

Community Introduction

Spanning almost 300 square miles, Durham is a single-city county in the Piedmont region of North Carolina. Approximately 85% of all Durham County residents live within the city limits of Durham. Durham's economic roots are in the tobacco and textile industries; the Duke family managed one of the world's largest corporations which included companies such as American Tobacco, Liggett & Meyers, R.J. Reynolds, and P. Lorillard. For many years, the city's prosperity depended on these industries, as well as the business generated by the "Black Wall Street". Following the collapse of the tobacco and textile industries, Durham has engaged in a community-driven revitalization in many sectors. Now, Durham is known as the City of Medicine, with healthcare as a major industry. Although Durham County is rich in resources, disparities between racial/ethnic groups as well as between lower income and higher income residents remain.

The demographics of Durham County residents have shifted dramatically over the last decade. Since 2000, Durham County's population has grown over 25% to 279,641 in 2012. Census estimates for 2011 show that non-Hispanic African Americans and whites make up similar proportions of Durham's population: 38.5% and 42.5% respectively. Hispanics make up 13.5% of county population, and Native American, Asian, and other ethnicities make up the remaining 5.5%. As in many cities, immigration has affected Durham's population: since 2000, the Hispanic population has more than doubled (from 17,039 to 37,751), and in 2011 the proportion that speak a language other than English at home was 19%.

Durham County's most important health challenges include high rates of obesity/overweight (55% among adults), heart disease, diabetes, and HIV and other sexually transmitted infections. Socioeconomic factors are also important to health; Durham County's socioeconomic challenges include increasing unemployment and proportion of children in poverty, as manifested in a decreased rank in the County Health Rankings in 2013, as well as a particularly low high school graduation rate among African-American and Hispanic residents (63% and 58% respectively).

Durham's vibrantly diverse community has a history of both faith-based and politically-oriented community organizing, as well as ongoing multi-sector collaboration to improve health. The current Partnership for a Healthy Durham grew out of a government and community collaboration on health initiatives, and was formally organized in 2004. It is now a coalition of 475 members, which includes agency and organizational leaders, workers from many settings, and community members representing a wide range of interests. It is supported by a fulltime coordinator paid by the Durham County Department of Public Health (DCoDPH).

The Partnership for a Healthy Durham is responsible for the community health assessment, for sharing the results, and for holding the discussions that set health priorities for the community; in this way, it serves as a convening group for conversations about health. Because the Partnership (rather than the Department of Public Health) leads these discussions, participants from many organizations and neighborhoods are engaged in developing a strategic approach to addressing the county's multiple health priorities. The Partnership also hosts action groups dedicated to each health priority, which create practical action plans with measurable health outcomes. In these committees, DCoDPH participants are a minority and generally do not occupy leadership positions; therefore, work on the health priorities becomes a community-wide and community-led effort. A 2012 study of health partnerships demonstrated that this well-respected coalition was the most-connected health partnership in Durham, and its work links the accomplishments presented in this document.

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Applicant ID#: 24101

Accomplishment: Improving access to specialty medical care services

In Durham County, a wide range of medical resources are available. The combination of Duke University Health System and a federally-qualified community health center, the Lincoln Community Health Center, provide much of the county's health services; therefore, the county has access to a world-class research institution as well as high-quality medical care, and most residents have access to primary care. However, specialized medical care can be difficult for community members to access (33% of adults less than 65 years of age are uninsured and thus constitute a vulnerable population). Between 2002 and 2006 three local groups -- the Partnership for a Healthy Durham, Durham CAN (Congregations, Associations, and Neighborhoods), and the Latino Community Credit Union – and Duke University Health System joined forces to advocate and develop a strategy for improved access to specialty medical services for the low-income uninsured population in Durham County.

In December 2006 these community groups convened local stakeholders to design a program, based on Project Access of Buncombe County, North Carolina, and focusing on specialty services. The commitment of these community members was required to make this program a reality. The commitment of leaders and partners from Duke University, Lincoln Community Health Center, and DCoDPH was required to help generate sustainable funding and provide space for this program. Funds to support staff and pay for prescription medication and transportation to appointments were raised from Durham County Government and private foundations. The program was designed to make the most of available resources by using a small paid staff to support donation of care by a much larger group of clinicians. Specialty care services are donated by participating community providers.

This project has been successful in many respects. The model has proved sustainable and Project Access has been in operation since 2008. Services have been provided by over 700 clinicians and have served 4,340 enrolled patients during this time. During the Project's four years of operation, the value of donated medical care is calculated at \$13,829,480 (based on Medicare rates). For each dollar spent by the county in Year 4 of operation, the return on investment was \$17.55. Patient satisfaction is high (95% very or mostly satisfied) and a statistically significant decrease was seen in non-emergent emergency department visits among patients who had had three or more emergency department visits in the year prior to enrolling in Project Access.

