four stakeholders:
  - Partnership for a Healthy Durham
  - Durham County Health Department
  - Duke Medicine
  - Durham Health Innovations
- Each stakeholder chose health priorities based on the findings, what was most needed, and what they could realistically address

Selection of the original top 13 priorities

The original 13 priorities was generated using key findings from the Durham Community Health Opinion Survey, Healthy NC 2020 Objectives and the top causes of deaths by age group.

Table 2.01(a) on the following page illustrates how the "Top 13 Durham Health Priorities" (first column) emerged. The second column lists applicable NC Healthy 2020 objectives; the colors indicate differences of at least 15% between Durham County and North Carolina rates. Green indicates that Durham is performing better; red indicated Durham is performing worse, and white indicates no statistical difference. (The specific objectives and rates can be found later in this chapter.) The third column highlights key findings from the Durham Community Health Opinion Survey. The final column lists the top causes of county deaths across various age groups. The theme of each row is summarized by the first column. For example, "Healthy eating and exercise" is the theme of obesity, physical activity, nutrition, transportation, diseases of the heart and diabetes.

Table 2.01(a)

Matrix of Original Top 13 Health Priorities

Top 13 Durham Health Priorities	Healthy NC 2020 Objectives	Top community issues from survey	Top causes of death
Access to medical and dental care	Uninsured / Oral health	Healthcare: Access	
Cancer	Cancer - colorectal	Cancer	All Cancer
Diabetes	Diabetes	Diabetes	Diabetes Mellitus
Drug / alcohol abuse	Substance abuse / use	Addiction to alcohol, drugs, pills/meds	Assault / Homicide
Healthy eating and exercise	Obesity/ physical activity/ Nutrition	Obesity/overweight; Nutrition/Exercise; Transportation & Safety	Diseases of the Heart; Diabetes
Heart Disease	Cardiovascular disease	Heart disease/heart attacks	Heart Diseases; Cerebrovascular Disease
HIV/ STIs	HIV / STIs	Having unsafe sex	
Infant deaths	Infant mortality		Infant Mortality
Mental health	Emergency department / mental health / suicide	Mental health	Suicide; Alzheimer's
***Neighborhood safety:* Violence, gangs, homicide**	Homicide	Violent Behavior; Reduced Crime/ Neighborhood Watch; Gang Involvement	Assault / Homicide
***Poverty and Education:* Housing, Poverty, High school graduation**	Housing, Poverty, High school graduation	Homelessness; Gang involvement; Community Unity; Unemployment	
Teen health	Unintended pregnancies	Having unsafe sex; Population growth; positive teen activities	
***Unintentional injuries*: car crashes, work-related, falls, poisonings**	Motor vehicle crashes, falls, poisonings; work-related injuries	Alcohol abuse; Reckless/drunk driving	Motor vehicle injuries

Section 2.02 *Durham County Health Indicators*

Leading causes of death and reasons for inpatient hospital stays are two key community health indicators. The former gives an overview of the major causes of death while the second provides information about morbidity or the major causes of sickness.

Figure 2.02(a) illustrates the four leading causes of death from 2005-09 in Durham County and North Carolina. In Durham County, cancer is the leading cause of death, followed by diseases of the heart; the reverse is true for North Carolina. Cerebrovascular disease and chronic respiratory disease are the third and fourth leading causes of death in Durham County and North Carolina.

