

2012

# Durham County



## Partnership for a Healthy Durham

# State of the County Health Report



How healthy are Durham County residents?

What is affecting their health?

What groups of people are not as healthy as others?

Who is getting health care?

### Current health priorities

Identified from the 2011  
Community Health Assessment

- ◆ Access to Medical and Dental Care
- ◆ Obesity and Chronic Illness
- ◆ Education
- ◆ Poverty
- ◆ HIV/STDs
- ◆ Substance Abuse
- ◆ Mental Health

This report is a summary of health trends among county residents. It provides the most current data highlighting county demographics, leading causes of death, and the county's seven health priorities. Its purpose is to educate the community about the health of its citizens and to serve as a resource for grant writing, local policies, budgets, and programs.

Electronic copies of this report and other Durham County health reports are available at:

[www.healthydurham.org](http://www.healthydurham.org)

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## Public Health

The Partnership for a Healthy Durham and the Durham County Department of Public Health are pleased to release the annual State of Durham County's Health Report for 2012. Every three years Durham County conducts a comprehensive community health assessment in which county residents are interviewed about their health and data are compiled from many sources. The most recent assessment was completed in 2011 and the next community health assessment is in 2014. In the interim years, this report is presented to the public. The State of Durham County's Health report highlights challenges, progress, and addresses emerging issues. This is a statewide effort to meet the Healthy North Carolina 2020 health objectives.

The Partnership for a Healthy Durham is a coalition of local agencies and citizens dedicated to improving the physical, mental, and social health and well-being of Durham residents.

## Durham's Demographics and Health

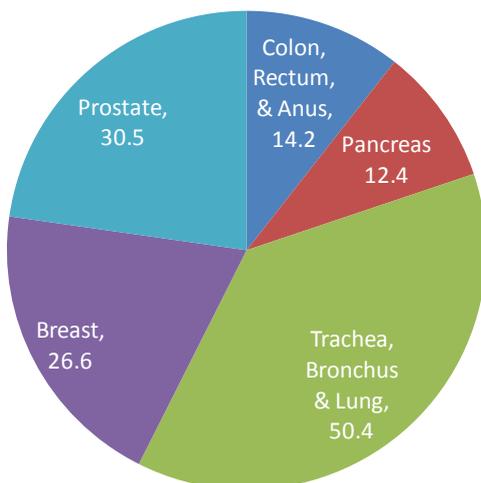
2011 Durham County Demographics <sup>1</sup>		
The estimated 2011 population of Durham County is 273,392		
Sex	Estimate	Percent
Male	130,408	47.7%
Female	142,984	52.3%
Race alone*	Estimate	Percent
White	115,645	42.3%
Black or African American	100,882	36.9%
American Indian	1094	0.4%
Asian	11,482	4.2%
Other race/multi-racial	7381	2.7%
Ethnicity	Estimate	Percent
Hispanic (of any race)	36,908	13.5%

\*"Race alone" indicates non-Hispanics.

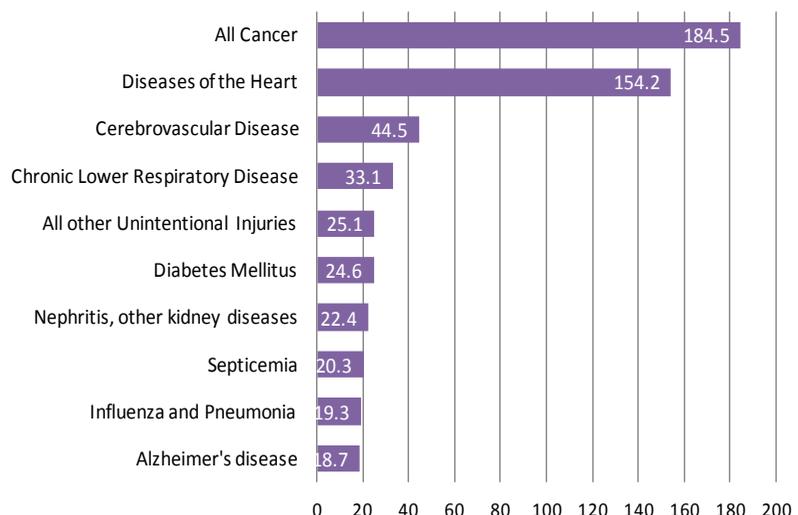
### 2011 Economic Snapshot<sup>2,3</sup>

- ◆ 10,716 individuals, or 7.4% of the workforce, is unemployed
- ◆ 45,702 individuals received SNAP (food stamps) benefits from January through September 2012
- ◆ 41,449 Medicaid and 4,007 NC Health Choice recipients in FY'12

**Cancer Death Rates<sup>4</sup>**  
2006-2010  
per 100,000 Population



**Leading Cases of Death, 2006-2010<sup>4</sup>**  
Age adjusted death rates per 100,000 population



**Celebrating Durham's successes**

[Durham met statewide health goals](#)

North Carolina has set 40 statewide health objectives with targets to reach by 2020. Durham County currently meets or exceeds 10 of the Healthy NC 2020 Targets.<sup>5</sup> Highlights include:

