

Durham County

State of the County Health Report



Grocers on Wheels Double Bucks program



World AIDS Day vigil



Healthy Mile Trail volunteers

This report is a summary of health trends among county residents, updated from the [2014 Durham County Community Health Assessment](#). It provides the most current data highlighting county demographics, leading causes of death, and the county's six 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.

Current Health Priorities

Identified from the
2014 Durham County Community Health Assessment

- ◆ Access to Healthcare
- ◆ Education
- ◆ HIV/STIs
- ◆ Mental Health/Substance Use
- ◆ Obesity and Chronic Illness
- ◆ Poverty

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

www.healthydurham.org

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Public Health



Partnership for a Healthy Durham

Durham's Demographics and Health

2010-2014 Durham County Demographics¹

The estimated population of Durham County is 282,422

Sex	Estimate	Percent
Male	135,655	48.0%
Female	146,767	52.0%
Median Age	Estimate	Percent
	34.1	X
Race alone or in combination*	Estimate	Percent
White	142,157	50.3%
Black or African American	105,885	37.5%
American Indian and Alaskan Native	1,126	0.4%
Asian	12,357	4.4%
Some Other Race	12,766	4.5%
Two or More Races	8,017	2.8%
Ethnicity		
Hispanic (of any race)	37,889	13.4%



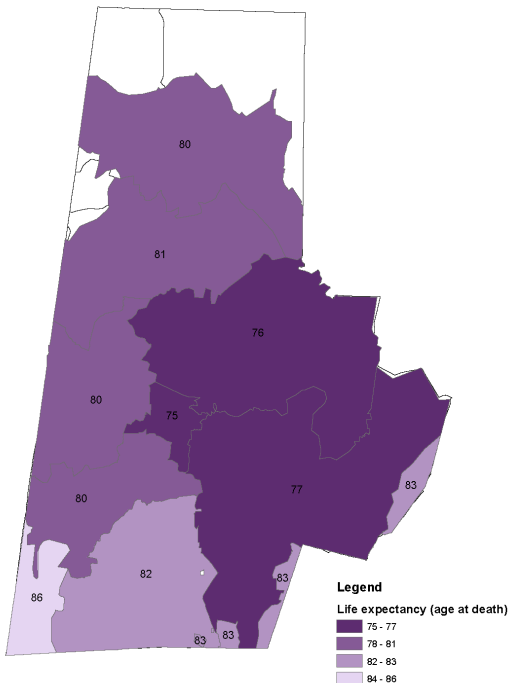
Total life expectancy for Durham County residents is 79.9.²

Durham County Life Expectancy By Group²

Males	77.4
Females	82.1
White	82.0
Black	76.6

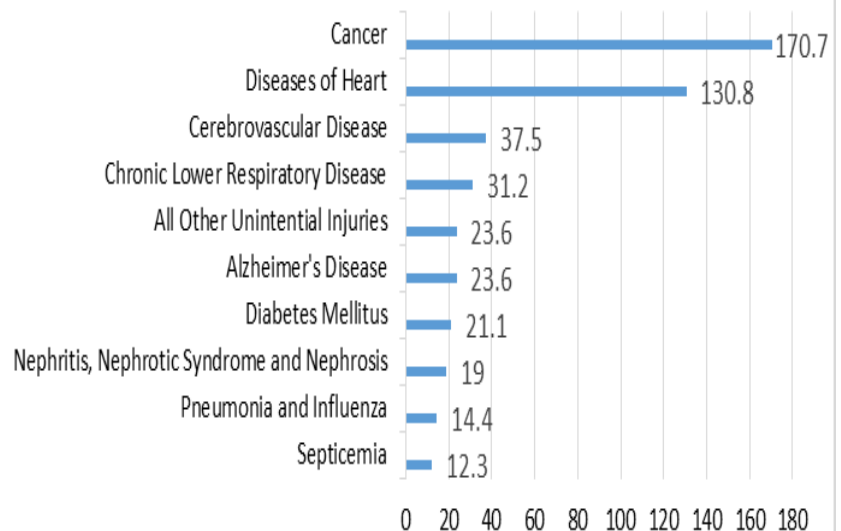
*"Race alone or in combination" includes Hispanics.
Totals may not add up to 100% due to rounding.

