



2019 DURHAM COUNTY COMMUNITY HEALTH ASSESSMENT SURVEY

County Wide Results

ABSTRACT

Aggregated results from the 2019 Durham County Community Health Assessment Survey are presented for each question. Data are disaggregated by race and ethnicity when the sample size is large enough.



Public Health

Executive Summary

The Partnership for a Healthy Durham, Durham County Department of Public Health and Duke Health would like to thank the residents of Durham County for participating in the 2019 Community Health Assessment survey. Collecting the data and analysis of the results are not possible without the honest conversations and the engagement of the community.

Purpose of the Community Health Assessment Survey

The Community Health Assessment survey is done door-to-door every three years jointly with the Partnership for a Healthy Durham, Durham County Department of Public Health and Duke Health. The partners choose to conduct door-to-door surveys because:

- Find out directly from the community what issues/factors impact their health
- Gives us the opportunity to talk to the people we serve
- Collect data at County level that can't get from other sources
- Reach populations we may not through other survey methods
- Improved response rates



The survey is the first step in the Community Health Assessment process. This report details the findings of the 2019 Community Health Assessment Survey county wide sample.

Survey Development

The survey development process was led by the epidemiologist with the Durham County Department of Public Health and involved many partners and community members. The county wide survey team reviewed the 2016 survey, considered community feedback, looked for gaps in existing data to determine which questions to remove or add. The survey was then reviewed, tested and finalized.

See page 3 of the 2019 Durham County Community Health Assessment report for more details on survey development.

Sampling Methods

The survey sample was scientifically designed to provide a representative sample of Durham County residents. Seventy-three census blocks in Durham were randomly chosen for the sample. Randomly selected residential address within each census block were picked as starting points. The sample size was 525 with the goal of reaching an 80% survey completion rate of 420 surveys.

See page 3 of the 2019 Durham County Community Health Assessment report for more details on sampling methods.

Survey Administration

Volunteers from the Partnership for a Healthy Durham, local colleges and universities, community organizations in the Triangle area and the Durham County Department of Public Health conducted the surveys. It took one hundred and eighty-six volunteers over 35 survey days between May and August 2019 to finish the survey. Volunteers were trained and sent in pairs to neighborhoods throughout Durham to collect data.

See page 5 of the 2019 Durham County Community Health Assessment report for the county wide sample for details on survey administration.

Results

There were 424 surveys completed in the county wide sample for a response rate of 80%. The county wide survey sample size was doubled in 2019 to be able to analyze data by race and ethnicity. The 2019 Community Health Assessment report is the first to disaggregate data by race and ethnicity for black and white residents. It is also noted in some responses whether differences in responses by race and ethnicity is statistically significant.

Many themes emerged in the results of the county wide sample. Those themes are:

- Racial and ethnic disparities exist across nearly all health outcomes
- Structural racism and historical policies such as redlining and segregation are causes of health disparities
- Issues are linked; for example, housing issues are also access to care and food insecurity issues
- Top ways to better support communities such as transportation, crime reduction, physical activity infrastructure, affordable housing and road improvements could also address some issues that impact quality of life and top health concerns
- Majority of residents feel safe where they live in Durham

For the first time, the 2019 Community Health Assessment survey asked what people, places and things made Durham a good place to live. Results for the county wide survey are below.



Please direct questions to:

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Introduction and Methods

Survey Development

Community Engagement

Prior to developing the survey, the Durham County Department of Public Health (DCoDPH) epidemiologist obtained feedback from the Durham County Rotary Club on topics and questions to include on the survey. The epidemiologist also assessed the survey needs of Partnership for a Healthy Durham members by collecting their input about topics and questions through a separate survey. Individual organizations were also contacted for feedback on what survey data would be most helpful to include to help advance their work.

Creating the Survey

DCoDPH convened a survey development team to prioritize what questions to include in the 2019 survey. The team included representatives from the LGBTQ Center of Durham, Duke University, Durham Parks and Recreation, Senior PharmAssist, Alliance Behavioral Health Care, Planned Parenthood, and the Durham County Department of Public Health. The survey development team met three times.

The team began by reviewing the survey from 2016. Questions with low response rates were considered for removal first. Then the group discussed how data from the previous survey had been used by groups who requested specific questions during the 2016 survey. If data from questions that were requested by a specific group in the 2016 survey had not been used, those questions were considered for removal. The group also considered feedback obtained through the initial phase of community engagement, which is outlined in the section above.

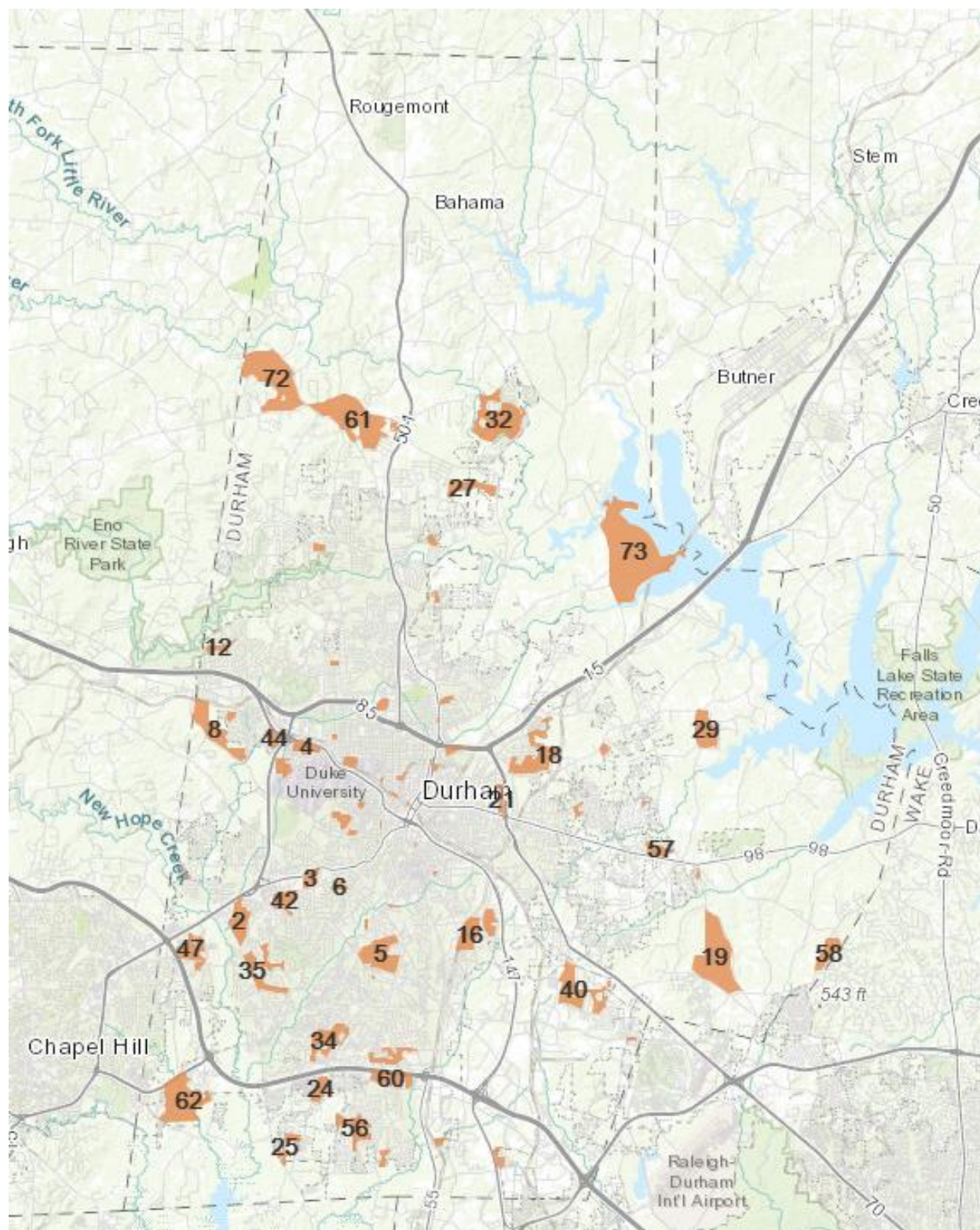
Survey gaps for newly formed groups were discussed to include the Partnership for a Healthy Durham Health and Housing committee. The group identified topic areas where more information was needed. Validated questions were reviewed and considered for addition to the survey when available. Finally, the group reviewed all the questions that were suggested for addition or removal and voted on what to keep and take off. Then the survey was reviewed in its entirety by the team, tested in a pilot, and finalized.

Sampling Methods

This survey was drawn using a two-stage cluster sample. This methodology involves randomly selecting census blocks in Durham County and then randomly selecting a set of interview start points located at specific residential addresses within each census block included in the sample. Census blocks were selected with probability proportionate to population size, which means that census blocks with large populations had a higher chance of being selected into the sample compared to census blocks with small populations. All census blocks in Durham County were eligible to be selected into the sample.

