

Chatham County Health Disparities Report

Executive Summary

In Chatham County, people of color are sicker and die disproportionately from most of the leading causes of death. Heart disease, cerebrovascular disease, diabetes and Alzheimer's are experienced more frequently by people of color than their white counterparts.

The majority of data presented in this report comes from the North Carolina State Center for Health Statistics. These data are often reported as minority and white. The minority population represented in these data is approximately 87% African American. Limited data are available on the Hispanic/Latin population. In some cases data may be available at the state level for these groups but is not available at the county level. "Persons of Hispanic ethnicity may be of any race, though in North Carolina most Hispanics are classified as white", therefore the indicators for Hispanic health are limited".ⁱ

While the term "people of color" is preferred when describing people who are not white, data are not available using this classification. The term "people of color" is meant to be inclusive among non-white groups, emphasizing common experiences of racism. *People of color* was introduced as a preferable replacement to both *non-white* and *minority*, which are also inclusive, because it frames the subject positively; *non-white* defines people in terms of what they are not (white), and *minority* frequently carries a subordinate connotation."ⁱⁱ Secondary data are reported from the data source most often using the terms white and minority.

This report is the first health disparities report specifically for Chatham County. This report is a supplement to the 2010 Community Health Assessment. Data from the Community Health Assessment was used in this report. The health disparities report will examine disparities within Chatham County and compare to state and national sources as available. This report will help Chatham County Public Health Department and Board of Health address Healthy People 2020 goals including: 1) Achieve health equity, eliminate disparities, and improve the health of all groups and 2) Create social and physical environments that promote good health for all.ⁱⁱⁱ

The research from various public health agencies including but not limited to Center for Disease Control and Prevention, Institute of Medicine, National Association of City and County Health Officials, World Health Organization, and public health professionals have determined that population health disparities are a result of social, economic and political forces including racism, inequitable distribution of wealth, economic insecurity, and lack of control/power not lifestyles or behaviors.^{iv, v, vi, vii, viii, ix}

The Urban Institute estimates that health disparities cost the United States \$229 billion between 2003 and 2006.^x While the cost and loss of quality of life affects certain groups most, it damages all of us.

The key findings:

- While minorities in Chatham County are having fewer babies, babies born to minority women are two and half times more likely to die as compared to white women.^{xi}
- Life expectancy for African Americans is lower than for Whites in Chatham County.^{xii}
- Minorities are dying at higher rates from heart disease, cerebrovascular disease, diabetes and Alzheimer's than whites.^{xiii}
- Minorities fair better than their white counterparts in chronic respiratory disease.^{xiv}
- Minorities die at one and half time the rates of whites from unintentional injury.^{xv}
- While specific obesity rates are not available for Chatham County, in NC the incidence of obesity among African Americans is higher than whites and Hispanic/Latinos. The White rate (22.6) of obesity is slightly higher than the rate for Hispanic/Latinos (22.1).^{xvi}

A commitment to reducing these disparities in health requires the pursuit of the most effective strategies to improve health. Recommendations from the National Association of County and City Health Officials will be presented as a strategy for beginning to address health disparities and achieving health equity. These strategies include:

- Focus on root causes of health inequities.
- Inspire alternative ways of thinking more comprehensively about public health practice.
- Shift the philosophy and culture regarding how public health work is done.
- Develop strong relationships within the community.
- Broaden the focus of public health by reforming public health policy and removing constraints to allow action.

This report will be updated every four years during the community health assessment process.

ⁱ State Center for Health Statistics. SCHS Racial and Ethnic Minority Health Data and Publications. <http://www.schs.state.nc.us/SCHS/data/minority.cfm>. Accessed November 19, 2010.

ⁱⁱ Wikipedia. http://en.wikipedia.org/wiki/Minority_group. Accessed November 1, 2010.

ⁱⁱⁱ US Department of Health and Human Services. Healthy People 2020: An Opportunity to Address Social Determinants of Health in the United States. <http://www.healthypeople.gov/hp2020/advisory/SocietalDeterminantsHealth.htm> Accessed November 2, 2010.

^{iv} Brennan Ramirez LK, Baker EA, Metzler. Promoting Health Equity: A Resource to Help Communities Address Social Determinants of Health. US Department of Health and Human Services. Centers for Disease Control and Prevention; 2008.

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- ^v Institute of Medicine. Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare. 2003.
- ^{vi} National Association of County and City Health Officials. NACCHO Positions: Health Equity <http://www.naccho.org/advocacy/positions/upload/05-02.pdf>. Accessed November 1, 2010.
- ^{vii} World Health Organization. Equity, Social Determinants, and Public Health Programmes. WHO Press: 2010.
- ^{viii} Hofrichter, R. and Bhatia, R. Tackling Health Inequities through Public Health Practice. Oxford University Press. 2010.
- ^{ix} Levy, B. and Sidel, V. Social Injustice and Public Health. Oxford University Press: 2006.
- ^x Waidmann, T. Urban Institute. Estimating the Cost of Racial and Ethnic Health Disparities. 2009. http://www.urban.org/uploadedpdf/411962_health_disparities.pdf Accessed November 1, 2010
- ^{xi} North Carolina State Center for Health Statistics, November 2009.
- ^{xii} North Carolina State Center for Health Statistics, 2006-2008.
- ^{xiii} North Carolina State Center for Health Statistics, November 2009.
- ^{xiv} North Carolina State Center for Health Statistics, November 2009.
- ^{xv} North Carolina State Center for Health Statistics, November 2009
- ^{xvi} NC Behavioral Risk Factor Surveillance System, State Center For Health Statistics 2003-2005.