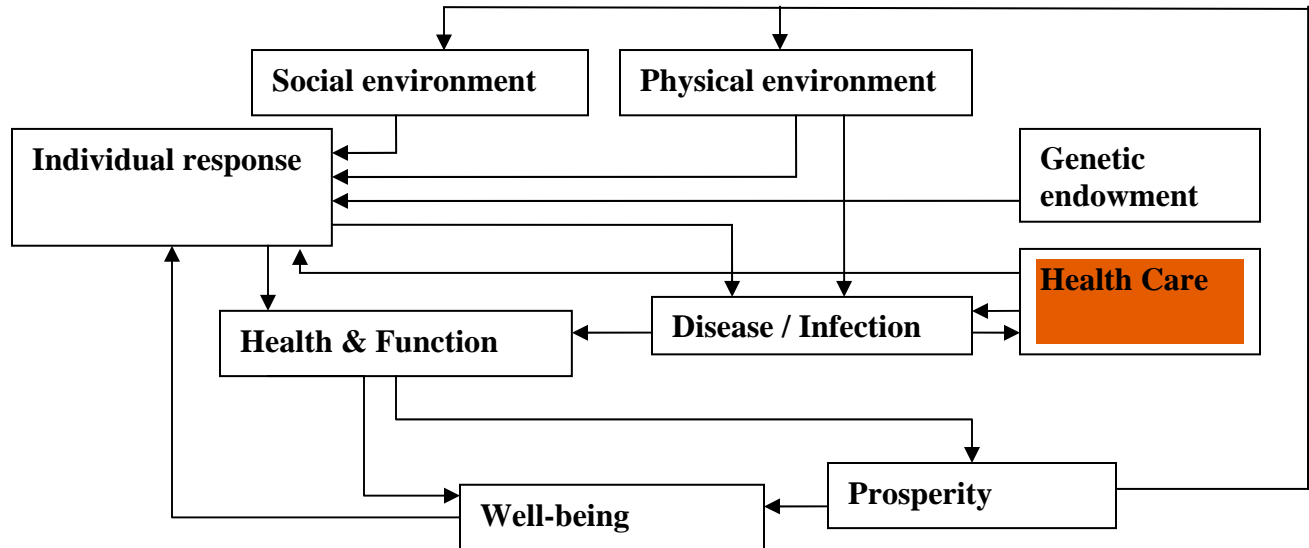


Healthcare



Key Findings

Main findings in the health care domain are:

- In 2007, 79% of the total Durham population rated their health care as very good, compared with 72% in 2003.
- In 2007, 80% of African-Americans in Durham rated their health care as very good, compared with 73% in 2003.
- Estimates of the number of uninsured adults under the age of 65 in Durham lie between 13% and 26%.
- 78% of the patients served by Lincoln Community Health Center in 2006 were uninsured - compared with an average rate of 51% for similar Health Centers statewide.
- 82% of people served by Lincoln Community Health Center live below the federal poverty level – compared with a statewide average of 54%.
- Factors associated with being uninsured in Durham include being a minority, male, under the age of 45, less educated, or living in a household with an income of less than \$50,000.
- The percentage of adults in Durham who are employed for wages but without any health insurance increased from 15% in 2004 to 27.5% in 2006.
- 72% of Latinos reported that they had no insurance coverage in 2007.
- College students who participated in the listening sessions expressed concerns about lack of health insurance coverage during the period between college and starting a full-time job.

- When compared with all of the comparison counties and the rest of North Carolina, Durham has a very large number of health workers, especially physicians (67.1 physicians per 10,000 population compared with 20.8 per 10,000 population statewide).

Insurance rates

Data from four sources indicate that the percent of uninsured Durham residents lies between 13% and 26%. According to the Sheps Center for Health Services Research, 6,963 children, or 11.6% of Durham’s children, have no health insurance. Among adults ages 18-64, 31,222, 19.6% are uninsured (most adults over the age of 65 have Medicare).

