



State of Durham County's Health 2006

Introduction

The State of Durham County's Health Report is a review of Durham County's health indicators and status. Its purpose is to educate the community about the health of our citizens, as well as inform prioritization in local policies, budgets, and programs. This is part of a statewide effort to meet the Healthy Carolinians 2010 health objectives for health and safety promotion, and the Durham City & County Results-Based Accountability goal of "healthy everybody."

The Partnership for a Healthy Durham and the Durham County Health Department generate this report annually, and welcome your participation. The Partnership is a coalition of local agencies, communities, and organizations dedicated to collaboratively improving the physical, mental, and social health and well-being of Durham residents. Read more at www.healthydurham.org and <http://www.durhamcountync.gov/departments/phth/>.

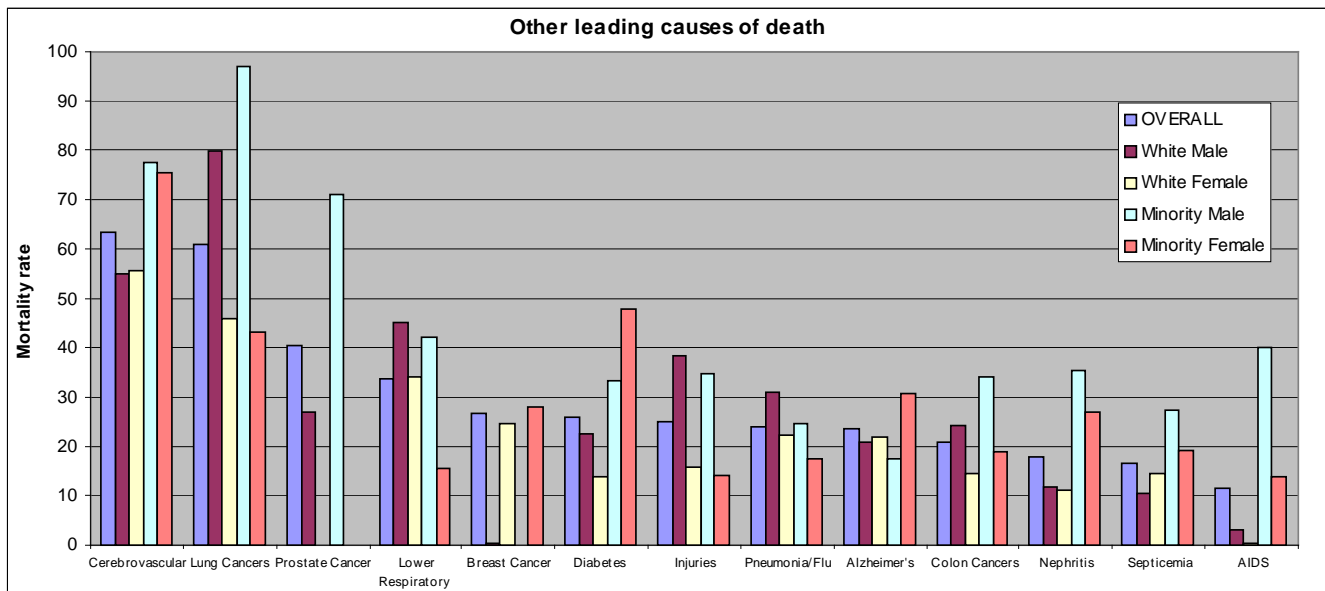
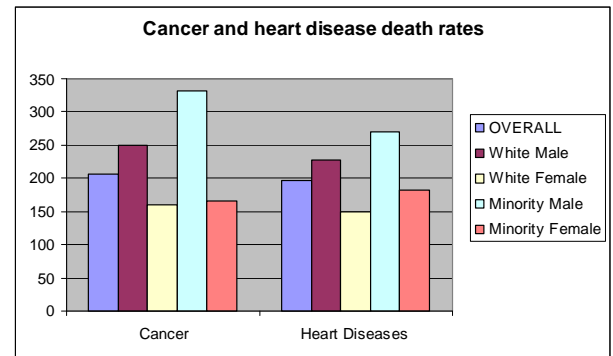
Durham County