Life Expectancy in Durham by Zip Code^{**3}



Durham County Leading Causes of Death, 2010-2014²

Age-adjusted death rates per 100,000 population



**Zip codes that shared a border with another county were not included in the analysis.

Durham's Assets

Durham County Government's Strategic Plan Health Goals

- ◆ Decrease health disparities within the community.
- ◆ Strengthen the well-being of individuals and families through prevention and education.
- ◆ Partner with community resources to increase access to health and wellness services.

Healthy NC 2020 Goals

Healthy NC 2020 Objective	2020 Target	Durham	NC
Reduce the percentage of traffic crashes that are alcohol related (2013)	4.7%	3.7%	4.9%
Reduce the unintentional poisoning mortality rate (per 100,000 population, 2010-2014)	9.9	7.5	11.4
Decrease the percentage of adults with diabetes (2013)	8.6%	8%	11.4%

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

- Durham's homicide rate (per 100,000) decreased from 10.6 to 9.7.
- Durham's percentage of live births that were premature decreased from 11.8% to 9.9%.
- Durham's teen (15-19 years) pregnancy rate (per 1000) has dropped from 65.3 to 50.

Innovative New Programs

- ◆ **“Ride to Wellness”** is an initiative through the National Center for Mobility Management which provided grants to 16 communities to design innovative solutions around improving access to healthcare services through transportation. Project Access of Durham County, GoTriangle, Durham County ACCESS, Department of Social Services, Alliance Behavioral Healthcare, Lincoln Community Health Center, Partnership for a Healthy Durham Access to Care Committee, Carolina Outreach and consumer advocates were awarded a grant to develop a business plan focused on helping individuals who use behavioral health services.
- ◆ **Community Health Worker Training Program**– The health task force of the Mayor's Poverty Reduction Initiative has worked with multiple partners to start a Community Health Worker (CHW) program at Durham Technical Community College. The purpose of the program is to provide opportunities for job training and advancement. Classes for the program will begin in Spring 2016. The task force is also pursuing funding opportunities to increase the number of CHW positions at Durham County agencies and organizations. CHWs play an important role by understanding the needs of a community, bringing their peers and neighbors together, sharing history and experiences and identifying community problems and issues.

Celebrating Durham's Successes and Emerging Issues

Successes

E-Cigs Added to Board of Health Smoking Rule- In 2015, the Durham County Board of Commissioners approved adding e-cigarettes, also known as e-cigs, and other nicotine delivery devices to the existing Durham County Board of Health Smoking Rule. Durham County is one of just a few counties in North Carolina to take this step. As of January 1, 2016, the use of cigarettes and e-cigs is prohibited on the following:

- City and County of Durham grounds including playgrounds, trails and parks
- Areas within 100 feet of bus stops
- Enclosed shopping malls, elevators
- Durham Station Transportation Center excluding designated smoking areas
- Durham Train Station excluding designated smoking areas and
- Some sidewalks

For a complete list of areas affected by the Board of Health Smoking rule, visit www.dconc.gov/publichealth.

RWJF Culture of Health Prize Mini-Grants- The Partnership for a Healthy Durham used its \$25,000 award from the 2014 *RWJF Culture of Health Prize* to fund four Durham projects. The projects selected promote health and equity around Durham's health priorities and align with Partnership for a Healthy Durham's committee action plans. The projects include:

- **HELP- \$10,000**
This program from Project Access of Durham County offers free durable medical equipment for loan to Durham County residents in need.
- **Durham Knows- \$5000**
Public health campaign to destigmatize and encourage testing among Durham County residents and promote the idea that everyone should know their HIV status.
- **Safe Routes to School- \$5000**
Offer bicycle/pedestrian safety "Let's Go, NC!" curriculum and provide bicycles and equipment to fourth grade students at selected elementary schools.
- **Double Bucks for Seniors- \$5000**
Support Grocers on Wheels in providing vouchers to low-income seniors to purchase fresh local fruits, vegetables, dairy, and meat at mobile markets.

Emerging Issues

Increased Smoking and E-Cig Rates Among Teens- The Centers for Disease Control and Prevention (CDC) reports that e-cigarette use among middle and high school students tripled between 2013 and 2014. This trend is seen among North Carolina youth as well. This increase in e-cig use by teens can be addressed through strategies such as the regulation of the manufacturing, distribution and marketing of tobacco products, increasing prices of tobacco products, implementing and enforcing comprehensive smoke-free laws and sustaining anti-tobacco media campaigns.