Healthy NC 2020 Objective	2020 Target	Durham	NC
Reduce the percentage of women who smoke during pregnancy	6.8%	5.4% (2009)	10.2% (2009)
Reduce the percentage of traffic crashes that are alcohol related	4.7%	3.8% (2010)	5.0% (2010)
Reduce suicide rate (per 100,000 population)	8.3	7.8 (2006-10)	11.9 (2010)
Increase the percentage of children aged 1-5 years enrolled in Medicaid who receive any dental service during the previous 12 months	56.4%	60.4% (2010)	51.7% (2010)
Decrease the percentage of adults who had permanent teeth removed due to tooth decay or gum disease	38.4%	37.7% (2010)	46.7% (2010)
Reduce the unintentional poisoning mortality rate (per 100,000 population)	9.9	7.2 (2006-10)	9.9 (2010)
Increase percentage of adults reporting good, very good or excellent health	90.1%	90.1% (2010)	82.0% (2010)
Increase the percentage of adults who are neither overweight nor obese	38.1%	40.7% (2010)	34.7% (2010)

Durham has made progress in three important areas; these will be monitored to determine potential downward trends:

- Durham's homicide rate (per 100,000) decreased from 10.1 to 9.6.
- Durham's infant mortality rate (per 1,000 live births) decreased from 7.0 to 6.8.
- The infant mortality racial disparity between whites and African Americans decreased from 2.85 to 2.81.

[Innovative New Programs](#)

- ◆ **The Healthy Mile Trail** is an initiative between the Partnership for a Healthy Durham and Durham neighborhoods that aims to make it easier for Durham residents to reach the recommended 30 minutes of physical activity a day. The walking loops are approximately one mile and feature the image of a walker in permanent yellow paint on neighborhood sidewalks. The first Healthy Mile Trail was unveiled in September 2012 and runs close to Lincoln Community Health Center. Preliminary evaluation shows that it has increased the physical activity level of neighborhood residents. The Partnership for a Healthy Durham intends to establish at least two more trails in 2013.
- ◆ **The NC Community Transformation Grant Project** is funded by the CDC's Community Transformation Grants Program. Durham is working with six neighboring counties to reduce preventable chronic diseases by decreasing tobacco use, increasing physical activity, improving nutrition and increasing access to evidence-based clinical preventive services. The goal of the project is to create equal access to healthy living opportunities for all North Carolinians including racial and ethnic minorities, those of low socioeconomic status and individuals living in rural NC.

## Celebrating Durham's successes

### Progress in Durham

**Durham County Strategic Plan** In February 2012, after months of hard work from County employees and input from employees and residents, the Durham Board of County Commissioners approved the Durham County Strategic Plan. The document contains five goals for the County:

Goal 1: Community and Family Prosperity and Enrichment

**Goal 2: Health and Well-being for All**

Goal 3: Safe and Secure Community

Goal 4: Environmental Stewardship

Goal 5: Accountable, Efficient and Visionary Government

The Durham County Strategic Plan is an active blueprint for the County. Teams, led by Goal Champions, have been formed around each goal to ensure initiatives are completed and measures are collected and analyzed. Goal 2 is championed by Public Health Director Gayle Harris and has begun work on several initiatives to increase physical activity among County employees and the public.

**Durham County Department of Public Health's (DCoDPH) 2012-2015 Strategic Plan** was approved by the Board of Health. For one year, DCoDPH worked with consultants, internal and external stakeholders, and used the community assessment to create this plan. The theme is "Planning for Today, Tomorrow, and Beyond." In addition to continuing to deliver mandated and safety net services, six focus areas were chosen: 1) Workforce development; 2) Communication and marketing; 3) Technology; 4) Access to medical and dental care; 5) Obesity and chronic illness; and 6) Education. Each focus area includes strategies and objectives.

**Smoking Rule** In February 2012, the Durham County Board of Commissioners adopted the Durham County Board of Health Smoking Rule. It currently is the most progressive and comprehensive smoking rule in North Carolina. Signs are being put up in designated no smoking areas. Smoking is now prohibited in



- City and County of Durham grounds
- City of Durham parks (including playgrounds and athletic fields)
- Durham County trails and parks
- City and County bus stops including a radius extending 100 feet around the bus stop (excluding any private property)
- Durham Station Transportation Center excluding designated smoking areas
- Durham Train Station excluding designated smoking areas
- Sidewalks that are owned, leased and/or maintained by City/County of Durham and border Durham County/City property, public schools and hospitals

**Affordable Care Act (ACA)** The ACA, which was designed to decrease the number of uninsured Americans and the cost of healthcare, was signed into law in 2010 and the majority of it was upheld by the US Supreme Court in 2012. Several health care reform changes have already rolled out:

- Requiring health plans to allow parents to keep their children under age 26 without job-based coverage on their family coverage
- Making prescription drugs more affordable for seniors
- Covering preventive services, such as annual visits, mammograms and colonoscopies with no deductible or co-pay
- Banning lifetime limits on health benefits
- Creating new coverage options for individuals with pre-existing conditions

