

2009

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?

What is the State of the County Health report?

Every four years Durham County conducts a comprehensive community health assessment in which county residents are interviewed about their health and data is compiled from many sources. The most recent assessment was completed in 2007 and the next community health assessment is in 2011. In the interim years, this report is presented to the public. The State of Durham County's Health report highlights challenges, progress and addresses any emerging issues.

What topics are covered in this report?

- ◆ County demographics
- ◆ Leading causes of death
- ◆ Economy
- ◆ Health improvements
- ◆ Health priorities: trends, challenges, and successes
- ◆ Emerging issues
- ◆ Data sources



Electronic copies of this report are available at:

www.healthydurham.org

State of Durham County's Health Report

2009



Partnership for a Healthy Durham

The Partnership for a Healthy Durham and the Durham County Health Department are pleased to release the annual State of Durham County's Health Report for 2009. 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 eight health priorities. Its purpose is to educate the community about the health of its citizens, as well as serve as a resource for grant writing, local policies, budgets, and programs. This is a statewide effort to meet the Healthy Carolinians 2010 health objectives.

The Partnership for a Healthy Durham, the local Healthy Carolinians partnership, is a coalition of local agencies and citizens dedicated to improving the physical, mental, and social health and well-being of Durham residents. It also serves as the Durham City & County's *Imagine Durham* Health workgroup.

2008 Durham County Demographics¹

The estimated 2008 population of Durham County is 262,715.

Sex	Estimate	Percent
Male	128,370	48.9%
Female	134,345	51.1%
Race	Estimate	Percent
White	148,566	56.6%
Black or African American	97,813	37.2%
American Indian	1,069	0.4%
Asian	11,540	4.4%
Other race/multi-racial	3,727	1.4%
Ethnicity	Estimate	Percent
Hispanic (of any race)	32,248	12.3%

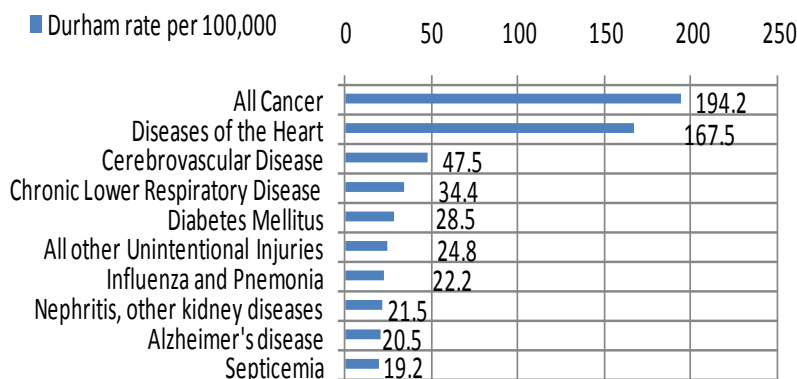
Health Priorities

Identified from the 2007
Community Health Assessment
(www.healthydurham.org)

- ◆ Access to Healthcare
- ◆ Adolescent Pregnancy
- ◆ HIV/STDs
- ◆ Infant Mortality
- ◆ Injury Prevention
- ◆ Mental Health
- ◆ Obesity & Chronic Illness
- ◆ Substance Abuse

Leading Causes of Death,² 2004-2008

Age-adjusted death rates



Death Rates:

Top Racial Disparities²

1. AIDS
2. Homicide
3. Diabetes
4. Nephritis, kidney diseases
5. Prostate Cancer

Impacts of a Recession

While nationally and locally the economy may be coming out of a recession, Durham County residents were hit much harder this year compared to 2008. In September 2009, 11,112 residents or 8% of the labor force was unemployed. This is lower than North Carolina's unemployment rate of 10.4%, but these are unprecedented unemployment rates in Durham County.³ Despite increased layoffs, Durham County remains a job mecca with Durham residents making a work force of ~140,000 workers, and more

than 182,000 people (including non-county residents) who actually work within Durham County's borders.⁴

Unemployment impacts the health of county residents. Many unemployed and increasing numbers of employed individuals and families do not have health insurance, enough money to pay their rent or mortgage or meet basic household needs. A difficult economic climate, however, has compelled many local agencies to be creative and work together to best serve Durham's residents.

Jan – Sept 2009 Snapshot⁵

- ◆ 31,064 residents receiving Food and Nutrition Service (food stamps) benefits
29% ↑ from FY 2008
- ◆ 11,112 unemployed
52% ↑ from Sept 2008
- ◆ 36,024 Medicaid recipients
15.7% ↑ from FY 2008

Major Durham County Layoffs in 2009⁴

COMPANY	PRODUCT	# LAYOFFS	REASON
AW North Carolina	Transmissions	780	Economic conditions
Sony Ericsson Mobile Communications	Electronics	450	Downsizing
Silverline Building Products LLC	Windows Manufacturing	428	Housing decline
IBM Corporation	Computers	334	Resource action
Motricity, Inc.	Technology	250	Acquisition

Strides made in health this year

While Durham faces challenges to improving the health of county citizens, there are many successes to celebrate.