Durham County is dominated by the City of Durham, where 82% of the population live. A very diverse community, 48.4% is White, 37.2% is African American, 11% are Latino (*up from 7.6% in 2000*), and 4% Asian. It is also a young county: 8.4% are under the age of five (*up from 6.9% in 2000*), 65.7% 18-64 years old, and 8.9% are over 65 years old. It is diverse economically, as well – 25% of households earn less than \$25,000 per year, while 29% earn \$25,000 – 50,000, 29% earn \$50,000 – 100,000, and 17% of households earn more than \$100,000 per year. There are signs of disparity in wealth – 18.4% of children in Durham live under the federal poverty level, and 11% of adults do as well; 32% of individuals in Durham County live below 200% of the poverty level. (*2005 Census of Durham County*)

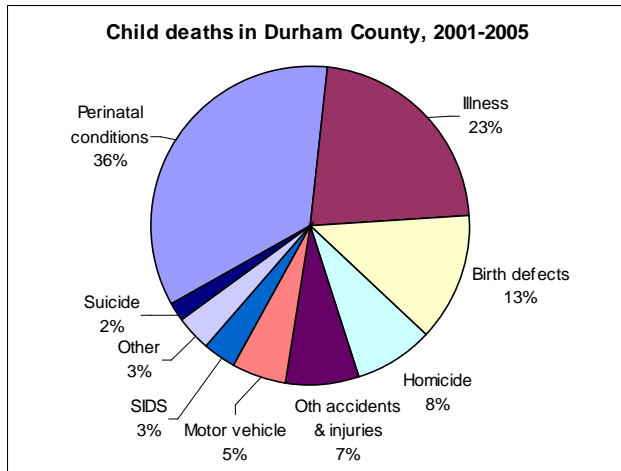
Morbidity and mortality in Durham

The top ten causes of death in Durham County are:

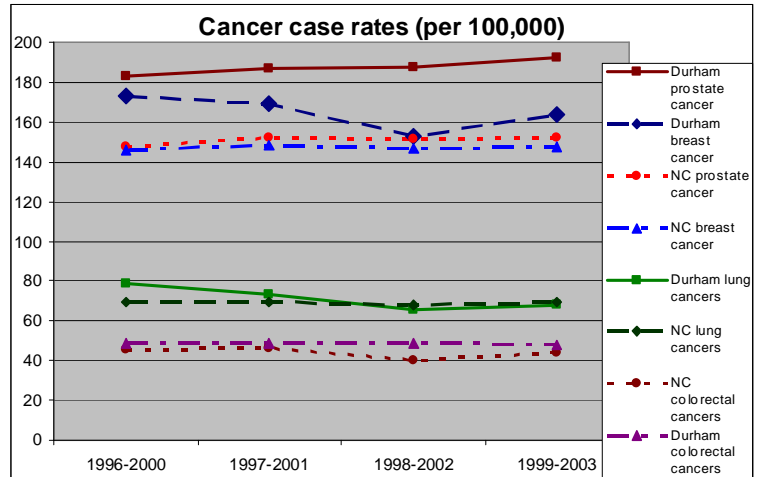
1. Cancers
2. Heart diseases
3. Cerebrovascular disease (*strokes*)
4. Chronic lower respiratory disease (*emphysema & bronchitis, for examples*)
5. Diabetes
6. Unintentional injuries (*not including motor vehicle injuries*)
7. Pneumonia and influenza
8. Alzheimer's disease
9. Nephritis / nephrosis (*kidney disease*)
10. Septicemia (*infections*)



Data source: NC State Center for Health Statistics, County Health Data Book



There were 202 child deaths (ages 0-18) in Durham from 2001-2005.

