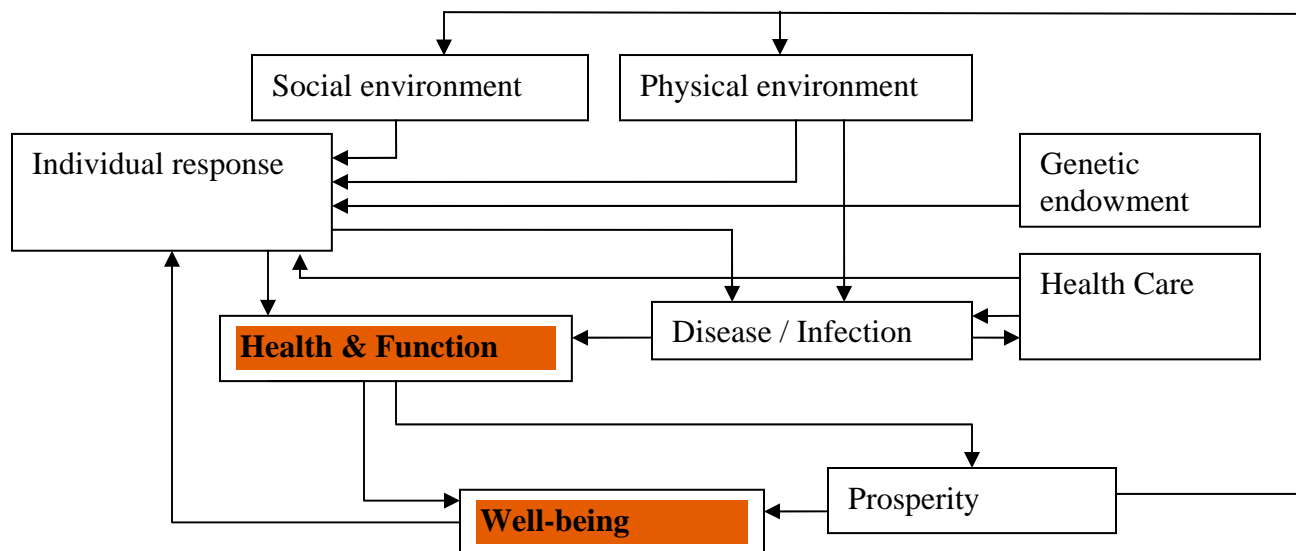


Health, function, and well-being



Key Findings

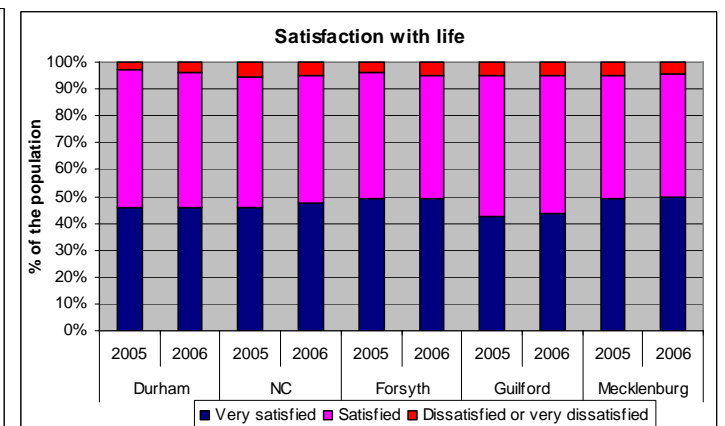
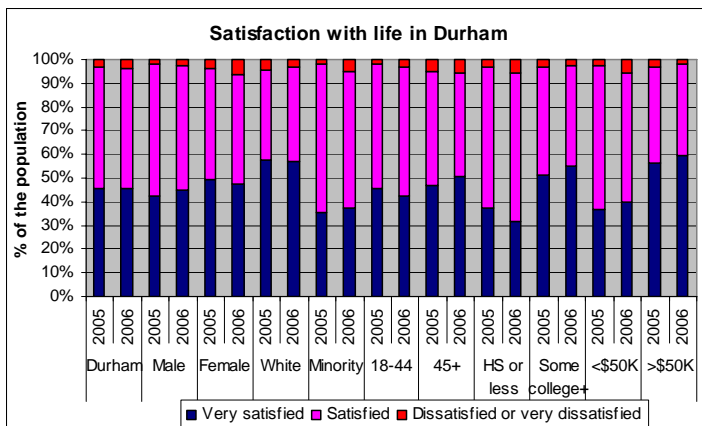
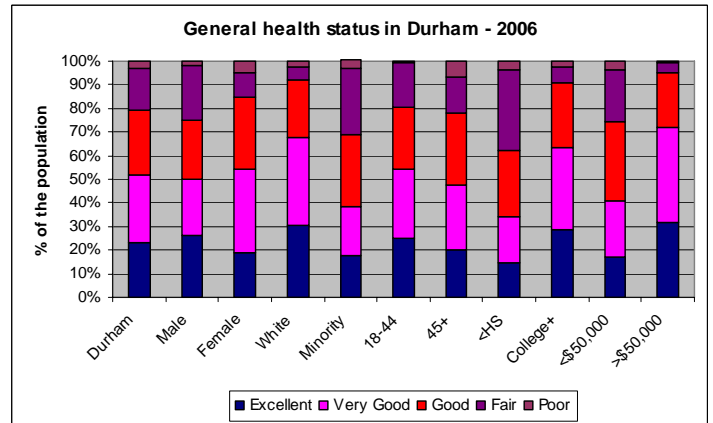
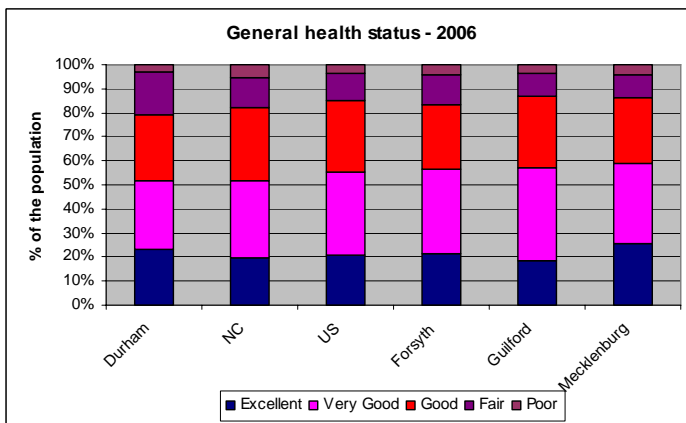
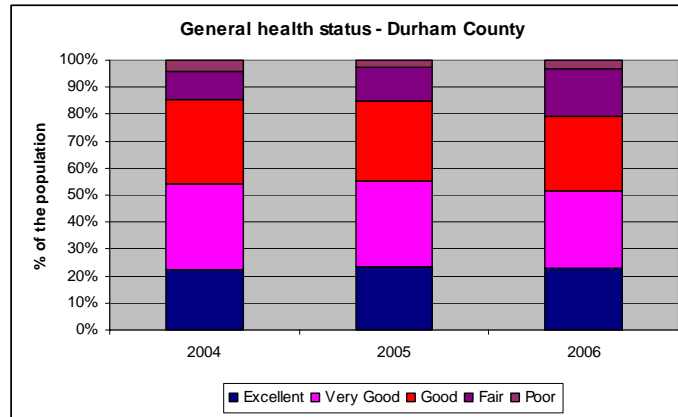
Key findings in the twin domains of health and well-being are:

- In 2007, 40% of Durham's population rated their well-being as *high* – compared with 31% in 2003.
- 28.6% of those who have attended college rate their health as *excellent* – whereas only 15% of residents of Durham who have not attended college rate their health as *excellent*.
- 30% of those who identify themselves as Caucasian rate their health as *excellent* – whereas only 17% of Durham's minorities rate their health as *excellent*.
- The percentage of Latinos who rate their well being as *high* has not increased since 2003.
- Durham has a significant intentional injury problem. For 0-19 year-olds homicide caused 11.3% of deaths in Durham - compared with 4.7% statewide; and for 20-39 year-olds homicides caused 20.6% of deaths - compared with 10.7% statewide.
- The percentage of people in Durham who state that they have a problem for which they have taken prescription medication for at least three months in a row has increased from 44% in 2003 to 53% in 2007.
- In 2007, 32% of Latino students in Durham Public High Schools reported that they had attempted to commit suicide during the past year (compared with 15% of other students).
- Durham has a lower percentage of deaths due to motor vehicle crashes than for the State of North Carolina overall (9.2% for 0-19 year-olds in Durham, compared

with 16% statewide - and 13.6% for 20-39 year-olds in Durham, compared with 20% statewide).