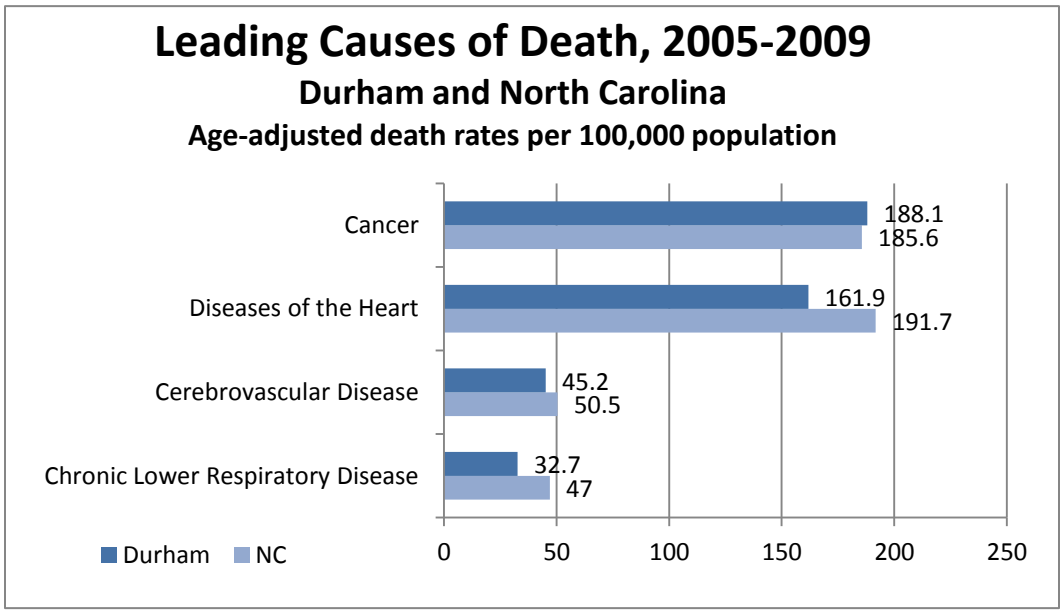

Figure 2.02(a) Leading Causes of Death, 2005 - 2009[1]

All cancer is the number one cause of death in Durham County. Figure 2.02(b) illustrates which types of cancer cause the majority of cancer deaths in Durham County.

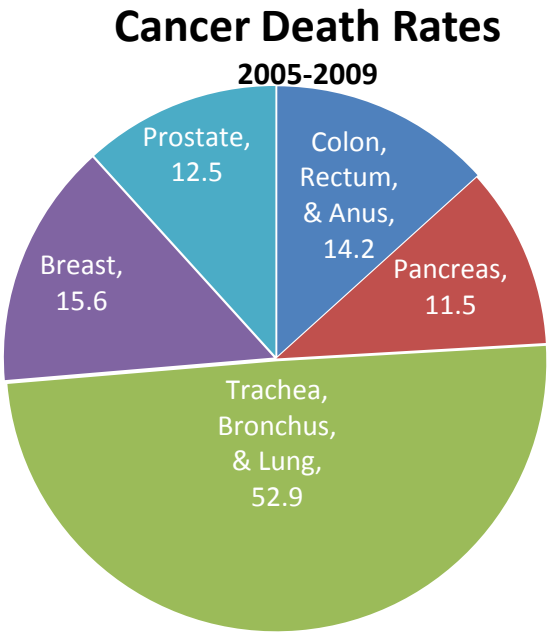

Figure 2.02(b) Cancer Death Rates, 2005 - 2009[2]

Figure 2.02(c) illustrates the remaining 11

leading causes of death from 2005-09 in Durham County and North Carolina. The remaining top causes of death for Durham County residents begin at the top of the figure and are ordered from the highest to lowest rates per 100,000 population. There are notable differences between Durham County's and North Carolina's death rates; for all but four causes of death (eg. cancer, cerebrovascular disease, diabetes and influenza). In Durham County, the rates for homicide, AIDS and septicemia are particularly high when compared to the rates in North Carolina. Conversely, the Durham County rates for suicide, unintentional motor vehicles, Alzheimer's disease and chronic lower respiratory disease are particularly low when compared to North Carolina.