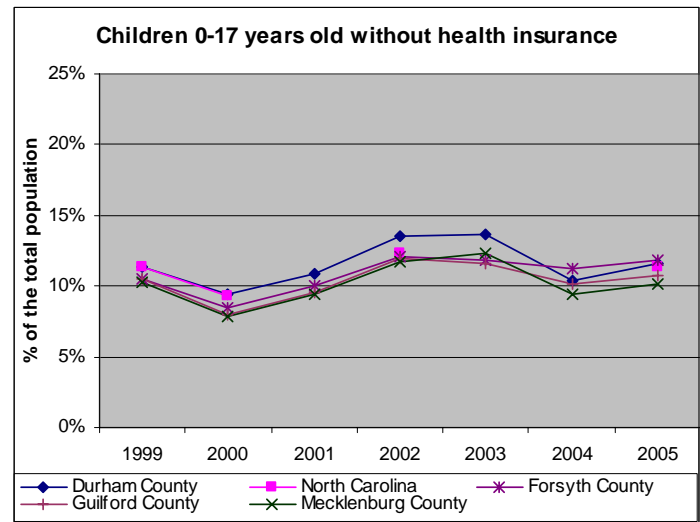
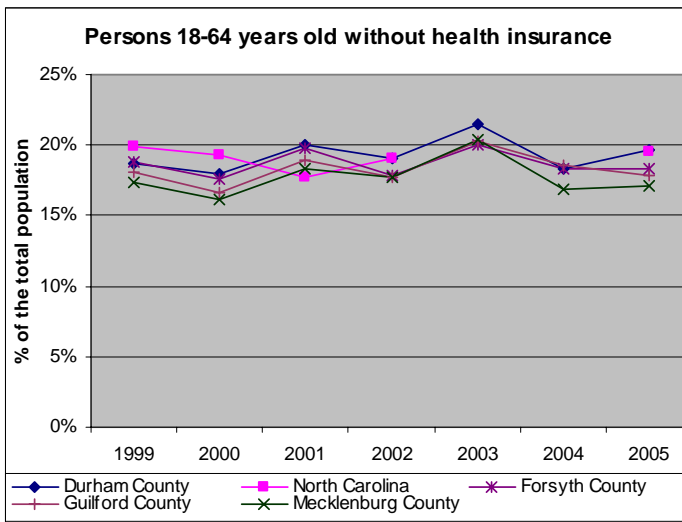
According to the BRFSS, 26.2% of adults under the age of 65 had no health insurance in 2006. Among those employed for wages, the rate of uninsured rose to 27.3% in 2006.

According to the Durham County Health Assessment Survey, the percent of Durham County residents with health insurance coverage rose between 2003 and 2007. In 2003, 17% of Durham said they had no kind of health coverage; broken down by race/ethnicity, 14% of African Americans and 78% of Latinos had no coverage. In 2007, 13% of Durham reported having no coverage, including 13% of African Americans and 72% of Latinos.

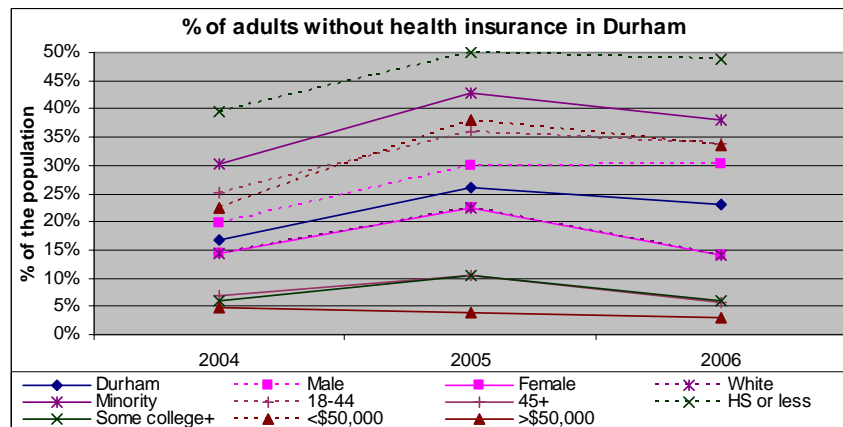
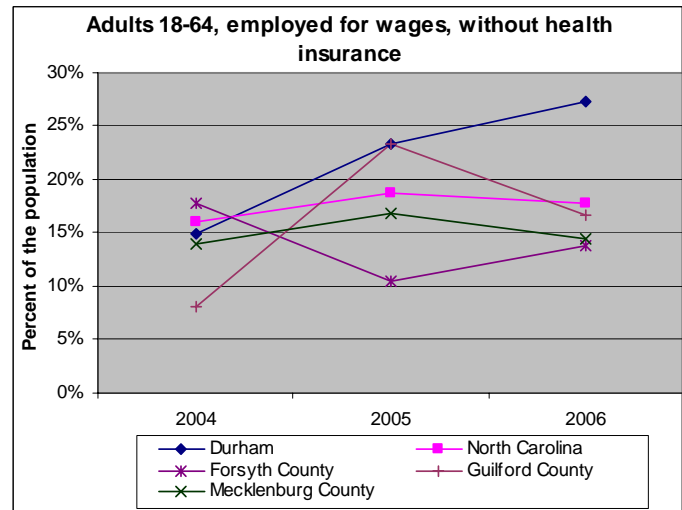
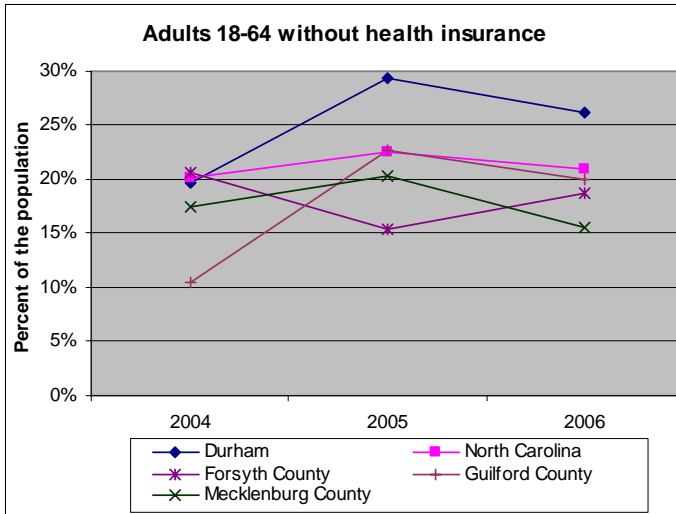
Factors associated with being uninsured include being male, minority, under age 45, less educated, or in a household earning less than \$50,000. While the majority of non-elderly North Carolinians still receive their healthcare through their employer, the number of uninsured residents of Durham who are employed for wages is increasing.