Other major changes, such as health insurance exchanges will roll out in 2014. An Exchange is a new competitive insurance marketplace where individuals and small businesses can buy affordable health benefit plans. All plans will meet certain requirements and can be easily compared to one another. A critical role of

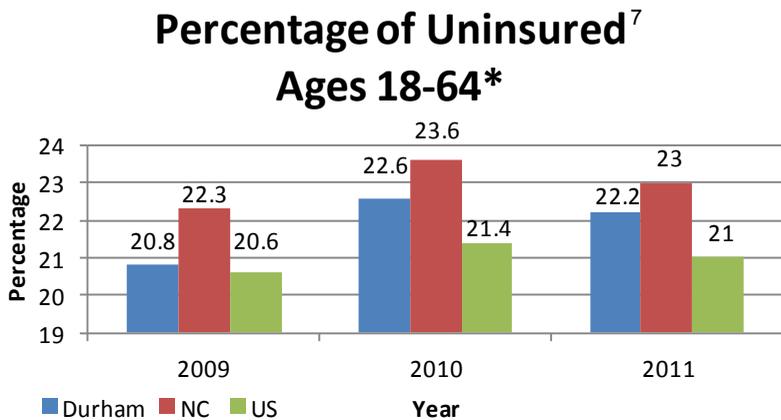
# Access to Healthcare

*Healthy NC 2020 Goal: Reduce the percentage of non-elderly uninsured individuals from 22.6% to 8%.*

It is estimated that there are 46,468 uninsured Durham residents, 6,227 of whom are children. Figures show that 10.1% of children are uninsured, which ranks in the top quartile of NC counties. The percentage of Durham residents 18-64 years old with no health insurance continues to remain stable, at 22.2% and is considered mid-high.<sup>7,8</sup> The Access to Healthcare committee strives to increase the number of residents with insurance, as well as assure healthcare options for those without insurance. The Affordable Care Act is likely to significantly decrease the number of uninsured in 2014. For example, Medicaid categorical eligibility (eg. status as pregnant woman, child, elderly, blind, or disabled) and the assets test will no longer exist. However, due to the recent Supreme Court decision, it is uncertain whether North Carolina will expand Medicaid. There will be an individual mandate to purchase health insurance and new, affordable ways to do this through Health Benefit Exchanges, with federal subsidies based on income. Undocumented individuals will be the largest group left uninsured.

**Most likely to be uninsured in NC<sup>7,8</sup>**

- ◆ Low to moderate incomes (under 400% of federal poverty level)
- ◆ Not in labor force, unemployed or employed part-time
- ◆ Minorities, especially Hispanic
- ◆ Ages 19-44
- ◆ Not a citizen



### Concerns

- ◆ Compared to other NC counties, Durham is ranked “high” for the percentage of uninsured children and “mid-high” for uninsured adults.<sup>8</sup>
- ◆ 21.1% of Durham residents do *not* have someone they think of as their personal health care provider.<sup>9</sup>
- ◆ 14.9% of residents needed to see a doctor in the past year but could not because of the cost.<sup>9</sup>

## Progress and Next Steps

This year, the Access to Care committee focused on barriers, other than insurance, that limit access to medical and dental services. Students from UNC School of City and Regional Planning researched how the burden of inadequate transportation compounds accessing services. The Coordinated Access To Care and Housing for the Homeless (CATCH) group is now working under the auspices of the Partnership for a Healthy Durham. This workgroup is addressing the need for respite care and housing for homeless individuals being discharged from area hospitals. The committee continued its engagement with Project Access of Durham County, which will provide about 2,600 uninsured patients in the county with access to donated specialty care, medications, and care management, valued at \$4 million. In October 2012, the committee held “Unscrambling Healthcare Reform,” a community education event that provided consumers with information about the Affordable Care Act and its impact on individuals, businesses, and the health care system.

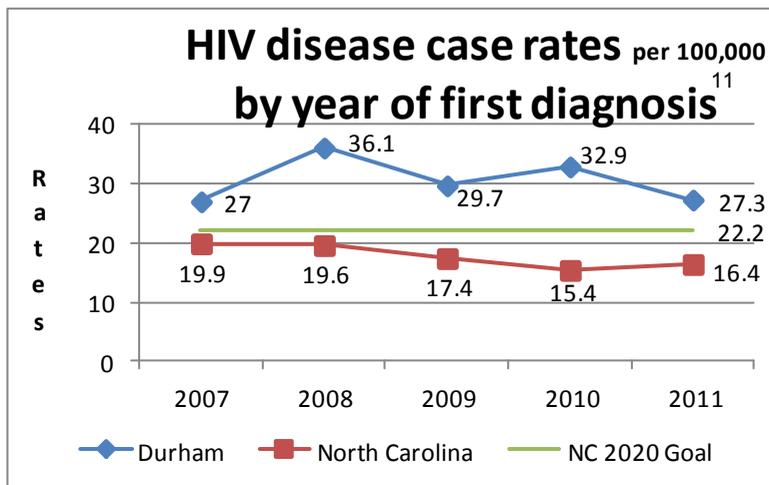
\* The percentage of uninsured adults in the 2011 Durham County Health Assessment was incorrectly reported. This document and the online version of the Health Assessment reflects the correct data.