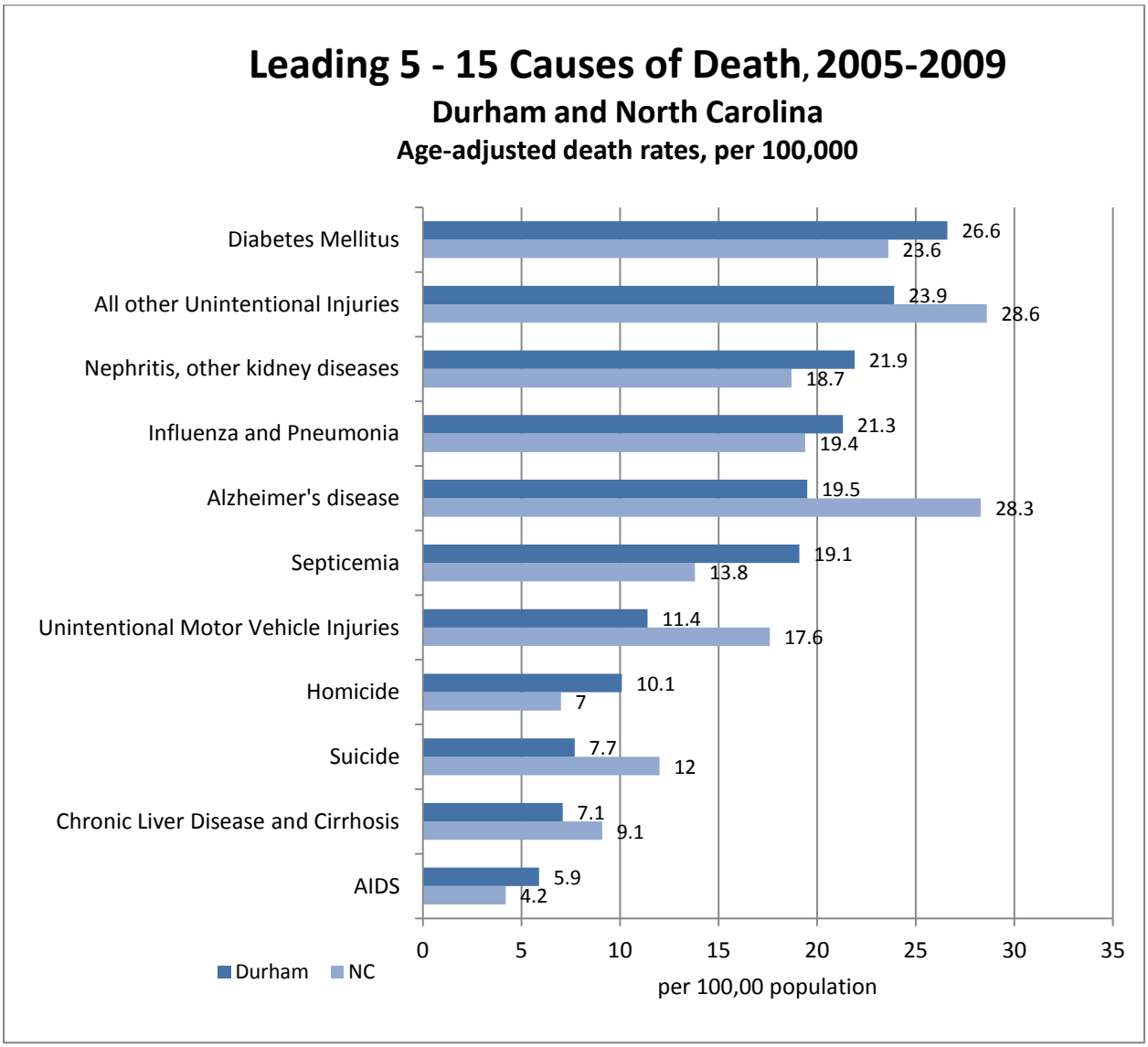

Figure 2.02(c) Leading 5 -15 Causes of Death, 2005 - 2009[3]

Figure 2.02(d) illustrates the six leading causes of hospitalization in Durham County and North Carolina in 2009. In Durham County, the three leading diagnoses for inpatient hospitalization include pregnancy and childbirth, cardiovascular and circulatory diseases, and injuries and poisonings. Similar to the leading causes of death, the two leading causes of hospitalization are in reverse order for Durham County and North Carolina.