“[A strength in Durham is...] Trust in the health services. Although they give me appointments a little bit late, because they are helping many people, I am going to have an appointment. I have the hope or the confidence that within a month, or less, they will help me with my problems. I feel that that is a strength.”

- Durham County resident



Data source: Sheps Center for Health Services Research (<http://www.schsr.unc.edu/>)



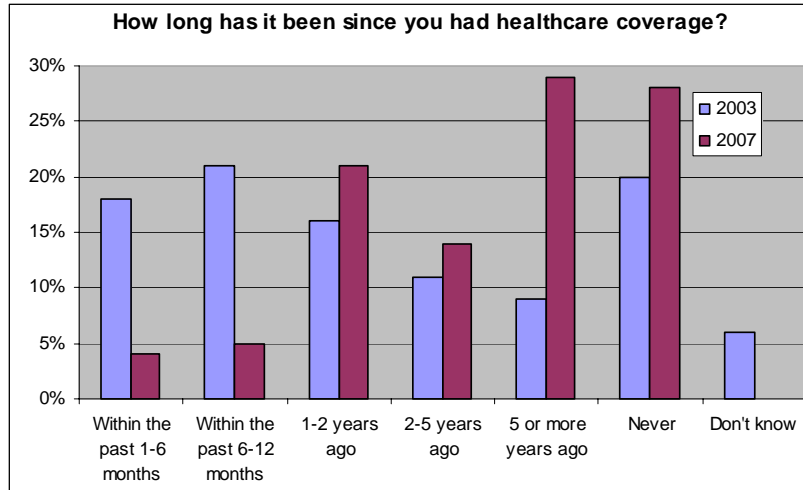
“Prevention is the most important thing. We have too many people here without health insurance.”
- Durham County resident

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

In addition, a 2003 survey of 1,131 Durham residents by the Duke Clinical Research Institute (“Perceptions of Access and Barriers to Healthcare: A Survey of Durham County, NC”) found that 92% of Caucasians had health insurance, compared to 77% of African Americans and 32% of Latinos.

The number of people who report going without health insurance for longer amounts of time (2-5 years or more) has increased from 2003-2007. Of the 13% of the respondents who had no healthcare coverage (64 people), 29% hadn’t had coverage since five or more years ago, and 28% never had it.



Data source: Durham County Health Assessment Survey

“Yeah, and I’ve had bad mammograms, and I’ve been going through this since I’ve been here, without insurance. And I went to a doctor here, and he took my history, looked at my mammograms, he explained every procedure... And he said, ‘OK, I’m going to be right back, I’m going to go set up the appointment to have your biopsies done.’ He came back in less than a minute, he said ‘There’s been a change of plans, they’re probably benign... and I’ll get back to you in a couple of weeks.’ He found out I had no insurance. So, it went from right down to what kind of stitch he was going to give me, and how big my scar was going to be to, ‘there’s been a change of plans, they’re probably benign.’ And it’s frustrating, makes you feel real bad, too, makes you feel lower than dirt.”

- Durham County resident

Lincoln Community Health Center is a “federally qualified health center” (FQHC) that provides primary care to the underserved in Durham County. In 2006, 78% of their patient population was uninsured, compared to a statewide average among FQHCs of 51.2%. Similarly, 82% of Lincoln’s patients live below 100% of the federal poverty level, compared to the statewide average of 54% (NC Community Health Center Association, www.ncchca.org).