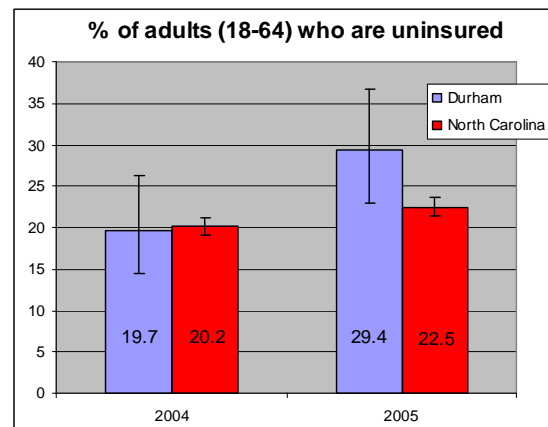
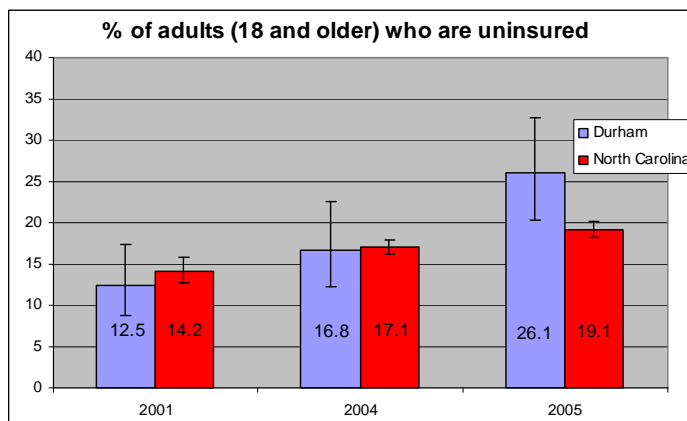


Data source: NC State Center for Health Statistics, County Health Data Book

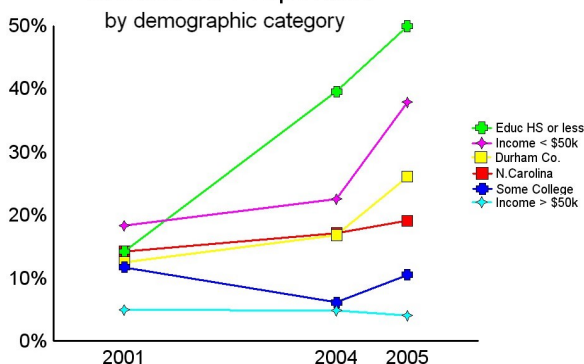
Health priorities in Durham

Access to Healthcare

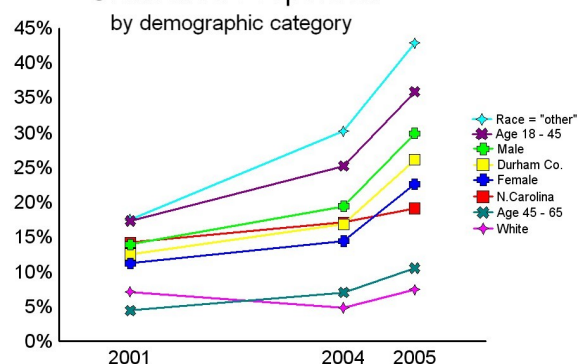
The percentage of Durham adults who report having no health insurance is rising precipitously; in 2001, 12.5% of Durham had no insurance, in 2004 it was 16.8%, and in 2005, it rose to 26.5%. For adults between the ages of 18-64, it has risen from 19.7% in 2004 to 29.4% in 2005. The Healthy Carolinians 2010 target is for all adults and children to have health insurance. The Access to Healthcare Committee set a goal to reverse this trend in Durham. In fact, the Committee wants to see a 10% decrease in the number of uninsured between ages 18-65. Unfortunately, this means that 17.7% of residents in Durham between 18-64 would remain uninsured in 2010.



Uninsured Proportion



Uninsured Proportion



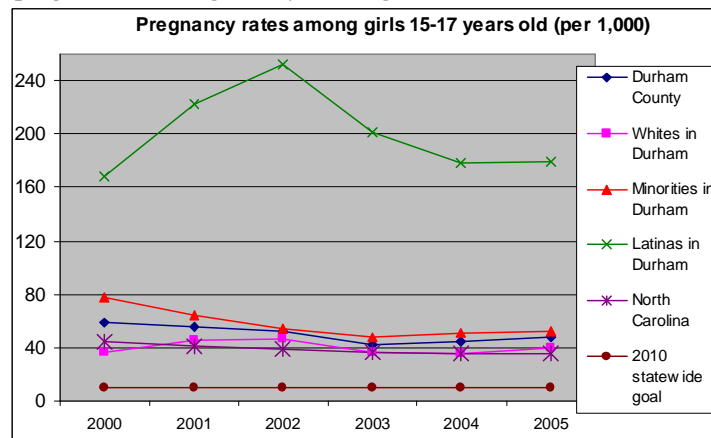
Data source: NC Behavioral Risk Factor Surveillance System, Durham County oversample
Note - the BRFSS only defines race as "white" and "other" at the county level

