



BASS CONNECTIONS

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Bass Connections in Global Health

Duke University School of Medicine¹ | Trinity College of Arts and Sciences² | Duke University Graduate School³ | Sanford School of Public Policy⁴ | Samuel Dubois Cook Center on Social Equity⁵

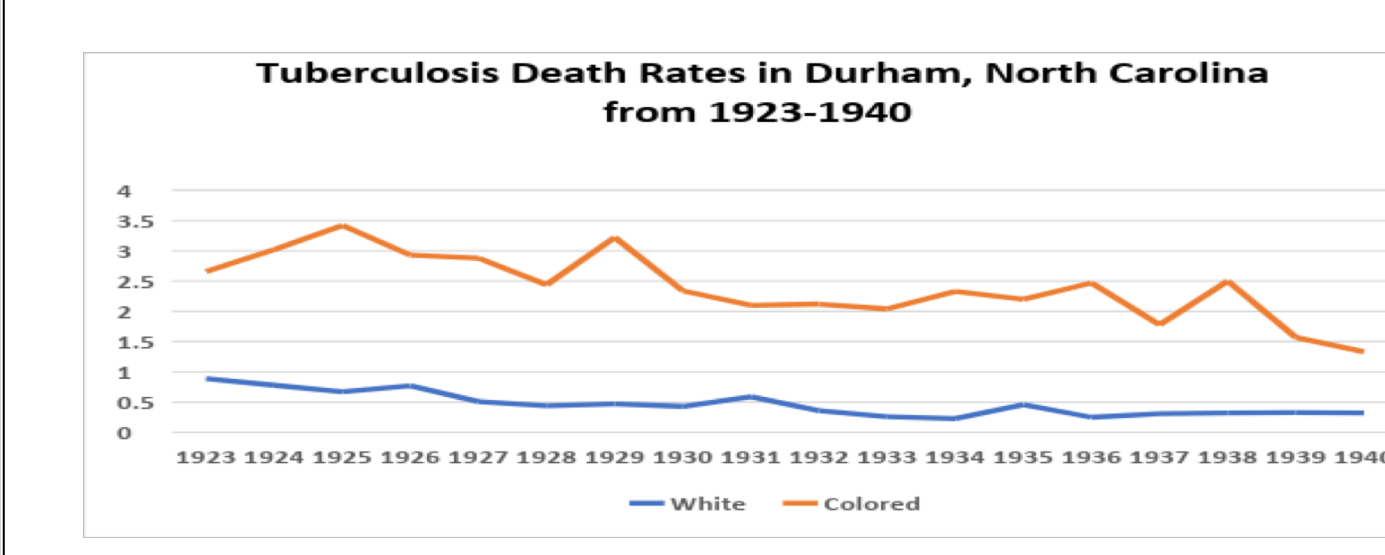
OVERVIEW

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.

DURHAM'S HEALTH DISPARITIES

TUBERCULOSIS, 1900-1940



Annual Report of the Bureau of Vital Statistics of the North Carolina State Board of Health

- 1923:** Durham hires first African American TB nurse
- 1920s:** Screening campaign fails amidst skepticism in black community
- 1944:** First sanatorium in Durham opens