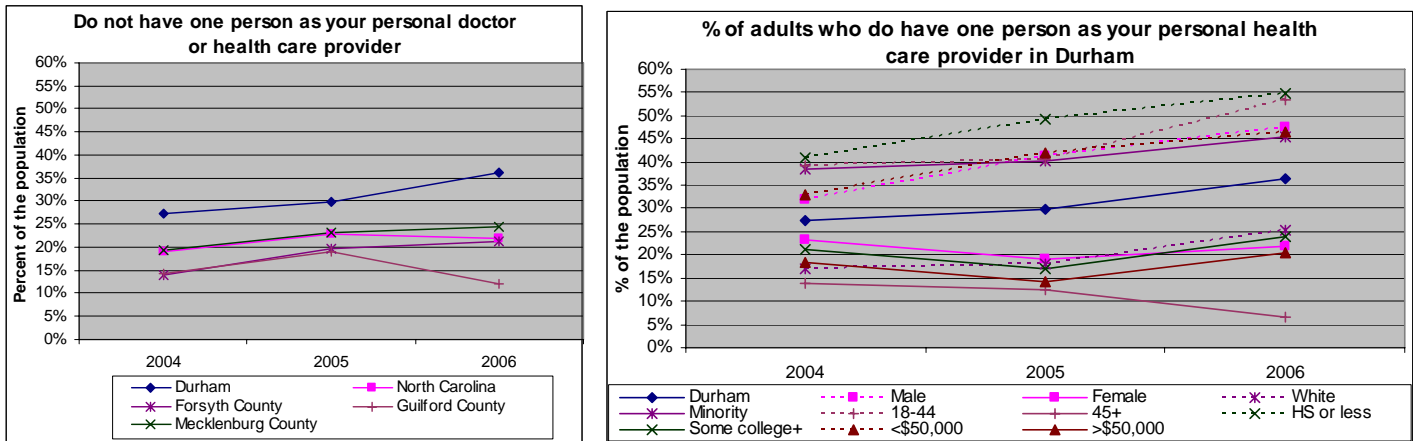
Accessibility of healthcare

Besides having health insurance or not, there are several other factors that can affect people’s ability to access adequate healthcare. One is their relationship with a healthcare provider. Durham has very high numbers of healthcare professionals in the county.

	Physicians	Primary Care Physicians	Dentists	Registered Nurses	Nurse Practitioners
Durham	67.1	21.9	6.8	211.1	10.0
NC	20.8	9.0	4.4	92.9	3.0
Forsyth	40.7	14.0	5.8	168.3	4.7
Guilford	24.7	10.5	5.4	113.0	3.8
Mecklenburg	26.0	10.5	6.4	109.9	3.5

Data source: Sheps Center for Health Services Research (<http://www.shepscenter.unc.edu/hp/profiles.htm>)

But many Durham residents (36.3% according to the BRFSS) feel they do not have *one person* who serves as their personal healthcare provider. This may be a result of people having more than one person who they consider as their healthcare provider, reflecting a recent trend to move away from the managed care “gatekeeper” models. This could also reflect the scheduling changes in some clinics so that while there may be a “primary care home,” the providers rotate through the clinics at different times.



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

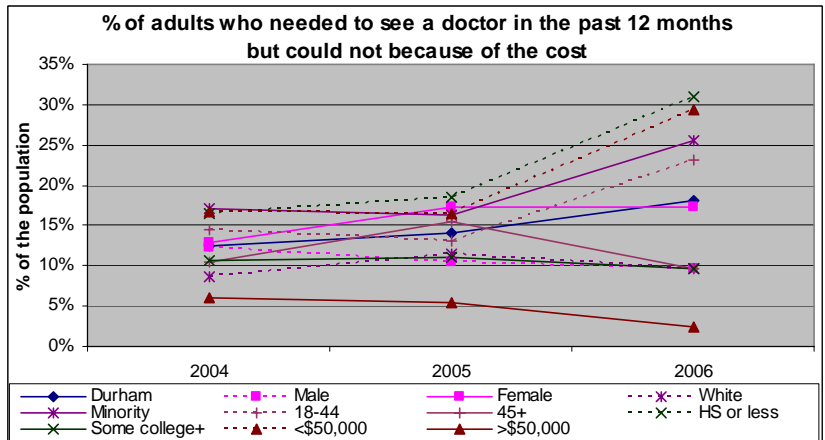
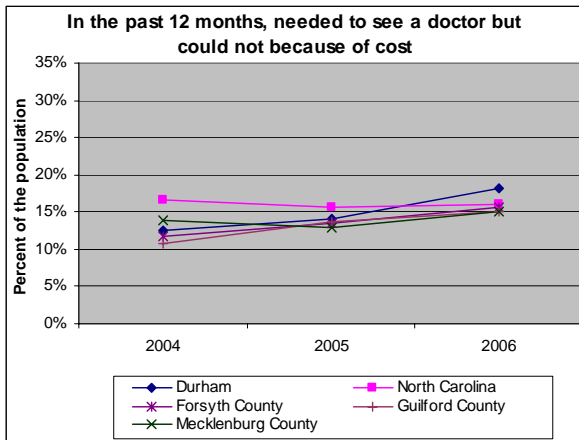
This trend is going the opposite way in the findings of the 2007 Durham County Health Assessment Survey. 23% of Durham residents do not have one person that they think of as their personal healthcare provider, down from 31% in 2003. The survey found that 19% of African Americans do not have a personal healthcare provider, down from 30% in 2003; the same was true for 75% Latinos, down from 87% in 2003.

