

DURHAM COUNTY, NORTH CAROLINA 2003 COMMUNITY HEALTH ASSESSMENT FOCUS GROUP SUMMARY

As part of the state-mandated community health assessment process, the Durham County Health Department collected primary data via focus groups in the Durham community. Focus groups are informal structured meetings in which community members discuss their thoughts on various community topics through predetermined questions. The purpose for the focus groups was to better understand community concerns and to identify barriers that affect Durham County residents' health.

Focus group agendas were the same across all groups and were conducted by Community Health Assessment Team members who had undergone uniform training to assure consistency of results. In all, fourteen focus groups in eleven different settings were conducted, reaching a total of one hundred ninety-nine individuals. These took place from November 2002 through July 2003. The Health Department's name may be particularly prominent in responses as the organization already interacts and has a relationship with many respondents. While we recognize some focus groups tended to be people who already had contact with the Health Department, we believe there are useful findings in the responses shared below.

Sixty-four percent of the participants were female and thirty-six percent were male. Out of the participants, sixty-one percent were African American; thirty-four percent were Caucasian, and five percent were Hispanic. Every attempt was made to achieve a wide range of community representation, however, the majority of the respondents were African American females who lived in the most economically depressed zip codes in Durham County. Their ages ranged between twenty-five and forty-four years.

The respondents who participated in the fourteen focus groups identified areas of need related to specific populations and health issues. In addition, a few common themes to community needs in all the focus groups emerged. In contrast to community-wide studies indicating health resources are limited to certain populations, respondents felt healthcare in Durham was good and reasonably accessible. Key areas where respondents felt resources were lacking included transportation, funding, and access to healthcare.

The most-cited health concerns in the focus groups were: contracting STDs/HIV, drugs/substance abuse, cancer, language barriers, and diabetes. These responses differed from state statistics for the leading cause of death (diseases of the heart, all cancers, cerebrovascular disease, chronic obstructive pulmonary disease, and diabetes) and disease (heart disease, cancer, chronic lower respiratory disease, diabetes, and pneumonia/influenza).

Perhaps responses are related to respondents being primarily African American, a population experiencing significant health disparities in the areas of STDs/HIV, substance abuse, cancer, and diabetes. Many of these respondents also lived in areas increasingly populated with Latino newcomers, making them particularly sensitive to language barrier issues. Participants felt chief causes of these concerns included lack of education, lack of resources, and financial issues, corresponding to findings in other studies. They felt barriers to health included primarily transportation, lack of resources (including funding), and personal issues (lazy, lack of self-esteem).

Out of the 199 focus group participants, 18 percent were 65 years of age and older. Transportation and prescription drug costs were the major issues for the senior respondents. Five percent of the

participants were Hispanic/Latino, who stated that language barriers were a large problem. The Hispanic/Latino respondents also felt that there were sufficient healthcare services available, but accurate communication with the healthcare providers was a problem.

The results from the focus groups raised many health-related issues and it was clear that most participants wanted these issues resolved. Some groups gave suggestions to remedy the perceived problems in Durham County, including specific recommendations for improving the effectiveness of healthcare services, such as: involving community members in decision making, publicizing more programs, promoting better communication among agencies, increasing bilingual services, and providing an easier method to access and utilize healthcare services.