Key statewide legislation on health issues was passed which prohibits bullying in schools, will give students more information on sexual health, and will prohibit smoking in bars and restaurants.

Project Access of Durham County enrolled 1,122 uninsured patients from Lincoln Community Health Center in its first year of operations. These patients received specialty medical care and services donated by local physicians, hospitals, and other providers. Patients also benefitted from care coordination and disease management provided by a nurse case manager and health educator at LATCH, a program of Duke Community Health.

Three new community healthcare clinics opened this year.

There are two new "free clinics" in Durham that provide care to the uninsured at no cost. They include CAARE, Inc. and The Samaritan Health Center, which is for residents at the Durham Rescue Mission. The Holton Career and Resource Center was just renovated and now offers a health clinic supported by the Lincoln Community Health Center and Duke Medicine.

Construction of the new Human Services Complex began this year and the first phase will be completed in the fall of 2010. This building will bring together county agencies which serve the public including health, social services, and mental health/substance abuse services.

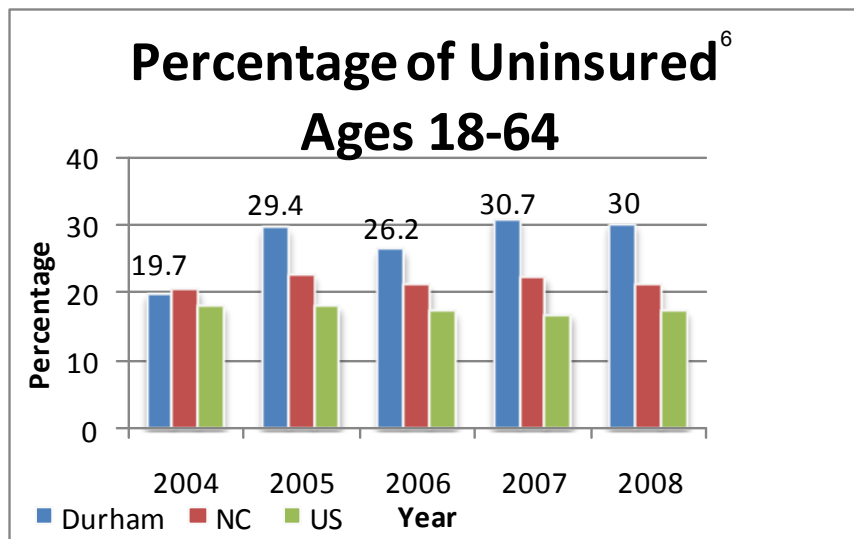
Access to Healthcare

*Healthy Carolinians 2010 Goal: 100% of adults 18 years and older will have health insurance coverage
100% of children, ages 0 to 18, will have access to health insurance*

The percentage of Durham adults and children who report having no health insurance continues to rise. Our healthcare system is employer-based, which means that the number of uninsured individuals is greatly impacted by economic downturns and unemployment. In 2001, 12.5% of *all* adults in Durham had no insurance and in 2008 this rose to 26.6%. For adults between the ages of 18-64 years, most of whom are not eligible for Medicare, residents without insurance rose from 19.7% in 2004 to 30% in 2008.⁶ From 2007-2009, North Carolina experienced a 22.5% increase of uninsured residents, which was the largest percentage increase in the United States.⁷ The Access to Healthcare committee set a goal to reverse these trends in Durham, but national health insurance reform is likely to make the greatest impact.

Snapshot of the Uninsured in NC⁸

- People with less education
- Lower incomes (under 200% of federal poverty level)
- Employees of a small business (less than 25 employees)
- Males
- Minorities and non-citizens
- Under age 45



Concerns

- ◆ High Numbers: It is estimated that 11,000 or 15.1% of all Durham children are uninsured⁹
- ◆ It is becoming increasingly difficult for many employers to offer good healthcare coverage plans and many small businesses can no longer afford to offer their employees any coverage
- ◆ 29.5% of Durham residents do *not* have someone they think of as their personal health care provider⁶
- ◆ 16.6% of residents needed to see a doctor in the past year but could not because of the cost⁶

Progress and Next Steps

The Access to Care Committee remains actively engaged in the development and evaluation of the newly formed healthcare nonprofit - Project Access of Durham County (PADC). PADC served 1,122 Lincoln Community Health Center patients in need of specialty care in its first fiscal year. The generosity of Duke Medicine and community providers and the partnership with Lincoln providers has been phenomenal.

The committee hosted a “Cover the Uninsured” forum and instigated conversations about healthcare access in the media and faith communities. These efforts were in conjunction with the national Robert Wood Johnson Foundation campaign.

There are now three subcommittees working on: 1) community in-reach and out-reach to engage more stakeholders and community members in the committee’s activities; 2) improving and creating publications and web-based sources regarding information on access to healthcare in Durham; and 3) a possible designation of a Durham franchisee of the Care Share Health Alliance to oversee organization and coordination of healthcare services to uninsured county residents.