Seventy-three census blocks and 525 households were included in the sample. A map showing the location of the selected census blocks is displayed below in Figure 1.

Figure 1. Clusters Included in the County Wide Sample



Survey Administration

Volunteers were recruited from the Partnership for a Healthy Durham, colleges, universities, community organizations in the Triangle and the Durham County Department of Public Health. A total of 186

volunteers helped survey as part of the full county sample over the course of 35 survey days. The survey began in May and was finished in August of 2019.

Two in person trainings were provided for volunteers in May and an online training was available on demand. The training covered survey best practices, survey methods, safety, cultural sensitivity, and hands-on practice giving the survey and recording answers.



Volunteers were sent out to survey in teams of two and were asked to start at houses that were randomly selected. If no one answered the door at the address that was randomly selected or if the person who answered the door was not eligible to take the survey or did not want to take the survey, the teams were asked to go to the next closest house in the survey area. The teams continued going to the next closest house until a survey was completed. Then, the volunteer teams continued to the next randomly selected house to complete the next interview. This method is described in more detail in the Center for Disease Control and Prevention (CDC) [CASPER guide](#) (1).

Survey Benefits and Limitations

There are benefits and limitations with conducting a door-to-door survey. They are as follows:

Benefits:

- Quality of collected data
- Improved response rates
- Representative sample
- Hear directly from residents about issues that impact their health
- Reach populations may have been missed using other survey methods

Limitations:

- Interviewer bias
- Self-reported data
- Time and resources needed to collect data



Eligibility Criteria

People must have met the following three criteria to take the survey:

- Be 18 years or older
- Live in the household being surveyed
- Be willing to take the survey

Data Analysis

Analysis was completed in SAS 9.4. Data were weighted to account for the sampling methods as well as race and ethnicity to make sure the results reported would be generalizable to Durham residents. The CDC CASPER method was used to calculate weights adjusting for the design. The CASPER weighting method accounts for the total number of households in the sampling frame, the number of households in the census block, and the number of interviews collected in each census block.

Confidence intervals are provided for all results and should be used when interpreting data. The confidence intervals represent the range of values that contain the true value in 95% of repeated samples.

Results

There were 424 completed surveys in the full county sample. The survey response rate was 80%. Demographic characteristics of survey participants are presented in Table 1 below.

Table 1. Demographic Characteristics of Survey Respondents

	American Community Survey Estimate, Census Bureau (2)	CHA Survey Estimate (95% confidence interval)
Median Age	35.0	47.0 (43.3, 50.7)
Gender		
Man	47.8%	39.1% (33.7, 44.3)
Woman	52.2%	59.4% (54.1, 64.8)
Transgender	-	0.3% (0, 0.8)
Other	-	0.3% (0, 0.8)
Race		
Asian	4.7%	5.3% (2.7, 7.8)
Black	36.9%	33.3% (28.1, 38.6)
Hispanic or Latino	13.5%	14.5% (9.2, 19.9)
White	42.1%	44.7% (39.3, 50.1)
Another race	2.9%	0.4% (0.2, 0.6)
Education		
Less than 9 th grade	5.7%	4.3% (0, 8.8%)
9-12 th grade, no diploma	6.5%	3.8% (1.5, 6.1)
High school graduate or equivalent	17.0%	15.8% (11.9, 19.8)
Some college, no degree	17.1%	15.2% (11.3, 19.0)
Associate's degree	6.4%	9.7% (6.7, 12.8)
Bachelor's degree	25.1%	23.3% (19.0, 27.7)
Graduate or professional degree	22.1%	27.1% (22.4, 31.8)
Employment Status		
Disabled	-	11.6% (8.1, 15.1)
Employed full-time	61.7%	42.6% (37.2, 48.1)
Employed part-time	16.4%	18.2% (12.9, 23.5)
Homemaker	-	18.5% (13.2, 23.9)
Military	-	2.6% (0.9, 4.3)
Retired	-	26.7% (21.9, 31.3)
Self-employed	-	12.6% (7.6, 17.6)
Student	-	8.8% (5.8, 11.8)
Unemployed	5.8%	6.1% (3.5, 8.6)

Table 1, above, illustrates that the median age among survey participants was significantly higher than the median age of Durham residents (47 compared to 35). Other differences between the sample and the county population included gender. Women were slightly overrepresented in the sample. After being weighted, the race and ethnicity of survey participants was similar among survey participants and the Durham population. The percent of Asian, black, Hispanic or Latino, and white participants did not differ significantly from the Durham county population.

Educational attainment was similar for survey participants when compared to the Durham population, though the survey had a slight overrepresentation of individuals with an associates, graduate, or professional degree and a slight underrepresentation of individuals with some high school education but no diploma. Finally, full-time employed individuals were underrepresented in the sample.

Responses from all people who took the survey are provided for each question on the survey in the pages that follow. Simple interpretations are provided below the charts. When the sample size is large

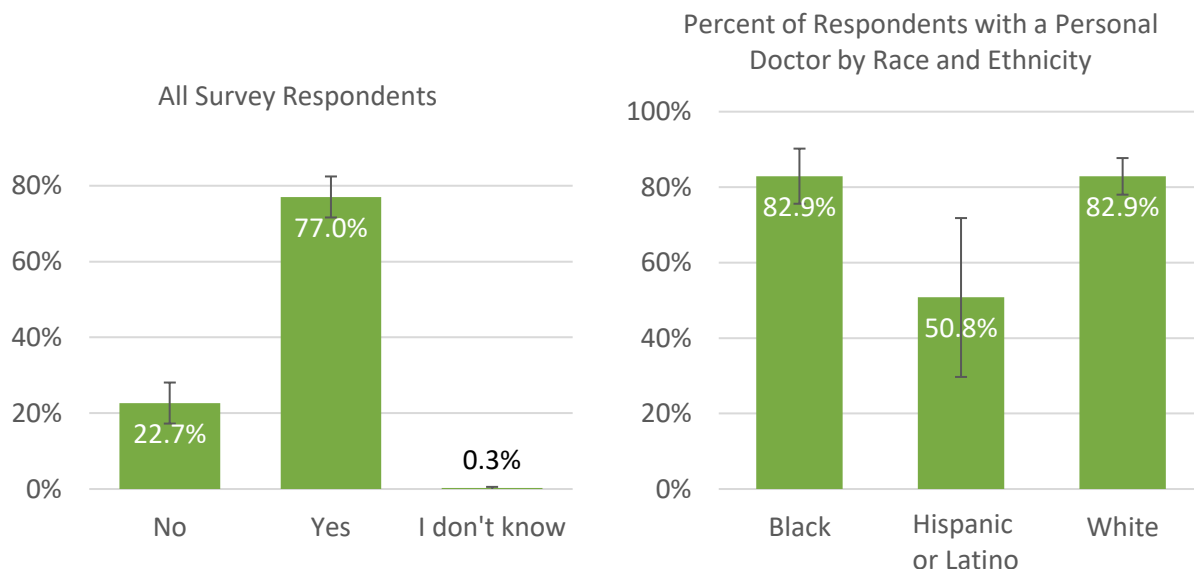
enough and differences were statistically significant, responses for each question are also shown by the race and ethnicity. In general, **this survey was underpowered to detect differences in races except for black and white residents.** This is because only small numbers of participants of other race and ethnicities participated in the survey. Additional stratification by demographic variables will be considered upon request.

Questions are grouped by the following topic areas:

Access to Healthcare: Questions 1-6.....	Page 9
Personal Health: Questions 7-15.....	Page 12
Discrimination: Questions 16-18.....	Page 18
Physical Activity: Questions 19-22.....	Page 20
Diet and Food Access: Questions 23-28.....	Page 22
Tobacco Use: Questions 29-33.....	Page 25
Household: Questions 34-39.....	Page 27
Community Improvement: Questions 40-44.....	Page 30
Emergency Preparedness: Questions 45-46.....	Page 34
Demographics: Questions 47-55.....	Page 36

