EXECUTIVE SUMMARY

The following document is the culmination of almost two years of assessing the health needs of Durham County. We have made every attempt to include a variety of community health topics and to represent a broad range of opinions, ideas and data about the county. There may be areas of interest that are not included in this report; however, we feel that this report represents the opinions of a significant portion of community members, health care providers and stakeholders. This assessment and report was led by the Coordinator of the vibrant Partnership for a Healthy Durham, which is the certified Healthy Carolinians program in Durham County. For more information on the Partnership for a Healthy Durham, please visit www.healthydurham.org or find us on facebook.

The goal of Durham's 2011 Community Health Assessment was to provide, in one location, a compilation of valid and reliable information about the health of the Durham community. We have strived to do this in ways that will make it easy for members of the Durham community to access and understand the information. There are 12 chapters with 53 sections on various community health topics.

Assessment process

The 2011 assessment process included 207 citizen surveys from randomly selected households and 10 community listening sessions with 283 community members. A Community Health Assessment Team – comprised of more than 95 members representing hospitals, universities, local government, schools, non-profit organizations, faith-based organizations and businesses – worked to direct the activities of the assessment and provide written content and expertise on issues of interest.

Each Durham Community Health Assessment culminates in the selection of new health priorities. Thirteen top health issues were identified using key findings from:
1) Durham Community Health Opinion Survey; 2) Healthy North Carolina 2020 Objectives; and 3) the top causes of deaths in the county. Community listening session participants were asked to select the county's *top five* health priorities from this list. The results of the listening sessions were weighed heavily in the final decision. In October 2011, the Partnership for a Healthy Durham unanimously approved six priority areas for the next three years. The next step is a strategic planning process to create a three-year action plan for Durham County.

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. Current and previous assessments and health reports can be viewed at www.healthydurham.org.

Sources

Data in the 2011 Community Health Assessment came from:

1. *2010 Durham Community Health Opinion Survey* – census data and GIS technology were used to randomly select 210 households to participate in the survey;
2. 2010 *Behavioral Risk Factor Surveillance Survey* (BRFSS) for Durham County – a random phone survey of 600 residents;
3. *Youth Risk Behavior Survey* (YRBS) – a survey of 460 middle school students and 489 high school students attending Durham Public Schools;
4. *Community Listening Sessions* in which 283 individuals from different parts of Durham participated;
5. Reports from ten *Durham Health Innovations (DHI)* teams - a partnership between Duke Medicine and the Durham community that seeks to improve the health status of residents;
6. North Carolina State Center for Health Statistics;
7. 2010 U.S. Census and
8. Agencies and organizations in Durham County.

Throughout the assessment we compare Durham's rates with those of North Carolina and its three peer counties: *Cumberland, Guilford* and *Wayne*. Data citations from each section appear at the end of the corresponding chapter of the health assessment.

SUMMARY OF FINDINGS

State and County Overall Health Rankings

- North Carolina: 35 out of 50 states
- Durham County: 9 out of 100 counties

Source: www.countyhealthrankings.org

Areas to celebrate

Durham Exceeds State Health Goals:[1]

North Carolina has set 40 statewide health objectives with targets to reach by 2020. Durham County currently meets eight of the Healthy NC 2020 Targets, including the:

- Unintentional poisoning mortality rate
- Percentage of women who smoke during pregnancy
- Percentage of traffic crashes that are alcohol-related
- Suicide rate
- Rate of mental health-related visits to emergency departments
- Air monitor sites meeting the current ozone standard
- 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 five additional areas in which Durham County's rates are significantly better when compared to North Carolina, including the:

- Percentage of current adult smokers
- Percentage of people exposed to secondhand smoke in the workplace
- Infant mortality rate
- Unintentional falls mortality rate
- Cardiovascular disease mortality rate

Good place to raise children

In the *Community Health Opinion Survey,* taking into consideration the quality and safety of schools and child care programs, after school programs, and places to play in this county, 84% of residents agreed or strongly agreed that "Durham County is a good place to raise children."[2] Moreover, the pregnancy and fertility rates are much higher in Durham County among women ages 30 and older compared to the state.[3]

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 (19.4% vs. 8.5%).[4] 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. Durham places a high priority on education; in fact, voters just approved a quarter-cent education sales tax expected to produce $9 million a year to support Durham Public Schools, Durham's Partnership for Children and Durham Tech. Additionally, 19% of Durham Public School students are identified as academically and intellectually gifted (AIG), which is higher than the state average.[5,6]

Decreasing crime rates

In 2010, overall Part 1 index crime, which measures both violent crime and property crime cumulatively, was the lowest it had been in almost a decade, dropping 31% since 2001. Durham's rate crime is at or below average compared to communities of similar size and makeup nationally and in the Southeast.[7]

Better access to dental care

Durham is the only county amongst its peers and the State in which the percentage of dental-related visits in the past year *increased* from 2008 to 2010. Dental-related visits for peer counties have actually *decreased* during these same years; at the State level, the number of visits has remained the same.[8]

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 (1:352). This compares to the state ratio of 1:859 and far exceeds the national benchmark (1:631). Durham County is ranked second highest in the state for Clinical Care.[9] 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.