The data show that the proportion of uninsured is rising fastest among people with less education and less income, as well as among young adults and minorities. As premiums continue to rise (due to rising costs of care and many other factors), fewer employers provide insurance to their employees, and fewer families can afford policies.

The Access to Care Committee of the Partnership started the year with a community forum on “Covering the Uninsured in Durham.” Over 100 people attended this forum, and Durham’s County Commissioners and City Council recognized May 2006 as Cover the Uninsured Month in Durham. Several community groups have also been mobilizing efforts towards a solution for the uninsured residents of Durham. The Partnership, Durham CAN, Latino Community Credit Union, and Durham Health Partners have been working together on a plan to cover the uninsured in Durham County. They are using model programs from other counties, as well as research from several sources such as the NC Institute of Medicine. They have also created facts sheets and brochures for the public to better inform them of healthcare options available for low income and uninsured residents, and to educate them about the problem of the uninsured here in Durham.

Adolescent Pregnancy

Durham’s adolescent pregnancy rate has fallen in the past six years, with a slight rise in the past two years. The Healthy Carolinians 2010 goal is a rate of **10** pregnancies / 1,000 adolescent females ages 10 to 19. The Durham Coalition on Adolescent Pregnancy Prevention (DCAPP) aims to reduce the teen pregnancy rate by 2% each year. Durham’s current rate of pregnancies among 15-19 year old girls is **64.7** / 1,000.

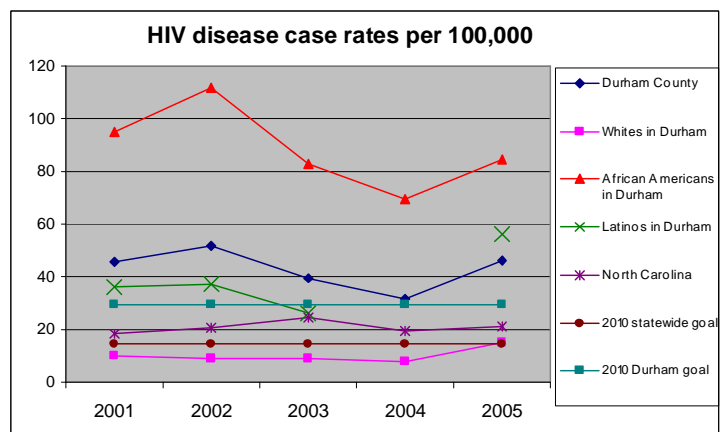


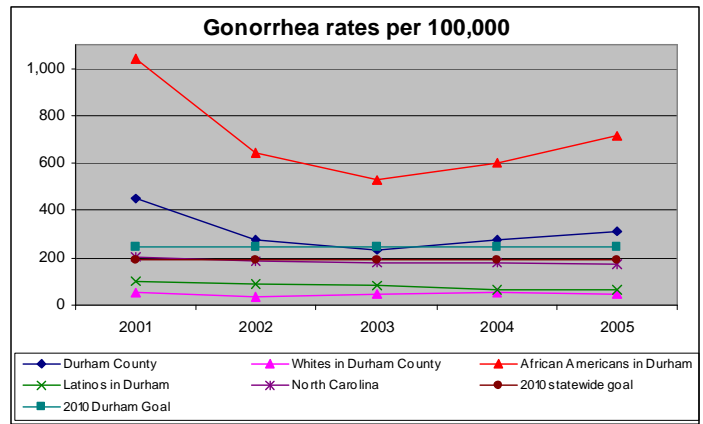
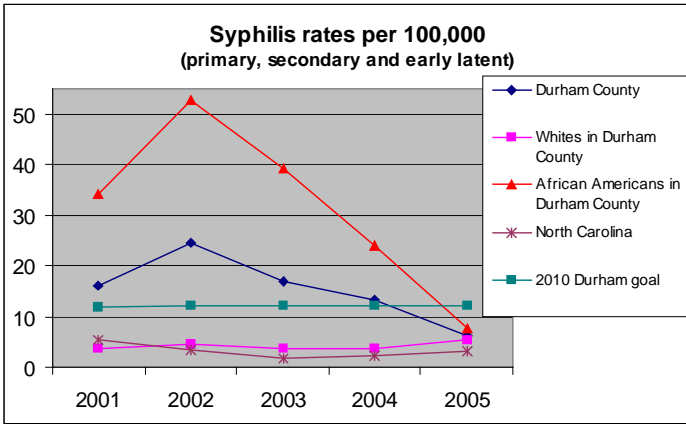
Data source: NC Center for Health Statistics, County Health Data Book