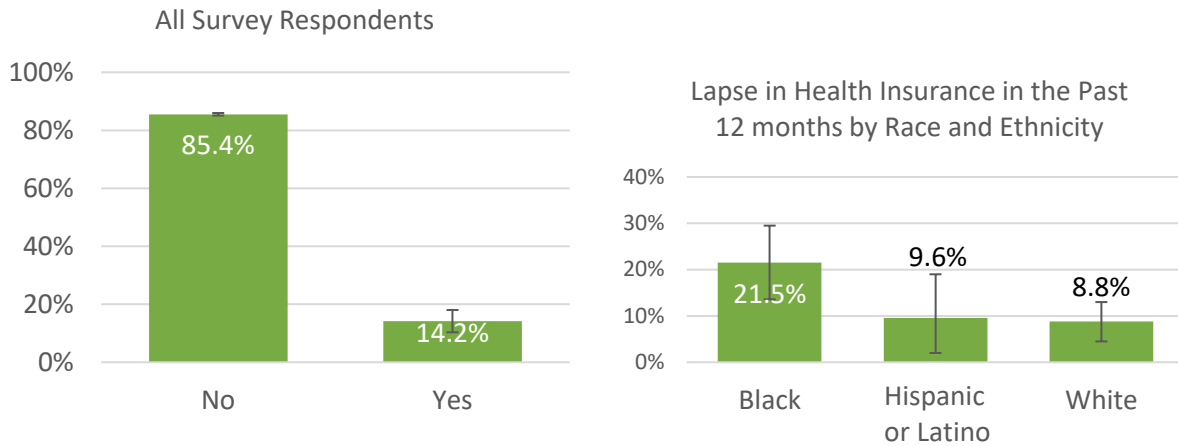
Access to Healthcare

1. Do you have one person you think of as a personal doctor or health care provider?



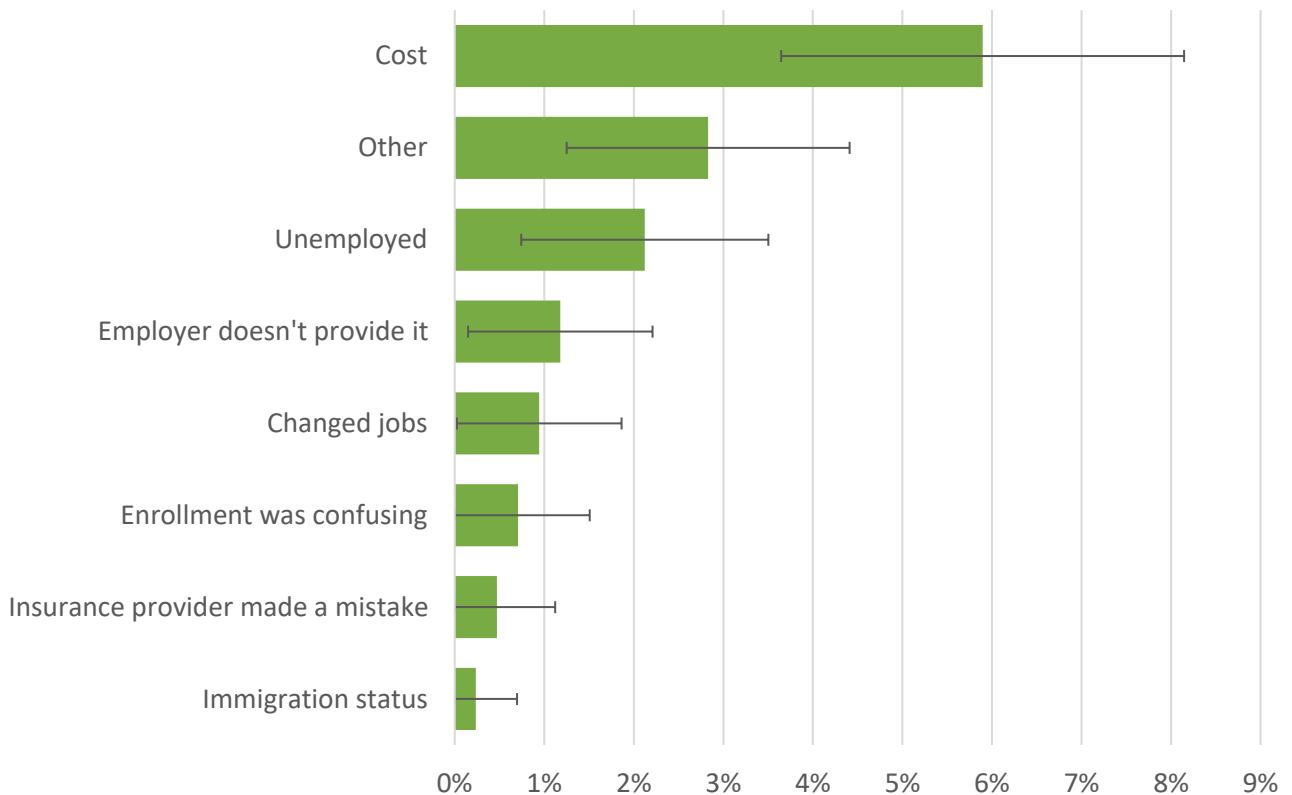
Interpretation: Most residents (77%) have someone they consider to be their personal doctor. Hispanic or Latino residents (50.8%) were least likely to report having a personal doctor compared to black (82.9%) and white (82.9%) residents. **This difference was statistically significant.**

2. During the past 12 months, was there any time you did not have any health insurance or coverage?



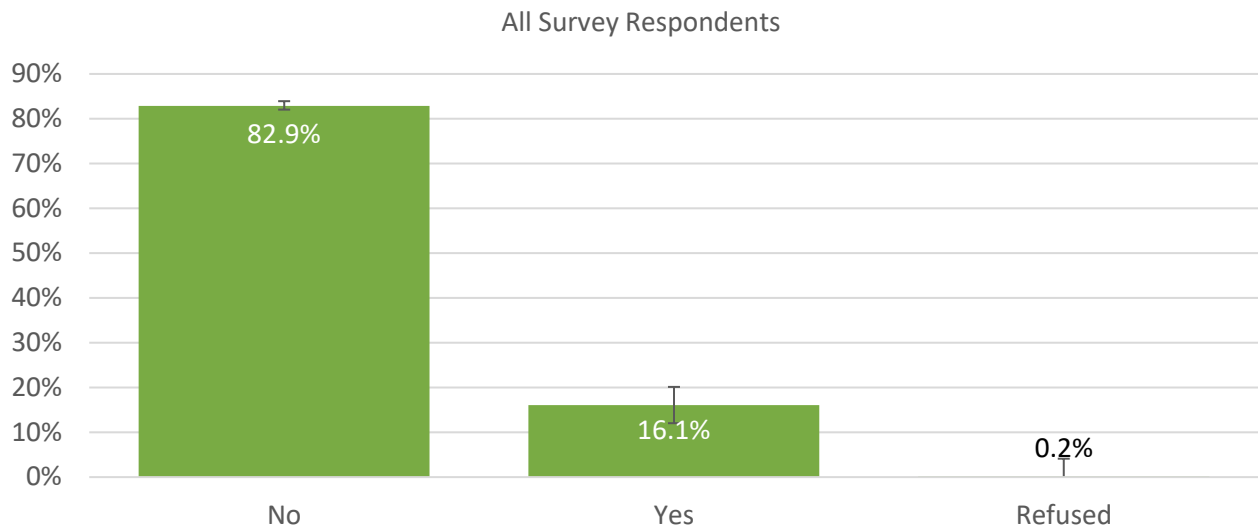
Interpretation: Most Durham residents (85%) had health insurance without any breaks in coverage during the past 12 months. Black respondents (21.5%) were more likely to have had a lapse of health insurance coverage over the past 12 months compared to Hispanic or Latino (9.6%) and white respondents (8.8%). **This difference was statistically significant.**

3. Since you said “yes”, what prevented you from having health insurance or coverage?



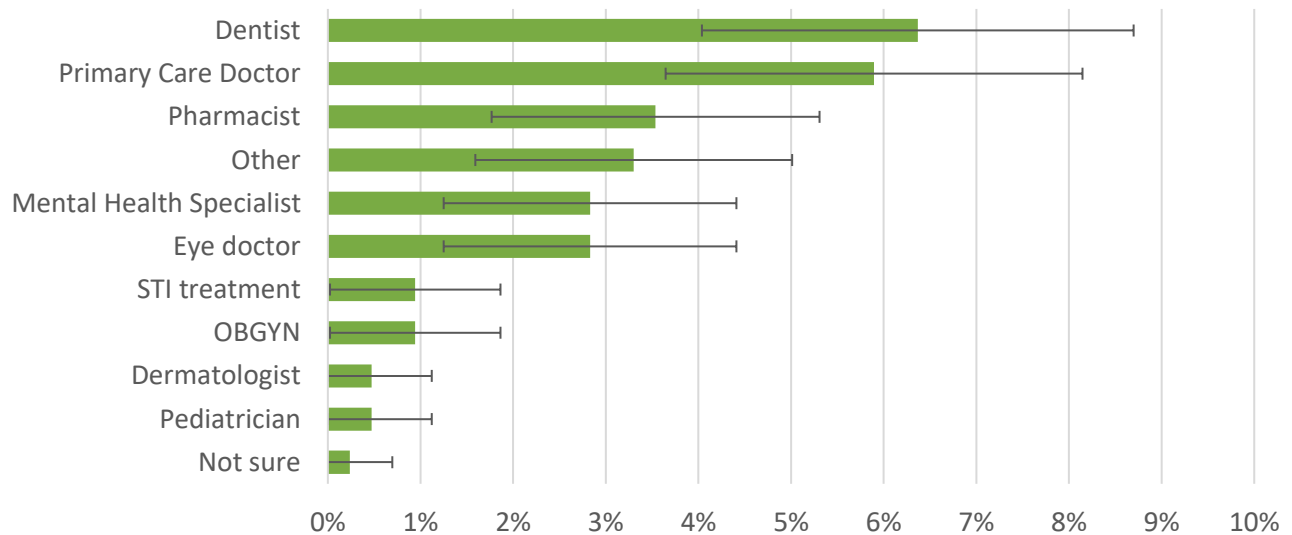
Interpretation: Note that this question was only answered by people who indicated that they were uninsured at some point during the past 12 months (n=57). Among residents who did not have health insurance at some point during the past 12 months, cost was the biggest barrier in getting insurance.