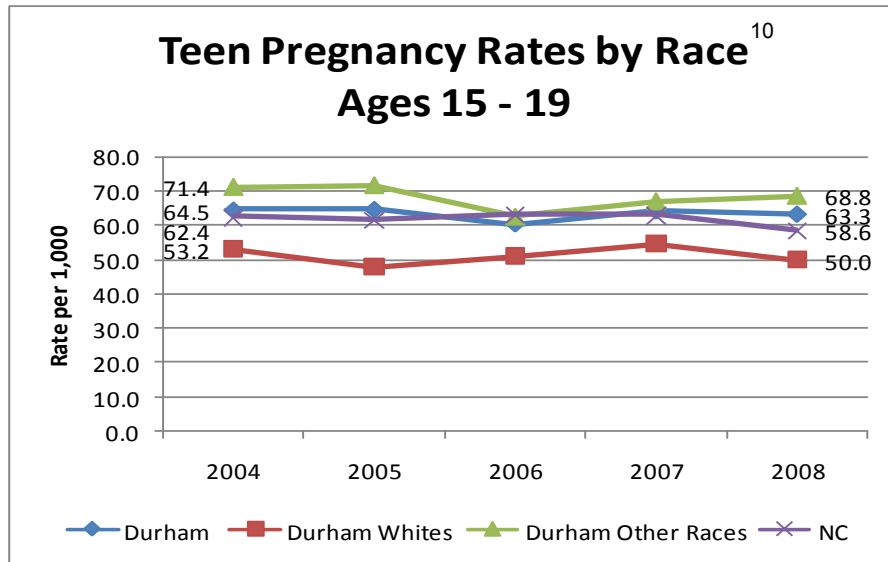
Adolescent Pregnancy

Healthy Carolinians 2010 Goal: Reduce the rate of unplanned pregnancies in adolescent females ages 10 -19 to 10 per 1000

Durham's adolescent pregnancy rate has remained relatively stable since 2003. The current (2008) rate of pregnancies among 15-19 year old teens in Durham is 63.3 per 1,000, which is a slight decrease from last year's rate of 64.3. There were 614 total teen pregnancies. This is actually 20 more overall pregnancies than last year, but 31 fewer pregnancies among Hispanic teens.¹⁰ North Carolina's overall adolescent pregnancy rates for 2008 fell to a 30-year low, which has been credited to an investment in evidence-based pregnancy prevention programs. The Durham Coalition on Adolescent Pregnancy Prevention (DCAPP) aims to reduce the teen pregnancy rate by 2% each year. The 2008 rate decreased by 1.6% compared to the previous year's rate.

2008 Snapshot^{10,11}

- ◆ Durham's teen pregnancy rate is slightly higher than the average county in North Carolina.
- ◆ Hispanic teens (ages 15-19) have a pregnancy rate that is *three* times the Durham County rate, but this is an improvement from last year.
- ◆ 600 pregnancies among ages 15-19
- ◆ 14 pregnancies among ages 10-14



Concerns^{10,11}

- ◆ Racial disparities: 87% of pregnant girls in Durham are African American or Hispanic
- ◆ Repeat pregnancies: 31% of all adolescent pregnancies in 2008 were among girls ages 15-19 who had previously been pregnant

Progress and Next Steps

DCAPP is a coalition of agencies that work with youth-oriented programs around the county to support teens' education, self-esteem, and healthy development. Annually, DCAPP sponsors three popular community-wide events targeting adolescents and their social networks including, a Teen Summit, a community leaders' brunch, and Let's Talk Month activities.

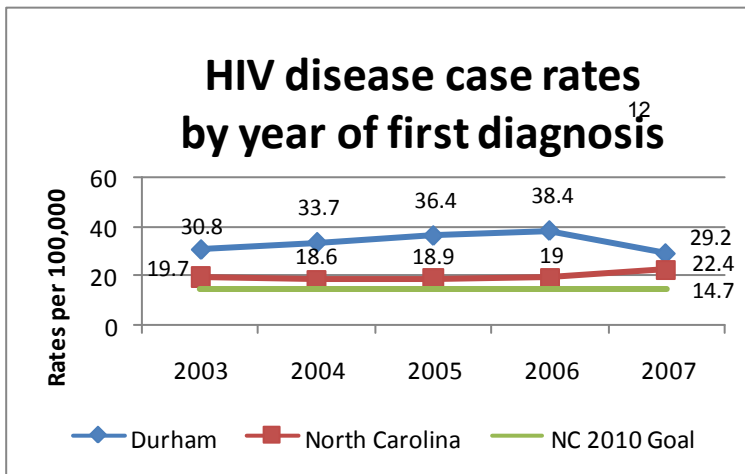
In 2009, DCAPP implemented BUS STOP, a performance piece written and performed by a group of local teens to address adolescent pregnancy in Durham. DCAPP successfully facilitated a week-long Pull the Plug Campaign which encouraged adults and teens to pull the plug on media and communication. In addition, DCAPP advocated and supported the passing of the "Healthy Youth Act" which provides reproductive health and safety education to all North Carolina middle school students.