General health and well-being

When asked how they rate their overall personal health, the majority of Durham residents consider themselves in excellent, very good, or good health. In 2006, 23.1% of Durham said that in general, their health was excellent and 28.6% said it was “very good.” In addition, 45.8% in Durham said that they were “very satisfied” with their lives, and 50.2% said they were “satisfied.”

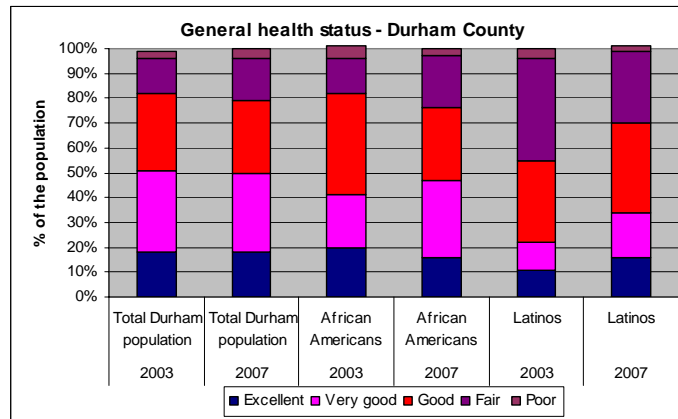


Data source: NC Behavioral Risk Factor Surveillance System (<http://www.schs.state.nc.us/SCHS/brfss>), National Behavioral Risk Factor Surveillance System (<http://www.cdc.gov/brfss/>)

Please note that on all graphs, these indications mean:

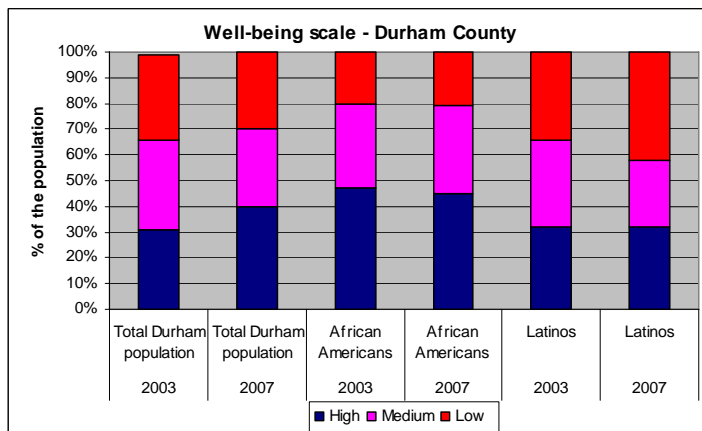
18-44: 18-44 years old	Some college +: Some college education or more
45+: Over 45 years old	<\$50K: Household income is less than \$50,000
HS or less: High school education or less	>\$50K: Household income is more than \$50,000

The Durham County Health Assessment Survey asked survey respondents to rate their current health status, and found in 2007 that 18% said it was “excellent,” and 32% said it was “very good,” similar to 2003 findings.



Data source: Durham County Health Assessment Survey

The Durham County Health Assessment Survey created a “well-being scale” based on a composite of seven of their survey questions, in which people rated their sense of personal health and well-being. In 2007, it found that 30% of Durham ranked “low” or “medium” on the scale, and 40% ranked “high.”