4. In the past 12 months, did you have a problem getting the health care you needed for you or for someone in your household from any type of health care provider, dentist, or pharmacy?



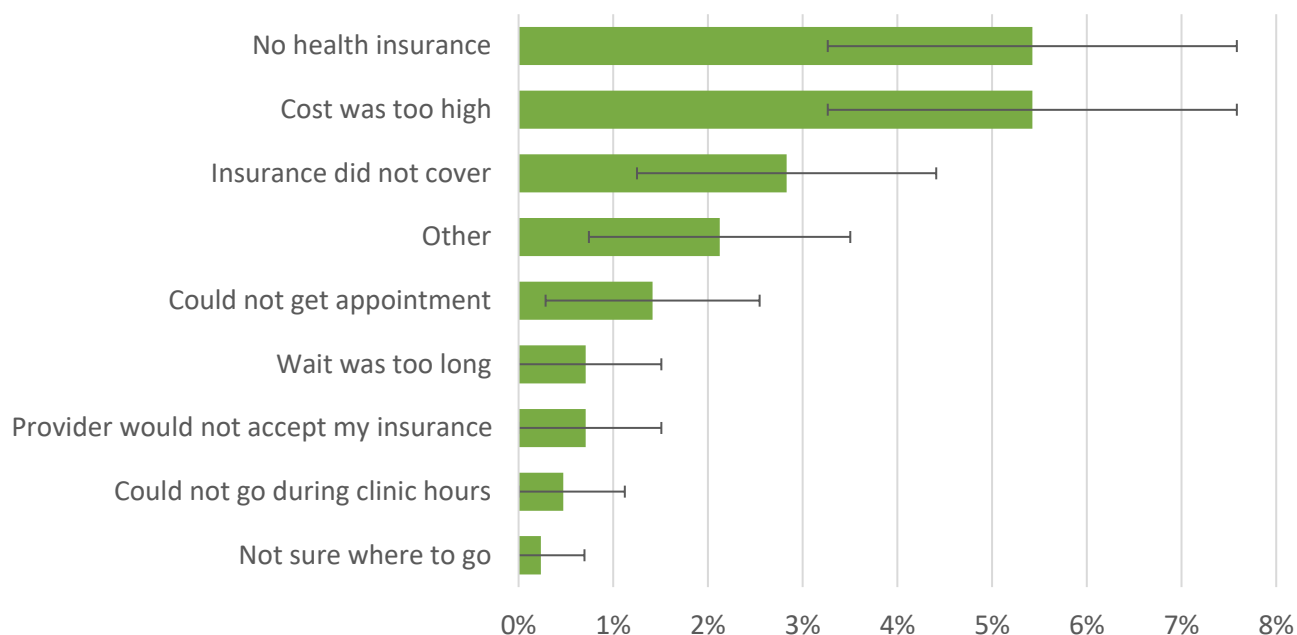
Interpretation: Most Durham residents (83%) did not have a problem accessing health care in the past year. The percent of respondents who had trouble getting needed healthcare by race and ethnicity ranged from 10%-20%, but differences were **not statistically significant**.

5. Since you said “yes”, what type of provider did you or someone in your household have trouble getting health care from?



Interpretation: Note that this question was only answered by people who indicated that they had a problem getting the health care they needed for themselves or someone in their family during the past 12 months (n=69). Dentists and primary care doctors were the top two care providers people had trouble accessing during the past year in Durham County.

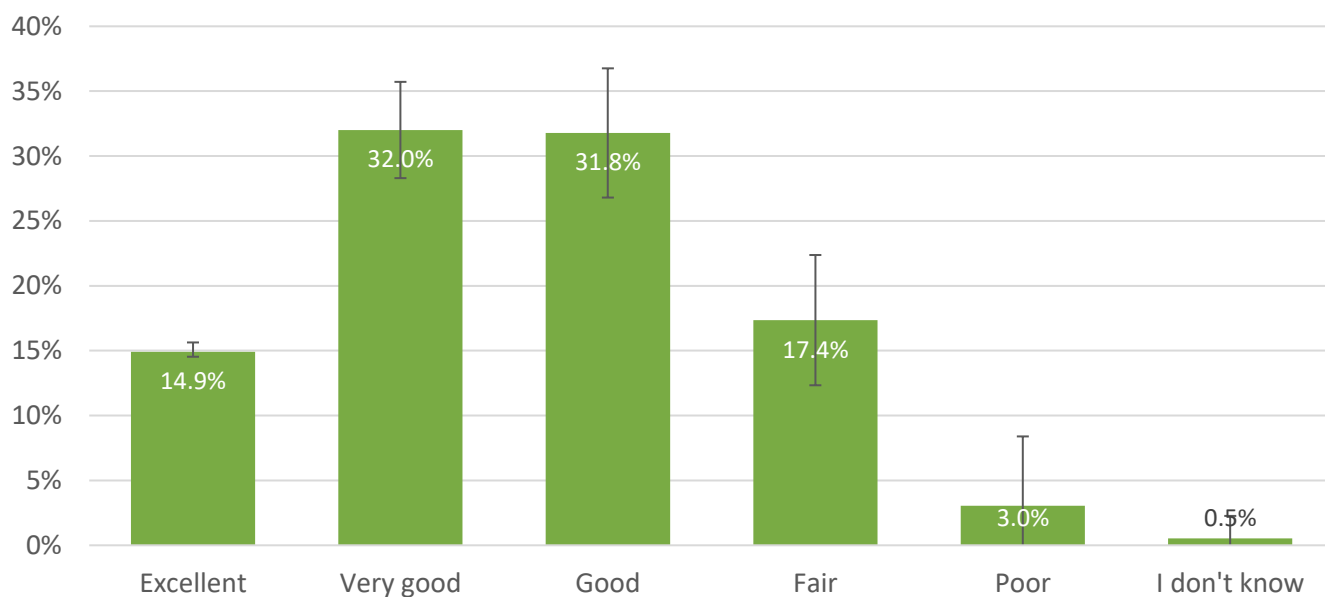
6. What was the problem that prevented you or someone in your household from getting the necessary health care?



Interpretation: Note that this question was only answered by people who indicated that they had a problem getting the health care they needed for themselves or someone in their family during the past 12 months (n=69). Not having health insurance and high costs were the top two reasons people had trouble accessing healthcare in the past year in Durham County.

