RESULTS BASED ACCOUNTABILITY
DRAFT PROGRESS REPORT
JUNE 10, 2005

Outcome Area: ___All of Durham's citizens are healthy._____

Committee Members:

The **Partnership for a Healthy Durham** is now responsible for this outcome area. Each indicator is addressed by a separate committee. There are 169 individuals representing 54 agencies and organizations (including the community at-large) actively participating in this initiative.

If there is only room for a full explanation of one indicator in the progress report publication, which one do you think is most important to share? __Access to Care & Substance Abuse_____

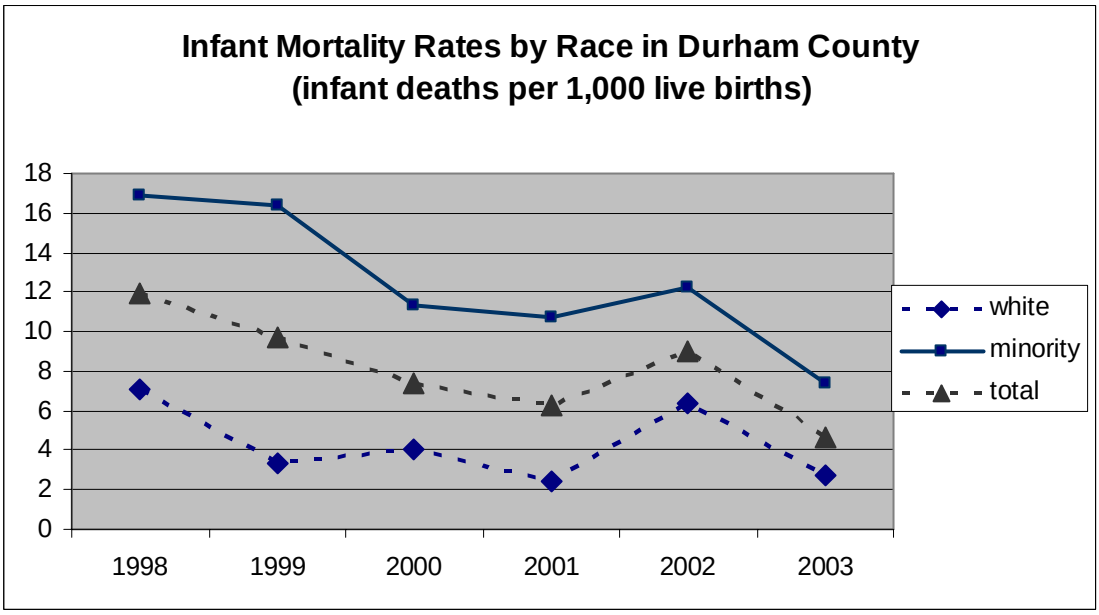
Indicator 1

Infant Mortality - Rate of Infant Deaths (Prior to 1st Birthday) by Race

Committee Members:

Diane Wright, Chair (Dept. of Social Services)Tannisha Blount (lay health advisor), Dr. Nira Bonner (community member), Martha Bordeaux (Duke University Health System), Dr. Haywood Brown (Duke University Health System), Inez Brown (lay health advisor), Elizabeth Burkette (Duke University Health System), Nikki Collier (Durham Housing Authority), Teresa Cromling (SafeKids Coalition), Joy Cunningham (Durham Crisis and Response Center), Shalonda Davis (lay health advisor), Shaun Evans (lay health advisor), Rebecca Freeman (Durham County Health Dept.), Shannon French (lay health advisor), Maria Fryar (lay health advisor), Linda Gavin (lay health advisor), Sue Guptill (Durham County Health Dept.), Matilda Harper (lay health advisor), Cynthia Harris (lay health advisor), Gayle Harris (Durham County Health Dept.), LaTonya Harris (lay health advisor), Erline Harvin (Durham County Health Dept.), Beth Herring (Durham County Health Dept.), Alexandra James (lay health advisor), Ann Jones (Durham Family Center for Child & Family Policy), Patricia Jones (lay health advisor), Sharon Lawrence (lay health advisor), Dorothy Lunsford (lay health advisor), Barbara Lyons (lay health advisor), Barbara McKoy (lay health advisor), Willie McKoy (lay health advisor), Myrtle Mayfield (Durham Regional Hospital), Kathy Mellown (SafeKids Coalition), Anne Milligan-Barnes (Durham County Health Dept.), Renee Parks-Bryant (Durham County Health Dept.), Janet Rawls (lay health advisor), Adriane Reid (lay health advisor), Claudia Ruiz (Center for Child & Family Policy), Dr. Evelyn Schmidt (Lincoln Community Health Center), Desiree Simpson (Dept. of Social Services), Ruth Smullin (Durham's Partnership for Children), Joyce Snipes (Durham County Health Dept.), Gladys Straighter (lay health advisor), Donna Tennyson (Piedmont consortium), Charlene Thomas (lay health advisor), William Thomas (Albright Community Association), Prudence Ticknor (Durham County Health Dept.) Tanisha Townes (lay health advisor), China Townsend (lay health advisor), Sonya Watson (lay health advisor), Sandra Webb (lay health advisor), Vickie White (Durham County Health Dept.), Nikkia Williams (lay health advisor).

