

Durham County 2014 Community Health Assessment *Executive Summary/Key Findings*



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WHAT IS A COMMUNITY HEALTH ASSESSMENT?

A process by which community members gain an understanding of the health concerns that affect their county by collecting, analyzing, and disseminating information on community assets and needs. The process culminates in the selection of community health priorities.

The State of North Carolina requires that all Local Health Departments submit a comprehensive Community Health Assessment at least once every four years and a State of the County Health Report (SOTCH) in each of the interim years. The Federal Patient Protection and Affordable Care Act (health care reform), also requires hospital systems to conduct a community health assessment every three years. Current and previous assessments and health reports can be viewed at www.healthydurham.org.

The goal of the 2014 Community Health Assessment is to provide, in one location, a compilation of valid and reliable information about the health of the Durham Community.

This document summarizes the findings from the two year community health assessment process led by the Partnership for a Healthy Durham, the Certified Healthy Carolinians program of Durham County. The Partnership's Community Health Assessment Team consisted of community members, representatives of the Durham County Department of Health as well as the Durham County Department of Social Services; Duke Medicine, including Duke University Hospital and Duke Regional Hospital; UNC Center for Public Health Preparedness, East Durham Children's Initiative, El Centro Hispano, End Poverty Durham, Senior PharmAssist, Project Access of Durham County, Durham Economic Resource Center, Durham T.R.Y., Samaritan Health Center, North Carolina Central University, Duke University and the University of North Carolina at Chapel Hill.

The team sought to include a variety of community health topics and to represent a broad range of opinions, ideas and data about the county and utilized a variety of strategies to ensure the report represents the opinions of a significant portion of community members, health care providers and stakeholders. There are 13 chapters with 50 sections on various community health topics.

For more information on the Partnership for a Healthy Durham, visit www.healthydurham.org, Twitter at [www.twitter.com/healthydurham](https://twitter.com/healthydurham), or Facebook at www.facebook.com/healthydurham.

AREAS TO CELEBRATE



ABUNDANCE OF PARKS AND OPEN SPACES

Durham County is home to nearly 70 parks with 1,800 acres, more than 20 miles of accessible trails and greenways and 188 miles of planned trails and greenways. Durham Parks and Recreation also boasts 11 program sites with seven gymnasiums, six dance studios, five pools, two fitness facilities and two indoor walking tracks.^{8,9}



DURHAM EXCEEDS STATE HEALTH GOALS¹

North Carolina has set 40 statewide health objectives with targets to reach by 2020. Durham has seen improvement in nine of the 40 objectives since 2011 and is meeting the state goals in seven. Many of the objectives linked to Durham's health priority areas do not show improvement; while some of this is due to the poor economy and cuts in funding to health services, it is clear that more work needs to be done. However, some of the objectives showing improvement are linked to Durham's health priority areas (secondhand smoke exposure, physical activity, alcohol consumption by high school students, cardiovascular disease mortality, housing costs). This community can take pride in these improvements. Below are the seven state goals Durham meets:

- Unintentional poisoning mortality rate
- Percentage of women who smoke during pregnancy*
- Suicide rate*
- Percentage of adults with diabetes*
- Average number of critical violations per restaurant/food stand
- Percentage of children aged 1-5 years enrolled in Medicaid who received any dental service*
- Percentage of adults who had permanent teeth removed due to tooth decay or gum disease

There are six areas in which Durham County's rates are significantly better when compared to North Carolina. Four have an asterisk (*) above and the additional two include the:

- Percentage of current adult smokers
- Percentage of the population being served by community water systems (CWS) with no maximum contaminant level violations



HIGH NUMBER OF MEDICAL PROVIDERS AND CLINICS; QUALITY CLINICAL CARE

Durham is a community rich in medical resources with an exceptionally good ratio of primary care providers to the number of residents (1:809). This compares to the state ratio of 1:1462 and far exceeds the top performing counties in the U.S. (1:1051).

Durham County is ranked sixth in the state for Clinical Care.⁷ As the home of Duke University Health System, there are many medical experts in all fields. There are also many clinics that serve low-income and indigent residents, including Lincoln Community Health Center, which is one of the oldest Federally Qualified Health Centers in the country.

Project Access of Durham County (PADC) links eligible low-income, uninsured, Durham County residents with access to specialty medical care fully donated to the patients by the physicians, hospitals, labs, clinics and other providers participating in the network. There are also several free health clinics in Durham County.