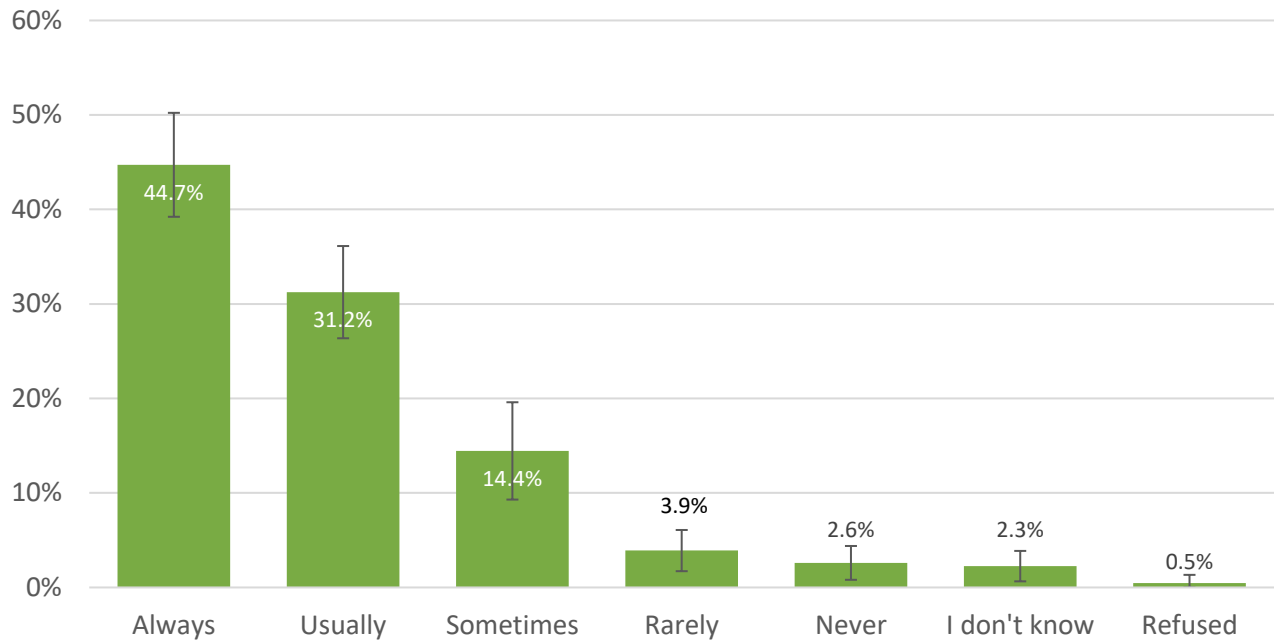
Personal Health

7. Would you say, in general, your health is excellent, very good, good, fair or poor?



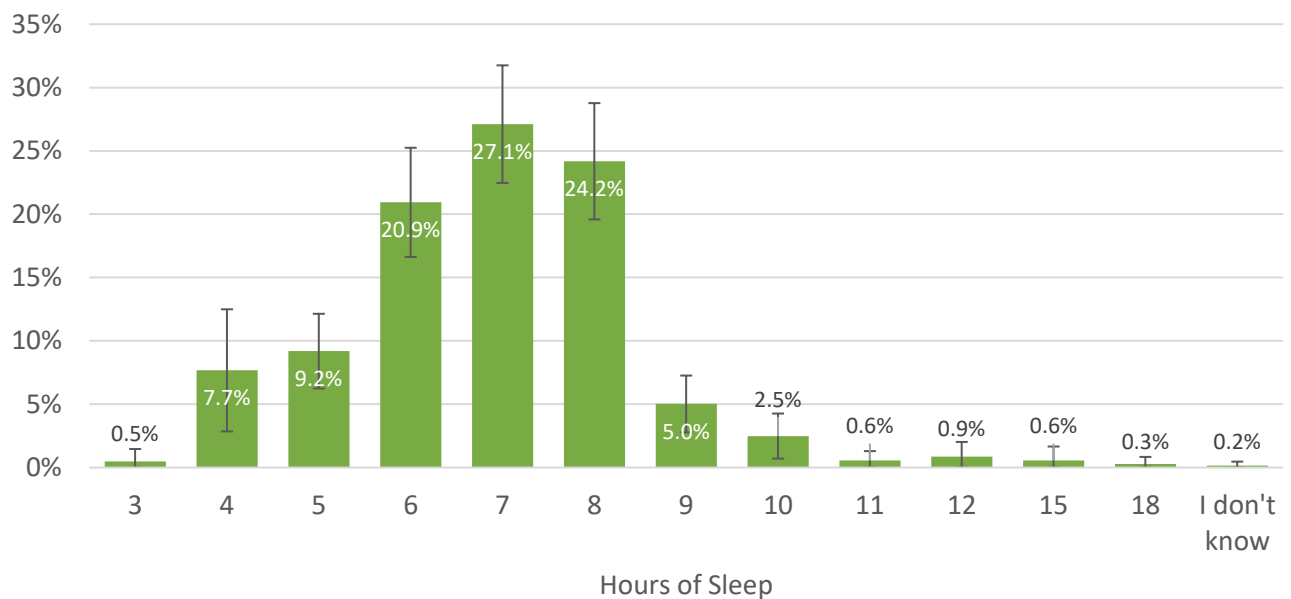
Interpretation: Most residents, 78.7%, reported having good, very good, or excellent health.

8. How often do you get the social and emotional support you need? Would you say always, usually, sometimes, rarely, or never?



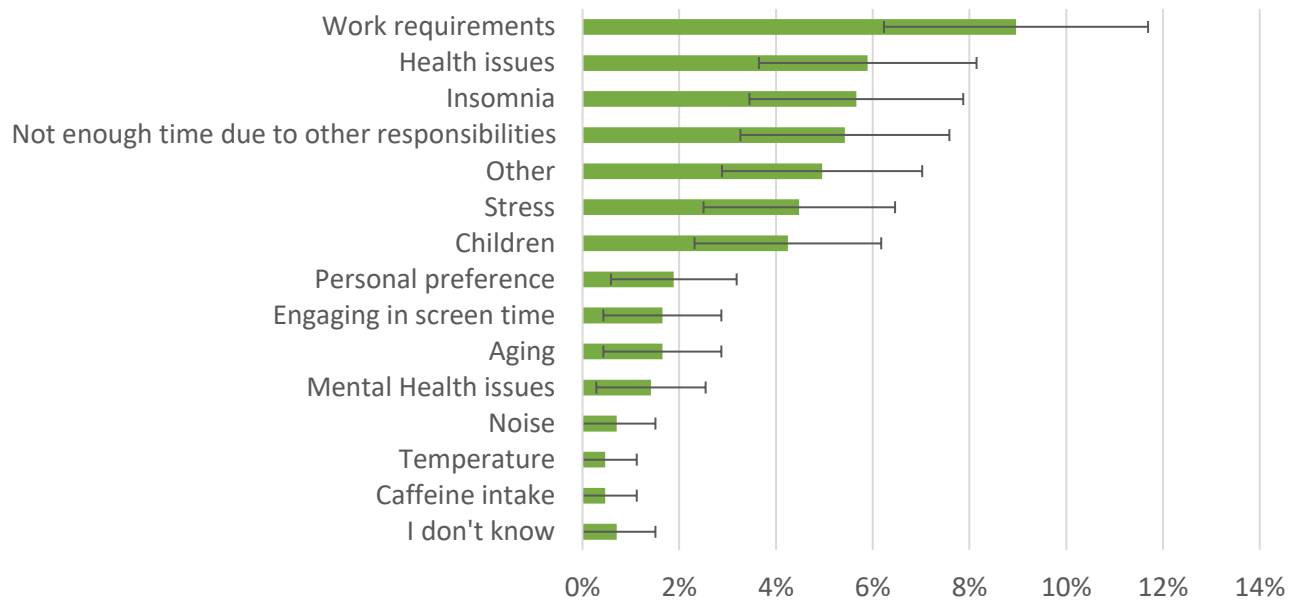
Interpretation: Most residents, 75.9%, reported getting the social and emotional support they needed always or usually.

9. On average, how many hours of sleep do you get in a 24-hour period?



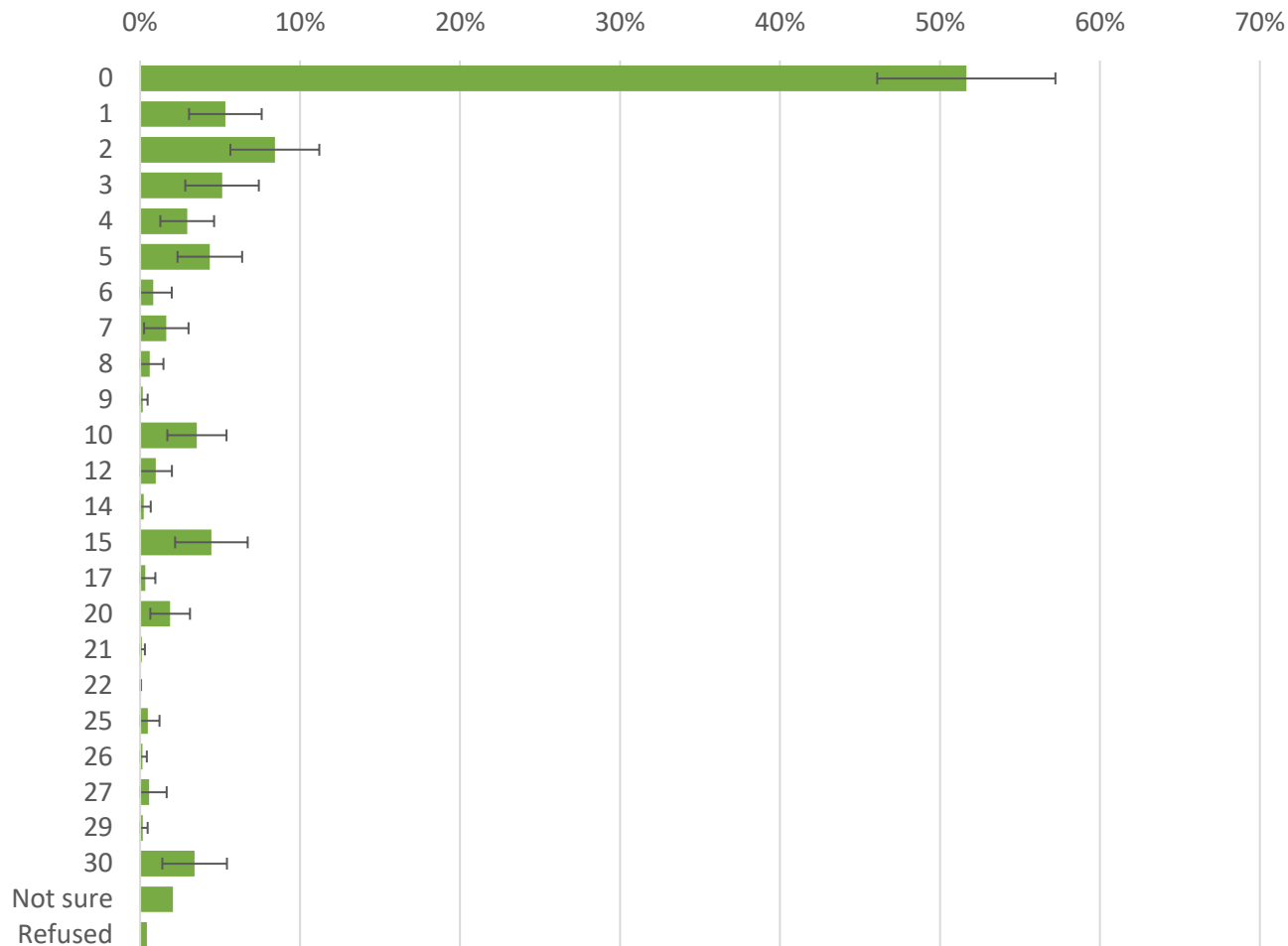
Interpretation: Most residents, 61.1%, reported getting at least 7 hours of sleep during a 24-hour period. However, 38.3% of residents reported getting less than 7 hours of sleep.