Data and Graphs



Data Source: State Center for Health Statistics, 2005

Story Behind the Curve (*What is the indicator telling us? Are we headed in the right direction?)*

In Durham, the overall infant mortality rate has shown a steady decline; however there continues to be nearly a two-fold gap between the rates for white and minority. In the absence of new and/or modified interventions, the rate of decline will continue to slow down, but with peaks of instability (rates may rise based upon the significant influx of Latino families who have limited access to healthcare).

The following factors impact the baseline:

- Deaths due to injuries, accidents, and Sudden Infant Death Syndrome (SIDS) have shown a significant decrease in all racial groups due to car seat safety programs and "Back-to-Sleep" campaigns.
- The majority of the infant deaths now are associated with conditions related to prematurity and low birth weights. Some of the modifiable risk factors that research suggests contribute to premature births and low birth weight babies include:
    a. Maternal health factors
        1) Smoking
        2) Obesity
        3) Substance abuse – alcohol and other drugs
        4) Overall health of the woman
    b. Spacing of pregnancy
    c. Bacterial vaginosis
    d. Domestic violence
    e. Stress
    f. Inadequate prenatal care
    g. Lack of emotional and financial support from the father of the baby

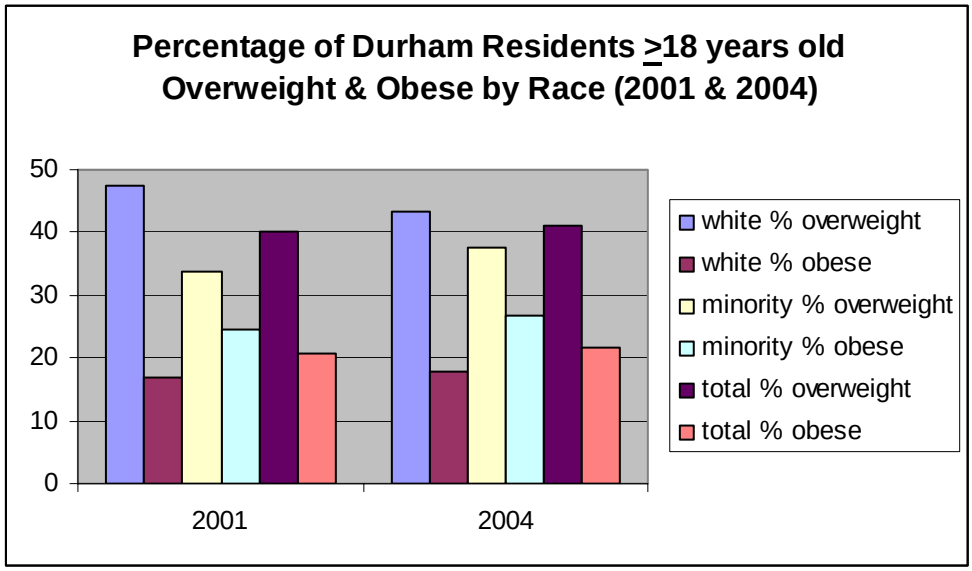
Indicator 2

Obesity - Proportion of Durham Residents Who are Obese [Body Mass Index (BMI) $\geq$30] and Overweight (BMI > 25 and $\leq$ 29.9): Percentage of Overweight in Children