Next year, DCAPP plans to continue collaborating with the health department's Plain Talk program which focuses on engaging parents and the community on how to speak to their children about sexuality issues. In addition, DCAPP will collaborate with others partners to advocate for accessible reproductive health for both male and female adolescents.

HIV & other Sexually Transmitted Infections

Healthy Carolinians 2010 Goal: 14.7 HIV infections per 100,000 individuals; total elimination of syphilis.

If people know that they are infected with HIV, they can take better precautions against exposing others, and they can access life-extending treatments sooner. This year, the North Carolina State Center for Health Statistics presented the HIV data by the date of first diagnosis rather than the date of report filed. This is a positive change since the date of report was often filed in a different year than the date of diagnosis. However, this change alters the chart compared to last year (eg. 2007 rate of 29.8 vs. 38.1) and the enhanced data surveillance means there is a greater lag in the data collection. Over the last few years, Durham’s overall rate of HIV has seen slight annual increases, but there was a larger decrease in 2007. Since 2005, Durham’s syphilis rate has been increasing more dramatically, but decreased in 2008. It’s too early to tell if these decreases are anomalies or will become data trends. Durham’s 2007 HIV case rate is currently 29.8 per 100,000, which is higher than the North Carolina rate of 22.4. Syphilis rates in Durham decreased to 15.2 per 100,000 but are almost three times higher than the state’s rate of 5.6.¹² The HIV/STD Community Advisory Council set a goal to reduce Durham’s HIV and STD rates by 10% by 2010.

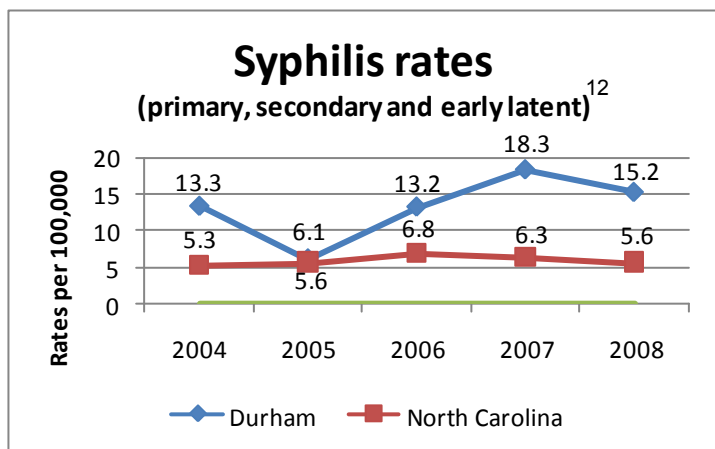


2008 Snapshot¹²

- ◆ Number of individuals diagnosed with Syphilis: 39; HIV: 190, AIDS: 87
- ◆ Blacks have a syphilis rate that is almost twice that of whites
- ◆ Durham County is ranked #3 for highest rates of HIV in NC
- ◆ The most common HIV exposure route for males was sex with other men and for women it is most common to have a risk not specified.

Concerns

- ◆ Racial disparities: With both HIV and syphilis, there is a clear racial disparity as blacks have much higher rates compared to whites.
- ◆ While most residents know about HIV, many do not apply prevention strategies or see themselves at risk.
- ◆ Many newly infected individuals did not identify a risk factor