According to preliminary results of the Youth Risk Behavior Survey in Durham Public Schools¹, caucasian students in Middle Schools report far better access to healthcare than minority students, with 68.9% having seen a doctor in the past 12 months and 76.9% having seen a dentist in the same period. This compares to 47.6% and 48.7% for all other students in Middle Schools (in Durham Public Schools), respectively.

Another factor that can impact people’s ability to receive healthcare is the out-of-pocket costs associated with treatment. Of those in the Durham County Health Assessment Survey who did not have insurance, 55% (34 people) said the main reason they didn’t have insurance was because it was too expensive. The other most frequently mentioned reasons had to do with employment – 19% (12 people) said they didn’t have insurance because they were between jobs, and 14% (nine people) said their job didn’t offer benefits such as health insurance.

In the 2006 BRFSS, 50 people, or 18.2% of those surveyed, said that they hadn’t gone to the doctor when needed because of the cost.

¹ It should be noted that this result is based on a preliminary analysis of the survey results and is therefore subject to confirmation once the final report of the Durham YRBS has been made available.



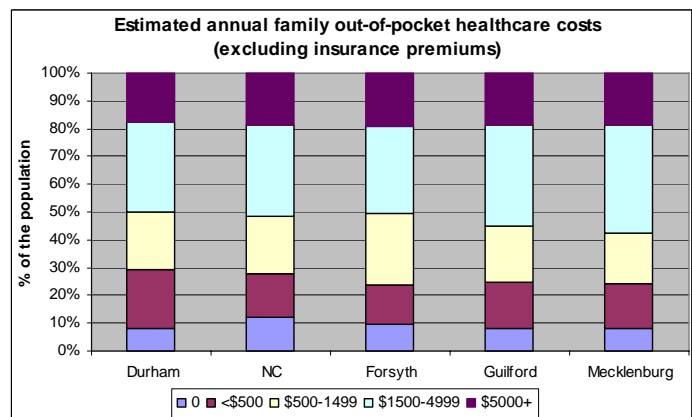
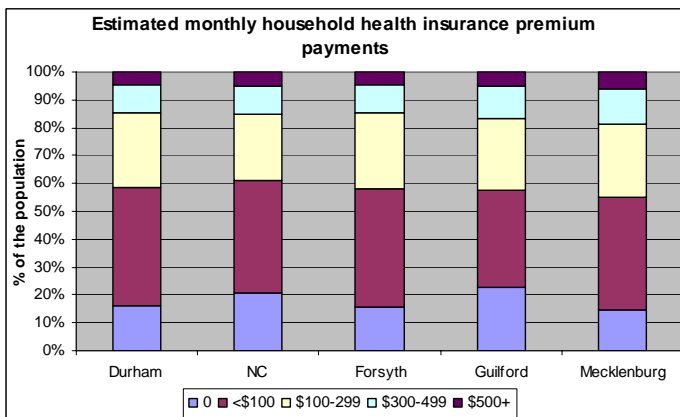
Data source: NC Behavioral Risk Factor Surveillance System (<http://www.schs.state.nc.us/SCHS/brfss>)

The 2007 Durham County Health Assessment survey found that a lower number, only 10% of those surveyed, said that there was a time in the past 12 months that they needed to see a doctor, but could not because of the cost. This was down from 12% in 2003. Latinos were more likely to forego seeing a doctor because of the cost – 28% saying this in 2007.