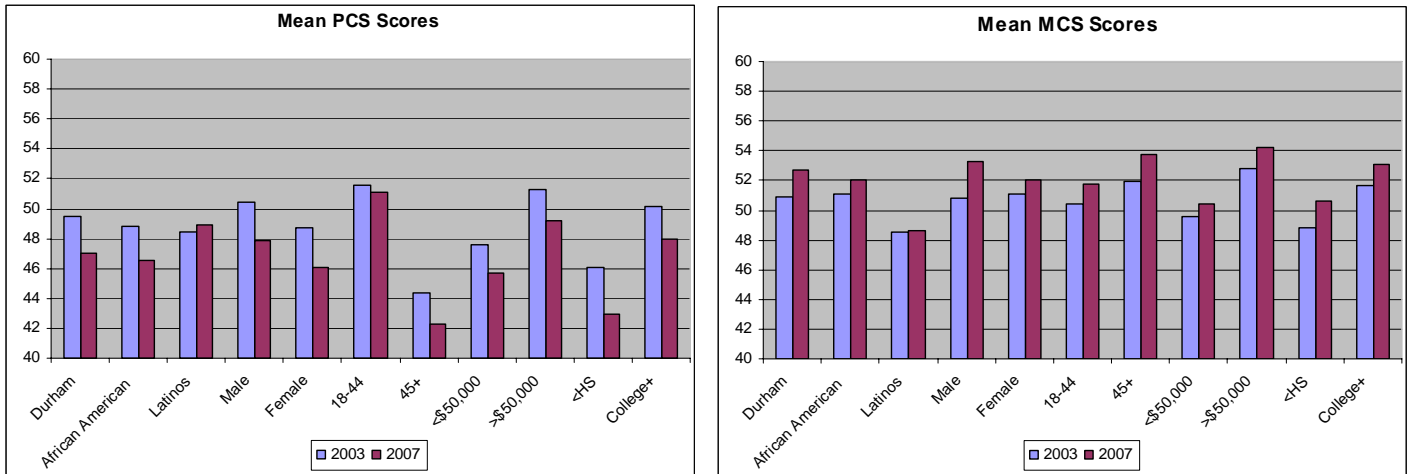


	Low	Medium	High
Durham	30%	30%	40%
Male	28%	31%	42%
Female	31%	31%	38%
<\$50,000	27%	30%	41%
>\$50,000	25%	36%	40%
<HS	32%	24%	45%
College+	27%	36%	38%

Data source: Durham County Health Assessment Survey

The Survey also created composite scores for physical and mental well-being. The “Physical Component Summary” (PCS) and “Mental Component Summary” (MCS) are scales that

summarize the physical and mental health status of a population. Scores above 50 are above the national average for physical or mental health. The total population of Durham scored 47 on the PCS and 52.7 on the MCS.



Data source: Durham County Health Assessment Survey

The Youth Risk Behavior Study of Durham' Public Schools¹ showed that Hispanic students in Middle Schools recorded far higher levels of depression and feelings of insecurity. Over 14% of these students reported that they did not go to school at least once in the past 30 days because they felt unsafe either at school or on their way to and from school. This compares to just over 4% for other students. Additionally, 34.3% of Latino students in Middle Schools said that during the past 12 months, they felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities. This compares to only 16.7% of other students in Middle Schools.

