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## Delving into health disparities in Durham

### global health at duke

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Duke University has a beautiful campus full of relatively healthy students, staff and faculty. Our community, Durham, is not as healthy. The HIV rate is nearly double the North Carolina rate; the rate among African Americans is eight times that of European Americans. The pregnancy rate for girls under age 17 is significantly higher than the state average. Our community has high rates of every sexually transmitted disease, including syphilis and gonorrhea. Our state also bears a huge burden from chronic diseases such as cancer, diabetes, heart disease and mental disorders, and we received a grade of 'D-plus' from the National Alliance on Mental Illness for mental health services. Finally, one fifth of Durham adults do not have health insurance.

One of the unique features of the town-gown relationship between Durham and Duke is that Duke is the primary source of health care for the Durham community and the primary employer for the area. This is different from other major medical centers and universities in cities such as Boston, New York or Atlanta. When Victor Dzau, chancellor for health affairs at Duke, says, "We are committed to bringing better health to Durham and the Triangle," more than medical center clinics and services are required.

What does it take to make a healthy community?

Decades of research demonstrate that a community's health is determined primarily by education, income, types of job opportunities available and environmental conditions, including such things as the ability to safely walk and play outside. A community's sense of empowerment is also important. And of course, there is the issue of the availability and accessibility of health care, which includes facilities, insurance and culturally appropriate care.

What would it take to improve the health of a community with health disparities like those that we see in Durham, N.C.?

It would take interventions that influence education, housing, living status, safety, social-support networks and health services for teens as well as adults.

Imagine community centers or wellness centers in the poorest neighborhoods in Durham that offered legal services-provided by the law school-that addressed issues of housing, employment, insurance and disability services. Imagine the Fuqua School of Business offering seminars in management, microfinance principles and accounting skills. The arts and sciences could offer after-school classes in the arts for children as a way to build self-esteem and creativity and reduce stress, or history classes focusing on the amazing music that came from this area and the power of black businesses. As a way to take back the streets, evening outdoor movies could be shown as is currently done in Southern Village. Mothering groups could form and be supported and organized by students. Elder care could be offered during the day. Each center could have a library, computers and game rooms.

A model currently demonstrating success in South Africa combines such activities with clinical services. Teens are more willing to talk with other teens about their problems and concerns, so teen or young adult screeners are available for young men and women to discuss issues concerning sexuality and other diseases that they or their family members might have. The screeners then accompany the client to the clinic to act as their advocate. This is the kind of center that was proposed two years ago by my public policy class when it was charged with identifying ways that Duke could help improve the health of Durham. These ideas were not dreamed up in academia. They came from interviews conducted in the poorest zip codes in Durham, on street corners, in small shops, at church dinners.

In fact, Duke has started programs like this-educational programs, after-school programs and medical clinics. We need to expand such programs and work in a coordinated way. Faculty, staff and students who are working on educational initiatives can be working with health staff who are working on clinical interventions. An example of this synergy is the wonderful work being done in the Nicholas School of the Environment and Earth Sciences to help Durham identify less-than-safe housing.

We need to coordinate our activities with local community organizations such as local governmental initiatives, the YMCA and churches. These organizations have much to teach us about Durham and about community work generally.

As we educate students on conducting global health work, we should first examine what we can do here in Durham and other resource poor areas of the United States. There is so much to be done.

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