“A person doesn’t go to the doctor here. Because if you go to the clinic for an emergency, you get very expensive bills - \$600, 800. Really expensive.”
- Durham County resident

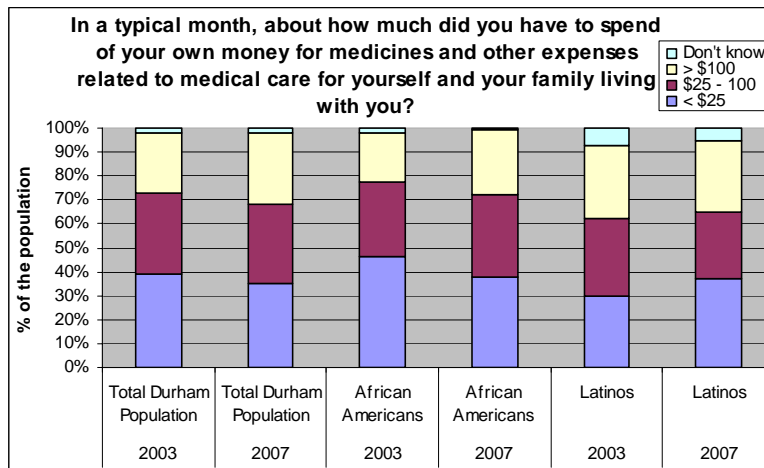
In 2004, the NC Behavioral Risk Factor Surveillance System asked some additional questions about healthcare costs. That year, 14.4% of Durham residents surveyed said that they or another family member in their household had had problems paying medical bills. This compares with 19.5% of North Carolinians, 17.6% of Forsyth County, 12.8% of Guilford County, and 14.9% of Mecklenburg County residents.

That year, the BRFSS found that most of the households with health insurance in Durham (42.2%) were paying under \$100 in monthly health insurance premium costs. Among all those surveyed, 32% estimated their annual family healthcare costs (excluding premiums) at \$1500-\$4,999.



Data source: 2004 NC Behavioral Risk Factor Surveillance System (<http://www.schs.state.nc.us/SCHS/brfss>)

* Note – The question about premiums was asked only of those who were insured.

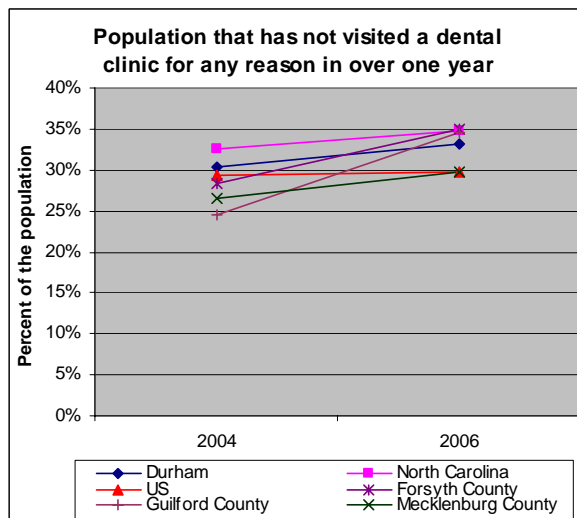


Data source: Durham County Health Assessment Survey

“The cost of medications is extremely high. If you don’t have the money to pay for it, you tend to sacrifice your own health to put food on the table.”
- Durham County resident

Another factor in healthcare is prescription medications. In the 2007 Durham County Health Assessment Survey, 19% responded that they had delayed filling or not filled a prescription, compared to 18% in 2003. The main reasons they gave for not filling prescriptions were that they couldn’t afford the prescriptions or procrastinated in filling it.

Another aspect of healthcare is oral health. In 2006, the BRFSS found that roughly 1/3 of Durham has not been to a dental clinic for any reason in over one year. Of these, 5.6% have never been to a dental clinic, and 17.2% haven’t been in over two years.



