State of Durham County's Health Report 2008



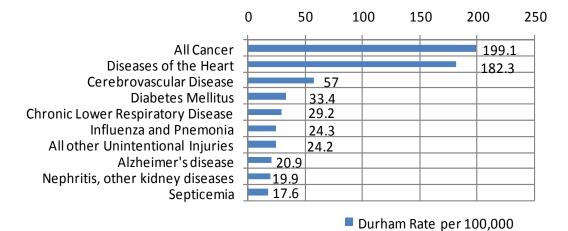
The Partnership for a Healthy Durham and the Durham County Health Department is pleased to release the annual State of Durham County's Health Report for 2008. This report is a summary of health trends among county residents. It provides the most current data highlighting county demographics, leading causes of death, and our eight health priorities. Its purpose is to educate the community about the health of our 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.

2007 Durham Cou	unty Demogr	aphics¹		
The estimated 2007 population of Durham County is 256,500.				
Sex	Estimate	Percent		
Male	125,192	48.8%		
Female	131,308	51.2%		
Race	Estimate	Percent		
White	121,341	48.6%		
Black or African American	92,136	36.9%		
American Indian	740	0.3%		
Asian	10,680	4.3%		
Other race/multi-racial	7,002	2.7%		
Ethnicity	Estimate	Percent		
Hispanic (of any race)	30,428	11.9%		

Health Priorities				
Identified from the 2007				
Community Health Assessment (www.healthydurham.org)				
♦ Access to Healthcare	♦ Injury Prevention			
♦ Adolescent Pregnancy	♦ Mental Health			
♦ HIV/STDs	◆ Obesity &			
◆ Infant Mortality	Chronic Illness			
	♦ Substance			
	Abuse			

Leading Causes of Death,² 2002-2006



The Economy and Health in Durham

The economy in 2008 has taken a toll on Durham County residents. In September, 7,317 residents or 5.4% of the labor force was unemployed. Although Durham County has a higher percentage of residents employed compared to North Carolina, our county has not experienced such high unemployment rates since 2003.3

Unemployment impacts the health of county residents. Many unemployed individuals and families do not have health insurance, enough money to

pay their rent or mortgage or meet basic household needs. That helps to explain why many more families are requesting help through the Department of Social Services for Emergency Assistance (rent, utilities, food). As of October 2008, the total number of individuals receiving Food and Nutrition Service benefits (food stamps) was 25,323, which is an additional 1.786 individuals than served at this point in 2007.4



2008 Snapshot⁴

- 25,323 receiving Food and Nutrition Service benefits (food stamps)
- 7,317 unemployed
- Requests for Emergency Assistance went from less than 4,000 a month last vear to between 7.000 and 9,000 during a similar period in 2008.
- Median household has declined from \$44.698 in 2001 to \$43,513 in 2007

Major Durham County Layoffs in 2008⁵

COMPANY	PRODUCT	# LAYOFFS	REASON
Communications	Electronics	450	Downsizing
Silverline Windows	Windows	365	Economic conditions
Motricity, Inc.	Technology	250	Acquisition
Amkor	Semiconductors	80	Economic conditions
Dow Reichhold Specialty Latex	Latex	53	Rising materials cost
Freudenberg Nonwoven LTD	Nonwoven textiles	51	Economic conditions

Strides made in health this year

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

Project Access of Durham County opened its doors in July 2008 and has enrolled over 300 uninsured patients in need of a specialty medical provider. Previously, these patients would work with their primary care doctor to do the best they could, seek donated or discounted care, or seek services in the local emergency rooms and end up owing huge medical bills that they could not pay. Now these patients are beginning to receive specialty medical care from local physicians and hospitals who have collectively agreed to donate their time and resources. While PADC does not solve the problem of the uninsured in Durham County, it fills the need for specialty medical care.

Durham Center Access opened its new location in July 2008 that will be able to serve more county residents in mental health crisis.

HIV and infant mortality rates continue to decline. While racial disparities remain a challenge, the overall rates have declined over the last few years and Durham's infant mortality rate is below the state rate.

New initiatives on obesity prevention include state-ofthe-art fitness centers in almost all high schools, a focus on employee workplace wellness, and a new map with places to get active in Durham.