# HIV & other Sexually Transmitted Infections

*Healthy North Carolina 2020 Goal: Reduce the rate of new HIV infection diagnoses to 22.2 per 100,000.*

If people knew that they were infected with HIV, they could take better precautions against exposing others, and they could access life-extending treatments sooner. Further, the testing and treatment of other sexually transmitted infections (STIs) can be an effective tool in preventing the spread of HIV, the virus that causes AIDS. In fact, someone with an STI is at least two to five times more likely than someone without an STI to acquire HIV infection if they are exposed to HIV through sexual contact.<sup>10</sup>

Durham's HIV rate has remained stable over the last five years. In 2011, the HIV case rate was 27.3 per 100,000, which is still much higher than North Carolina's rate of 16.4. Durham has made tremendous progress with syphilis rates though. In 2007, Durham's syphilis rate was 12.1 per 100,000 and in 2011 it was 4.1. The black trend line indicates an overall rate decline and in 2011 Durham's syphilis rate actually dipped below the state's rate. This is likely due to the strong push of the Syphilis Elimination Efforts Project and other community testing initiatives.

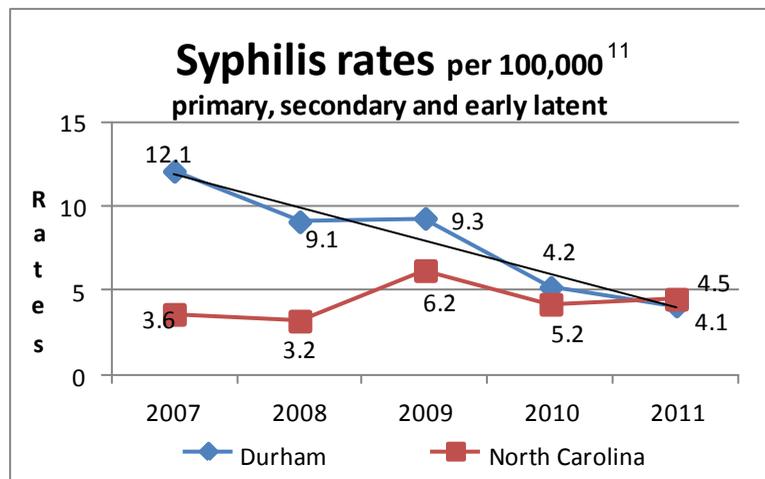


### 2011 Snapshot<sup>11, 12</sup>

- ◆ Durham County has the 4th highest rate of HIV in NC
- ◆ Number of new individuals diagnosed with HIV: 73, AIDS: 24; Syphilis: 11
- ◆ Number of individuals living with HIV: 1,467
- ◆ The most common HIV exposure route for males was sex with other men; for women it was "no risk reported."
- ◆ 25.6% of Durham public high school students reported getting tested for HIV

### Concerns<sup>11</sup>

- ◆ While most residents know about HIV, many do not apply prevention strategies or see themselves at risk.
- ◆ 47% of newly infected individuals with HIV identify MSM (men who have sex with men) as their primary risk factor.
- ◆ Among females, Chlamydia rates were highest among 20—24 year olds followed by 15—19 year olds.



## Progress and Next Steps

For the next three years, the HIV/STI committee set a goal to reduce the rates of HIV and other STIs by 3% through increased prevention, testing, and treatment. The core areas of focus for the committee this year are testing, World AIDS Day, and policy/advocacy. The Durham County Department of Public Health received a one year grant from the CDC to conduct Hepatitis C testing and link individuals to care. This new initiative will involve the Enhanced Jail and NTS programs along with the STD and Lincoln Community Health Center Homeless Clinics.

Next year, the HIV/STI committee plans to begin advocacy and education about the benefits of low-dead space syringes to reduce the transmission of HIV and Hepatitis C. The committee will also focus using on evidence-based interventions such as Making Proud Choices, Parents Matter which and/ or ¡Cuídate! (Take Care of Yourself).

# Obesity and Chronic Illness

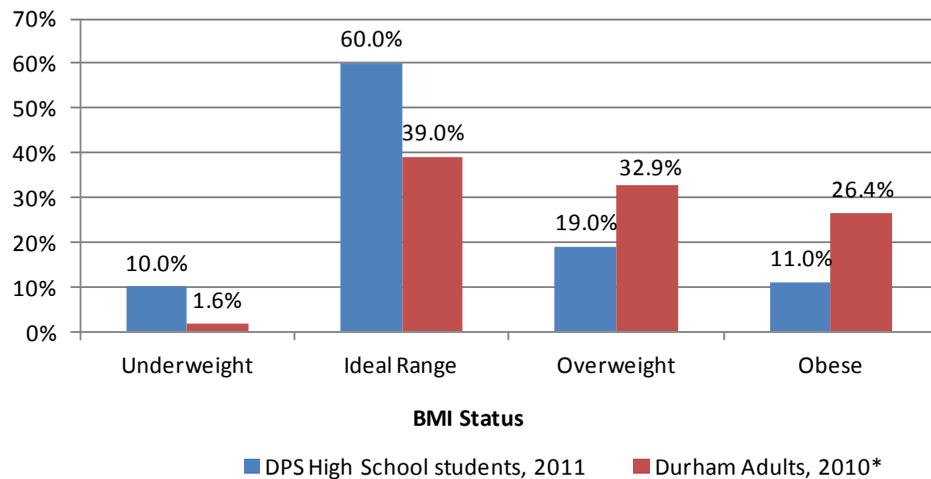
*Healthy NC 2020 Goals: Increase the percentage of adults getting the recommended amount of physical activity to 60.6%.  
 Increase the percentage of adults who report they consume fruits and vegetables five or more times a day to 29.3%.  
 Increase the percentage of high school students who are neither overweight nor obese to 79.2%.  
 Decrease the percentage of adults with diabetes to 8.6%.*