Seeing Issues through a Racial Equity Lens- Public health has acknowledged the role of factors that affect health such as poverty, education, etc. and their impact on health status. Moving beyond understanding social determinants of health, seeing issues through a racial equity lens allows institutions to better address health disparities and the systemic infrastructure that causes these inequities. The 14th annual Duke/Durham Health Summit in Spring 2016 will focus on creating collaborations to achieve health equity in Durham.

Access to Healthcare

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

It is estimated that 43,636 Durham residents between the ages of 18 and 64 or 15.8% of the adult population are uninsured. Approximately 4,939 (7.9%) of Durham County children lack health insurance.⁴ Both figures represent a drop in the percentage (3.2% for adults and 2.2% for children) of uninsured since the 2013 SOTCH report.

The Access to Healthcare committee strives to increase the number of residents with insurance through education and coordination of Affordable Care Act (ACA) enrollment events. The committee also works to assure healthcare options for those without insurance. An estimated 500,000 North Carolinians are caught in a coverage gap due to lack of Medicaid expansion.⁵ Individuals and families who do not qualify for Medicaid and are not eligible for ACA subsidies remain uninsured. North Carolinians eligible for ACA have benefited by gaining access to affordable health insurance with multiple choices in plans.

Most Likely to be in Coverage Gap and Uninsured⁵

- ◆ Households with income below 133% of the Federal Poverty Level
- ◆ Workers in low-wage jobs without benefits
- ◆ People of color
- ◆ Ages 35-54
- ◆ Not a citizen



15.8% of Durham County adults are uninsured⁴

Concerns

- ◆ Failure to expand Medicaid in North Carolina has left tens of thousands of North Carolinians without insurance coverage.
- ◆ Difficulty in gaining dental care access for those without health insurance.

Progress and Next Steps

The Access to Care committee continues to support the Medical Respite Program which provides healthcare for the homeless. A team led by Project Access of Durham County (PADC) was awarded a \$600,000 three-year grant from the Hillman Foundation in 2015. The grant will fund nurse coordinator and community health worker positions. Program staff will focus on linking homeless patients with medical problems who are being discharged from hospitals or who are receiving mental health crisis treatment with ongoing care.

The Access to Care dental workgroup worked closely with LATCH and other partners to finalize *The Dental Care Gap* report which explores dental care access in Durham County for the uninsured and underinsured. The report can be found at www.healthydurham.org.

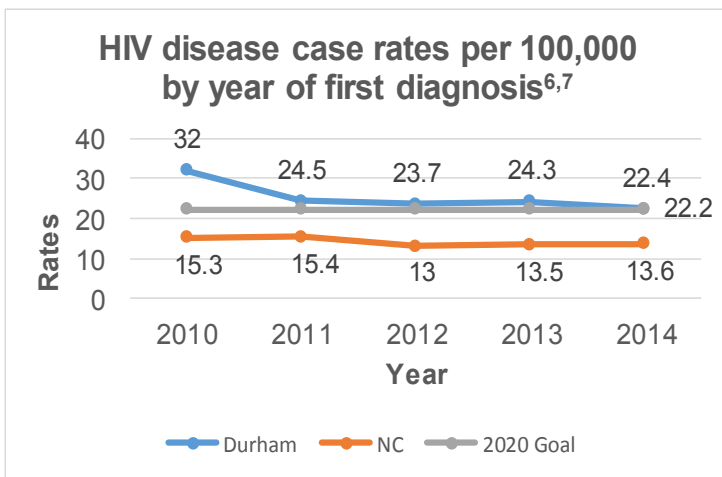
The Access to Care committee updated and reprinted English and Spanish versions of its *Medical Options* brochure. The brochure details free and low-cost health care options for the uninsured and underinsured. To date, nearly 2000 copies of the revised brochures have been distributed to local organizations and agencies.

HIV & other Sexually Transmitted Infections

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

The U.S. Preventive Services Task Force (USPSTF) recommends that everyone between the ages of 15 to 65 should be screened for HIV at least once. If individuals know their HIV status, they can take precautions to avoid spreading or contracting the disease. If someone tests positive for HIV, getting into treatment early can help an infected person to live a long, healthy life.

Durham County has the third highest rate of new HIV infections in North Carolina at 22.4 per 100,000 population. This is much higher than the state rate of 13.6 per 100,000. At the end of 2014, 1598 Durham County residents were living with HIV.⁶ Durham County rates of syphilis infection are also higher than the state average and increased sharply in 2013 and 2014. Efforts to reduce HIV and STI rates include the Durham County Department of Public Health's STD Testing Only program and Gilead grant which offer quick and confidential testing to expanded populations.