BETTER ACCESS TO DENTAL CARE

Durham had the largest increase amongst its peers for the percentage of dental-related visits from 2010 to 2012. Dental-related visits for Forsyth, Guilford and Mecklenburg counties and the State have actually decreased during these same years. In Wake County, the number of visits has remained the same and Cumberland County has had a slight increase.⁶

HIGH LEVELS OF EDUCATION

Durham County has more than twice the percentage of residents who have received a graduate or professional degree compared to North Carolina (20.7% versus 9.3%).² Durham County is also home to several well respected institutions of higher learning, including Duke University, North Carolina Central University and Durham Technical Community College. As state funding for public education has continued to decline since 2008, Durham County has compensated by increasing its local contribution. Durham County's current local appropriation equates to \$3,532.87 per pupil.³

DECREASING CRIME RATES

In 2013, overall Part 1 crime index, which measures both violent crime and property crime cumulatively, was the lowest it had been in almost a decade, dropping 17% since 2010.⁴ Durham's crime rate is about average compared to communities of similar size and makeup nationally and in the Southeast.⁵

State and County Overall Health Rankings

North Carolina:
37 out of 50 states

Durham County:
17 out of 100 counties

Sources:
www.americashealthrankings.org
www.countyhealthrankings.org

HEALTH CONCERNS

The 2013 Durham County Community Health Opinion Survey asked residents to rank their top three community issues, health problems and services needing improvement.¹⁰ A random sample of 210 households throughout the county were chosen in addition to a random sample of neighborhoods with more than 50% Latino households. Results were:

DURHAM COUNTY HOUSEHOLDS



Community Issues

1. Low income/poverty
2. Homelessness
3. Violent crime



Health Problems

1. Addiction to alcohol, drugs or medications
2. Diabetes
3. Obesity and overweight



Services Needing Improvement

1. More affordable health services
2. Positive teen activities
3. Higher paying employment

Photo credit: Robert Wood Johnson Foundation



DURHAM HISPANIC NEIGHBORHOODS

Community Issues

1. Lack of or inadequate health insurance
2. Low income/poverty
3. Discrimination and racism

Health Problems

1. Addiction to alcohol, drugs or medications
2. Diabetes
3. Cancer

Services Needing Improvement

1. More affordable health services
2. More affordable and better housing
3. Availability of employment

Photo credit: Robert Wood Johnson Foundation





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HEALTH PRIORITIES

The Partnership for a Healthy Durham's six adopted health priorities are summarized below. In 2015, the Partnership will begin a strategic planning process to generate a three-year community health improvement plan for Durham County and form action groups to address these priorities.

OBESITY AND CHRONIC ILLNESS

Four of the 10 leading causes of death in North Carolina are related to obesity: heart disease, type 2 diabetes, stroke and some kinds of cancer. Overweight and obesity were the second leading causes of preventable death in North Carolina in 2010.¹¹ Obesity rates continue to rise across all ages, genders and racial/ethnic groups in Durham County. The most recent combined obesity and overweight rates are: adults, 65%,¹² Durham Public School high school students, 32%,¹³ and entering kindergartners, 19%.¹⁴ Diabetes is the 7th leading cause of death in Durham County and 8% of adults have diabetes.¹⁵



POVERTY

People with higher incomes, more years of education, and a healthy and safe environment to live in have better health outcomes and generally have longer life expectancies.

In Durham County, 16.6% of individuals live in poverty. Female single-parent families are disproportionately at risk for poverty than married couple families (41.5% to 8.7%) and 40.6% of female single-parent families with related children under 18 years are living in poverty.¹⁶ Nearly one-half of Durham's renters are paying 30% or more of their income for housing.¹⁷

Q. *What ONE thing would make Durham County or your neighborhood a healthier place to live?*

A. The most frequent responses were:

- ★ Less violence and crime
- ★ More access to walking and biking opportunities
- ★ Better access to healthcare

Source: 2014 Durham County Community Health Opinion Survey results

Partnership for a Healthy Durham 2015-2017 Health Priorities:

1. Obesity and chronic illness
2. Poverty
3. Education
4. Access to medical and dental care
5. Mental health and substance abuse
6. HIV and sexually transmitted infections

HEALTH PRIORITIES

EDUCATION

Quality child care and early education predict a child's future success and the academic success of young adults is strongly linked with their health throughout their lifetime.