Overweight and obesity are associated with multiple long-term, costly, and serious conditions including heart disease, cancer and diabetes. Adults most at risk for overweight or obesity are males, minorities, and those with less than a high school education.<sup>9</sup> Since 2001, the percentage of overweight or obese adults has varied between 57 and 71%. In 2010, 59.3% of adults were overweight or obese and only 39% were at an ideal weight.<sup>9</sup> In contrast, the majority of high school students (60%) were at an ideal weight.<sup>12</sup> The percentage of Durham County children, ages 2-4, served by the WIC nutritional program who are overweight (15.8%) or obese (19.7%) has increased since 2009. Among this demographic, Durham County is 94th highest compared to the other 99 counties in NC.\*<sup>13</sup> More work needs to be done to meet Durham's goals for adult and childhood obesity reduction.

## Snapshot

- ◆ 59.3% of adults are overweight or obese<sup>9</sup>
- ◆ 30% of high school students are overweight or obese<sup>12</sup>
- ◆ 14.7% of adults are current smokers<sup>6</sup>
- ◆ 7.0% of adults have diabetes<sup>6</sup>

## Body Mass Index (BMI)<sup>9\*, 12</sup>



## Concerns

- ◆ 8.9% of Durham adults have been told by a health provider that they have pre-diabetes, compared to 7.1% in NC.<sup>9</sup>
- ◆ Only 50.9% of Durham middle school students and 40.6% of high school students get adequate physical activity.<sup>12</sup>
- ◆ Only 44.6% of middle school students and 25.8% of Durham high school students eat breakfast every day.<sup>12</sup>
- ◆ Only 50.6% of middle school students and 19.5% of high school students get eight or more hours of sleep on school nights, which has been shown to increase the risk of overweight and many other health conditions.<sup>12</sup>

## Progress and Next Steps

This year the Obesity and Chronic Illness committee (OCI) inaugurated its first Healthy Mile Trail through a downtown neighborhood. Neighborhood residents, county officials, and committee members celebrated the event by walking the mile loop that is stenciled on city sidewalks. Preliminary evaluation shows that neighborhood members continue to use the trail for physical activity. The committee also assisted Durham Public Schools (DPS) in revising the DPS Wellness Policy and the local YMCA in creating a water policy for youth programs. OCI continues to support Bull City Open Streets, which opens periodically opens streets to walking, dancing, and biking. The committee helped write a competitive grant for the City of Durham's Neighborhood Improvement Services to hold 5 Open Street events in 2013. OCI also looks forward to working with DPS in the development of its teaching farm in 2013.

\* Based on 2010 data. County-level BRFSS data had not been released at the time of this report; therefore, some data is not reported because it is the same as in the 2011 community health assessment.

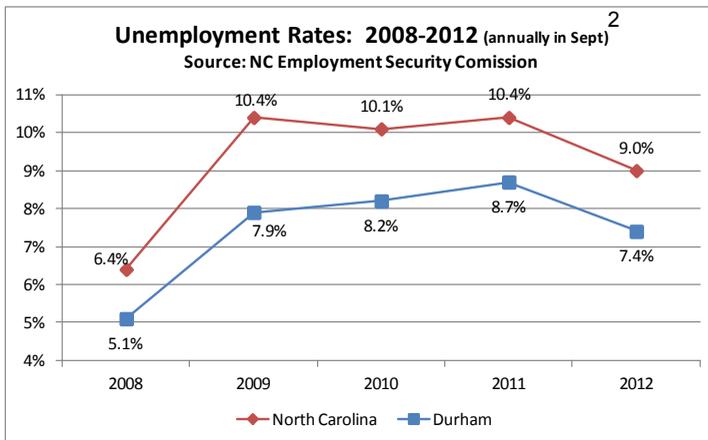
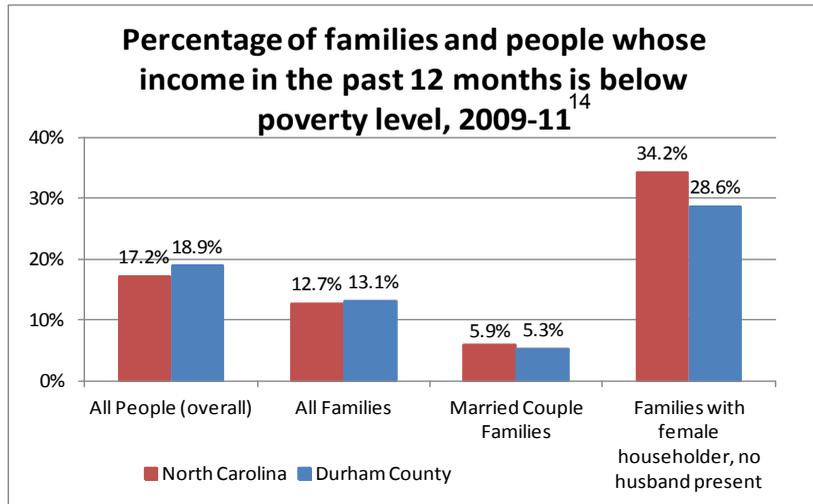
# Poverty