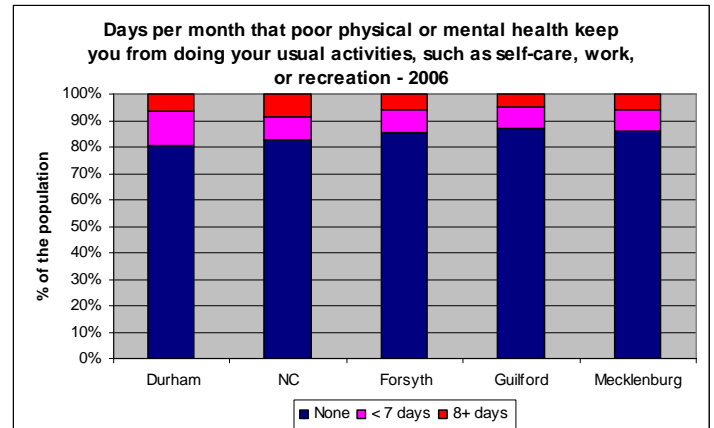
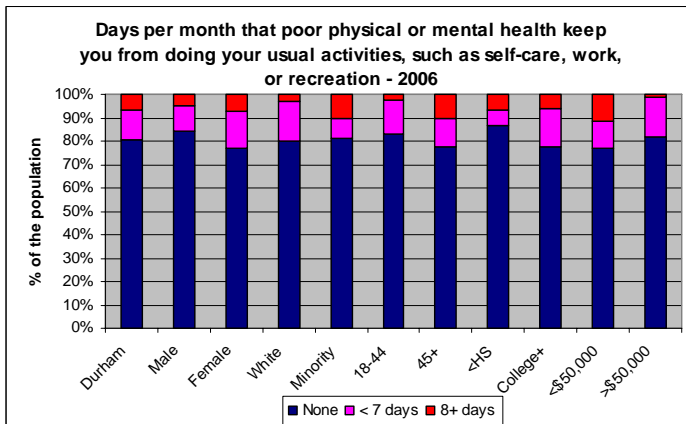
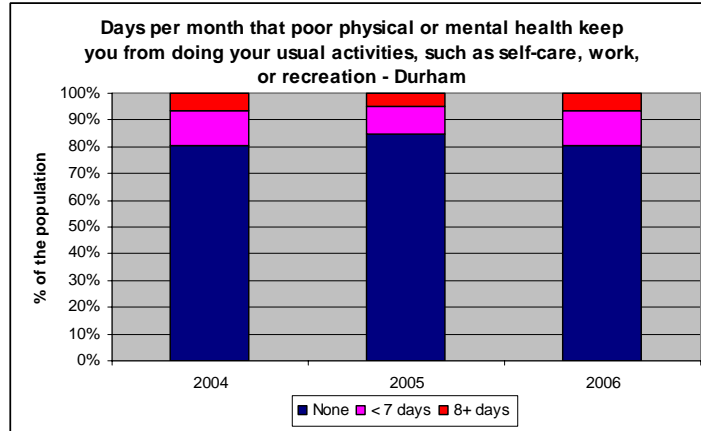
In High Schools, 32% of Latino students said that during the past 12 months they had attempted to commit suicide. This compares to just over 15% for other students in High Schools. Latino students in High Schools recorded higher levels of feelings of insecurity. Over 25% of these students reported that they did not go to school at least once in the past 30 days because they felt unsafe either at school or on their way to and from school. This compares to just over 9% for other students.

African-American students in High Schools also reported higher levels of feeling depressed than other students. 28.6% reported feeling alone in life, compared to 17.9% of other students.

Function

The Behavioral Risk Factor Surveillance Survey asks Durham residents how many days out of a month that poor physical or mental health kept them from their activities. In 2006, 79.9% of Durham said that this happened on none of the days in the past month.

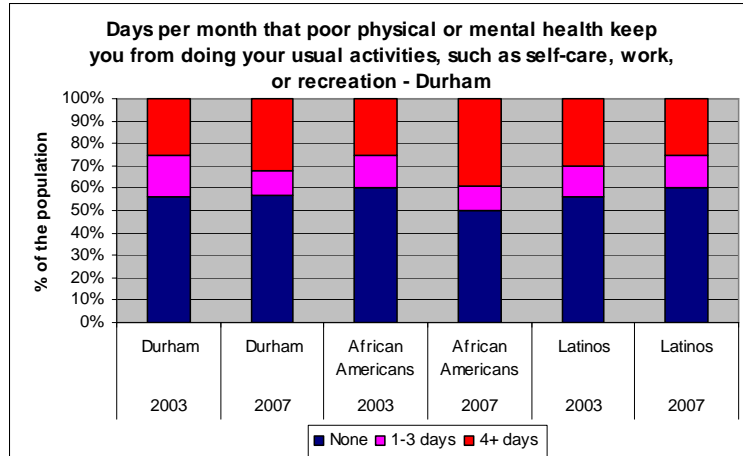
¹ YRBS results presented here are preliminary. The final Report on the 2007 YRBS in Durham Public Schools will be available in December 2007.



Data source: NC Behavioral Risk Factor Surveillance System (<http://www.schs.state.nc.us/SCHS/brfss>)

The Durham County Health Assessment survey asked a similar question. In 2007, it found that 57% of the population had not been limited on any days of the past month by poor physical or mental health; 32% were limited on four or more days. Of those who said they were limited in their activities, the most often cited impairments were:

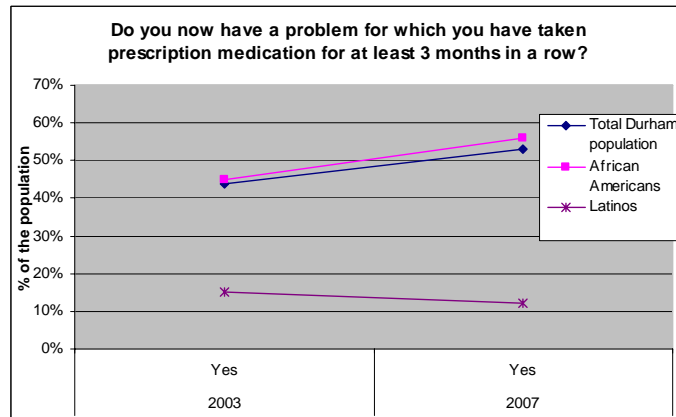
- Arthritis / rheumatism – 14%
- Bone / joint injuries – 12%
- Back / neck problems – 14%
- Breathing problems – 7%
- Heart problems – 7%



Data source: Durham County Health Assessment Survey

When asked how many times in the past month that pain interfered with their normal work, fewer Durham residents in 2007 said “none” or “a little bit” than in 2003 (51% versus 55%, 22% versus 27%, respectively). More felt that pain interfered “moderately” (10% versus 8%) or “quite a bit” (12% versus 6%).

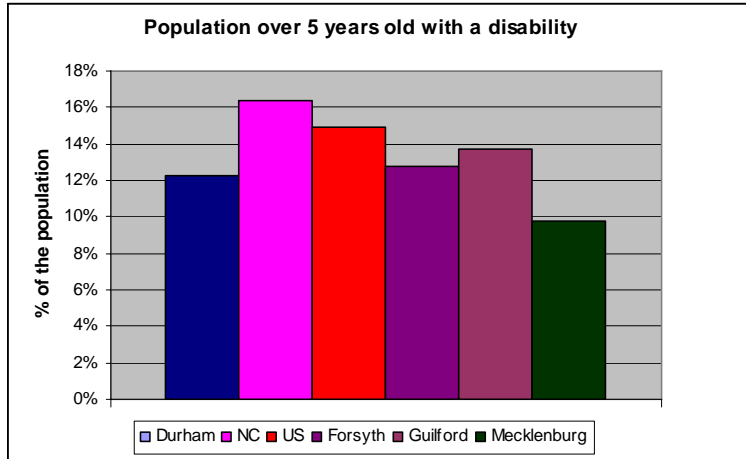
53% of Durham residents have a problem for which they have taken a prescription medication for at least three consecutive months, up from 44% in 2003.



Data source: Durham County Health Assessment Survey

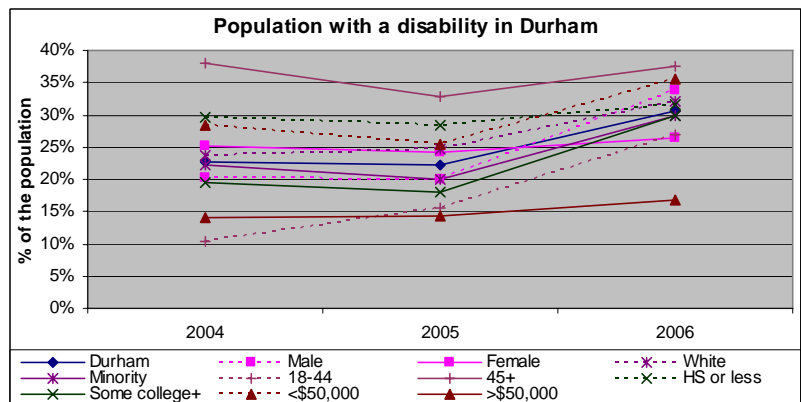
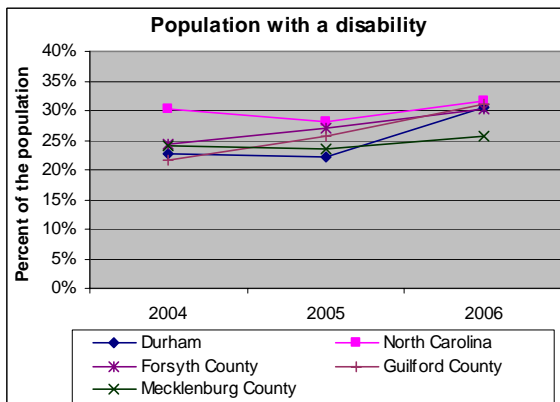
Disability

According to the 2005 Census projection, 12.3% of Durham County has a disability. Of the disabled population, 32% are over the age of 65, and 10% are between the ages of 5 and 15 years old. Of the Durham population of people over 65 years old, 40.8% of them have a disability.