DCAPP is a coalition of 10 agencies that work with youth-oriented programs around the county to support teens’ education, self-esteem, and healthy development. Annually, DCAPP sponsors three popular community-wide events targeting adolescent and their social networks. For Teen Pregnancy Prevention Month in May, DCAPP sponsors an all-day teen summit full of education and recreation. In October, for Let’s Talk Month, DCAPP offers a training event for parents and adults who want information on how to communicate with adolescent about sexuality. Finally, DCAPP offers community leaders the opportunity to dialogue about adolescent health issues during the Community Leaders Brunch. In 2006, over 325 people attended these programs. Additionally, TEAS (Together Everyone Accomplishes Something), a Health Department program, combines mentoring and peer advocacy. This year, over 80 people participated, of which 63 are teens. Also in Durham, Planned Parenthood’s Teen Voices program is a peer education program in local schools with many active teens each year.

HIV and other Sexually Transmitted Diseases

Durham’s rate of syphilis has decreased significantly, while the HIV rate remains troublingly high. Durham’s HIV case rate is currently **46.3** / 100,000, while the statewide 2010 target is **14.7**. The syphilis goal is total elimination, while current rates in Durham have declined to **6.3** / 100,000. The statewide goal for gonorrhea is to reduce it to **191** / 100,000, while Durham last year had a rate of **311.2**. The HIV/STD Community Advisory Council set a goal to reduce Durham’s HIV and STD rates by 10% by 2010.

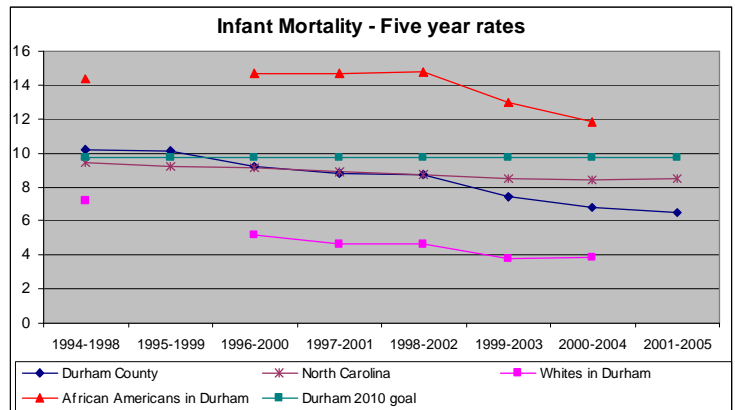
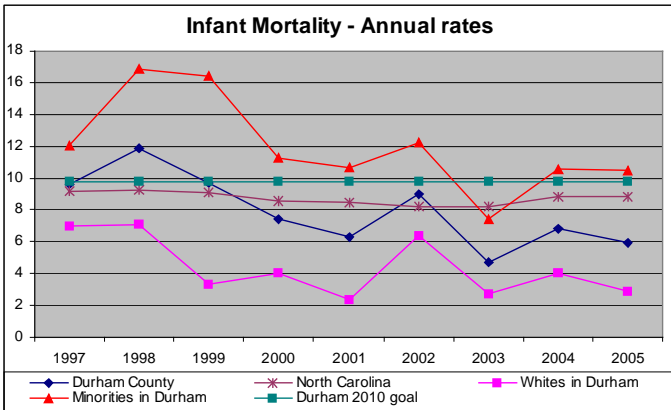