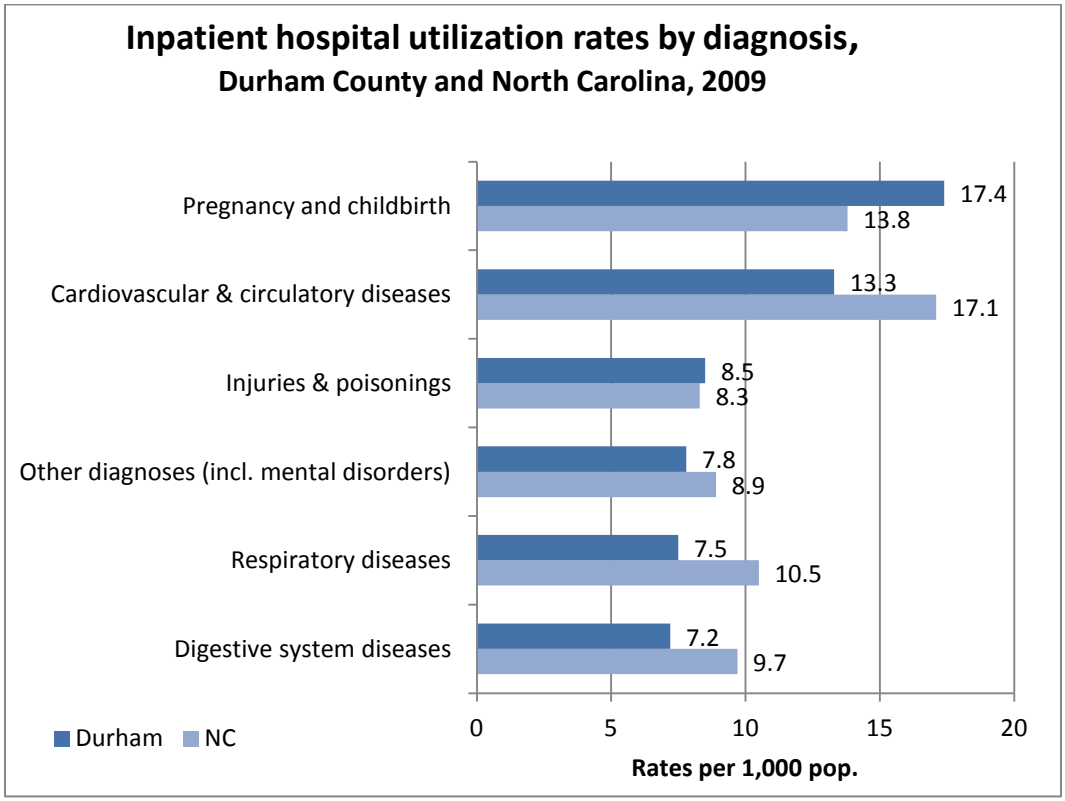

Figure 2.02(d) Inpatient hospital utilization rates by diagnosis, 2009[4]

Section 2.03 *Healthy North Carolina 2020 Objectives*

Healthy North Carolina 2020: A Better State of Health (2011)

http://publichealth.nc.gov/hnc2020/docs/HNC2020-FINAL-March-revised.pdf

These are the final 2020 focus areas, objectives and targets for our state. In the full document (see link above), each of the 13 focus areas is presented in a two-page section. Each lists the objectives for the focus area, briefly describes the rationale for the selection of each objective, shows data on where North Carolina currently ranks regarding each objective, and provides the 2020 target.

* * *

Healthy North Carolina 2020: Technical report (2011)

http://publichealth.nc.gov/hnc2020/docs/HNC2020-FINAL-March-revised.pdf

This is a companion publication with additional background information for each of the 13 focus areas, an explanation about why each of the 40 objectives was selected and how targets were set.

About Healthy North Carolina 2020: A Better State of Health

The following excerpt has been taken directly from the North Carolina Division of Public Health's website:[5]

North Carolina ranks 35th among U.S. states in terms of our overall health, and for most of the past 20 years, our rank has been even lower. With the release of the Healthy North Carolina 2020 objectives, the Division of Public Health (DPH) and its partners have begun a 10-year journey that focuses on prevention with an emphasis on engaging communities to move North Carolina to *A Better State of Health*.

These newly created Healthy North Carolina 2020 health objectives address all aspects of health with the aim of improving the health status of every North Carolinian. Through Healthy NC 2020, we will mobilize the state to achieve a common set of health objectives. Our goal is to be one of the healthiest states in the nation. We invite you to visit the new Healthy North Carolina 2020 website at www.publichealth.nc.gov/hnc2020 to read more about the objectives and targets and "sign" a resolution in support of making North Carolina a healthier state.