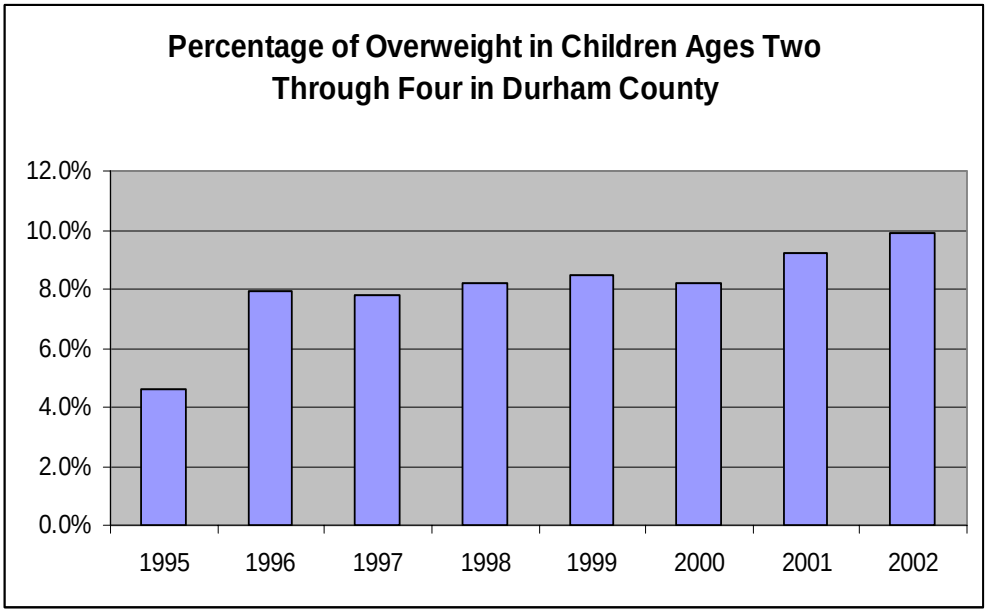
Committee Members:

Susan Yaggy, Chair (DUMC- Division of community Health), Willa Robinson Allen (Durham County Health Dept.), Dorothy Amey (Eagle Village Community Development Corporation), MaryAnn Black (Duke University Health System), Major B. J. Council (Durham Police Dept.), Darrell Crittendon (Durham Parks and Recreation Dept.), Rebecca Freeman (Durham County Health Dept.), Sue Guptill (Durham County Health Dept.), Gayle Harris (Durham County Health Dept.), Maurice Hayes (Durham Police Dept.), Katie Kalb (City of Durham; Public Works Dept.), Lara Khalil (Durham Public Schools), W. Floyd Laisure (John Avery Boys and Girls Club), Brian Letourneau (Durham County Health Dept.), Nancy Love (Council for Senior Citizens), Glorina "Mery" Lupoli (El Centro Hispano), Gail McLamb (Duke University Health System), Lowell Siler (Durham Committee on the Affairs of Black People), and Casey Wardlaw (Durham County Health Dept.).

Data and Graphs



Data Source: Behavior Risk Factor Surveillance System (BRFSS) Survey



Data Source: NC Nutrition and Physical Activity Surveillance System (NC-NPASS)

Story Behind the Curve (*What is the indicator telling us? Are we headed in the right direction?)*

An increasing percentage of all Durham residents are obese. With no intervention, we should expect to see:

a. Continued increases in the number of individuals that are obese and overweight.
b. Increased variety of poor health outcomes related to obesity, including cardiovascular disease, hypertension, diabetes, and many other potentially life threatening conditions.
c. Increased emotional and financial burden on families
d. Increased financial burdens on medical facilities and governmental agencies

Some of the factors contributing to the growing prevalence of overweight and obesity in our community are:

a. Physical inactivity
   - Lack of physical activity/increased options for sedentary living and entertainment

- Excessive screen time (television, computer, videogames, etc.)
- Availability, cost, and knowledge of recreational activities
- Safety (or perceived safety) in communities affects physical activities

b. Nutrition
- Lack of knowledge
- Poor food choices based on convenience and marketing
- Unhealthy snacks available in school vending machines, offices, etc.
- Overly large portions (super-sized food portions) encourage overeating

c. Environment
- Mothers/fathers/adult models overweight
- Culture and ethnicity
- Income and education
- Advertising including more food ads, especially during television shows targeting African Americans
- Fast food availability, perceived lack of time, convenience
- Lack of grocery stores in communities limits consumption of fruits/vegetables or a lack of variety of "good" foods in community stores or high cost of "good" foods in these stores
- Policies/practices, e.g. use of food rewards and physical inactivity punishment

d. Psychological issues (i.e., depression, medications for depression and other mental health conditions that cause increased weight gain)