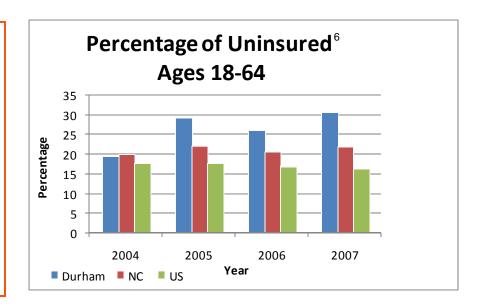
Access to Healthcare

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 is rising. In 2001, 12.5% of all adults in Durham had no insurance; in 2004 it was 16.8%, and in 2007, it rose to 26%. For adults between the ages of 18-64 years old, residents without insurance have risen from 19.7% in 2004 to 30.7% in 2007. The rate of uninsured children is also rising. More than one in eight children in North Carolina is uninsured and our state ranks ninth in the nation for the percentage of children in the state *without* health insurance. 89% of uninsured children in North Carolina come from families where at least one adult is employed. The Access to Healthcare committee set a goal to reverse these trends in Durham, but with the recent financial crisis these numbers are likely to grow.

Snapshot of the Uninsured in Durham

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



Concerns⁸

- Rising Numbers: More children and adults are uninsured or underinsured
- It's becoming increasingly difficult for many employers to offer good health coverage plans and many small businesses can no longer afford to offer their employees any coverage
- ♦ 27.7% of Durham residents do *not* have someone they think of as their personal health care provider
- ♦ 17.6% of residents needed to see a doctor in the past year but could not because of the cost

Progress and Next Steps

The Access to Care Committee was instrumental in forming a new non-profit called Project Access Durham County (PADC). PADC had its grand opening in July 2008 and has already enrolled over 300 Durham residents to see specialty medical providers. These uninsured patients often have chronic health conditions, like diabetes or have special medical needs, such as surgery, and they have been linked to a community-wide network of physicians who have committed to providing care at no cost. This committee has also updated the Medical Options brochure, which informs the public of healthcare options available for low income and uninsured residents.

Adolescent Pregnancy

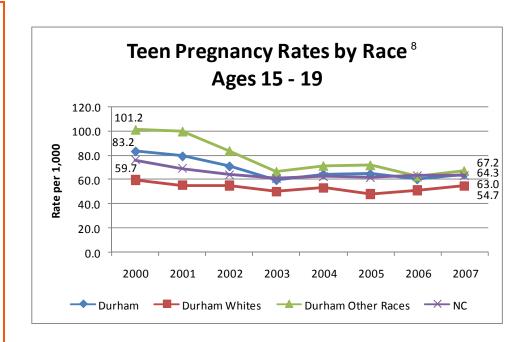
Healthy Carolinians 2010 Goal: Reduce the rate of unplanned pregnancies in adolescent female ages 10 -19 to 10 per 1000

Durham's adolescent pregnancy rate has remained relatively stable since 2003. The current rate of pregnancies among 15-19 year old girls in Durham is 64.3 per 1,000. The Durham Coalition on Adolescent Pregnancy Prevention (DCAPP) aims to reduce the teen pregnancy rate by 2% each year. The 2007 rate increased by 6.5% compared to the previous year's rate. However, it's important to keep in mind that rates fluctuate from year to year, so it's most accurate to look at trends.

2007 Snapshot^{8,9}

- Durham's teen pregnancy rate is average compared to other counties in North Carolina.
- Hispanic teens

 (ages 15-19) have a pregnancy rate that is more than four times the Durham County rate.
- 577 pregnancies among ages 15-19
- 17 pregnancies among ages 10-14



Concerns⁹

- ♦ Racial disparities: 86% of pregnant girls are African American or Latina.
- ♦ Repeat pregnancies: 31% of all pregnancies among girls ages 15-19 are repeats

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, community leaders brunch, and Let's Talk Month.