Over the next decade, Healthy NC 2020 will help drive state and local-level activities to improve population health. Healthy NC 2020 will contribute to the essential public health goals by providing a basis for monitoring population health status in order to identify community health problems; informing, educating, and empowering people about health issues; mobilizing community partnerships to identify and solve health problems; linking people to needed health services; and researching new insights and innovative solutions to health problems.

An important part of Healthy NC 2020 is an emphasis on accountability. If we are to achieve our goals, we must be willing to examine our progress along the way. Beginning in 2012, DPH will publish an annual Healthy NC 2020 status report to document successes and areas for improvement.

In partnership with others in business, government, philanthropy, faith-based entities and education, Healthy NC 2020 is working to support the vision for all North Carolinians to achieve and maintain optimal health through a focus on the promotion of health and the prevention of disease. Our goals are ambitious, but achievable. We hope you will join us.

Durham County and the Healthy North Carolina 2020 objectives

Table 2.03(a) lists all 40 Healthy NC 2020 objectives and 2020 targets, in addition to Durham County's and North Carolina's most current data. The North Carolina State Center for Health Statistics recommends looking at differences of at least 15% (variance in rates) to determine what is truly significant or different. Less than a 15 percent difference in rates could easily be caused by chance fluctuations in the rates. Therefore, the shaded boxes below indicate that there is at least 15% difference between the current data for Durham County compared to the North Carolina data. Green indicates that Durham County is performing better whereas red indicates that North Carolina is performing better. White indicates that there is not a significant difference between the two reported numbers.

Durham County is currently meeting the Healthy NC 2020 Targets on eight of the 40 health objectives. These include:

- Reduce the unintentional poisoning mortality rate (per 100,000 population)
- Reduce the percentage of women who smoke during pregnancy
- Reduce the percentage of traffic crashes that are alcohol-related
- Reduce the suicide rate (per 100,000 population)
- Reduce the rate of mental health-related visits to emergency departments (per 10,000 population)
- Increase the percentage of children aged 1-5 years enrolled in Medicaid who received any dental service during the previous 12 months
- Decrease the percentage of adults who had permanent teeth removed due to tooth decay or gum disease
- Increase the percentage of air monitor sites meeting the current ozone standard of 0.075ppm

Although Durham County is meeting these six targets, which is a success to celebrate, it should not be inferred that these topics are solved or unimportant. It simply means that they may be less of a priority issue in Durham County or that different, more ambitious targets should be set.

Each health topic addressed in this document also states if there is a related Healthy NC 2020 objective. If there is, the applicable row from the master table below is replicated.

Table 2.03(a) **Healthy NC 2020 Objectives**[6]	Current Durham	Current NC	2020 Target
Tobacco Use			
1. Decrease the percentage of adults who are current smokers	14.7% (2010)	19.8% (2010)	13.0%
2. Decrease the percentage of high school students reporting current use of any tobacco product	24.6% (2009)	25.8% (2009)	15.0%
3. Decrease the percentage of people exposed to secondhand smoke in the workplace in the past seven days	7.5% (2008)	14.6% (2008)	0%
Physical Activity and Nutrition			
1. Increase the percentage of high school students who are neither overweight nor obese.	71.6% (2009)	72% (2009)	79.2%
2. Increase the percentage of adults getting the recommended amount of physical activity.	42.9% (2009)	46.4% (2009)	60.6%
3. Increase the percentage of adults who report they consume fruits and vegetables five or more times per day.	21.8% (2009)	20.6% (2009)	29.3%
Injury and Violence			
1. Reduce the unintentional poisoning mortality rate (per 100,000 population)	7.6 (2007-2009)	11 (2008)	9.9
2. Reduce the unintentional falls mortality rate (per 100,000 population)	6.6 (2007–2009)	8.1 (2008)	5.3
3. Reduce the homicide rate (per 100,000 population)	10.1 (2005-09)	7.0 (2005-09)	6.7
Maternal and Infant Health			
1. Reduce the infant mortality racial disparity between whites and African Americans	2.85 (2005-09)	2.45 (2008)	1.92
2. Reduce the infant mortality rate (per 1,000 live births)	7.0 (2005-09)	8.3 (2005-09)	6.3
3. Reduce the percentage of women who smoke during pregnancy	5.4% (2009)	10.3% (2009)	6.8 %
Sexually Transmitted Disease and Unintended Pregnancy			
1. Decrease the percentage of pregnancies that are unintended	56.7%	43.7 % (2006-08)	30.9%
2. Reduce the percentage of positive results among individuals aged 15 to 24 tested for chlamydia	Not available	9.7% (2009)	8.7%
3. Reduce the rate of new HIV infection diagnoses (per 100,000)	32.7 (2009)	24.7 (2008)	22.2