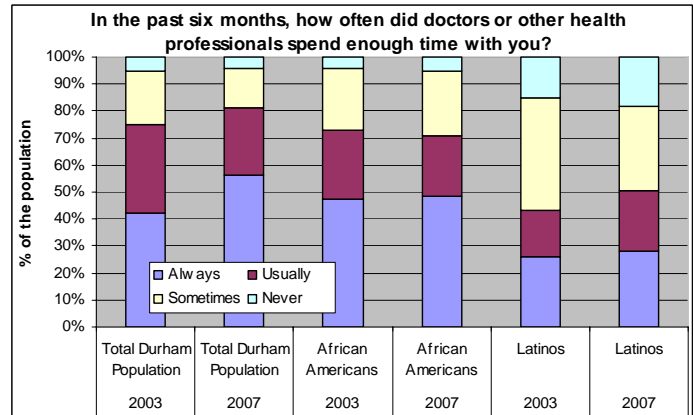
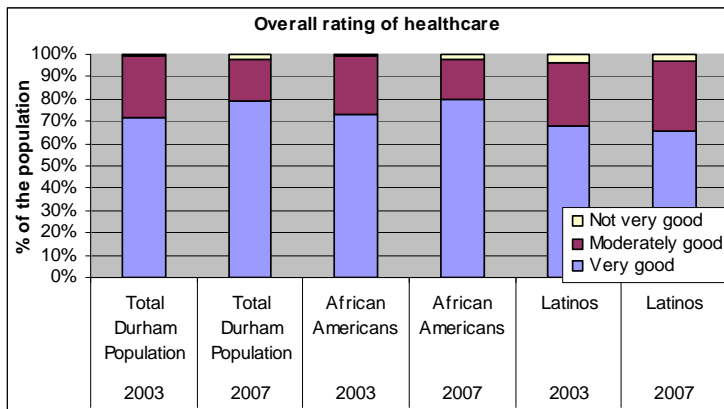
Population in Durham that has not visited a dental clinic for any reason in over one year	
Durham	33.2%
Male	38.2%
Female	26.7%
White	19.8%
Minority	44.0%
18-44	37.7%
45+	26.2%
HS or less	48.0%
Some college+	23.5%
<\$50,000	39.7%
>\$50,000	17.3%

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/>)

Satisfaction with healthcare

How people feel about their healthcare experiences can affect their health outcomes, usage of healthcare resources, adherence with healthcare advice, personal health practices, and other

consequences. According to the 2007 Durham County Health Assessment survey, 79% of Durham believes their healthcare overall was “very good.” In addition, 56% of Durham thought their healthcare providers had spend enough time with them over the past six months.



Data source: Durham County Health Assessment Survey

“I think they help us a lot. In our countries, sometimes is a little bit hard, but the help they give us here is a lot. I think that that’s why many of us are here, because of our children... Many of us don’t have resources to pay them, but the clinic is really good.”

- Durham County resident

The 2003 Duke Clinical Research Institute report on “Perceptions of Access and Barriers to Healthcare: A Survey of Durham County, NC” cited some valuable perspective from Durham residents on their healthcare experiences –

- 16% of African Americans and Latinos thought that the healthcare system very often treats people unfairly based on a person’s ethnicity.
- Among African American respondents:
 - 27% of African Americans saw racism (defined as *being treated worse than others because of race or ethnicity*) as a major problem in healthcare
 - 20% felt judged by a healthcare provider because of their race/ethnicity.
- Among Latino respondents:
 - 35-40% of Latinos saw racism as a problem in healthcare
 - 27% thought that the healthcare system very often treats people unfairly based on their ability to speak English.
 - 34% reported being treated with disrespect due to their inability to speak English.
 - 29% felt as though their ethnicity presented a major problem when obtaining healthcare.
 - 51% expressed difficulty with getting care because of a lack of providers who speak their language.
- 41% of African Americans and 53% of Latinos cited insurance coverage as a major problem; 28% of African Americans reported being treated with disrespect if they didn’t carry insurance.

“I just don’t believe in the health care system. I don’t believe in it.”

- Durham County resident

- 81.5% of all respondents reported being able to trust Duke University Hospital and Durham Regional Hospital to do what is best for patients at least most of the time.

Discussion

Durham is a county very rich in healthcare resources. Duke University Health System operates two hospitals in the county (Duke Hospital and Durham Regional Hospital), and is affiliated with many local clinics and health research programs. These attract many health professionals to the area, and offer state-of-the-art healthcare; however, because of its renowned and excellent services, many of the people they serve come from outside of the county. This could be reflected in the fact that, although we are surrounded by so many healthcare professionals, many don't have a personal attachment to one.

The rising cost of healthcare is a major cause for the number of people without health insurance. Families and employers, faced with rising premiums, more often feel they cannot afford health insurance. Healthcare costs are rising because of several factors, cited in the NC Institute of Medicine's 2006 report from their Task Force on Covering the Uninsured, "Expanding Health Insurance Coverage to More North Carolinians":

- Increasing utilization of new technology and treatments, which are often more expensive
- Consumer demand
- Increasing use and cost of prescription drugs
- Increase in disease prevalence, particularly expensive obesity-related chronic diseases
- Increase in costs of services, particularly expensive hospital care
- Defensive medicine leading providers to use extra tests or procedures

This document is available at <http://www.nciom.org/projects/uninsured/uninsuredreport.html>.

Durham is fortunate to have a strong safety net of healthcare options for the uninsured. Lincoln Community Health Center and the Durham County Health Department provide many primary healthcare services, including dental, prenatal, mental, pharmacy, and labs; they provide these services at their main locations and throughout the community at site such as homeless shelters, schools, and neighborhood centers. Duke University Health System also provides discounted care to low-income uninsured people. These programs, through leveraging grant, charity, and governmental funding to provide high-quality healthcare services at low cost, help keep the out-of-pocket healthcare costs lower for eligible families.