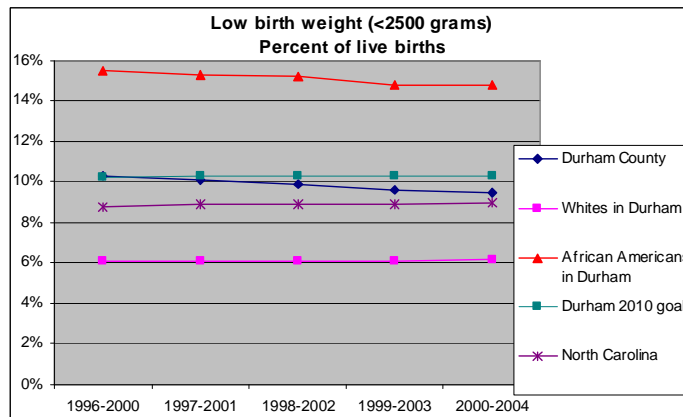
Data sources: NC 2005 Regional HIV/STD Surveillance Tables

Agencies in the HIV/STD Community Advisory Council have focused on testing this year. They have held many testing events out in the community, including National HIV Testing Day at CAARE, Inc, National Latino AIDS Awareness Day, NC Central University, the Urban Ministries shelter for the homeless, and many others. Through these community events and regular testing at clinic sites, council members have tested thousands of Durham community members this year. Testing will be an even greater focus next year, because estimates are that 25% of HIV positive people do not know their status. When more people know their status, they can take better precautions against exposing others, and they can access life-extending treatments sooner.

Infant Mortality



The infant mortality rate in Durham has declined steadily over the past few years. However, the disparity between white and minority rates remains constant. The Healthy Carolinians 2010 goal is **7.4** infant deaths (before first birthday) per 1,000 live births; Durham's rate is currently **6.5** / 1,000. Durham's Infant Mortality Task Force has set a goal of 25% reduction in infant deaths and low birthweight babies in African American families by 2010. Using the 1999-2003 rate, that means reducing African American infant mortality rate to **9.75** / 1,000 and low birthweight babies to **10%** of live births.



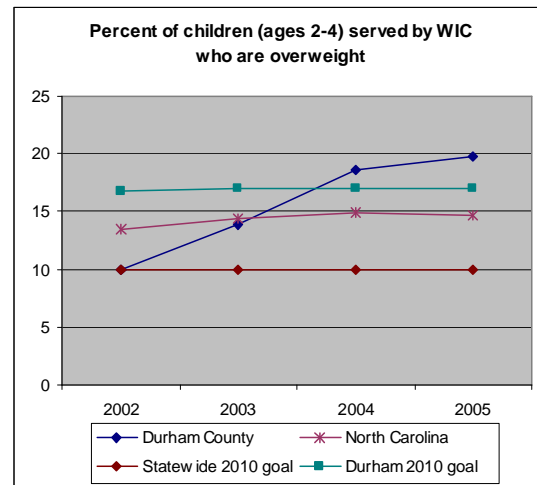
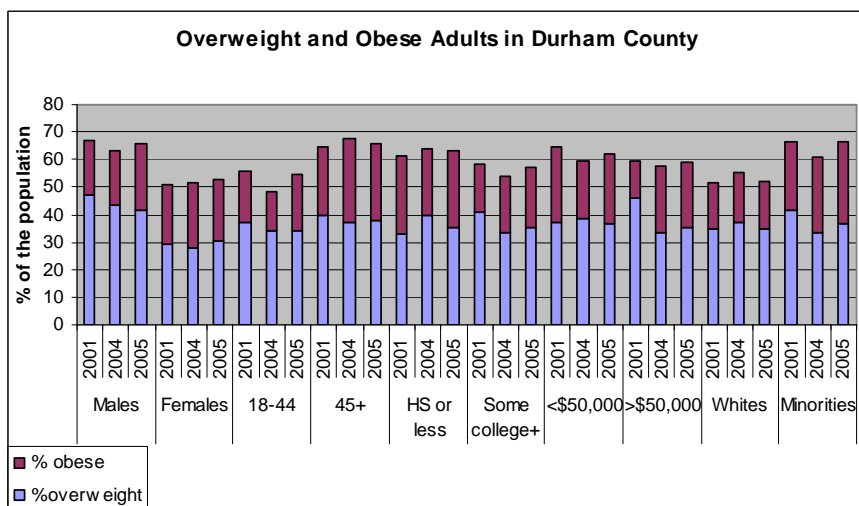
Data source: BABYBook & County Health Data Book, NC State Center for Health Statistics