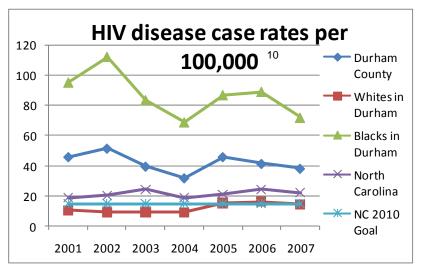
Programs that are working in Durham: TEAS (Together Everyone Accomplishes Something), a health department program, combines mentoring and peer advocacy. Planned Parenthood has recently begun Joven a Joven, the adolescent pregnancy prevention and youth development program for male and female Spanish-speaking Latinos between the ages of 14-18. There are also currently groups in the middle and high schools for pregnant or parenting teens, which aim to prevent future repeat teen pregnancies.

Next year, DCAPP plans to collaborate 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.

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. Although syphilis and HIV are different sexually transmitted infections, they are often found together, which is called *co-infection*. The presence of one of these infections makes it easier for these individuals to contract the other infection, if exposed. Over the last three years Durham's overall rate of HIV has been declining, while the syphilis rate has been substantially increasing. Durham's 2007 HIV case rate is currently 38.1 per 100,000, which is higher than the North Carolina rate. Syphilis rates in Durham have increased to 19 per 100,000. The HIV/STD Community Advisory Council set a goal to reduce Durham's HIV and STD rates by 10% by 2010.

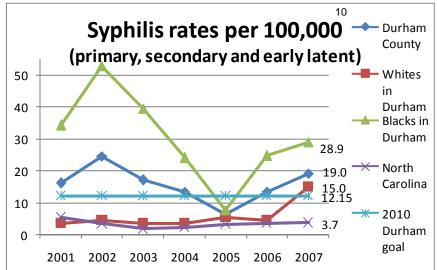


2007 Snapshot¹⁰

- 47 individuals diagnosed with syphilis
- Blacks have a syphilis rate that is almost twice that of whites
- Durham County is ranked #5 for highest rates of HIV in NC
- The most common HIV exposure route for males was sex with other men and for women, heterosexual contact.

Concerns

- Racial disparities: With both HIV and syphilis, there is a clear racial disparity as blacks have much higher rates compared to whites.
- Rising syphilis rates and HIV/syphilis co-infection.
- Many newly infected individuals did not identify a risk factor



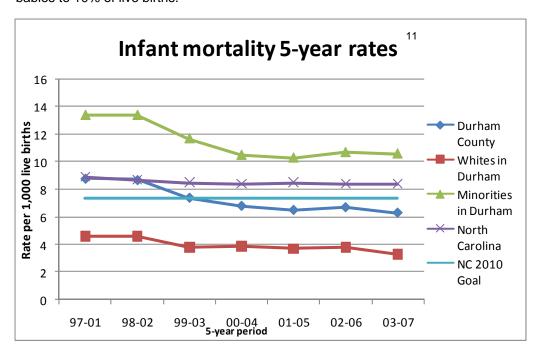
Progress and Next Steps

Even while community testing efforts have increased, the HIV rate in Durham has declined over the last three years, which is great progress. It will be very difficult, however, to meet the Healthy People 2010 goals for HIV and particularly syphilis, which is escalating and remains a challenge. The agencies of the HIV/STD Community Advisory Council have held multiple HIV and syphilis testing events in the community, many of them at non-traditional testing sites. This year, a new initiative began to test inmates in the Durham County jail and link these individuals to medical care if they test positive for HIV or syphilis. Through these community events and regular testing at jail and clinic sites, advisory council members have tested thousands of Durham community members this year. Testing for both HIV and syphilis will continue to be a focus next year because estimates are that 25% of HIV positive people do not know their status.

Infant Mortality

Healthy Carolinians 2010 Goal: 7.4 infant deaths (before first birthday) per 1,000 live births

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 first birthday. The infant mortality rate in Durham has declined steadily over the past few years. Durham's 2007 infant mortality rate was 6.9 per 1,000 live births and 9.6% of babies were low birth weight. 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.



Concerns

 Racial disparities: Although minorities make up 1/3 of all Durham births, they account for approximately 2/3 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 very related and 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.

2007 Snapshot 11,12

- ◆ 4,375 live births (61% white, 39% minority)
- 30 babies died (67% minority, 33% 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.
- ◆ 53% of babies died in the first 27 days of life whereas 47% died between 28 days and one year of life.
- 420 babies were low birth weight
- ♦ 82% of women began prenatal care within the first trimester

Progress and Next Steps

Durham's overall infant mortality rate has met the North Carolina 2010 goal for several years and keeps declining. This past year, Durham Connects began, which will link every woman who gives birth in Durham to a home visit by a nurse. The goal is to ensure that all babies have a medical home and regularly see their provider. This year, the Infant Mortality Reduction Committee hosted its first conference on infant mortality.