Access to care emerged as a major theme in the "action-oriented community assessment" of Lincoln's patient population.

"Community members overwhelmingly agreed that Lincoln is an asset to the community. On more than one occasion, we heard a simple statement of gratitude for the clinic: 'Thank God for Lincoln.' Fewer community members said access to healthcare was a problem than did service providers. However, of those that did speak about healthcare, they told us that healthcare costs are a major strain on their household budgets... It is clear from all of our interviews that Lincoln plays an integral role in facilitating access to healthcare in Durham. We learned that Lincoln carries a great deal of responsibility – both financially and socially – in serving the uninsured community. They are challenged to maintain hours that are convenient for clients considered to be the

‘working poor,’ employ a bilingual staff to serve Durham’s growing Hispanic community, and stay afloat financially among a non-paying or low-paying clientele” (pp 22-23).

Healthcare has a major impact on the health of individuals. The NC Institute of Medicine analyzed NC Behavioral Risk Factor Surveillance System and hospital discharge data on the uninsured as part of their 2006 report (mentioned above). They found that, comparing to the insured population statewide, the uninsured are –

- More likely to have no personal doctor or healthcare provider
- More likely to be in fair or poor health
- More likely to report that there were times in the last 12 months when they needed to see a doctor, but could not because of costs
- Less likely to have had a mammogram, ever or in the past year (women)
- Less likely to have ever had a colorectal screening
- Less likely to have ever had a Prostrate Specific Antigen Test (men)
- More likely to report difficulties paying their medical bills
- More likely to have been contacted by a collection agency in the past year as a result of unpaid medical bills
- More likely to cut back on living expenses (such as utilities, food, clothing, or transportation) to pay for medical bills
- More likely to be hospitalized for preventable conditions

These findings reflected similar analyses on a national level. “The uninsured are more likely to delay seeking care because of the costs, and are more likely to be diagnosed with severe health problems, such as late-stage cancer” (p 41). They cited Institute of Medicine of the National Academies estimates that the uninsured have a 25% higher chance of premature death than those with insurance. Being uninsured also affects worker productivity and children’s achievement in school, which negatively impacts families’ earnings and the communities’ economy.

The cost of healthcare affects people’s health as well-exemplified in the finding that individuals reported that one of the main reasons they didn’t fill prescriptions was that the medications were too expensive. This cost barriers can be real or perceived. For example, there are many initiatives and resources in Durham to help pay for medications, however, people who need the services and service providers don’t necessarily know how to access the resources. Often, better communication between patients and their providers about financial constraints can help if providers are aware of the resources and/or know how to re-think treatment regimens using less expensive therapy.

Although the details remain under heated debate (in a series of articles in the journal *Health Affairs*), a significant portion of personal bankruptcies appear to be due to medical bills. Many of the reported bankruptcies are among the insured; not all insurance is comprehensive. Many of the insured population find themselves swamped with medical care costs that their insurers do not cover. This again can lead to a great deal of stress and financial hardships for families, and cause people to forgo needed care.

Initiatives and Resources in Durham

- The **Access to Healthcare Committee** of the Partnership for a Healthy Durham is working towards helping increase healthcare coverage for Durham residents, particularly those under 65 years old. www.healthydurham.org, 560-7833.
- **Durham Congregations, Associations, and Neighborhoods** is a grassroots organization with a Health Action Team that is focused on access to healthcare. www.durhamcan.org, 530-8515.
- The **North Carolina Institute of Medicine** is a statewide organization (headquartered in Durham), serving as a non-partisan source of health policy analysis. www.nciom.org, 401-6599.
- **Lincoln Community Health Center** provides outpatient healthcare to the underserved population in Durham. www.lincolnchc.org, 956-4000.
- **LATCH** is an outreach, primary care and case management system for any Durham resident without health insurance, to help them better manage their health and secure health services. www.communityhealth.mc.duke.edu/clinical/?/latch, 620-8034.
- **Senior PHARMAssist** helps older adults and some individuals under 60 years old with information about prescription drug coverage programs, financial assistance with purchasing prescription drugs, medication reviews, and referrals to other resources. www.seniorpharmassist.org, 688-4772.
- The **Department of Social Services** administers the Medicaid programs in Durham, along with other assistance programs. www.durhamcountync.gov/departments/dssv/. 560-8000.
- The **Durham County Health Department** provides clinical services in family planning, sexually transmitted infections, tuberculosis, immunizations, and dentistry. They also provide programs in community health, health education, environmental health, and nutrition. <http://www.durhamcountync.gov/departments/phth/>, 560-7600.