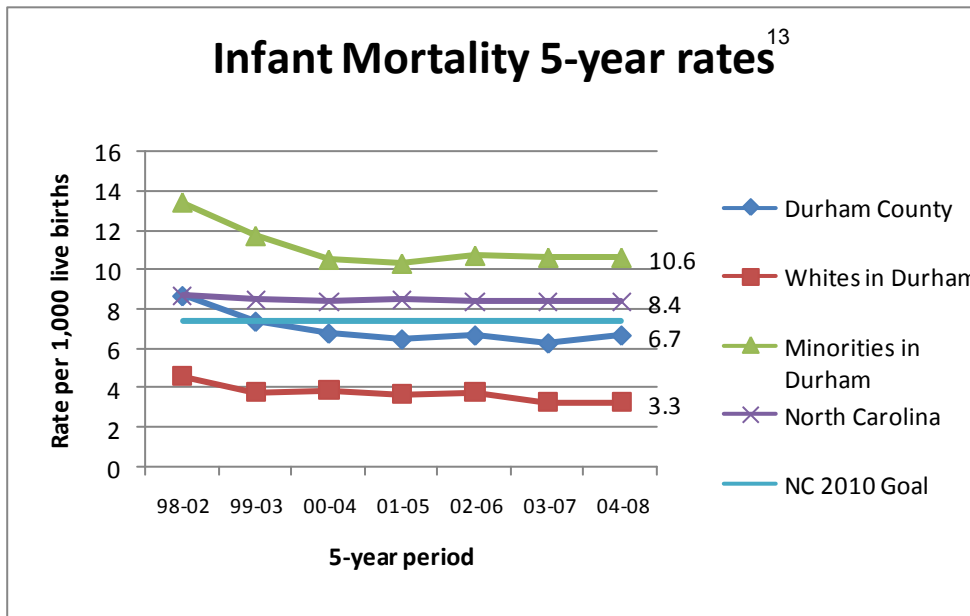
Progress and Next Steps

Community testing efforts have increased, and the latest HIV and syphilis data show modest decreases. It is difficult, however, to assess the impact of testing and the actual prevalence of sexually transmitted infections. Although it is possible that rates are beginning to decrease, it is not likely that Durham or North Carolina will meet the Healthy People 2010 goals for HIV and particularly syphilis. This year the HIV/STD Community Advisory Council held its annual Durham World AIDS Day event and members created a wallet-sized bilingual card of local testing sites. Funding has been secured to print the cards in 2010. There are several community-based participatory research projects working to identify barriers to HIV testing. The Council also began collecting data on the number of individuals tested and identified as positive. Many members were also engaged in the Durham Health Innovations HIV planning project, and some of that plan may be implemented over the next few years.

Infant Mortality

Healthy Carolinians 2010 Goals: 7.4 infant deaths per 1,000 live births; Reduce the incidence of low birth weight to 7% Increase proportion of women receiving prenatal care in first trimester to 90%

The infant mortality rate is often used to measure the overall health of a community. Infant mortality refers to a baby who was born alive, but died before reaching his or her first birthday. The infant mortality rate in Durham has remained stable over the past few years. Durham's 2008 infant mortality rate was 6.7 per 1,000 live births and 13.6% of babies were low birth weight. North Carolina had an infant mortality rate of 8.2 and 7.3% of babies were low birth weight.¹³ The Infant Mortality Reduction committee has set a goal of 25% reduction in infant deaths and low birth weight babies in African American families by 2010. Using the 1999-2003 rate, that means reducing the African American infant mortality rate to 9.75 per 1,000 and low birth weight babies to 10% of live births. The chart below shows that minorities currently have an infant mortality rate of 10.6.



2008 Snapshot^{13,14}

- ◆ 4,624 live births (58% white, 42% minority)
- ◆ 31 babies died (68% minority, 32% white)
- ◆ The top three causes of deaths for babies in NC are: conditions surrounding time of birth, prematurity and low-birth weight, and congenital malformations.
- ◆ In NC, 64% of babies died in the first 27 days of life whereas 36% died between 28 days and one year of life.
- ◆ 264 or 13.6% of babies were low birth weight
- ◆ 90% of women began prenatal care within the first trimester

Concerns

- ◆ Racial disparities: Although minorities make up 42% of all Durham births, they account for approximately 68% of all infant deaths and low birth weight babies. Blacks are the minority group that are most impacted.

Low Birth Weight

(less than 5.5 pounds)

Low birth weight and preterm birth (37 weeks or less) are major risk factors for infant mortality. Children who are born too small or too early can also have developmental and other health problems throughout their lifetime.

Progress and Next Steps

Durham's overall infant mortality rate has met the North Carolina 2010 goal for several years and in 2008 met the goal of 90% of women in prenatal care within their first trimester. Durham is still working to reduce the percentage of low birth weight babies and decrease the racial disparity. This year, the Infant Mortality committee revised the Lay Health Advisor curriculum and a training was held in the spring. Bereavement Resources were developed for parents who have experienced a loss. Next year, the committee plans to send bereavement cards with this resource list to parents in Durham County. The list will be shared with relevant community providers and is posted on the Partnership's website. The committee also collaborated with the Durham Health Innovations Internatal Care planning effort. In 2010, there will be a focus on improving pre-conceptional and inter-conceptional health, which emphasizes woman's and family's health over the lifetime and not simply during pregnancy.

Injury Prevention

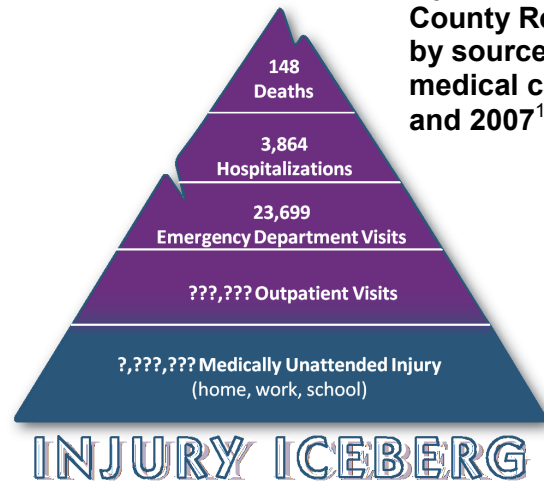
*Healthy Carolinians 2010 Goal: Reduce homicides to 5 per 100,000.
Reduce deaths caused by motor vehicle crashes to 15.8 deaths per 100,000.*