“COLLEGE GRADUATES AGE 25 AND OVER EARN NEARLY TWICE AS MUCH AS WORKERS WHO ONLY HAVE A HIGH SCHOOL DIPLOMA.”

The importance of a high school diploma and higher education cannot be overstated. College graduates age 25 and over earn nearly twice as much as workers who only have a high school diploma. The unemployment rate for workers who dropped out of high school is nearly four times the rate for college graduates.¹⁸



In Durham County, the four-year high school graduation rate is 79.6% compared to North Carolina's rate of 82.5%. The overall 4-year cohort graduation rate has increased by nearly 10% since 2010-11, but there is still a disparity in the percentages

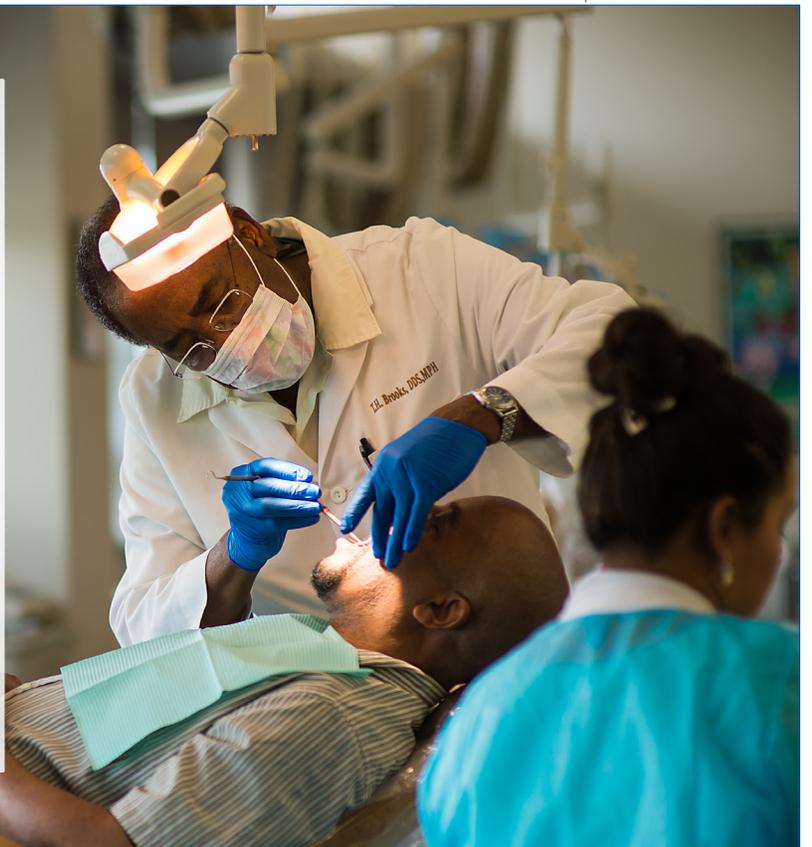
of White versus minority students who are graduating from high school. For example, 84.7% of Whites graduated in 2011-2012 compared to 74.7% of Blacks and 73% of Hispanic students.¹⁹

All photos Robert Wood Johnson Foundation

ACCESS TO MEDICAL AND DENTAL CARE

Access to health care in a community refers to the ability of residents to find a consistent medical provider for their primary care needs, to find a specialty provider when needed and to be able to receive that care without encountering significant barriers.

Although there are many medical providers, Durham County is particularly hampered by a lack of health insurance coverage (whether private or public, such as Medicaid) for many of its residents. In Durham County, 19% of adults less than 65 years are uninsured.²⁰



MENTAL HEALTH AND SUBSTANCE ABUSE

An estimated 17,000 residents of Durham County need mental health treatment and 19,000 need substance use treatment.²¹

Alcohol is the primary substance abused by Durham County residents seeking crisis detoxification services and by adolescents in Durham's middle and high schools.²²

Respondents in the Community Health Opinion Survey identified addiction to alcohol, drugs or prescription pills as the number one community health problem.²³

HIV AND SEXUALLY TRANSMITTED INFECTIONS (STIs)

Sexually transmitted infections may lead to premature death and disability and can result in significant health care costs. Chlamydia, gonorrhea, and syphilis are the three most common STIs in North Carolina and Durham County.