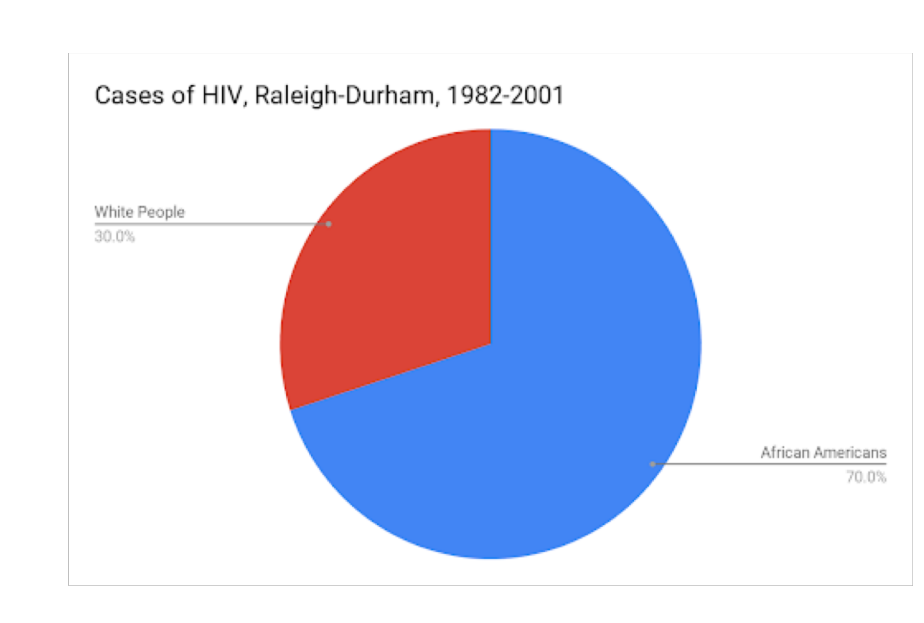
MATERNAL AND CHILD HEALTH 1960-1980



Edgemont Community Clinic Records Collection at UNC

- 1960:** Childbirth segregated by race at Watts and Lincoln
- 1963:** Maternal and infant ward integration begins at Duke hospital
- 1966-76:** Watts and Lincoln hospitals merge

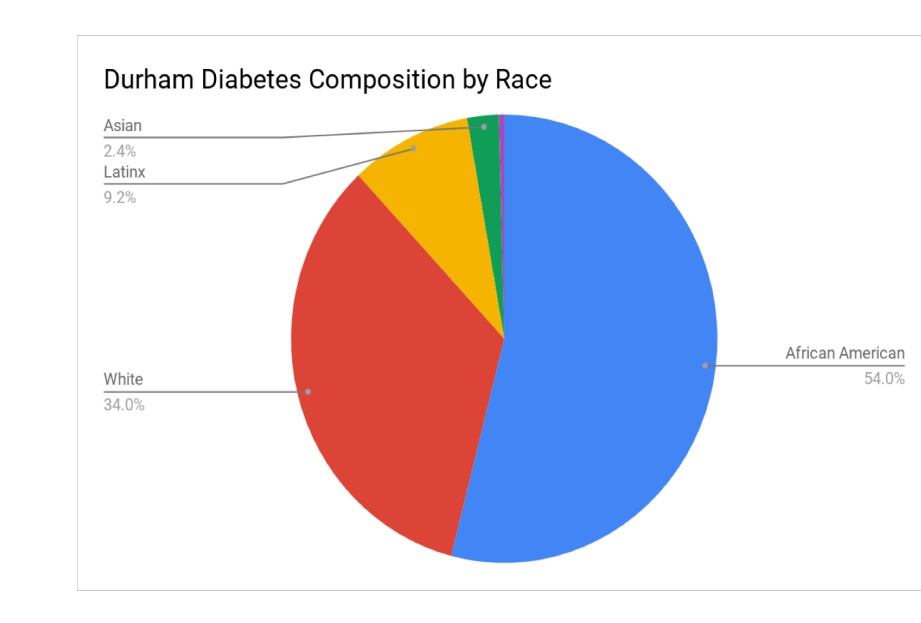
HIV/AIDS: 1980-2000



Centers for Disease Control and Prevention (CDC)

- 1982:** First case of HIV indigenous to North Carolina
- 1987:** RTP company develops first antiretroviral treatment for HIV
- 1992:** US peak of HIV/AIDS

DIABETES: 1990-Present



DataWorks NC

- 1973:** Diabetes causes 3.46% of deaths in Durham
- 2009:** Diabetes diagnoses grow from <2% to >9% of Durham population
- 2011:** Durham Diabetes Coalition (DDC) founded

RESEARCH METHODS

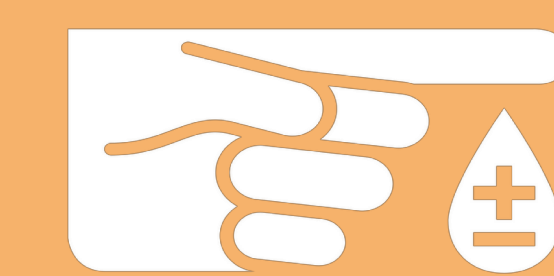
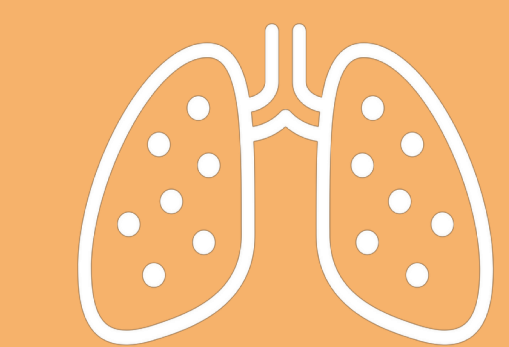
Each team utilized multidisciplinary research methods to investigate the causes of racial disparities for health issues across Durham's history, including:

- 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 'siloeffect' of neighborhood history, knowledge, resources, and access.