*Healthy NC 2020 Goal: Decrease the percentage of individuals living in poverty to 12.5%.  
Decrease the percentage of people spending more than 30% of their income on rental housing to 36.1%.*

Poverty, education level, and housing are three important social determinants of health. These factors are strongly correlated with individual health. 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 2011, 18.9% of Durham County residents and 17.2% of North Carolinians had incomes below the poverty line. Female single-parent families are more than five times as likely to live in poverty compared to married couple families. Moreover, 53.3% of residents spend more than 30% of their income on rental housing.<sup>6</sup> Over the last few years unemployment has been increasing; however, in September 2012, the unemployment rate began to drop in both Durham and North Carolina to 7.4% and 9%, respectively.<sup>2</sup>

## 2011-12 Snapshot

- ◆ 698 individuals were identified as homeless in the 2012 Point in Time count<sup>15</sup>
- ◆ 18.9% of all families are below poverty line<sup>14</sup>
- ◆ 5.3% of married couples are below poverty<sup>14</sup>
- ◆ Durham is the fourth most expensive county to live in<sup>16</sup>



## Concerns

- ◆ The poverty rate has increased annually, from 13.6% in 2008 to 20.4% in 2011 (ACS 1-year estimates)<sup>1</sup>
- ◆ The poverty rate among single mothers is particularly high (28.6%)

## Progress and Next Steps

End Poverty Durham is a network of agencies/organizations/congregations working together to alleviate poverty in Durham. Current initiatives include: Durham Economic Resource Center (DERC), which has graduated 200 people in job training; child poverty initiative which is hosting a Faith Summit in January; the Benefit Bank; and soon *Circles*, an evidence-based initiative that lifts families out of poverty.

Durham Health Innovations is creating a neighborhood-wide web of health service information that is distributed to community sites and through Monthly Resource Roundtables. Community Health Organizers connect residents, neighborhood groups and organizations to local resources and facilitate connections. A new initiative of DHI is Durham Health Connections where resource counselors help clients fill social prescriptions, such as housing and food.

Housing is a healthcare intervention. Coordinated Access To Care for the Homeless (CATCH) is working under the auspices of the Partnership for a Healthy Durham. Housing for New Hope received a grant from BCBSNC and is doing planning related to identifying homeless individuals receiving care at hospitals and trying to develop pathways to medical respite care and permanent supportive housing. Currently, homeless individuals are being held in the hospital longer than necessary so that they are not discharged into homelessness.

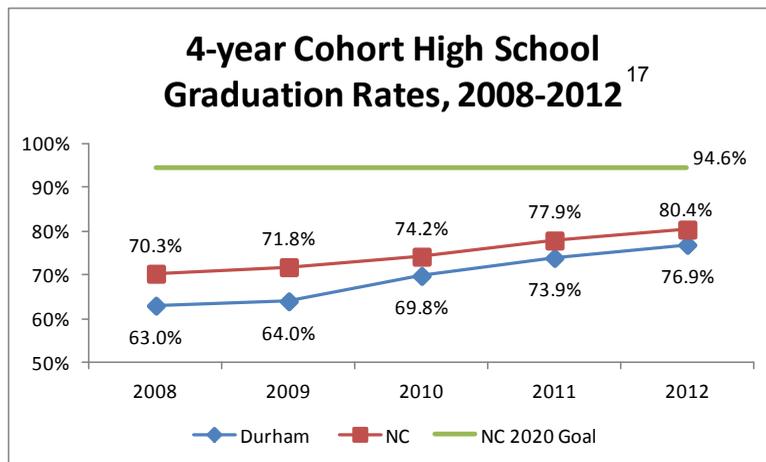
# Education

*Healthy NC 2020 Goal: Increase the four-year high school graduation rate to 94.6%.*

Graduation rates continue to rise in Durham County, from 63% in 2008 to nearly 77% in 2012, which is great progress. However, nearly one in four students that enters high school does not graduate. Certain groups have particularly low graduation rates: males (72%), Blacks (73.7%), Hispanics (63.8%), students who are limited English proficient (43.9%) and students coming from low-income families (71.5%).<sup>17</sup> Students who do not graduate from high school make considerably less money on average than their graduating counterparts, are more likely to be unemployed, use government assistance, and commit crimes. High school drop-outs are also more likely to be negatively affected by economic downturns and have been more affected by the recession. Raising the graduation rates will not only help Durham families but also boost the local economy, as it will increase the tax base and decrease the expenditures on social programs.<sup>17</sup> Durham is on the right track to meet the Healthy NC 2020 Goal.