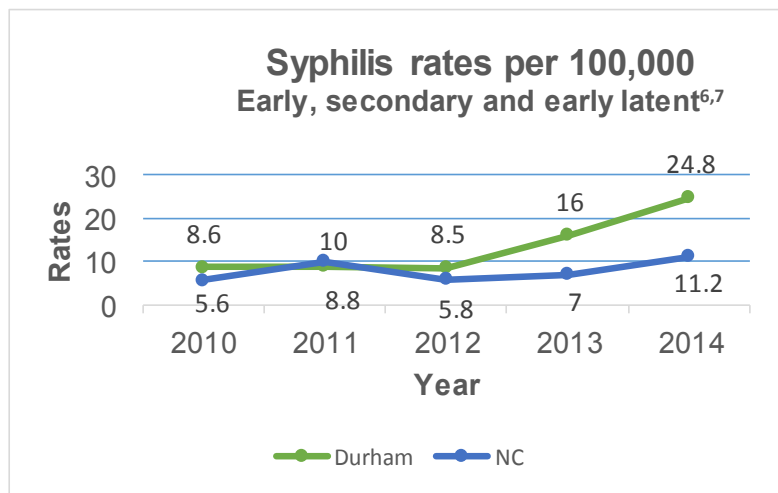


2014 Snapshot⁶

- ◆ Number of new individuals diagnosed with HIV: 66; AIDS: 47; Syphilis: 73
- ◆ Highest rates of newly diagnosed HIV infection occurred in the 20 to 24 years and 25 to 29 years age groups.
- ◆ 66% of newly infected individuals with HIV are men who have sex with men.

Concerns⁶

- ◆ Durham County Syphilis rates nearly tripled between 2012 and 2014.
- ◆ Syphilis rates were highest among 20 to 24 year olds followed by 25 to 29 year olds.
- ◆ Black/African American males had the highest rates of HIV and primary and secondary syphilis and early latent syphilis.



Progress and Next Steps

For the next three years, the HIV/STI committee's goal is to increase sexually transmitted infection testing by 3% through prevention, coordinated testing efforts and linkage to treatment. In 2015, the committee launched the Durham Knows campaign which encourages everyone between the ages of 15 and 65 to know their HIV status. Components of the campaign include social media messaging, distributing printed materials, educating about the availability of PrEP (a medication which can greatly reduce the risk of contracting HIV for at-risk individuals) and policy change at the health system level to make HIV testing universal. With funding from North Carolina Central University, the campaign will continue for at least two more years.

Obesity and Chronic Illness

Healthy NC 2020 Goals: Increase the percentage of high school students who are neither overweight nor obese to 79.2%.

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, people of color and those with less than a high school education.⁸ In 2014, 65.6% of adults in North Carolina were overweight or obese and only 32.5% were at an ideal weight.⁸ In contrast, the majority of Durham County high school students (57%) were neither overweight nor obese.⁹ The percentage of Durham County children, ages 2-4, served by the WIC nutritional program who are overweight (15%) or obese (16.5%) has decreased since 2010. Among this demographic, Durham County ranked 52nd (lower rate than 48 counties) in overweight and 75th (lower rate than 25 counties) in obesity compared to the other 99 counties in NC.¹⁰ More work needs to be done to meet Durham's goals for adult and childhood obesity reduction.

Snapshot

- ◆ 19% of high school students smoked cigarettes in the past 30 days.⁹
- ◆ 43% of high school students are overweight or obese.⁹
- ◆ 8.0% of adults have diabetes.¹¹



Concerns

- ◆ Only 32% of Durham high school students are physically active 60 minutes or more at least 5 days a week compared to 47% of high school students in North Carolina.⁹
- ◆ Slightly over half (53%) of Durham County middle schools students get the recommended amount a physical activity.⁹
- ◆ 45% of middle school students (17% over the state average) and 16% of high school students (12% below the state average) 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.⁹

Progress and Next Steps

The Obesity and Chronic Illness committee received two *RWJF Culture of Health Prize* mini-grant awards to bring the Double Bucks program to three senior housing communities through Grocers on Wheels. The Double Bucks program helps stretch Supplemental Nutrition Assistance Program (SNAP) food dollars farther. A bike and pedestrian safety curriculum will be done at three elementary schools. Students will be able to get physical activity by riding bikes during the safety classes. Both programs will be evaluated for effectiveness.