Data source: US Census (www.census.gov)

The BRFSS also assesses who has a disability among adults, finding that 30.5% of adults in Durham had a disability in 2006.



Data source: NC Behavioral Risk Factor Surveillance System (<http://www.schs.state.nc.us/SCHS/brfss>)

Injury¹

Combined, injuries are the fourth leading cause of death in Durham for all ages. It is important, however, to aggregate by age groups, because it shows that injury is a “disease of the young.” Combined intentional and unintentional deaths are responsible for 32.3% of the child deaths (0-19 years old) in Durham; they are responsible for 54.3% of young adults’ deaths (20-39 years old).

Comparing Durham’s injury death rates to those of North Carolina (2001-2005 Death Counts at the State Center for Health Statistics, www.schs.state.nc.us), it is clear that Durham has a significant intentional injury problem. For 0-19 year olds, homicide caused 11.3% of deaths in

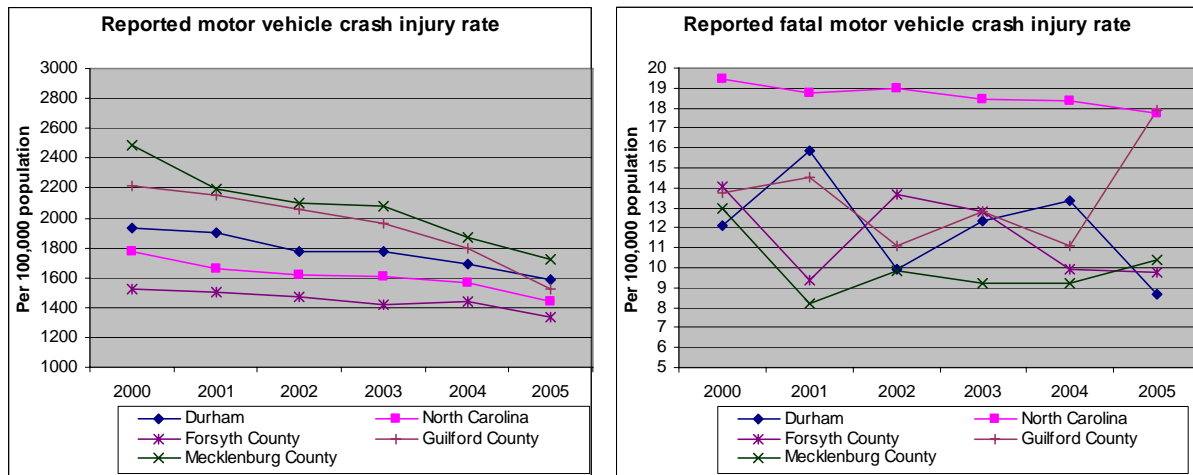
¹ Injuries are one of the main causes of disability and death. Injury is divided into two categories – *intentional* (homicide, suicide, assault, abuse, etc), and *unintentional* (motor vehicle crashes, falls, accidental drowning or poisonings, burns, etc).

Durham, compared to 3.6% in the state; for 20-39 year olds, homicide caused 20.6% of deaths, compared to 13.6% in the state. However, Durham has a lower percentage of deaths due to motor vehicle crashes (9.2% versus 12.2% for 0-19 year olds, 13.6% versus 24.9% for 20-39 year olds).

Deaths are only one means of measuring injuries, however, as shown in the inpatient hospital utilization data at the State Center for Health Statistics (www.schs.state.nc.us). Among 18 main diagnostic categories, "Injuries and poisonings" was the fourth highest cause for inpatient hospitalization among Durham residents in 2005. At an average cost of \$29,760 per case, this category had the second highest total hospitalization charges in the County, almost \$57 million that year.