10. What keeps you from getting at least 7 hours of sleep a night?



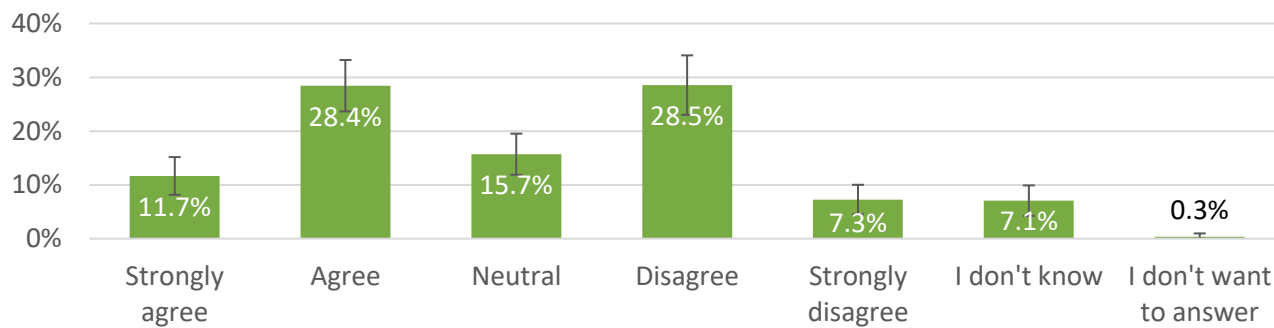
Interpretation: Note that this question was only answered by people who indicated that they got less than 7 hours of sleep during a 24-hour period on average (n=170). Work requirements, health issues, insomnia, and not having enough time because of other responsibilities were the top reasons cited for not getting 7 hours or more sleep during a 24-hour period.

11. Now thinking about your mental health, which includes stress, depression and problems with emotions, for how many days during the past 30 days was your mental health not good?



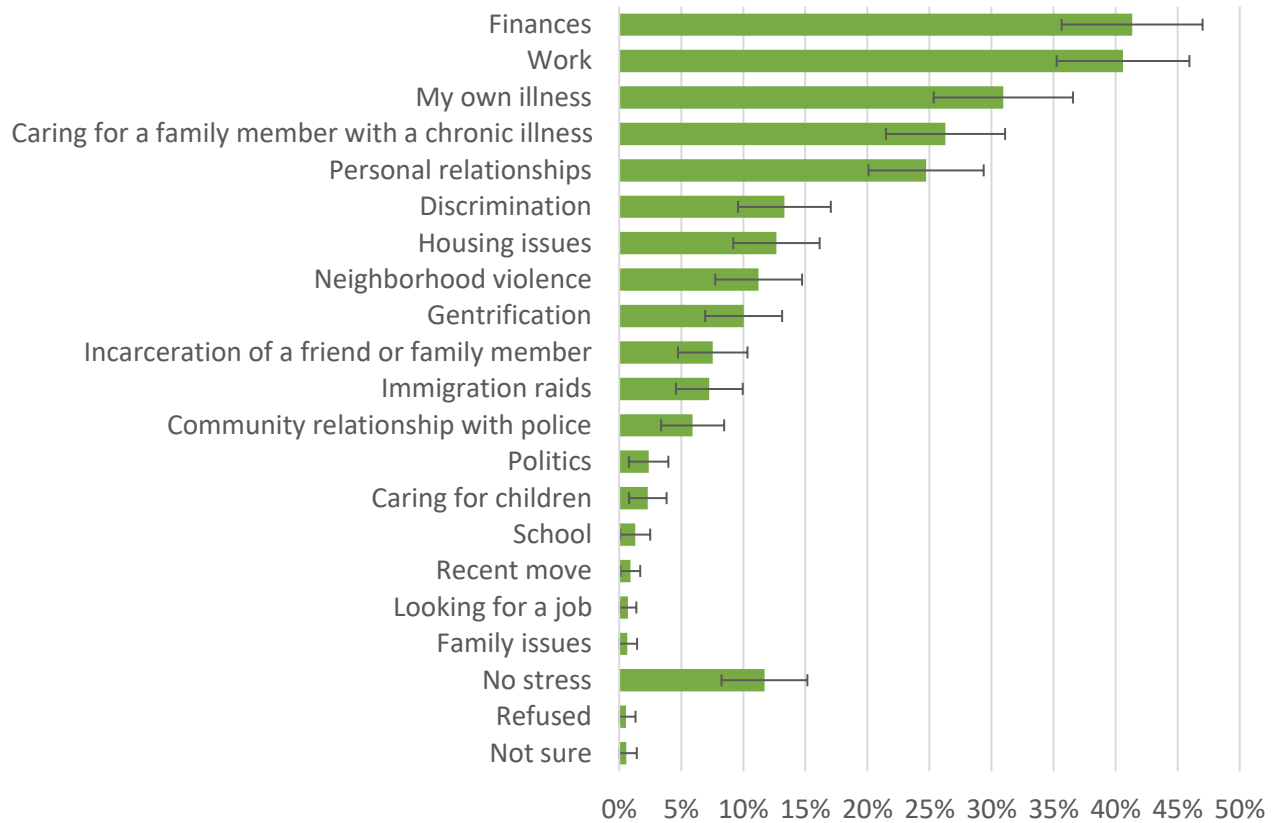
Interpretation: Most residents reported that they did not experience poor mental health for any days (51.6%) or for only 1-2 days (13.8%) during the past 30 days. However, 17.0% of respondents reported that they experienced problems with their mental health for 8 or more days out of the last 30.

12. To what extent do you agree or disagree with the statement that people in your community would think less of a person who has a mental health problem?



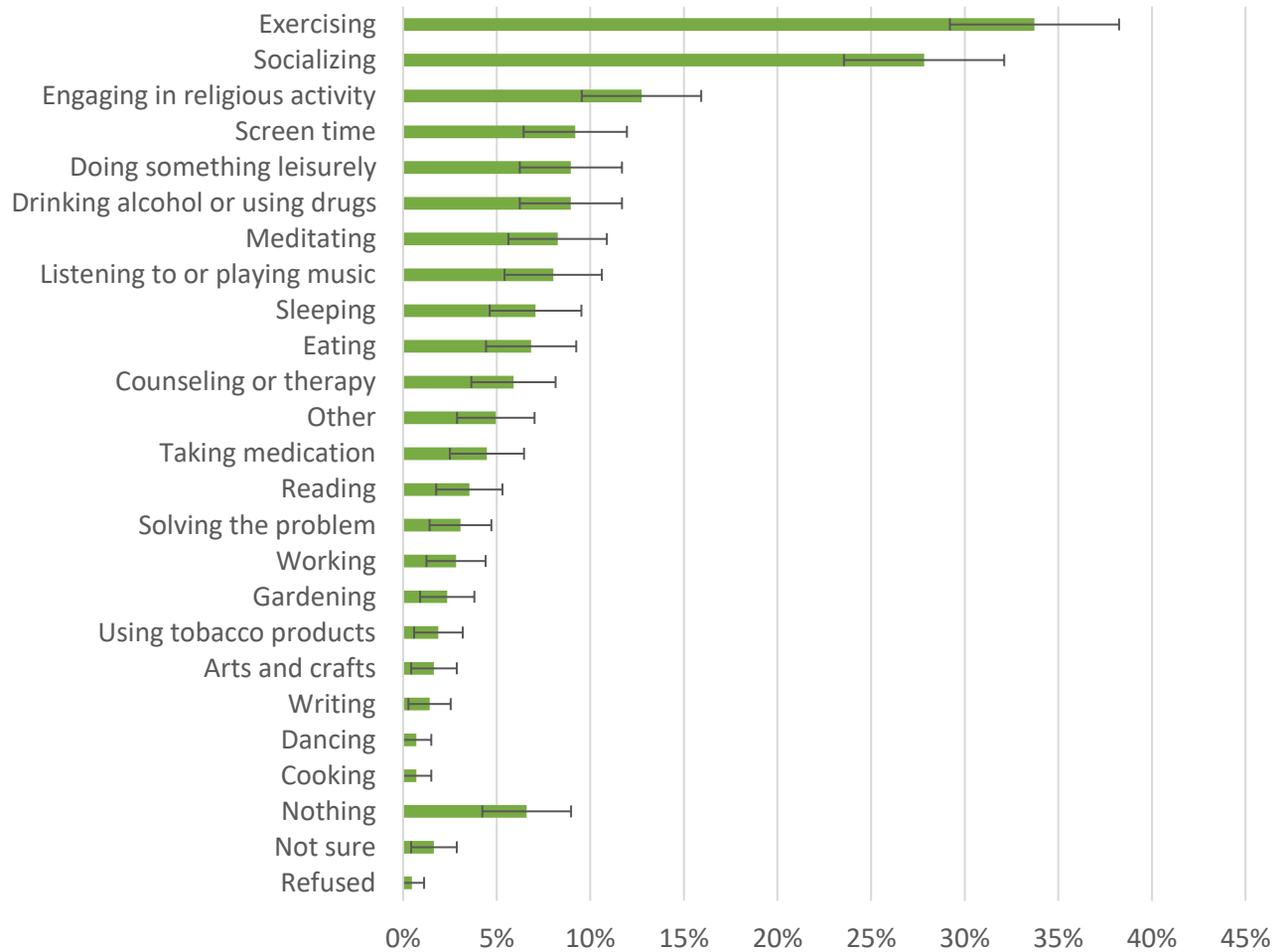
Interpretation: There was not a clear consensus among Durham residents about how their communities would think about a person who has a mental health problem. Among respondents, 40.1% said they agreed or strongly agreed that their community would think less of a person with a mental health problem, 15.7% were neutral, and 35.8% said they disagreed or strongly disagreed that their community would think less of a person with a mental health issue.