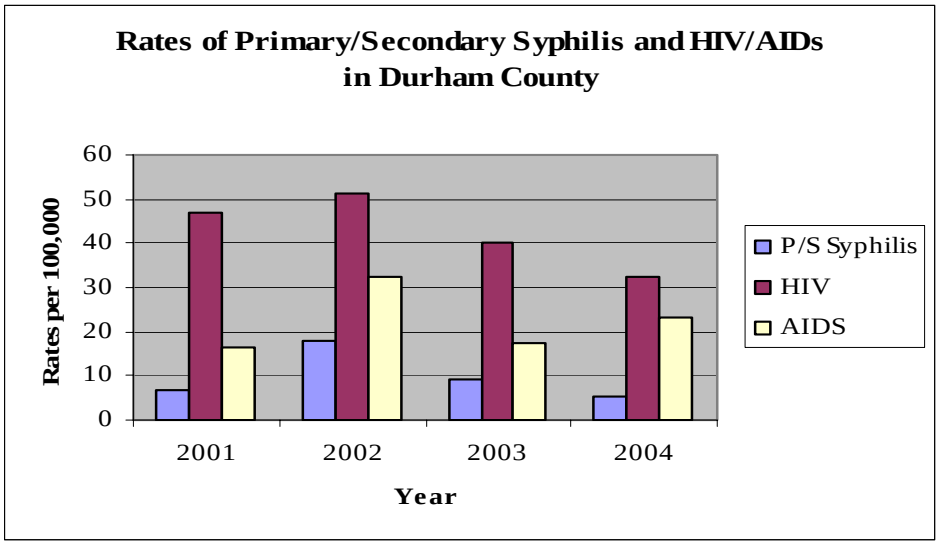
Indicator 3

Sexually Transmitted Diseases: Primary/ Secondary Syphilis and HIV/AIDS Rates

Committee Members:

Trish Bartlett, Co-chair (Duke University Medical Center), Carlotta McNeill, Co-chair (Duke University's Health Inequalities Program), Pat Amaechi (CAARE, Inc.), Genevieve Ankeny (community), Ann Best (Durham County Health Dept.), Beatriz Bravo (El Centro Hispano), McIvania Briggs (Substance Abuse Treatment), Marty Brown (community), Sharlene Burnette (community), Jessica Burroughs (El Centro Hispano), David Caston (community), Steve Chisolm (CAARE, Inc.), Jacquie Clements (Durham County Health Dept.), Luumbe Davis (NC Syphilis Elimination Project), Mary DeCoster (Durham County Health Dept.), Mat Despard (Duke University Health Inequities Project), Cedar Eagle (Durham County Health Dept.), Laini Echols (community), Victoria Ector (community), Avis Ellis (community), Dennis Ellis (Dept. of Social Services), Linda Ferguson (Chatham Social Health Council), Charles Fisher (AASC), Tekola Fisseha (Durham County Health Dept.), LaToya Flager (CAARE, Inc.), Oscar Garcia (El Centro Hispano), Linda Gavin (community), Greg Grayson (Durham Police Dept.), Melissa Green (Duke University Health Inequities Project), Nicole Greene (Durham County Health Dept.), Erline Harvin (Durham County Health Dept.), Ramsey Hoke (NCDHHS), Gwendolyn Hunt (Durham County Health Dept.), David Jolly (North Carolina Central University), Sandra Lassiter (Family & Youth Achievement Center), Jenny McKinney (CAARE, Inc, & EI Clinic), Ann Milligan-Barnes (Durham County Health Dept.), Selena Monk-Judon (Durham County Health Dept.), Timothy Moore (Durham County Health Dept.), Ann Nelson (Durham Center), Reggie Page (CAARE, Inc.), Selena Phipps (Durham County Health Dept.), Jose Ramirez (NCLYN), Shantay Reese (community), Lashona Robinson (DHHS), Myra Sample (Durham County Health Dept.), Cricket Scovil (Duke Univeristy Medical Center), Henrietta Smith (Duke University Medical Center), Donna Tennyson (Piedmont Consortium), Pam Weaver (Durham County Health Dept.), Kendra Williams (Lincoln Community Health Center –EI Clinic), Natalie Wilson (EI Clinic), and Josephine Yearby (community)

Data and Graphs



Data Source: NC HIV/STD Prevention and Care Branch, 2005

Story Behind the Curve (*What is the indicator telling us? Are we headed in the right direction?)*