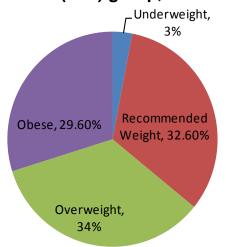
In 2009, there will be a focus on improving pre-conceptional and inter-conceptional health, which emphasizes a woman's and family's health over the lifetime and not simply during pregnancy. The lay health advisor initiative in Durham's public housing communities will also be expanded to spread health messages to their peers.

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 56.7% - 59.2%. In 2007, however, the percentage of Durham County adults who are overweight or obese increased to 64%. Populations most at risk for overweight or obesity are males, minorities, people older than 45 years old, and less than a high school education. The percentage of Durham County children served by the WIC nutritional program who are overweight has steadily grown higher than the statewide rate since 2004 and is now at 23.5%. 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, 2007⁶



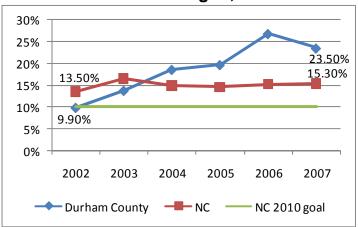
Concerns

- Racial disparities: In 2007, 50% of whites were obese whereas 80% of minorities were obese.
- Overweight, obesity, and some chronic conditions, such as diabetes are increasing among children and adults.

2007 Snapshot^{6, 14}

- ♦ 64% of adults are overweight or obese
- 45% of adults meet physical activity recommendations while 19% are physically inactive
- 26.5% of adults consume at least five servings of fruits of vegetables daily
- ◆ 9.4% of adults have diabetes, which is a 44% increase from 2001
- ◆ 53% of high school and 48% of middle school students watch 3 or more hours of television on an average school day

Percent of children (ages 2-4) receiving WIC who are overweight, 2002-2007¹³



Progress and Next Steps

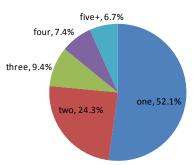
While obesity and chronic illnesses continue to rise in Durham County, these are ongoing issues that are being addressed in the community. This year, the Obesity and Chronic Illness committee and Durham Public Schools have made improvements to the nutritional quality of school lunches, added fitness rooms to the high schools, and intensified physical education classes. Durham Public Schools is designing an employee wellness program and now has wellness committees in all schools. Several other workplaces, including the Durham County government, have implemented employee wellness programs. The committee also released a map of Durham's physical activity and nutrition resources (www.healthydurham.org) for residents. Next year, the committee will focus on getting the brochure out to residents and developing strategies to enroll more eligible residents for food stamps.

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 this past year. 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 48,927 people would be affected annually. An estimated 6% of the overall population suffers from serious mental illnesses, or almost 15,390 people in Durham. Serious mental illnesses can include conditions such as schizophrenia and bipolar disorder.

Average # of drinks per sitting over last month, Durham adults, 2007⁶

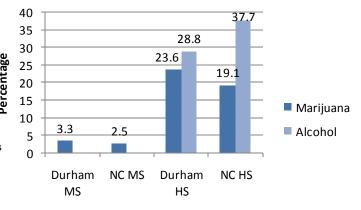


Concerns

- Data collection: Difficulty collecting data on the numbers of residents with substance abuse and mental health problems
- Mental health of adolescents
- North Carolina mental health reform
- Changes in service dollar reimbursement

Students (%) who have used alcohol or marijuana in last 30 days

Note: Middle school students were not asked about alcohol consumption in last 30 days. In Durham, the majority of high school students surveyed were 9th graders.



Middle and High School students

2007 Mental Health Snapshot^{14, 15}

- 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
- ◆ The Screening/ Triage/ Referral line at The Durham Center received 1,730 emergent, 856 urgent (suicidal/ homicidal), and 3,991 routine calls.