Injury and violence are significant, yet often overlooked, causes of negative health outcomes and death to Durham County residents. It is important to look at both fatal and non-fatal injuries to truly understand the effect of injury to the public's health. During the 2003-2007 time frame, there were 665 injury-related deaths among county residents.² Injury was the leading cause of death for the 0-19 year age group and 20-39 year group, accounting for over 30% of deaths for the former and over half of the deaths for the latter.² Non-fatal injuries affect a significantly greater number of Durham County residents than fatal injuries. The pyramid below shows that injury deaths are just a small percentage of all injuries and moving down the pyramid, the injury numbers increase while the general severity of injuries decreases. There is currently no way to track the numbers of injured residents who seek care outside of the hospital setting. Many injury and violence related incidents are largely preventable; thus, the effort being placed by Durham County into injury and violence prevention projects.

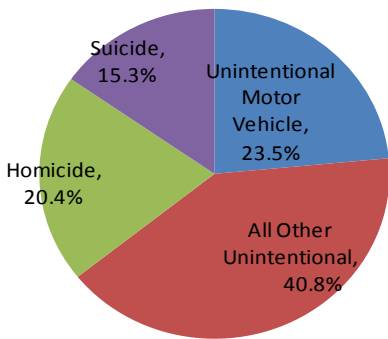
Injuries to Durham County Residents, by source of medical care, 2006 and 2007^{15,16,17}

2006-07 Injury Snapshot

- ◆ Top causes of injury deaths: 57 motor vehicles, 41 poisonings, 38 firearm assaults, 19 falls, 19 unintentional suffocations¹⁵
- ◆ Top causes of injury-related Emergency Department visits are all unintentional and include: Falls, motor vehicle accidents, overexertion, struck, and cut/pierce¹⁷
- ◆ More men suffered injury-deaths than women.²



Injury Deaths by Cause: Durham County, 2003-2007²



Concerns²

- ◆ Racial disparities: The homicide death rate for minority males was nearly six times that for white males. Conversely, the suicide death rate for white males was higher than that of minority males.
- ◆ Compared to the state, Durham County has lower injury death rates for suicides, unintentional motor vehicle injuries, and all other unintentional injuries. However, the homicide rate of 10.1 exceeds North Carolina's rate of 7.1 per 100,000.

Progress and Next Steps

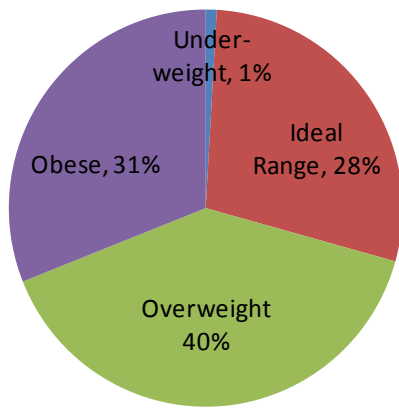
Durham County's 2003-2007 death rate from motor vehicle crashes was 12.8 deaths per 100,000, which easily meets the Healthy Carolinians 2010 goal of 15.8. During the same time period, however, the county's homicide rate was 10.1 per 100,000, which is two times higher than the Healthy Carolinians goal. There are multiple community groups and collaboratives that have formed to address the issues of violence and homicides in Durham County. This year the Injury Prevention committee focused on youth violence prevention and child passenger safety. Members presented to the Durham Parent Teacher Association on youth bullying/violence, suicide, and gun safety and were the catalyst to the first Safe Schools Week in Durham County. A child passenger safety training was offered to professionals who regularly transport children and the committee hopes to find additional funding next year to train more professionals.

Obesity and Chronic Illness

*Healthy Carolinians 2010 Goal: Percentage children served in WIC who are overweight does not exceed 10%
Less 16.8% of adults are obese.*

Overweight and obesity are associated with multiple long-term, costly, and serious conditions including heart disease, cancer and diabetes. From 2001-2006 in Durham County, the percentage of overweight or obese adults remained relatively stable—ranging from 57- 59%. In 2008, however, the percentage of Durham County adults who are overweight or obese increased to 71%. Populations most at risk for overweight or obesity are males, minorities, people older than 45 years old, and those with less than a high school education.⁶ The percentage of Durham County children served by the WIC nutritional program who are overweight (14.7%) and obese (19.6%) is much higher than the statewide rates, but has been steadily decreasing the last three years.¹⁸ The Obesity and Chronic Illness committee seeks a reduction in adult obesity by 15% by 2010 (to 18%) and a 10% reduction in childhood obesity and overweight.