Table 2.03(a) **Healthy NC 2020 Objectives**[6]	Current Durham	Current NC	2020 Target
Substance Abuse			
1. Reduce the percentage of high school students who had alcohol on one or more of the past 30 days	42.5% (2009)	35% (2009)	26.4%
2. Reduce the percentage of traffic crashes that are alcohol-related	4.3% (2008)	5.7% (2008)	4.7%
3. Reduce the percentage of individuals aged 12 years and older reporting any illicit drug use in the past 30 days	8.5% (2006-08)	7.8% (2007-08)	6.6%
Mental Health			
1. Reduce the suicide rate (per 100,000 population)	7.8 (2004-2008)	12.4 (2008)	8.3
2. Decrease the average number of poor mental health days among adults in the past 30 days	3.6 (2009)	3.7 (2009)	2.8
3. Reduce the rate of mental health-related visits to emergency departments (per 10,000 population)	57.8 (2010)	92 (2008)	82.8
Oral Health			
1. Increase the percentage of children aged 1-5 years enrolled in Medicaid who received any dental service during the previous 12 months	60.4% (2010)	51.7% (2010)	56.4%
2. Decrease the average number of decayed, missing, or filled teeth among kindergarteners	1.76 (2008-2009)	1.5 (2008-2009)	1.1
3. Decrease the percentage of adults who had permanent teeth removed due to tooth decay or gum disease	37.8% (2010)	46.7% (2010)	38.4%
Environmental Health			
1. Increase the percentage of air monitor sites meeting the current ozone standard of 0.075ppm	100% (2009)	62.5%	100%
2. Increase the percentage of the population being served by community water systems (CWS) with no maximum contaminant level violations (among persons on CWS).	Not available	92.9% (2009)	95%
3. Reduce mortality rate from work-related injuries (per 100,000 population)	6.32 (2005-2009)	3.9 (2008)	3.5

Table 2.03(a) **Healthy NC 2020 Objectives**[6]	Current Durham	Current NC	2020 Target
Infectious Disease and Food Borne Illness			
1. Increase the percentage of children aged 19-35 months who receive the recommended vaccines. (Note: data only available for 24-35 months)	64%	63%	91.3%
2. Reduce the pneumonia and influenza mortality rate (per 100,000 population).	18.9 (2008)	19.5 (2008)	13.5
3. Decrease the average number of critical violations per restaurant/food stand.	6.8 (2009)	6.1 (2009)	5.5
Social Determinants of Health			
1. Decrease the percentage of individuals living in poverty.	16.6% (2008-10)	16.2% (2008-10)	12.5%
2. Increase the four-year high school graduation rate.	69.8% (2009-10)	74.2% (2009-10)	94.6%
3. Decrease the percentage of people spending more than 30% of their income on rental housing.	53.3% (2010)	52.3% (2010)	36.1%
Chronic Disease			
1. Reduce the cardiovascular disease mortality rate (per 100,000 population)	162.6 (2005-09)	194.7 (2005-09)	161.5
2. Decrease the percentages of adults with diabetes.	7.0% (2010)	9.8% (2010)	8.6%
3. Reduce the colorectal cancer mortality rate	14.0 (2005-09)	16.3 (2005-09)	10.1
Cross-cutting			
1. Increase average expectancy (years)	78.1 (2008)	77.5 (2008)	79.5
2. Increase percentage of adults reporting good, very good, or excellent health	90.1% (2010)	82.0% (2010)	90.1%
3. Reduce the percentage of non-elderly uninsured individuals (aged less than 65 years)	22.6% (2010)	23.6% (2010)	8.0%
4. Increase the percentage of adults who are neither overweight nor obese.	40.7% (2010)	34.7% (2010)	38.1%