**Snapshot:  
Least Likely to Graduate<sup>17</sup>**

- ◆ Males
- ◆ Black and Hispanic Students
- ◆ Economically Disadvantaged
- ◆ Limited English Proficiency
- ◆ Students with Disabilities



**Concerns**

- ◆ The average income for a high school dropout in the United States was \$19,540 compared to \$27,380 for a high school graduate in 2009.<sup>18</sup>
- ◆ High School dropouts are more likely to be unemployed, use government assistance, and be imprisoned.<sup>18</sup>
- ◆ High school dropouts have a shorter life expectancy and are more likely to be teen parents.<sup>18</sup>

**Progress and Next Steps**

The Durham Public Schools Strategic Plan serves as the roadmap for academic achievement and accountability and continues to drive district-wide progress. Recent policy changes have eliminated rigid student long-term suspension mandates to allow for consideration of intervention strategies and alternative placements. A menu of campus rule violations and suggested consequences has been developed and vetted among diverse stakeholder groups. Schools will utilize a standard process when it is necessary to assign students consequences. In collaboration with Duke University, Durham Public Schools (DPS) developed an Early Warning Tracking System that provides quarterly reports to each school regarding students who are at –risk of academic failure. The system considers over a dozen variables that indicate students' performance across behavioral and academic areas. Schools employ student-specific interventions based upon the report. DPS participates in the National School Lunch Program, adheres to nutritional guidelines and has set a goal to exceed federal requirements by achieving the Healthier US School Challenge (HUSSC) bronze certification. The district has revised its Wellness Policy and established active Wellness Committees at each school site to promote healthy eating and physical activity for students and families.

# Substance Abuse & Mental Health

*Healthy NC 2020 Goal: Reduce the percentage of high school students who consumed alcohol within the past 30 days to 35%. Reduce the number of opioid prescriptions written to 5%. Reduce the suicide rate to 7.03 per 100,000.*

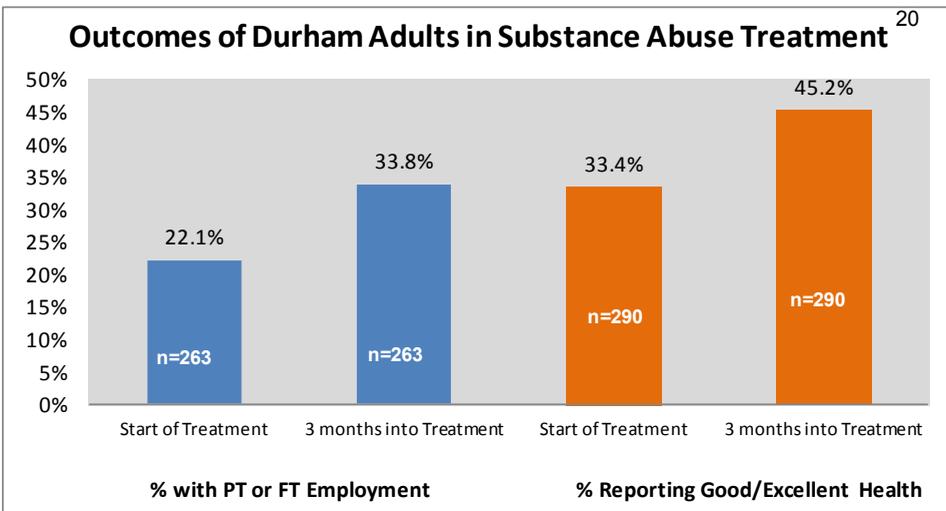
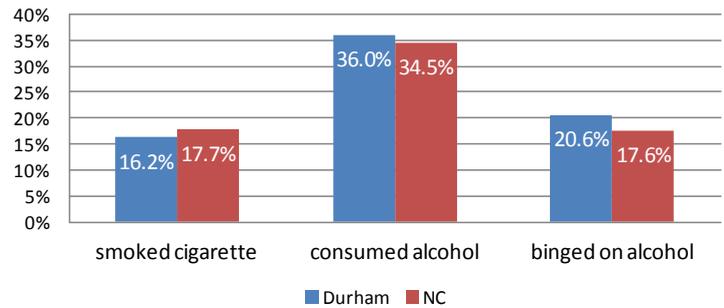
Public mental health services have a new name in Durham County. Effective July 1, 2012, The Durham Center became Alliance Behavioral Healthcare, a new behavioral health area authority created by the merging of The Durham Center and Wake County LME. It will undergo another switch on January 1, 2013 when it adds services for citizens of Cumberland and Johnston counties and becomes the largest organization of its kind in North Carolina. Alliance does not provide services but manages public funds for people in the region with mental health, intellectual/developmental disabilities and substance use/addiction service needs. They serve individuals who have Medicaid and those without insurance and no ability to pay for needed services. Alliance works in partnership with a large group of private providers.