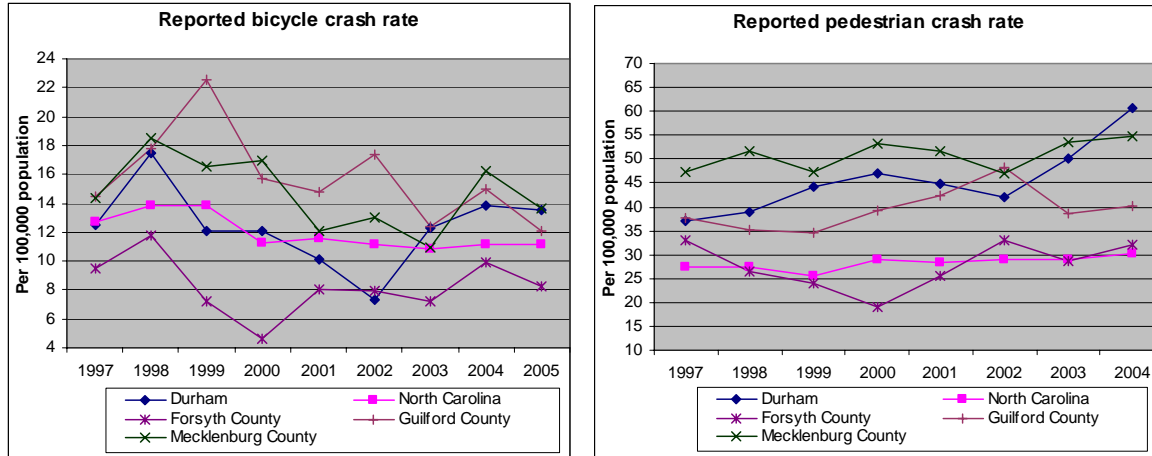
Motor vehicle injuries

Transportation is one of the main factors in unintentional injuries. This data shows crash rates among motor vehicles, between motor vehicles and pedestrians, and between motor vehicles and bicyclists. In 2005, there were 3,849 motor vehicle crash injuries in Durham, or 1,584 per 100,000 people. That same year, 21 of those motor vehicle crash injuries were fatal, or 8.6 per 100,000 people.



Data source: North Carolina Alcohol Facts, <http://www.hsrx.unc.edu/ncaf/>

The NC Department of Transportation reported 33 bicycle crashes with motor vehicles in Durham in 2005, or 13.6 per 100,000 people. In 2004, there were 145 crashes between motor vehicles and pedestrians in Durham, or 60.7 per 100,000 people.



Data source: NC Department of Transportation, <http://www.pedbikeinfo.org/pbcat/index.htm>

Intentional injury is discussed further in the “Social Environment” chapter of the assessment.

Discussion

Helping the population have good health, function, and well-being is the end goal of public health. Absence of disease, affordable healthcare, and healthy behaviors are intermediate goals towards this end. It is hard to measure, as it can be very subjective. Much of the data contained in the description of Durham residents’ general health and well-being is self-reported, and thus reflects people’s perceptions of health, wellness, disability, and function. However, their perception is their reality. People pursue health not as an end in itself, but in order to accomplish other goals and enjoy their lives as they envision them.

Injuries provide an example of how difficult it is to quantify health and the cost of poor health. As a disease of the young, it can take away years of potential life for the victim, but also quality of life for that person’s family as they cope with the loss or lifelong disability of their youth. There are sometimes protracted medical costs with disabilities. For many families who live paycheck to paycheck, even a broken leg can cause financial crisis and ruin. Injuries cost society in the loss of a productive member, but also in terms of services such as Emergency Medical Services, Police, Fire Department, and expensive emergency room healthcare.

Initiatives and Resources in Durham

The newly-formed Injury Prevention Working Group of *The Partnership for a Healthy Durham* is:

- Exploring ways to collect accurate ‘baseline’ data about injuries;
- Developing mechanisms for improved communication and information-sharing between the many agencies and organizations in Durham County that play a role in injury prevention;
- Identifying best practices in injury prevention;
- Planning a comprehensive injury prevention program for Durham County.

Injury prevention

- **Duke Trauma Center** - committed to the optimal care of injured patients in an organized system from pre-hospital through rehabilitation stages.
<http://trauma.dukehealth.org/>.
- **Safe Kids** – A program of the NC Department of Insurance and State Fire Marshal’s Office focused on reducing and preventing accidental childhood injuries.
www.ncdoi.com/OSFM/ProgramsPreventionAndGrants/SafeKidsMessage.asp, 661-5880.
- The **Durham County Gun Safety Team** educates the community on gun safety and safe storage of guns. 560-7765.
- **Welcome Baby** – parenting education courses, as well as car seat safety classes.
www.welcomebaby.org, 560-7150