Progress and Next Steps

This year, while Durham met the statewide goal for high school students' use of alcohol, a high proportion of students used marijuana over the last 30 days. 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:

- Durham Center Access—relocated to a larger site in order to serve citizens in need of crisis services
- Mental Health Intakes at County Jail—new initiative to ensure that new inmates are being screened and referred for mental health services. Over 4,000 individuals were screened and 900 were linked to services.
- Annual Recovery Celebration—large event bringing together community members in recovery
- Last year was the first time that Durham oversampled middle and high school students for the Youth Risk Behavior Survey. Durham County will continue to do this so that the data can be monitored for trends.

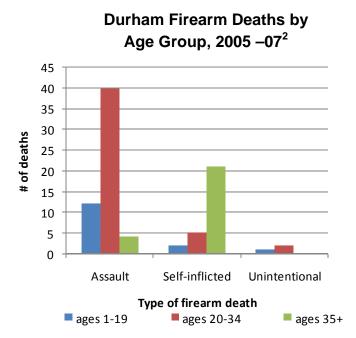
Emerging Issues

injury prevention, disaster preparedness & adolescent health

Injury Prevention

Injury Prevention is the Partnership for a Healthy Durham's newest committee. Compared to North Carolina, Durham County has lower death rates for suicide, motor vehicle injuries, and all other unintentional injuries.

Durham has a significant intentional injury problem. For 0-19 year-olds homicide caused 11.3% of deaths in Durham - compared with 4.7% statewide; and for 20-39 year-olds homicides caused 20.6% of deaths - compared with 10.7% statewide. The overall death rate from homicides from 2002-2006 is nearly double that of North Carolina's rate.² For this reason, the injury committee is focusing on violence among young adults in Durham. County.



2006¹⁶ & 2007¹⁴ Injury Snapshot

- ♦ 32 motor vehicle deaths
- 20 suicides
- ♦ 23 homicides
- 6% of middle school students and 11% of ninth graders did not go to school on at least one day in the last year because they did not feel safe at school or traveling to school
- ♦ 30% of 6-9th graders reported they had been harassed or bullied one or more times on school property in the last year

Disaster Preparedness

The Durham County Health Department, along with partners in several local agencies and communities, continues to prepare for disasters of all kinds – human-made (terrorism or bio-terrorism) and natural (pandemic flu, hurricanes, ice storms, etc). As a county with several major transportation routes (roads and airports), near to a coastline, and vulnerable to disruptive winter weather events, preparedness is a very important part of public health in North Carolina and Durham.

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 had additional middle school and ninth grade students take the YRBS survey in order to gather valuable information about their health risk behaviors. As a result of the 2007 findings, the county is designing a positive youth development approach to reduce risk behavior and promote protective behaviors. The results have been shared with the community in many ways, including several youth summits for adolescents. Some of the future activities may include using evidence-based programs to reduce youth violence and increase youth development, collaboration among youth-serving organizations, and implementing the 2009 YRBS.

State of Durham County's 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 our 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.

This report was prepared by the Partnership for a Healthy Durham Coordinator at the Durham County Health Department:

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

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Learn more about our partners at:

Partnership for a Healthy Durham: www.healthydurham.org

Imagine Durham (RBA initiative): www.durhamnc.gov/rba/health.cfm

Durham County Health Department: www.durhamcountync.gov/departments/phth

Healthy Carolinians: www.healthycarolinians.org

Data Sources

¹ US Census Bureau. 2007 American Community Survey, Data Profile Highlights for Durham County, North Carolina. http://www.census.gov

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³ NC Employment Security Commission. Civilian Labor Force Estimates for NC Counties for 2008. http://www.ncesc.com/lmi/workForceStats/workForceMain.asp

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¹³Eat Smart Move More North Carolina. 2007 NC-NPASS Data on Childhood Overweight, County-specific BMI for Ages 2 to 4. http://www.eatsmartmovemorenc.com/data/index.html

¹⁴The Richard L. Hoffman Center for Assessment and Research Alliances at Mars Hill College.(June 2007). Durham County Schools Youth Risk Behavior Survey (YRBS) Results. from: http://healthydurham.org

¹⁵The Durham Center. Fiscal Year 2008 Annual Report. http://www.durhamcenter.org/index.php/provider/ppubs