The strong collaboration between health care organizations and community members which resulted in Project Access is supported by the Partnership for a Healthy Durham Access to Care action group which most recently supported the addition of donated dental care to Project Access patients. This committee continues to provide a setting for collaboration on access to care issues. Current work includes support for community-wide discussions on how best to provide care for homeless county residents who have been discharged from the hospital but still require ongoing care. This committee also links speakers to audiences needing education on how to access medical care and has convened a group to support providers who will be helping county residents navigate the new insurance systems created by the Affordable Care Act.

Accomplishment: Creating environmental changes that support physical activity

North Carolina has the 12th highest rate of adult obesity in the nation, at 28%, and 19% of Durham's adults are obese. Like many communities, Durham County has identified increasing physical activity as a county-wide priority. The Partnership for a Healthy Durham's Obesity and Chronic Illness committee links community partners who are committed to creating long-term, structural change that

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supports a physically active community. This has resulted in a multi-faceted approach to increasing opportunities for physical activity.

The Partnership for a Healthy Durham collaborates closely with the Durham County Bicycle and Pedestrian Advisory Committee to support increased physical activity opportunities for all county residents. This committee participates in the development of the county Comprehensive Bicycle Transportation and Pedestrian Plans and reviews site plans (170 in 2012) to ensure that pedestrian and bicycle amenities are included in new developments. These efforts have supported the creation of 5 new bike lanes and the installation of 58 new bike racks, as well as the installation of 13 pedestrian signals and 8 new sidewalks, and the extension of the American Tobacco Trail. Durham County now has 32 miles of formal bike lanes. The committee works with other county organizations to create Bike Month events, as well as running the Kidical Mass kids biking event and producing a Durham County Bike/Hike map. Currently, the committee is performing a survey to learn about bike and pedestrian commuting among Durham employees. Data on commute routes will be provided to City authorities and used to advocate for priority bike lanes and pedestrian routes.

Obesity and Chronic Illness action group members worked with the leadership of Durham County Government and are working with small businesses to create new worksite wellness policies. The new County policy permits employees to take 30 minutes per day for exercise, in addition to the lunch break; the county also provides information on walking routes around county offices and holds "wellness boosters", where employees can participate in physical challenges and learn about ways to exercise.

The Partnership Obesity and Chronic Illness action group also coordinates efforts focused on increasing opportunities for physical activity for under-served communities. Based on community health assessment results demonstrating that many county residents prefer to exercise within their neighborhood, the committee plans to establish three marked "Healthy Mile Trails" in underserved communities during 2013. The first of these was completed in collaboration with the Historic Stokesdale Neighborhood Council, and Partnership and community members are working to establish the second in the Holton School area.

Durham County Play Streets events are also oriented toward under-served communities. These events serve downtown neighborhoods by opening the streets to physical activity. First started by Clean Energy Durham and our local transit authority and later managed by Partnership for a Healthy Durham members, these events use community volunteers to provide activities and healthy food during weekend festivals. Collaborative efforts have led to sustained funding, and in 2012, Partnership for a Healthy Durham and Clean Energy Durham collaborators received a grant from Partnerships for America's Health to continue support for these events. These events have served over 3500 county residents, linking them to running, biking, badminton, line dancing, zumba, and more.

The environmental changes described for this accomplishment have resulted in accessible, sustainable opportunities for physical activity. While we have not yet seen a detectable decrease in the proportion of county residents who are obese, these activities offer support for a change in the culture of Durham County. To quote Torrance Williams, a Historic Stokesdale community member, "my baby walked, she walked with her little feet around the trail ... the importance of health and fitness for your family, you have to teach them while they're young".

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Accomplishment: Improving educational attainment

Durham County is a leader in not only recognizing that social factors such as education and poverty are key determinants of health outcomes, but also in tackling these difficult issues. As a community body, the Partnership for a Healthy Durham has formally recognized improving educational attainment and decreasing poverty as health priorities. DCoDPH has also included poverty and education in their strategic plan. Durham County is proud of our success in naming these goals and in improving educational attainment.

Organizations participating in the Partnership for a Healthy Durham support educational attainment in many forms. DCoDPH and the Duke University Health System provide services in the schools; these include education of many kinds, including nutrition and sex education, as well as health services. Collaboration with Duke Community Medicine provides Wellness Centers in one high school and four elementary schools. DCoDPH provides dental care screening to students and reach underserved communities on the "Tooth Ferry", a mobile dental clinic which stops outside schools. These services reached 9,289 children in the 2011-2012 school year and, by relieving pain, support effective participation in school.