The rates of primary and secondary (P&S) syphilis (9.3/100,000 in 2003 to 5.1/100,000 in 2004) and human immunodeficiency virus (HIV) disease (40.1/100,000 in 2003 to 32.5/100,000 in 2004) have continued to decline, perhaps due to the following:

a. Increased health education among at risk individuals
b. Increased STD and HIV services in the community resulting in enhanced screening and identification of modifiable risk factors for disease
c. Improved disease management among local providers leading to effective treatment and decreased disease transmission from infected persons to contacts
d. Better health promotion and awareness of control measures among persons already infected with syphilis or HIV to prevent subsequent spread of communicable diseases
e. Effective contact notification and management to prevent exposed persons from developing disease

The rates of acquired immunodeficiency syndrome (AIDS) have increased slightly from 17.3/100,000 in 2003 to 23.2/100,000 in 2004. This increase may be due to the:

a. Increased number of HIV infected persons subsequently developing AIDS due to noncompliance with antiretroviral treatment
b. Increased number of persons entering the local health care system with a diagnosis of AIDS due to better disease recognition, health-care-seeking behavior, and outreach
c. A redistribution of AIDS cases previously counted as cases in other counties due to the recent surveillance changes from the Interstate Duplication Evaluation Project

Indicator 4

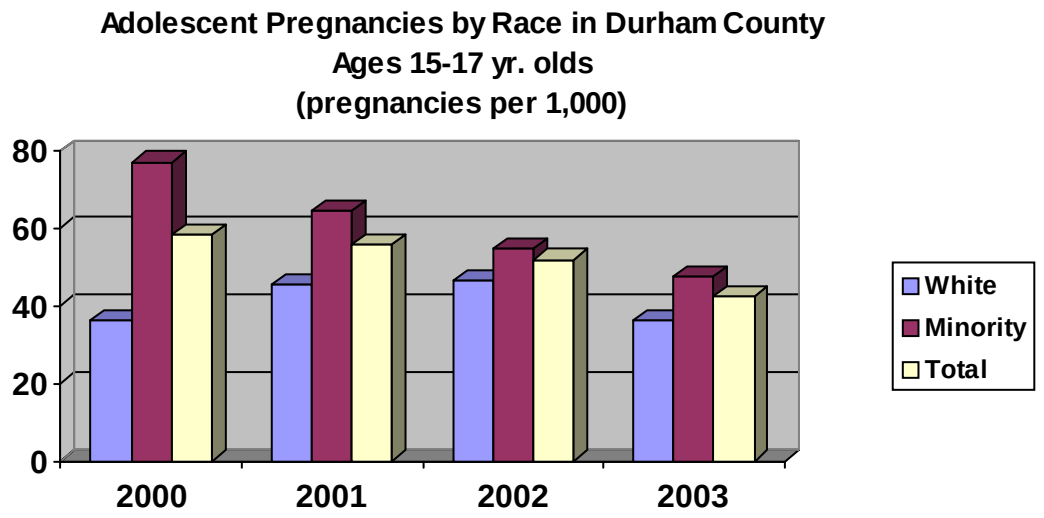
Teenage Pregnancy – Pregnancy rates for 15-17 year olds

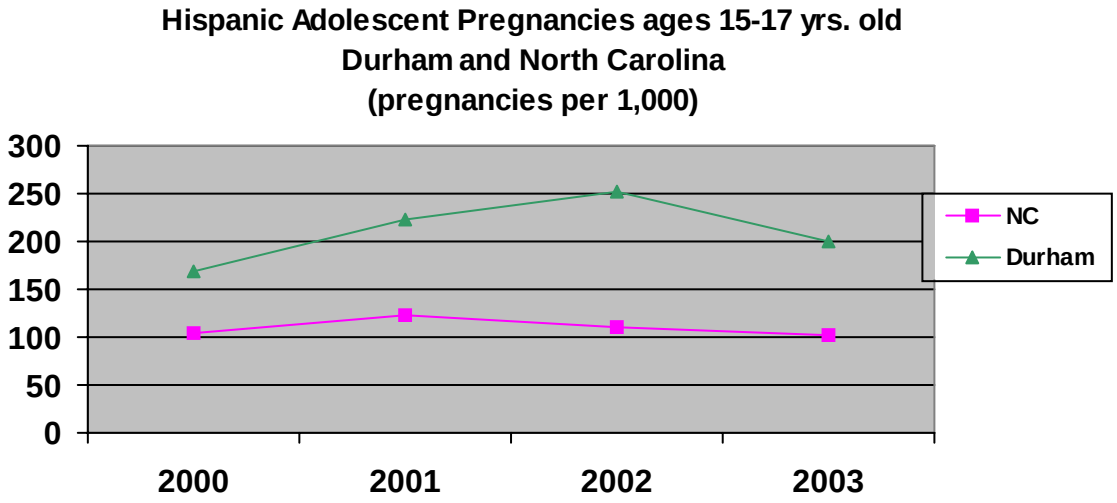
Committee Members:

Annette Carrington, Chair (Durham County Health Dept.), Emily Adams (Planned Parenthood of Central North Carolina), Tasha Allen (Durham County Health Dept.),), Bomi Awokoya (Pregnancy Support Services), Betty Brown (Durham County Health Dept.), Clementine Buford (Durham County Health Dept.), Howard Clement III (City of Durham - Councilman), Cora Cole-McFadden (City of Durham – Councilwomen), Teka Dempson (Durham County System of Care), Dennis Ellis (Dept. of Social Services), Shelly Francis (Research Triangle Institute), Erline Harvin (Durham County Health Dept.), Carol Hunt (Dept. of Social Services), Ann Milligan-Barnes (Durham County Health Dept.), Rev. Michael Page (Pastor and County of Durham –

Commissioner), Desiree Simpson (Dept. of Social Services), Joyce Snipes (Durham County Health Dept.), and Vickie White (Durham County Health Dept.).

Data and Graphs





Data Source: State Center for Health Statistics

Story Behind the Curve (*What is the indicator telling us? Are we headed in the right direction?)*

If no new interventions are implemented, the teen pregnancy rate will continue to decrease slowly as the historical trend indicates. However, from 2000-2003, Durham County's teen pregnancy rate for Hispanic teens has been at least twice as high as the Hispanic teen pregnancy rate for North Carolina.

Contributing factors to the teenage pregnancy rate are:

A. Unstructured, unsupervised activities between the end of the school day and the end of the parent's/ guardian's workday.
B. The occurrence of repeat teen pregnancies following pregnancy in early-to-mid teens.
C. Limited education regarding male involvement, responsibility and legal rights.
D. Limited comprehensive sexuality education in schools and in the community.
E. Older teen or young adult males are often the sexual partners for young teen females who become pregnant. Legal consequences have not been consistently applied regarding statutory rape and sexual exploitation.
F. Lack of accessible reproductive health services for minorities.
G. Cultural differences, views and personal desire regarding teen pregnancy.
H. Lack of responsible media marketing of sexuality.

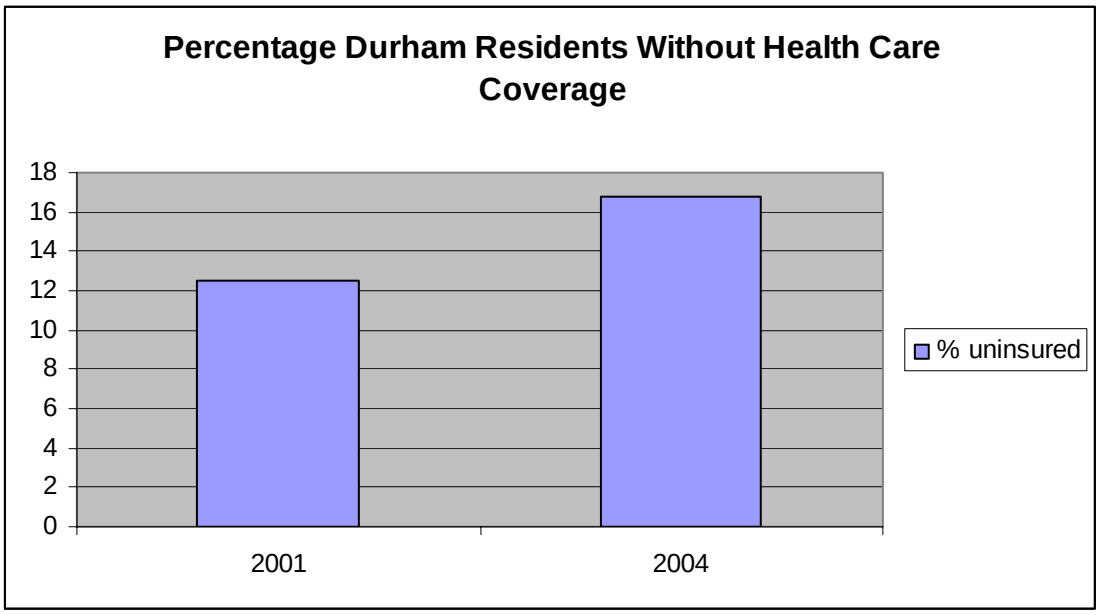
Indicator 5

Access to Care – Proportion of residents with no insurance coverage

Committee Members:

Gina Upchurch – Chair (Senior PHARM*Assist*), James Amos (Triangle United Way), Dr. F.A. Barada (community member), MaryAnn Black (Duke University Health System), Betty Borden (First Calvary Baptist Church), Chris Carlson (Durham Area Corp, Inc.), Arnold Dennis (Dept. of Social Services), Mat Despard (Duke University Health Inequities Program), Anne Drennan (Homes for New Hope), Theresa El-Amin (Southern Anti-Racism Network and the NAACP), Ann Fisher (Durham Public Schools), Tekola Fisseha (Durham County Health Dept.), Dr. Howard Fitts (Community Health Coalition), Sue Guptill (Durham County Health Dept.), Gayle Harris (Durham County Health Dept.), Teresa Hart (Piedmont Consortium), Rudolf Henkel (Partners Against Crime – District 4), Shelisa Howard (Planned Parenthood of Central NC), Brian Letourneau (Durham County Health Dept.), Cheryl Lloyd (NC Cooperative Extension), Judy Orser (Durham Regional Hospital), Dr. Evelyn Schmidt (Lincoln Community Health Center), Pam Silberman (NC Institute of Medicine), Marti Wagner (Durham Center Access), Susan Yaggy (DUMC – Division of Community Health).

Data and Graphs



Data source: Behavioral Risk Factor Surveillance System (2001, 2004)

Story Behind the Curve (*What is the indicator telling us? Are we headed in the right direction?)*

In 2004, 16.8% of Durham residents *of all ages* reported that they did not have health care coverage, which is on par with the state's average of 17.1%. Compared to neighboring Triangle communities, we did not compare as favorably with 16.7% in Wake County, and 12.7% in Orange County.

Also, in 2004 when looking at residents *under 65* in Durham County, 19.7% of residents did not have health insurance, compared to 20.2% in North Carolina. Again, others in the Triangle faired better at 18.7% in Wake and 14.7% in Orange County.

When "drilling down" for who is most likely to be uninsured in Durham, it is clear that there are major disparities based on race, age, education, and income. With non-whites, 18-44 years old, less than a high school education, and household income less than $50,000 being major "risk factors" for being uninsured in Durham.

Durham is fortunate to have major safety net primary care clinics (Lincoln Community Health Center and Duke-operated satellites at Walltown, Lyon Park, the 10 low-income senior housing sites, and clinics at 4 public schools, and the Duke Outpatient Clinics) that see many under- and uninsured in our community. However, in 2004, we still had 12.5% of Durham residents report that there was a time in the last 12 months when they needed to see a doctor, but could not because of cost. In addition, 14.4% reported that in the past year, someone in their family has problems paying medical bills and 13.4% said they had been contacted by a collection agency about owing money for medical bills. Approximately 50% of personal bankruptcies nationwide are due to medical bills.

And despite our fortune with having several publicly supported primary care clinics in Durham, 27.4% reported that they do not have one person they think of as their personal doctor or health care provider, compared to 19.2% at the state level.

At the national level, we know that racial/ethnic minority Americans have lower rates of health insurance than whites largely because they are less likely to have employer-sponsored coverage. Although 70% of whites were insured through an employer-sponsored health plan, less than half of African Americans and Hispanics had such coverage. We assume Durham is no different. Over half of uninsured individuals at the national level in 2003 came from families that had *at least* one full-time worker. This includes 56% of blacks, 69% of whites, and 76% of Hispanics. Having two full-time workers in the family dramatically reduced the risk of being uninsured across all races/ethnicities in this 2003 survey. (March/April 2005 – Health Affairs Journal)

Despite rising healthcare costs (2005 rate of increases by insurers up 13.7% and HMOs up 9%), and the threats to governmental programs (e.g. Medicaid, Veteran's Affairs) that support the healthcare access, Durham plans to flatten and turn the curve on the uninsured. It is important for numerous reasons including increased participation and productivity in the workplace. We also know that the uninsured are more likely to be hospitalized for preventable conditions, and the uninsured have a 25% greater chance of dying prematurely.