Improving prenatal care for pregnant women has successfully lowered the infant mortality and low birthweight rates in recent years. Here in Durham there are programs such as Baby Love prenatal care support and the Health Department's OB clinic for low-income women, which have been effective. One new program is the Health Department's dental / nutrition program for pregnant women. Good oral hygiene for mothers is an important component in reducing low birthweight babies. However, to accomplish our goals and lower these rates further, the Infant Mortality Task Force emphasizes preconceptional and interconceptional health, with a focus on the whole family's health.

Many of the health promotion programs deliver messages that will improve preconceptional health, such as family planning (reducing the number of unintentional pregnancies), obesity prevention, school health, smoking cessation, and many others. Lay health advisors in Durham's public housing communities also spread many of these health messages to their peers. As part of this focus on overall preconceptional health, we need more qualitative information on the health experiences of families who suffer an infant death, to better understand the many factors that can contribute to it. There is a program developed by the American College of Obstetrics and Gynecology to carry out "Fetal Infant Mortality Reviews" to capture this information, but to institute this in North Carolina, it would require legislative changes to consistently give local Health Departments automatic access to pertinent medical records.

Obesity and Chronic Illness

The percentage of Durham County adult residents who are overweight or obese is relatively steady at approximately **60%**. Populations most at risk for overweight or obesity are males, those older than 45 years old, with less than a high school education, and minorities (see graph below). The rate of Durham County children served by the WIC nutritional program who are overweight has steadily grown higher than the statewide rate. The 2010 Healthy Carolinians objective is for the percent children served in WIC who are overweight not to exceed **10%**, it is currently almost **20%** in Durham. For adults, the statewide goal is that less **16.8%** of adults are obese; currently, **23.5%** of Durham's adults are obese. The Obesity and Chronic Illness Committee seeks a reduction in adult obesity by 15% by 2010 (to **18%**) and a 10% reduction in childhood obesity and overweight.



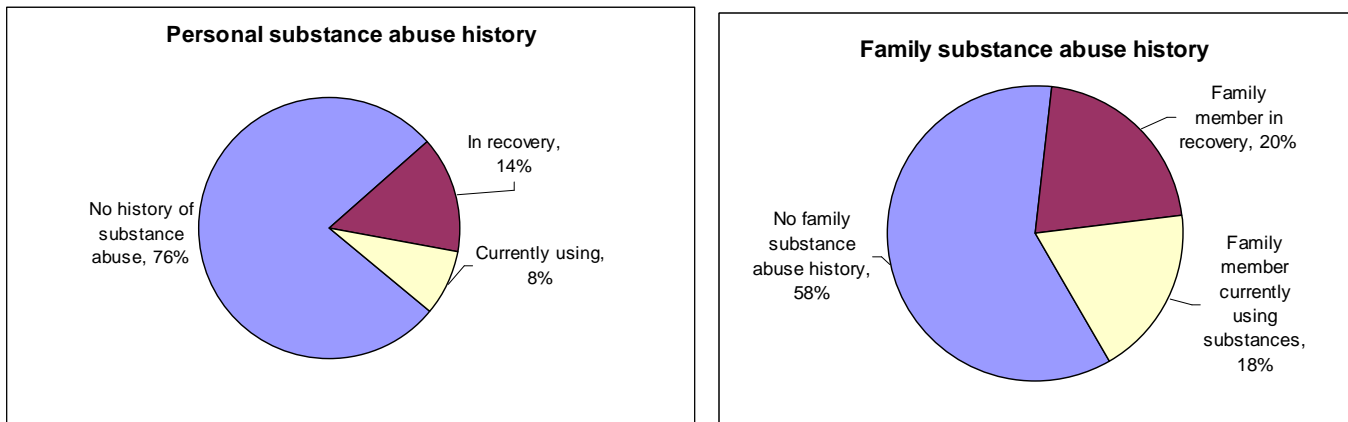
Data source: (left) NC Behavioral Risk Factor Surveillance System, Durham over-sample; (above) NC Nutrition and Physical Activity Surveillance System