13. What are the primary causes of your stress?



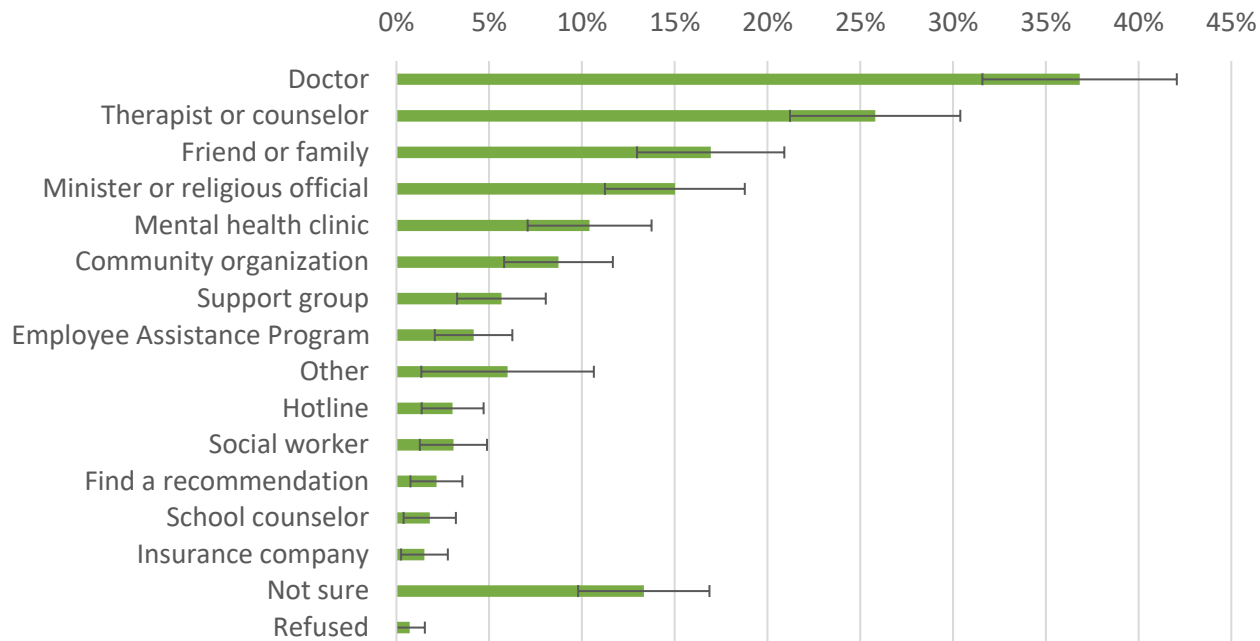
Interpretation: Finances, work, dealing with personal illnesses, caring for a family member with a chronic illness, and personal relationships were the top contributors to stress among participants.

14. How do you deal with stress?



Interpretation: Note that this question was only answered by people who experience some sort of stress (n=378). Exercising, socializing, and engaging in religious activities were the most common responses participants gave when explaining how they deal with stress.

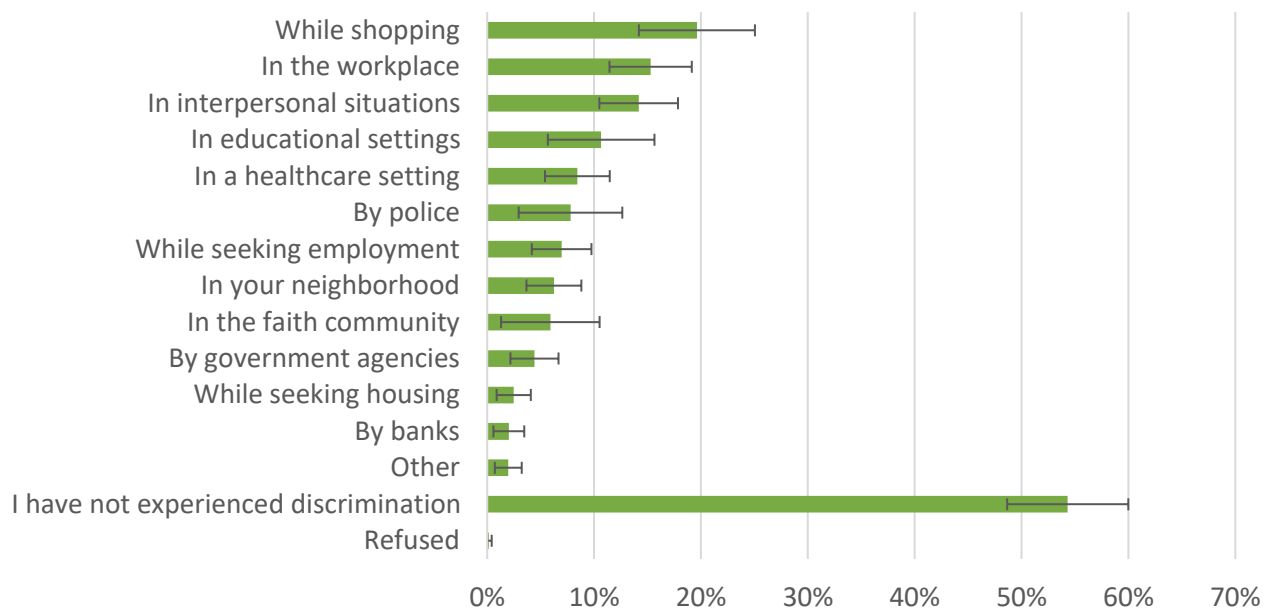
15. If you or a friend or family member needed counseling for a mental health or a drug or alcohol use problem, who would you tell them to call or talk to?



Interpretation: The most common referral source for a mental health, drug, or alcohol use problem cited among survey participants was a doctor, followed by a therapist or counselor family or friend, minister or religious official and then a mental health clinic.

Discrimination

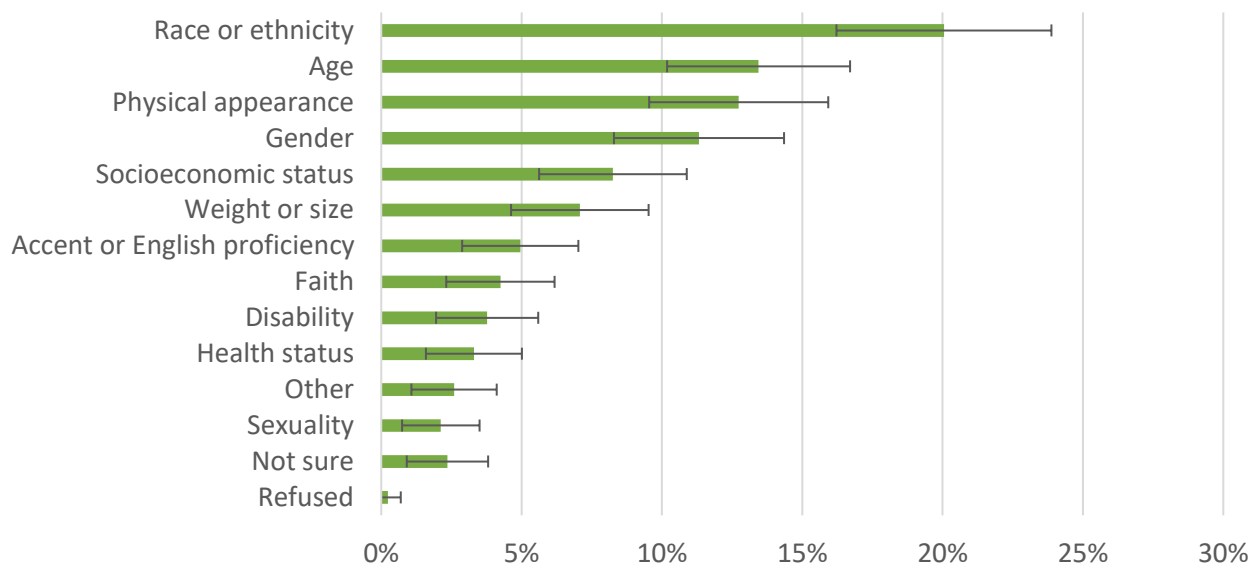
16. In the past 12 months, have you experienced discrimination in the following situations?