The Durham County Department of Public Health has supported Double Bucks programs at the Durham Farmer's Market and South Durham Farmer's Market through marketing, grant writing and evaluation. SNAP participation has increased by two to four times during peak Farmer's Market season (May through July) with the Double Bucks program.

* Based on NC-NPASS data of children seen in North Carolina Public Health sponsored WIC and child health clinics.

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%.*

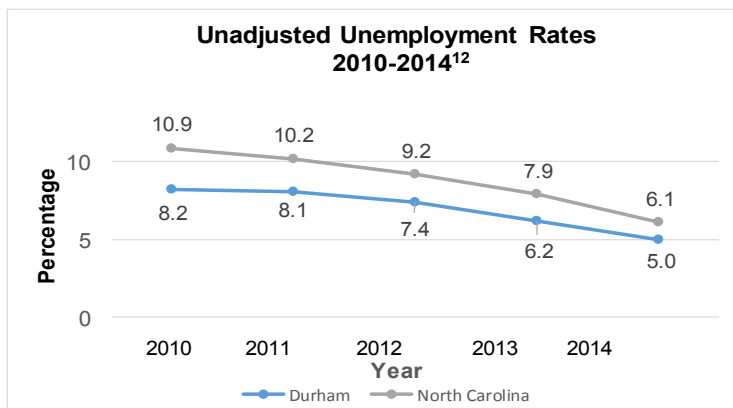
Poverty, education level and housing are three important social determinants of health. These factors are strongly correlated with individual health. People with higher incomes, more years of education, and a healthy and safe environment to live in have better health outcomes and generally have longer life expectancies. In 2014, 18.1% of Durham County residents and 17.6% of North Carolinians had incomes below the poverty line. Female single-parent families are more than six times as likely to live in poverty compared to married couple families.⁴ Over the last few years unemployment, which is at 5% in Durham County, has been decreasing as the economy improves.¹²

2014 Snapshot

- ◆ 758 individuals were identified as homeless in the 2014 Point in Time count.¹³
- ◆ 12.5% of all families are below the poverty line.⁴
- ◆ 4.6% of married couple families are below the poverty line.⁴



30.7% of Durham County female single parent households live in poverty.⁴



Concerns

- ◆ The poverty rate among single mothers with related children under five is particularly high (44.1%)⁴
- ◆ Costs of childcare, housing, education and healthcare are rising at a faster rate than incomes.

Progress and Next Steps

The Mayor's Poverty Reduction Initiative began in 2014 to lessen poverty in census tract 10.01, Northeast Central Durham. The initiative formed task groups around employment, public safety, finance, health, housing and education. To date, task forces have implemented strategies such as advocating for an ATM located in Northeast Central Durham, developing a Community Health Worker training program and providing trainings around safety issues.

Durham Congregations Associations & Neighborhoods (CAN) continues to advocate for public-private partnerships to bring affordable housing in and near downtown Durham. They have identified property sites that could serve as affordable housing locations.

The Durham City Council has set a goal of ensuring that at least 15% of housing in transit-served districts be affordable to households with incomes below 60% of the area's median income.

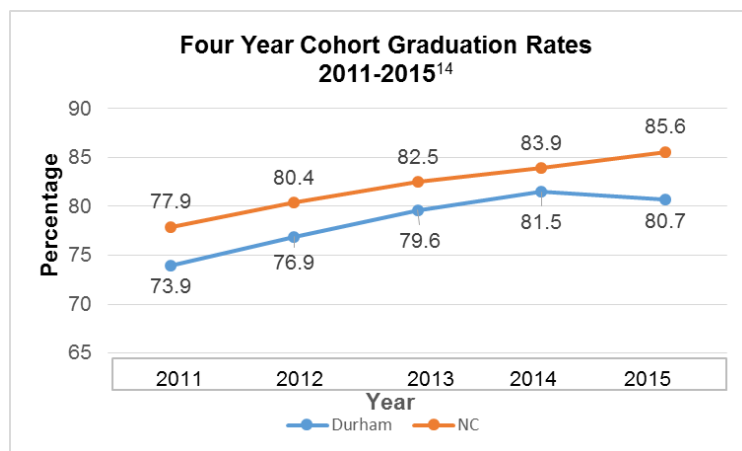
Education

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 80.7% in 2015, which is great progress. However, nearly one in five students that enters high school does not graduate. Certain groups have particularly low graduation rates: males (75.4%), African-Americans (79.6%), Hispanics (72.2%), students who are limited English proficient (46.9%) and students coming from low-income families (76.4%).¹⁴ 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.¹⁴ Durham is on the right track to meet the Healthy NC 2020 Goal.