Abundance of parks and open spaces

Durham County is home to 68 parks with 1,800 acres, 15 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, five dance studios, five pools, two fitness facilities and two indoor walking tracks.[10]

Most pressing health concerns & priority issues

The *Durham County Community Health Opinion Survey* asked residents to rank their top three environmental issues, community issues, risky behaviors and health problems.[11] They are:

ENVIRONMENTAL ISSUES	COMMUNITY ISSUES	RISKY BEHAVIORS	HEALTH PROBLEMS
1. Safe and clean drinking water	1. Gang involvement	1. Drug or prescription medication abuse	1. Addiction drugs, alcohol or prescription pills
2. Unsafe, unmaintained roads	2. Homelessness	2. Alcohol abuse	2. Obesity and overweight
3. Population growth	3. Unemployment; lack of positive teen activities*	3. Violent behavior	3. Heart disease and heart attacks

*Note: There was a tie between unemployment and lack of positive teen activities.

Residents were also asked this open-ended question:
What one thing would make Durham County or your neighborhood a healthier place to live?
The three most popular categories of responses were healthy eating and exercise, community unity, and access to healthcare.[12]

The Partnership for a Healthy Durham's six newly adopted health priorities are summarized below. In 2012, we will begin a strategic planning process to generate a three-year action plan for Durham County and form action groups to addresses these priorities.

Partnership for a Healthy Durham, 2012-2014 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

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. Poor diet and physical inactivity, both of which are very closely associated with obesity, combined were the second leading cause of preventable death in North Carolina in 2007.[13] 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%;[14] Durham Public School high school students, 28.3%;[15] and entering kindergarteners, 18%.[16] Diabetes is the 5th leading cause of death in Durham County and 7% of adults have diabetes.[17]

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 (25.8% vs. 4.2%) and 51.7% of female single-parent families with related children under 5 years are living in poverty.[18] Moreover, 53.3% of residents spend more than 30% of their income on rental housing.[19]

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. 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.[20] In Durham County, the four-year high school graduation rate is 69.8% compared to North Carolina's rate of 74.2%. The overall 4-year cohort graduation rate has increased by nearly 4% since 2005-06, but there is still a disparity in the percentages of White versus minority students who are graduating from high school. For example, 87% of Whites graduated in 2009-2010 compared to 63% of Blacks and 58% of Hispanic students.[21]

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, 22.6% of individuals less than 65 years are uninsured.[22] If the majority of the Affordable Care Act (ACA) is implemented as intended, most of Durham County residents should have access to health insurance by 2014; the largest proportion of the projected uninsured are undocumented immigrants.[23]

Mental health and substance abuse

An estimated 17,000 residents of Durham County need mental health treatment and 19,000 need substance use treatment.[24] Alcohol is the primary substance abused by Durham County residents seeking crisis detoxification services and by adolescents in Durham's middle and high schools.[25] Respondents in the *Community Health Opinion Survey* identified addiction to alcohol, drugs or prescription pills as the number one community health problem.[26] Compared to minority students, white middle school students (80.6%) were significantly more likely to report feeling good about themselves. Hispanic students were significantly more likely to report *not* feeling good about themselves, report drinking more heavily and attempting suicide more often when compared to students of other ethnicities.[27]

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 4th highest in North Carolina, with an average rate of HIV disease (32.7 per 100,000) well above the state rate (19.3 per 100,000).[28] Blacks have an HIV rate that is 9 times higher than the rate of whites.[29]

Emerging issues

Each section of the document includes data on emerging issues, but some issues were themes throughout the document. There are increasing numbers of immigrants in the community, predominately of Hispanic origin, but also from Burma and many other parts of the world. Prior to 2008, an average of 40 to 50 new refugees arrived annually in Durham County. However, Durham County experienced a 450% increase in refugee settlement with 253 refugees in 2010.[30] The Hispanic population in Durham has increased from just over 1% in 2000 to 13.5% in 2010. Additionally, since 2000 the older adult population has risen by 16% and is projected to grow by at least 44% by 2025.[31] There will need to be more culturally diverse services and information made available to help these new residents remain healthy in our community.

Conclusion and next steps

The findings from this 2011 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
- Form new Partnership for a Healthy Durham action groups to address the six identified priorities
- Develop Community Health Action Plans to be submitted to the State of North Carolina by June 1, 2012

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