A strong commitment to measuring and sharing results supports public health collaboration on education. Durham County conducts a county-specific Youth Risk Behavior survey, generating results comparable over time and to the region, state, and nation. The survey is done as a collaboration between Durham Public Schools (which draws the sample and administers the survey), DCoDPH (which funds the analysis) and the Partnership for a Healthy Durham (which prepares reports and disseminates information). Using this structure, results are community results (rather than school system results) and responsibility is distributed across the community. The survey identifies areas of success and concern, and this information drives Partnership and Durham Public Schools efforts.

YRBS results were used to track eating behaviors following Partnership and Durham Public Schools collaboration on a new student wellness policy. In 2011, Durham YRBS results showed an increase in the consumption of healthy foods and decrease in consumption of sweetened beverages in high school. These results are also used to track problems; 2011 results demonstrated a particular need for mental health support services for Latino youth in middle and high schools (reference to website or in press), and the Partnership mental health committee is working with Durham Public Schools to identify cost-effective and evidence-based tools to improve mental health. This work has been supported by the County Health Roadmaps "Choose Effective Policies and Programs" website.

A collaboration among four key community members, the Partnership for a Healthy Durham, the North Carolina Center for Child and Family Health, and the Duke University's Children's Environmental Health Initiative, has resulted in funding for the East Durham Children's Initiative, modeled on the Harlem Children's Zone and providing services to support parents, families, and children to promote educational attainment. During school year 2011-2012, the Initiative provided home-based parent support programs to 44 families living in the Initiative Zone as well as many other services. Data on the elementary school in the Initiative Zone shows an increase in composite proficiency scores from 48% to 62% between school years 2010-11 and 2011-12.

Overall, these efforts support the success of youth in schools. The high school graduation rate in Durham County has improved steadily over the past 5 years to 77%, equipping more students with the education and self-efficacy which support improved health outcomes.

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Accomplishment: Reducing exposure to second-hand smoke

Durham County's most ambitious achievement in recent years is our Board of Health Smoking Rule that limits smoking in many outdoor areas. Studies have demonstrated the value of smoke-free ordinances on reducing acute myocardial infarction; a report on North Carolina data presented in 2011 shows that following the passage of a law restricting smoking in restaurants and bars, a decrease of 21% in emergency department visits for acute myocardial infarction was seen, demonstrating the value of this type of legislation.

North Carolina passed the statewide ban on smoking in restaurants and bars in 2010, after many states in the nation. In the same year, staff at the Duke University Medical Center proposed an outdoor smoking ban to DCoDPH director Gayle Harris. DCoDPH staff created a presentation for Board of Health members, providing supporting evidence and citing CDC Director Thomas Frieden's health pyramid, which demonstrates that "changing the context" to support healthy decision-making can have an important effect on the community's health. Board of Health members initially resisted the effort. Community partners provided support to DCoDPH's efforts, communicating to the Board of Health that the public was ready to change smoking rules in the county. Further support was provided in the form of public comments and letters to the editor during a public comment period. This community support provided the Boards of Health and of County Commissioners with the justification to pass this rule.

The smoking rule prohibits outdoor smoking on city and county property and abutting sidewalks and bus stops, with the goal of preventing second-hand smoke exposure in public spaces in the county. The rule, called "one of the most progressive in the Southeast" by county commissioner Ellen Reckhow, uses policy to create sustainable environmental change. Durham County has ambitious goals: "What we're going to do is to try to change the norm", said DCoDPH spokesperson Eric Nickens. The rule is currently being implemented, and outcome measures (the number of complaints of smoking on sidewalks and the number of emergency department visits for acute myocardial infarction) are not yet available.

This effort would not have been possible without the strong leadership of Gayle Harris, the Public Health Director. Her deep roots and relationships in the community link her to many organizations and community leaders, and these links support effective collaboration on public health efforts. "Gayle is one of the most energetic, creative advocates we have around", said Gina Upchurch, a Partnership member and former co-chair. Our health director was recently recognized for leadership service to the Durham community as a nurse, community volunteer, civic leader and the county health director by the North Carolina Association of Local Health Directors, and her tireless energy in working with community leaders to forward population health initiatives supports many of Durham's health successes.

Conclusion

This is real evolution for a county where the economy was once based on tobacco sales. Durham County's success in this and other efforts detailed in this document is based on three factors: a well-respected leader rooted in the community; a vibrant, energetic population that helps set priorities and is thus invested in outcomes; and a trusted organization that promotes collaboration between community, organizational, and government partners. We as community members and DCoDPH representatives are proud to be part of the process as Durham City and County work to transform Durham from the "City of Medicine" to a "Community of Health."