Only 27.5% of Durham residents consume at least the recommended amount of five fruits and vegetables per day. In addition, only 36.3% of Durham adults meet the recommended amount of physical activity per day. There are many low-cost programs throughout Durham helping people improve their fitness and nutrition, such as several Parks and Recreation facilities and programs, bike and pedestrian trails built by local communities as well as Durham Public Works, the Health Department's DINE for LIFE program, and other community nutrition education programs from the Health Department and Cooperative Extension.

The Obesity and Chronic Disease Committee is preparing a map of Durham's physical activity and nutrition resources that will be available in free brochures and on the web to help Durham County residents better avail themselves of these services. In addition, the Committee has studied after-school programs to determine whether and what they serve for healthy after-school snacks, and determined that the programs surveyed need more nutrition education, and some programs need assistance in order to provide healthy after-school snacks. Some sub-populations, including young children and seniors, need to be more closely studied to determine specific needs to combat obesity and its attendant chronic diseases.

Substance Abuse

The Substance Abuse Committee has set a goal for a **25%** improvement in the proportion of people needing substance abuse treatment who receive it. It has been difficult to measure the depth of the problem of substance abuse in the community, so the Substance Abuse Committee carried out a convenience survey at Durham locations during the summer of 2006. In this survey, **23%** of people in Durham responded that they had a personal history of substance abuse, and **40%** have dealt with substance abuse in their family. The Healthy Carolinians target for 2010 is that **8.8%** of adults in need of comprehensive substance abuse treatment receive it. According to the survey, there are approximately **8%** of Durham residents are currently using substances (in line with national estimates that about 10% of the population is addicted to alcohol or drug); thus, their goal for 2010 would be to reduce that to **6%**.



Data source: Survey of Durham residents, Substance Abuse Committee of the Partnership for a Healthy Durham (n=512)

The Substance Abuse Committee has been very active this year gathering data on the breadth of the problem here in Durham; it has been hard to measure because substance abuse is a stigmatized problem and often illicit in nature. With the help of the Duke Center for Child and Family Policy, they created a baseline report, using the “Community Epidemiological Surveillance Network” framework as developed by the National Institute on Drug Abuse. They conducted a large survey of Durham residents about their opinions, knowledge, and experience with substance abuse. Since stigma about addiction is a barrier to seeking treatment, the committee has been working with The Durham Center and community partners to help create a “Culture of Recovery.” This year the Committee helped plan the first ever “Recovery Celebration Block Party,” with music, food, exhibits, Wool E. Bull (the Durham Bulls mascot), and other fun events. Over 500 people attended, over 20 organizations exhibited, 20 people volunteered for addiction screening, and over 50 people volunteered for HIV screenings.

New and emerging issues

In addition to these ongoing priorities, there are additional health issues that the Durham County Health Department and its community partners continue to monitor.

- The Durham County Health Department, along with partners in several local agencies and communities, continues to prepare for disasters of all kinds – human-made (terrorism or bio-terrorism) and natural (pandemic flu, hurricanes, ice storms, etc). As a county with several major transportation routes (roads and airports), near to a coastline, and vulnerable to disruptive winter weather events, preparedness is a very important part of public health in North Carolina and Durham.
- Community members have formed a new committee of the Partnership for a Healthy Durham focused on mental health in the community. They are currently formulating their action plan, looking at gaps in services.

** Caution: Some of the data is based on small data numbers, particularly Durham county disaggregated data. Please interpret with caution. See the data sources for more information.*