**Snapshot:
Least Likely to Graduate¹⁴**

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



Concerns¹⁵

- ◆ The average income for a high school dropout is \$20,241 compared to \$30,627 for a high school graduate.
- ◆ High school dropouts are more likely to be unemployed, use government assistance, and be imprisoned.
- ◆ When compared to the typical high school graduate, a dropout will end up costing taxpayers an average of \$292,000 over a lifetime.

Progress and Next Steps

In the last several years, Durham Public Schools (DPS) has implemented several programs to make sure adolescents are ready to learn and stay in school. Duke Integrated Pediatric Medicine works closely with DPS to provide training to school staff and improve how mental health issues are dealt with. The Forward Future Center allows DPS and partners to combat truancy and return students to their school. DPS has made a strong effort to reduce short-term out-of-school suspensions. Numbers reached a five-year low during the 2013-2014 school year.¹⁶ DPS now has a universal free breakfast program and is working towards a universal free lunch program for all students.

Durham Public Schools changed policy to push back high school start times by an hour and a half beginning in the 2016-17 school year. Class will start at 9 a.m. and end at 4 p.m., resulting in students being able to sleep one and a half hours longer. Moving the start time will align the school schedule to the biological sleep rhythms of youth, whose sleep-wake cycles begin to shift up to two hours later when puberty begins. Teens who get enough sleep have a lower risk of being overweight or suffering depression and have better grades.¹⁷

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.

In recent years, the amount of painkiller drugs prescribed and sold in the U.S. has greatly increased. As a result, misuse of prescription drugs and opioid overdoses have become an epidemic across the country and North Carolina. Misuse occurs when the drug is not taken as prescribed or a person takes medication that is not prescribed to them. Those most at risk for painkiller abuse and overdose include those on high daily doses of prescription painkillers, having mental illness or a history of alcohol or other substance abuse and living in rural areas and having low income.¹⁸ In Durham County, there were 430 opioid related visits to the emergency department between 2008 and 2013.¹⁹ Durham had 40 opioid overdose reversals between August 2013 and February 2016.²⁰ Solutions for addressing the epidemic include safe prescribing practices by providers, city and state policies such as prescription drug monitoring programs and making naloxone more easily available.

Middle & High School Student Snapshot⁹

- ◆ 24% of middle and high school students reported feeling sad or helpless.
- ◆ 13% of middle school and 12% high school students made a plan to commit suicide.
- ◆ 7% of middle school and 35% of high school students smoked marijuana in last 30 days.

Concerns

- ◆ Difficulty in accessing mental health services for individuals without insurance.
- ◆ Need for local inpatient beds for youth and adolescents at mental health and substance abuse facilities.
- ◆ Increase in misuse of opioids and of opioid overdoses.



1 in 4 high school students have taken a prescription drug without a prescription.⁹

Progress and Next Steps

In 2015, the Durham County Department of Public Health began issuing naloxone kits to the community to help prevent deaths from opioid overdoses. Naloxone is a medication that can reverse a life-threatening opioid overdose caused by certain prescription pain killers and heroin.

The Substance Use/Mental Health committee has reached out to law enforcement to discuss the benefits of having policies in place to equip officers with naloxone in order to respond to overdoses. Similar policies in other communities have saved lives. The committee is also aiming to work with faith-based organizations to provide trainings and education based on the organization's needs around mental health and substance use. The committee is also working to update a resource list for providers to help them make better referrals to pain, mental health and substance use disorder services.

This report was prepared by the Durham County Department of Public Health with assistance from the Partnership for a Healthy Durham. The Partnership for a Healthy Durham is a coalition of agencies and community members focused on improving the physical, mental and social health and wellbeing of Durham County residents. The printing of this report was sponsored by the Durham County Department of Public Health and Duke Health.

For more detailed information about this report or how the Partnership for a Healthy Durham is addressing these health priorities, visit <http://www.healthydurham.org> or call (919) 560-7833.



Data Sources: State of Durham County's Health Report

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Initiatives Supported by *RWJF Culture of Health Prize* Mini-grants



Health Equipment Loan Program (HELP)
Project Access of Durham County



Durham Knows campaign
HIV/STI committee



Double Bucks for Seniors
Grocers on Wheels



Safe Routes to School
Durham Bike Co-op

Where to Find the Partnership for a Healthy Durham



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