Documenting Durham’s Health History: Understanding the Roots of Health Disparities

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OVERVIEW

This project explores the history of racial health disparities in Durham, North Carolina’s “City of Medicine since 1900,” through four case studies on tuberculosis, maternal health, HIV/AIDS, and diabetes.

Archival and oral history research revealed that health outcomes for Durhamites, both in the past and in the present, are connected to local factors such as housing and employment conditions, institutional resources, neighborhood social networks, and racial discrimination.

RESEARCH METHODS

Each team utilized multidisciplinary research methods to investigate the causes of racial disparities for health issues across Durham’s history, including:

- Interviews and oral histories with local stakeholders specific to each health issue
- Analysis of archival health records at Duke Libraries and Durham County Public Library
- Comparisons of contemporary neighborhood-level health data and resources

PRODUCT

This project resulted in the creation of a travelling, multimedia, public exhibition that aims to increase public awareness about the underlying causes and persistence of racial health disparities in Durham’s past and present.

To create the exhibit, each team curated and designed three display panels that incorporate images, text, and data visualizations to bring this history to life. Three of the four groups produced original audio or video documentaries based on interviews and oral histories conducted throughout the year.

CONCLUSIONS

Durham County’s Board of Health constructed screening programs and behavioral interventions that failed to address the structural inequities that led to tuberculosis affecting African Americans disproportionately.

As Durham hospitals desegregated, women giving birth gained access to more advanced medical care but lost important sources of community support.

HIV-positive African Americans in Durham faced significant stigma, which compounded existing, socio-structural barriers and yielded poorer health outcomes than Durham’s white population.

Diabetes disparities in neighborhoods in Durham are a result of the ‘siloing effect’ of neighborhood history, knowledge, resources, and access.

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