Section 2.04 *North Carolina Prevention Action Plan*[7]

Prevention for the Health of North Carolina: Prevention Action Plan (2009)
http://www.nciom.org/wp-content/uploads/NCIOM/projects/prevention/finalreport/PreventionReport-July2010.pdf

The burden of chronic disease in North Carolina signifies a need to make dramatic improvements in population health. Investing in prevention can reduce this heavy burden by saving lives, reducing disability, and, in some cases, by reducing health care costs. The NCIOM's **Prevention Task Force** studied the leading causes of death and disability in the state and developed evidence-based recommendations to address the preventable risk factors underlying these leading causes. This report presents the findings of the Task Force's work and recommendations to improve population health in North Carolina over the several years.

Issue Brief (Revised July 2010)
http://www.nciom.org/wp-content/uploads/NCIOM/projects/prevention/finalreport/Prevention_issuebrief_FINAL.pdf

About North Carolina Prevention Action Plan

The following excerpt has been taken directly from the North Carolina Institute of Medicines' website:[8]

The current approach to health care in this country is to ameliorate the consequences of poor health, not to maintain good health. Therapeutic interventions to address chronic and acute conditions supersede preventive interventions. Ironically "sick" care is the foundation of our "health" care system. Our lack of investment in prevention leads to preventable health conditions that create burdens for individuals and families, businesses and communities, and strains an already strained health care system. Investing in prevention can reduce this heavy burden by saving lives, reducing disability, and, in some cases, by reducing health care costs.

The Task Force's final report, commonly known as the Prevention Action Plan, is a resource for many individuals and groups in the state working in the field of prevention. The Plan can provide guidance for new legislative funding and foundation grant-making. Additionally, it can assist in prioritizing prevention efforts and focusing the work of the North Carolina Division of Public Health and other state and local agencies, health care and public health professionals, health organizations, insurers, community organizations, companies, the faith community, and other groups. Working together off a common action plan and wisely using resources offers the greatest opportunity to improve population health in North Carolina and to lower costs to both individuals and the health care system.

The Task Force considered the best available evidence in the development of its recommendations for the state. Relying heavily on recommendations made by national recommendation-making bodies such as the US Preventive Services Task Force and the US Task Force on Community Preventive Services, the Prevention Task Force developed evidence-based recommendations for each of its study areas. For Task Force study areas where evidence-based strategies were not available, the Task Force drew from best and promising practices identified at both the state and national levels. The Task Force developed 45 recommendations; 11 were identified as priority recommendations.

The Task Force identified 10 preventable risk factors that contribute to the leading causes of death and disability in the state:

10 preventable risk factors that contribute to the leading causes of death and disability in North Carolina:

1. Tobacco use
2. Diet and physical inactivity, leading to overweight or obesity
3. Risky sexual behaviors
4. Alcohol and drug use or abuse
5. Emotional and psychological factors
6. Intentional and unintentional injuries
7. Bacterial and infectious agents
8. Exposure to chemicals and environmental pollutants
9. Racial and ethnic disparities
10. Socioeconomic factors

Durham County and the NC Prevention Plan

Each section in the community health assessment document gives recommendations. Several of the sections use recommendation from the North Carolina Prevention Plan.

Contributors

#	Name of Section	Name, Credentials	Affiliation
2.01–2.04	Community priorities	Mel Downey-Piper, MPH, CHES	Durham County Health Department, Partnership for a Healthy Durham, Coordinator

Data Sources

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[8] North Carolina Institute of Medicine. Publications: Prevention for the Health of North Carolina: Prevention Action Plan (2009) – Full description. http://www.nciom.org/publications/?prevention Accessed August 30, 2011.