Durham adults by Body Mass Index (BMI) group, 2008⁶

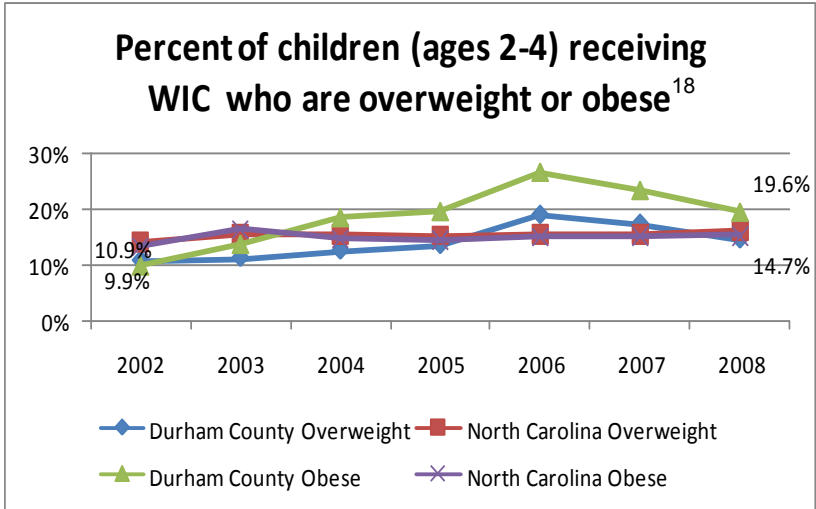


2008 Snapshot^{6,19}

- ◆ 71% of adults are overweight or obese
- ◆ 75.5% of adults exercised at least once in the last month
- ◆ 18.4% of adults are current smokers
- ◆ 6.9% of adults have diabetes
- ◆ 53% of high school and 48% of middle school students watch 3 or more hours of television on an average school day

Concerns

- ◆ Overweight, obesity, and some chronic conditions, such as diabetes are increasing among children and adults.
- ◆ Racial minorities have a 128% higher rate of mortality from diabetes compared to whites²⁰



Progress and Next Steps

This year the Obesity and Chronic Illness committee collaborated with the Department of Social Services and Durham Public Schools to expand outreach and enroll more residents in Supplemental Nutrition Assistance Program (SNAP) and free/reduced school lunches. The committee also released a map of Durham's physical activity and nutrition resources, which is available online (www.healthydurham.org) and in many community clinics. An online interactive map will be available in 2010. Several committee members were instrumental in the Durham Health Innovations obesity and diabetes planning groups and the committee will decide which aspects of the innovation to take on after the planning period. This has also allowed the committee to focus more on chronic illnesses, such as diabetes. Next year OCI plans to hold culinary and nutrition classes for children and to review the Durham Public Schools Wellness Policy.

Mental Health and Substance Abuse

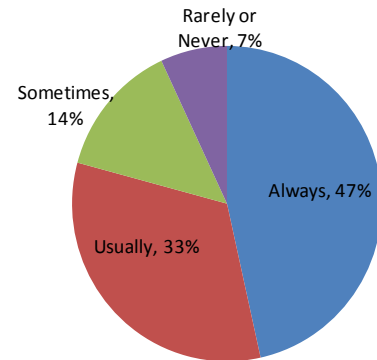
Healthy Carolinians 2010 Goal: Reduce the percentage of high school students who consumed alcohol within the past 30 days to 28.8% and marijuana to 16%. Increase the proportion of residents with mental illnesses who receive treatment.

The Durham Center manages mental health, substance abuse, and developmental disability services for Durham County residents. In fiscal year 2007-2008, they served 8,927 people, a 20% increase from last year. Of these, 5,752, or 64%, were in mental health target populations; 1,186, or 13%, were consumers with co-occurring mental health and substance abuse disorders. There were approximately 850 (duplicated count) state psychiatric hospital admissions during this year. Durham Center Access, the central point for information and referrals, provided 6,577 screenings during 2008.²¹ Although it is difficult to determine exactly how many people in Durham have mental illness, national estimates are that 26.2% of adults in America experience a diagnosable mental disorder in a given year. Thus, in Durham County almost 51,894 people would be affected annually.¹ An estimated 6% of the overall population suffers from serious mental illnesses, or almost 15,763 people in Durham. Serious mental illnesses can include conditions such as schizophrenia and bipolar disorder.

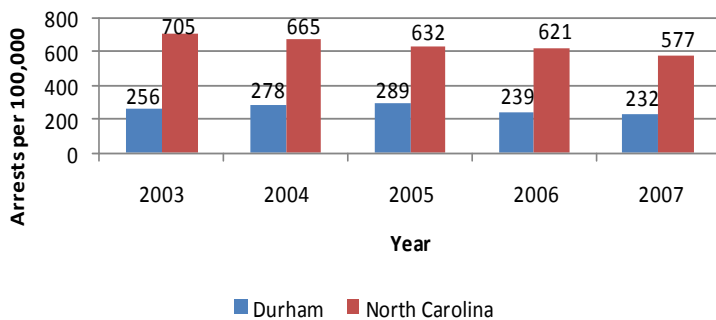
2007 Mental Health Snapshot^{19, 21}

- ◆ 27% of high school students reported feeling sad or helpless
- ◆ 18% of high school students reported attempting suicide in the past year with higher rates reported by Hispanic and black students
- ◆ Durham's percentage of adults who report being homeless or at -risk of homelessness, especially for adults with substance abuse, is 8% and significantly higher than North Carolina's 5%.