Indicator 6

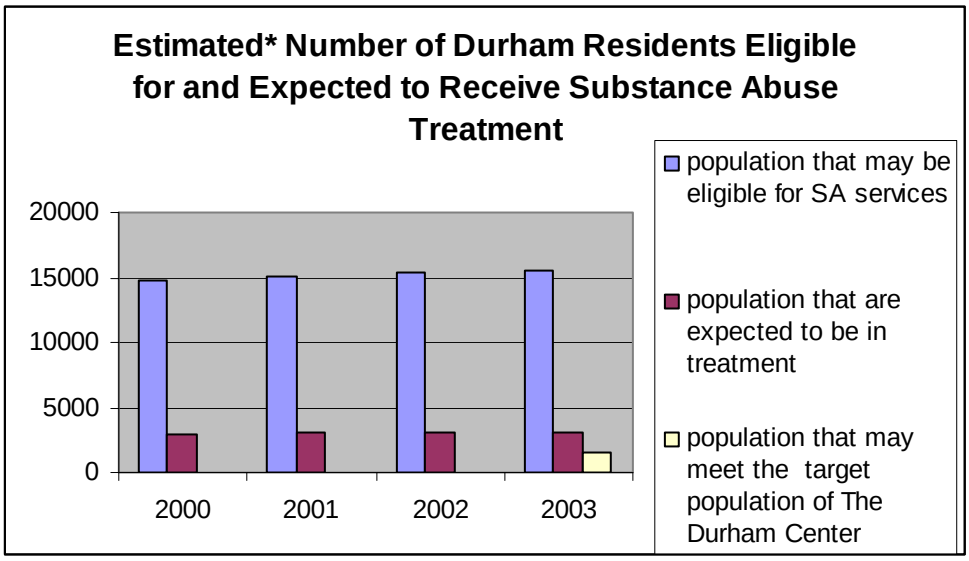
Substance Abuse and Mental Health – proportion of adults in need of comprehensive substance abuse treatment who receive treatment

Committee Members:

Lloyd Schmeidler, Chair (Urban Ministries), Carl Britton-Watkins (Durham Council/Alcoholism and Drug Dependence), Jessica Burroughs (El Centro Hispano), Theresa Clark (NC Cooperative Extension), Major B. J. Council (Durham Police Dept.), Tekola Fisseha (Durham County Health Dept.), Melissa Green (Duke University Health Inequities Project), Gayle Harris (Health Dept.), Reginald Henderson (Freedom House Recovery Center), Dale Johnson (Sheriff's Dept.), Maggie Lee (Women-In-Action), Grace Livingston (Community Health Coalition), Lloyd (NC Cooperative Extension), Gail McLamb (Duke University Health System), Dr. Al Mooney (The Durham Center), Judy Orser (Durham Regional Hospital), Jo Iverson (Criminal Justice Resource Center), Lee Russ

(Durham Police Dept.), Paul Savery (Durham Latino Coalition for the Prevention of DWI), Theresa Wahome (Durham Public Schools), Christopher White (NA), and Diane Wright (community)

Data and Graphs



*According to the Durham Center cost model, 6.6% of the population may be eligible for SA services within a year. Of that, according to the National Institute of Drug Abuse, 20% are expected to be in treatment. Fifty percent (50%) of those in treatment may meet The Durham Center's target population.
Data Source (estimated population data for 2000, 2001, 2002, 2003): State Center for Health Statistics
(This chart does not detail the current level of service provision. It depicts the great need. Efforts are underway to develop and implement a tracking system that will show the difference that is being made over time.)

Story Behind the Curve (*What is the indicator telling us? Are we headed in the right direction?)*

Substance abuse, an addiction disorder, is a treatable chronic illness. It is a condition that impacts the individuals, families, over several generations, and the entire community.

Factors contributing to the rise in substance abuse are:

- Influx of drugs, drug culture, and gangs into the community
- Availability of drugs at school and on the streets
- Changing family structures and complex family dynamics
- Increasing constraints on family time that limit quality-time interactions (i.e., having family dinners)
- Limited evidence-based interventions being used in the community for prevention of substance abuse and related risky behavior
- Lack of a complete continuum of care and community resources; availability of treatment services
- Lack of knowledge of resources in the community and how to access those services
- Lack of comprehensive activities/services in highest risk areas
- Increased use of alcohol in the community
- Youth experimenting with a variety of illicit drugs, including marijuana, cocaine, crack, heroin, acid, inhalants, and other "street" drugs, as well as misuse of prescription drugs
- Lack of supported housing and other resources to maintain stability and foster recovery

If comprehensive substance abuse services are not available and accessible in out community, the proportion of the population affected will continue to rise with a majority of those individuals not receiving treatment.