In the year leading up to this switch, The Durham Center served a total of 12,933 individuals, about 5,000 of which were children. About 2,500 individuals served were treated for substance abuse. Of those served, 9,820 received Medicaid assistance and 3,935 received services paid by state and local funding. Durham County ranked 2<sup>nd</sup> highest across the state in state psychiatric use. There were 14,084 days of services provided inside state psychiatric facilities for Durham County residents in FY 11.<sup>19</sup>

**Middle & High School Student Snapshot<sup>12</sup>**

- ◆ Reported feeling sad or helpless: 22% of middle and 24% of high school students
- ◆ Seriously considered suicide in the past year: 17.6% of middle school and 14.1% high school students
- ◆ Ever used marijuana: 9% of middle school and 45.7% of high school students

**Cigarette and alcohol use among high school students in last 30 days, 2011<sup>12</sup>**



**Concerns<sup>19</sup>**

- ◆ Decrease in funding for individuals without insurance.
- ◆ Increased need for bilingual mental health service providers due to the county's growing Hispanic population.
- ◆ Need for local inpatient beds for youth and adolescents at mental health and substance abuse facilities

## Progress and Next Steps

The committee has met with several local stakeholders to learn more about resources related to bullying and suicide. These resources were shared with the schools. Several committee members also did a radio show for Substance Abuse Recovery month in September. Work continues on developing an informational presentation to address substance abuse/education that will be shared with key school personnel and community members to then be shared with students and youth. The group plans to revive the Recovery Celebration next year.

\* Based on 2010 data. 2011 data not available at the time of printing.

## Emerging Issues

### *Diabetes Coalition, Adolescent Health, & Social Determinants of Health*

#### Diabetes Coalition

The Durham Diabetes Coalition aims to reduce morbidity and mortality from type 2 diabetes and identify people unknowingly living with the disease by

- Implementing neighborhood-based interventions.
- Offering home-based clinical care to people who have difficulty accessing traditional care.
- Using multiple forms of media to spread type 2 diabetes health messages and engage the community.

To date, the Coalition has formed a community advisory board, created a data system to find Durham County's areas of greatest need for diabetes care, hired 17 full time staff members to work with the community, and held a community kick off event that included screenings and education. Over the next year the Durham Diabetes Coalition plans to work with the community to build healthier neighborhoods, air a series of 30 minute healthy living TV shows on local Durham cable access channel 8, and begin home visits with the clinical care team.

The Coalition is a joint effort between the Durham County Department of Public Health, Duke University Medical Center, the University of Michigan School of Natural Resources and Environment, Durham health and community organizations, faith-based groups, local government, and community members. It is funded by Bristol-Meyers Squibb Foundation and the Center for Medicare and Medicaid Innovation.

#### Adolescent Health<sup>12</sup>

The Youth Risk Behavior Survey (YRBS) is a national school-based survey that collects data from middle and high school students on six health issues: tobacco use, unhealthy dietary behaviors, physical activity, alcohol and other drug use, sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases, and behaviors that contribute to unintentional injuries and violence. This biannual survey was administered in late 2011 using a random sample of Durham Public School students. The highlights:

**Among Durham middle school students,** Hispanics and females were most at-risk of coping with sadness, suicide attempts, and less physical activity than their peers. Students reporting risk behaviors involving smoking, taking prescription drugs without a prescription, and video game usage increased since 2009.

**Among Durham high school students,** Hispanics and males had higher levels of risk. Hispanics experienced higher levels of alcohol consumption, greater likelihood to attempt suicide and use of diet pills. Males were more likely to carry a weapon, get into physical fights, use substances, and have multiple sexual partners. Compared to North Carolina, Durham needs to improve in the areas of adequate sleep, physical activity, unsupervised time after school, and driving under the influence of alcohol. Compared to North Carolina, Durham excelled in the number of students who reported getting tested for HIV, getting adequate sexual health education, and getting bullied less often.

#### Social Determinants of Health

According to the World Health Organization, the social determinants of health are the "conditions in which people are born, grow, live, work and age, including the health system. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. The social determinants of health are mostly responsible for health inequities." For the first time, the US and NC 10-year health objectives included the social determinants of health. Of the 40 Healthy NC 2020 objectives, three include: *increase the four-year high school graduation rate, decrease the percentage of individuals living in poverty and decrease the percentage of people spending more than 30% of their income on rental housing.* For the 2011 community health assessment, Durham County chose "poverty" and "education" as new health priorities and will be measuring success with these objectives. As a result of this, the Duke Health Summit in April 2012, focused on housing/homelessness, poverty and education. In October 2012, Dr. Dzau, CEO of Duke University Health System, and Gayle Harris, Public Health Director, convened a group of local stakeholders who are using creative strategies to address these issues. The working groups, many of which are connected to the Partnership for a Healthy Durham, will report on their work in mid-2013.

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For more detailed information about this report or how the Partnership for a Healthy Durham is addressing these health priorities, please contact:

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## Data Sources: State of Durham County's Health Report

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