Although HIV is not as common, Durham ranks fourth highest in North Carolina, with an average rate of HIV disease (29.9 per 100,000)²⁴ well above the state rate (16.4 per 100,000). African-Americans have an HIV rate that is nine times higher than the rate of whites.²⁵



EMERGING ISSUES

Each section of the 2014 Durham County Health Assessment includes data on emerging issues, but additional issues facing Durham County in coming years include the rise in the identification of Hepatitis C in residents and the need for more treatment options and coordination of efforts to address poverty.

INCREASE HEPATITIS C SCREENING

Durham has taken measures to increase hepatitis C screenings to adults born between 1945 and 1965 and individuals at high risk. In the U.S., the prevalence of hepatitis C is between 1% and 1.5% of the population. In baby boomers, prevalence rises to 3.3%. Through an agreement with the University of North Carolina at Chapel Hill, the Durham County Department of Public Health (DCoDPH) offers a hepatitis C assessment clinic for adults born between 1945 and 1965, one to two half days per month. It is recommended that adults in this age cohort get tested at least once in their lives. The purpose of the clinic is to link preventive and medical care services for infected individuals through enhanced screening and additional programs. DCoDPH also provides testing for HIV and hepatitis C with one blood sample to increase the efficiency of screening for high risk populations.

ADDRESS POVERTY

Efforts to address poverty in Durham have been ongoing for several years through the work of numerous community partners and organizations. New attention has been shed on the issue due to the Mayor's Poverty Reduction Initiative. The initiative aims to create solutions with residents at the neighborhood level around issues such as housing, education, health, finance, jobs and public safety. Task forces will implement action plans throughout 2015 to make an impact on poverty in Northeast Central Durham.

ASSESSMENT PROCESS

The 2014 assessment process included 354 resident surveys from randomly selected households and eight community listening sessions with 205 community members. For the past year, 89 individuals have contributed to the writing of this document. Individuals representing hospitals, universities, local government, schools, non-profit organizations, faith-based organizations, and businesses have worked to ensure that the activities of the assessment process and the written content reflect what is happening in Durham.

Each Durham Community Health Assessment process utilizes community input sessions and culminates in the selection of health priorities and the compilation of recommendations or ideas for how to address the existing six health priorities. The priorities and top ranked recommendations were summarized and presented at the October 2014 Partnership for a Healthy Durham meeting and unanimously approved as the health priorities for 2015 – 2017. The next step is a strategic planning process to create a three-year community health improvement plan for Durham County based on our findings.

The complete 2014 Community Health Assessment can be found at www.healthydurham.org.

SOURCES

Data in the 2014 *Community Health Assessment* came from:

1. 2013 Durham Community Health Opinion Survey – census data and GIS technology were used to randomly select 420 households to participate in the survey (210 overall county and 210 Latino);
2. Behavioral Risk Factor Surveillance Survey (BRFSS) for Durham County – a random phone survey of residents;
3. Youth Risk Behavior Survey (YRBS) – An anonymous written survey of middle and high school students attending Durham Public Schools;
4. Community Input Sessions in which 205 individuals from different parts of Durham participated;
5. Community listening sessions – eight were held;
6. North Carolina State Center for Health Statistics;
7. 2010 U.S. Census and
8. Agencies and organizations in Durham County.

Throughout the assessment, Durham's rates are compared with those of North Carolina and its five peer counties: Cumberland, Forsyth, Guilford, Mecklenburg and Wake. Data citations from each section appear at the end of the corresponding chapter of the health assessment.

A complete list of references cited in this document can be found at: <http://www.healthydurham.org/docs/file/about/Executive%20Summary.pdf>

NEXT STEPS

The findings from this 2014 Community Health Assessment suggest that Durham is poised to become not only a City of Medicine but also a Community of Health. The work of the Partnership for a Healthy Durham, which is currently planning and implementing several far-reaching health initiatives, will be critical to bringing about this transition.

The next steps are to:

- Share findings with community members and organizations throughout Durham County
- Continue current Partnership for a Healthy Durham action groups to address the six identified priorities
- Develop community health improvement plans to be submitted to the State of North Carolina by September 2, 2015



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Partnership for a Healthy Durham

A Certified Healthy Carolinians Partnership



Public Health