How often do you get the social and emotional support that you need?⁶



Arrests for driving under the influence, all ages²²



Concerns

- ◆ Data collection: Difficulty collecting data on the numbers of residents with substance abuse and mental health problems
- ◆ Decreased funding for direct services and other services, such as housing programs, that serve The Durham Center consumers
- ◆ Changes in service dollar reimbursement

Progress and Next Steps

The Durham Center served an increased number of citizens in need of mental health, substance abuse, and disability services, which is in line with statewide goals. Other highlights include:

- ◆ This year, statewide legislation was passed banning smoking in restaurants and bars, which will go into effect in January.
- ◆ Durham Center Access (DCA)—Began accepting involuntary commitments this year. Since that time, consumers in crisis who present to DCA first, rather than to a local emergency department, were 50% more likely to be diverted from State hospitalization.²¹
- ◆ Youth Risk Behavior Survey—Administered to Durham adolescents in late 2009 and provides data on mental health and substance abuse. The results of the survey will not be ready until early 2010 so trend data is not currently available.
- ◆ Annual Recovery Celebration—brought together over 300 community members in recovery.

Emerging Issues

Durham Health Innovations, Pandemic H1N1 Influenza & Adolescent Health

Durham Health Innovations (DHI)

The Durham County Health Department played a significant leadership role in the Durham Health Innovations project (DHI). This project is a unique partnership between the Durham community and Duke Medicine that seeks to improve the health status of Durham county residents. DHI brings together community members, health and human services officials, local nonprofit, Duke researchers, and the Duke Center for Community Research (DCCR) to develop plans for innovative models of healthcare delivery that will improve health in Durham County. Following the release of a Request for Proposals, 10 Duke-Durham teams received planning grants of up to \$100,000 each to work collaboratively to develop ways to reduce death or disability from specific diseases or disorders prevalent in the community. The team projects focus on improved measurable health status, incorporate multidisciplinary partnerships among representatives from Durham and Duke, and use information technology to facilitate the coordination of care. Funding for DHI comes from an institutional commitment of \$1 million from Duke University, support from Duke's Clinical and Translational Sciences Award (CTSA), which is funded by the National Institutes of Health (NIH), and in-kind contributions from numerous community organizations. Broadly, DHI projects cover adolescent health, asthma and chronic obstructive pulmonary disease, diabetes, cardiovascular disease and chronic kidney disease, cancer prevention and screening, HIV and sexually transmitted diseases, maternal health, obesity, pain management and substance abuse, and seniors' health. The project teams will complete an 8-month planning process in December 2009.

Pandemic H1N1 Influenza

The Durham County Health Department responded to the public health emergency involving Novel H1N1 influenza along with collaborating agencies in the pandemic influenza preparedness committee and in the surrounding community. As H1N1 flu became widespread in the state and the country, DCHD focused on surveillance, infection control, and dissemination of information to local healthcare providers, schools, daycare centers, businesses, and the public regarding disease recognition, treatment and prevention. Considerable efforts were also directed on H1N1 influenza vaccination of people who are more likely to get very sick from the H1N1 Flu Virus. These people include pregnant women, caregivers of children under six months old, health care workers, emergency workers, children and young adults ages six months to 24 years, and adults ages 25 to 64 years with health conditions that put them at higher risk.

Adolescent Health

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. In 2007, Durham began its commitment to having additional middle school and ninth grade students take the YRBS survey in order to gather valuable information about their health risk behaviors. This biannual survey was administered again in late 2009. This time the sampling strategy was improved in order to get a more representative sample of middle and high school students in Durham County. The results of the 2009 survey will be released in early 2010 and will be shared with the community and various groups committed to improving adolescent health.

This report was prepared by the [Partnership for a Healthy Durham](#) at the Durham County Health Department. The Partnership for a Healthy Durham is a coalition of more than 60 agencies and 250 members focused on improving the physical, mental, and social health and well-being of Durham County residents.

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

<http://www.healthydurham.org>

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Data Sources: State of Durham County's Health Report

¹ US Census Bureau. General demographics characteristics dataset: 2008 Population estimates. Durham County, North Carolina. <http://factfinder.census.gov>

² State Center for Health Statistics, NC Department of Health and Human Services. 2010 County Health Data Book. <http://www.schs.state.nc.us/SCHS/data/databook/>

³ NC Employment Security Commission. Civilian Labor Force Estimates for NC Counties for 2009. <http://www.ncesc.com/lmi/workForceStats/workForceMain.asp>

⁴ Greater Durham Chamber of Commerce. Email communication (2009, October 12) with Ted Conner, Vice President, Economic Development And Community Sustainability.

⁵ Durham County Department of Social Services. Email communication (2009, November 2) with Sharon Hirsch, Assistant Director for Communication.

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