*Common responses grouped together from the "other" or free text category

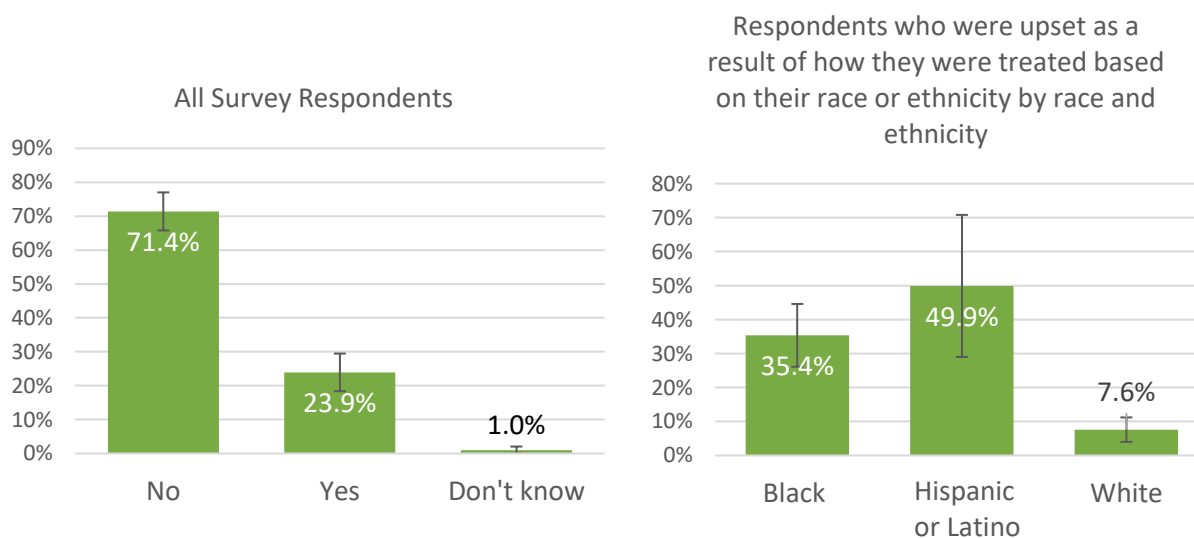
Interpretation: A little over half of respondents (54.3%) said they had not experienced discrimination in the past 12 months. Of those who did experience discrimination, the most commonly reported places where discrimination occurred were while shopping, in the workplace, in interpersonal situations, and in educational settings.

17. Please tell me which of these reasons you think may have contributed to the discrimination you experienced in the last 12 months.



Interpretation: Note that this question was only answered by people who indicated that they had experienced discrimination during the past 12 months (n=180). Discrimination based on race or ethnicity, age, physical appearance, gender, and socioeconomic status were the most commonly noted reasons for being discriminated against.

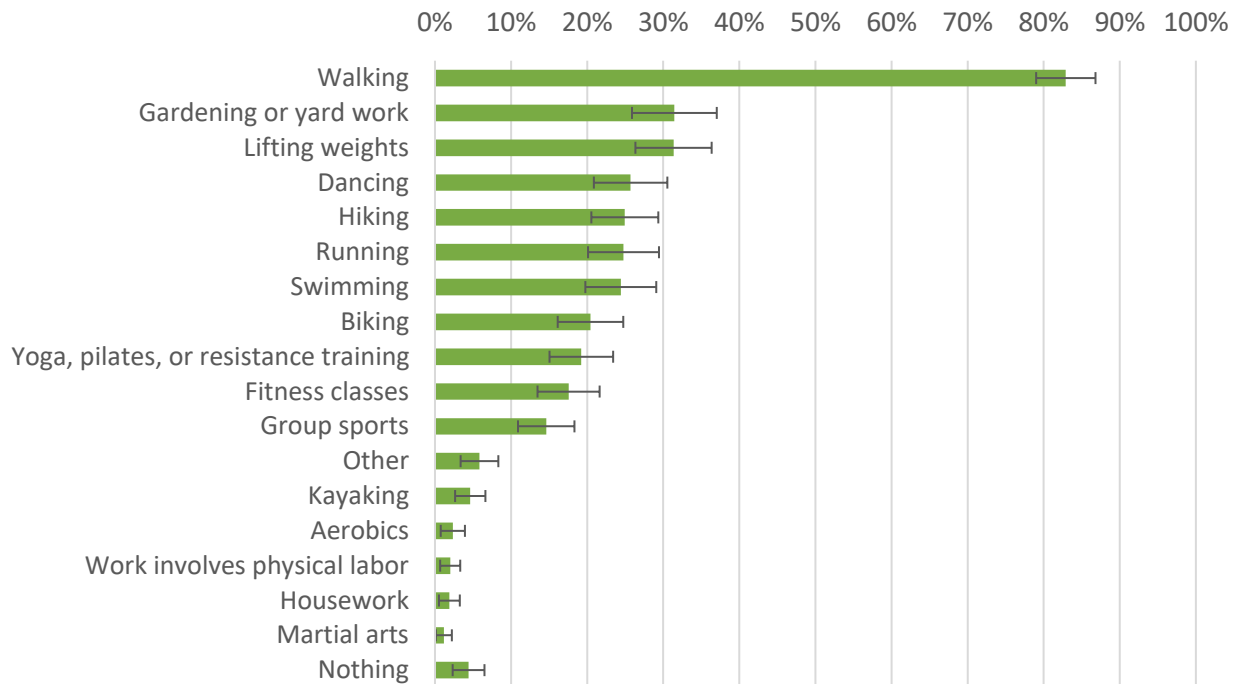
18. During the past 12 months, have you felt upset as a result of how you were treated based on your race or ethnic background, for example angry, sad, or frustrated?



Interpretation: Overall, most residents (71.4%) reported that they had not been upset in the past 12 months based on how they were treated because of their race or ethnic background. However, 35.4% of black respondents and 49.9% of Hispanic or Latino respondents were upset based on how they were treated because of their race or ethnicity. This is compared to only 7.6% of white respondents. **The difference between people of color (Black, Hispanic or Latino residents) and white residents was statistically significant.**

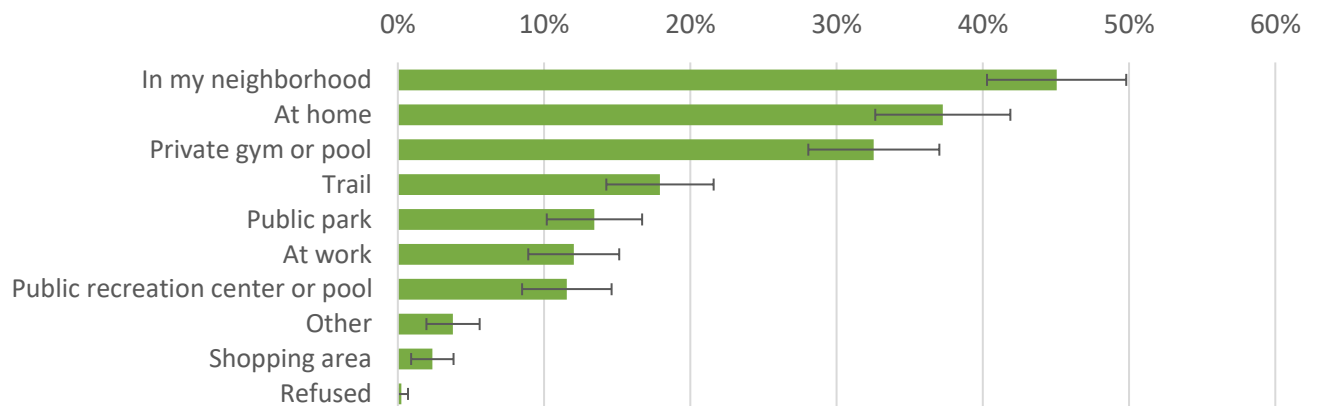
Physical Activity

19. What types of physical activity do you usually do?



Interpretation: Walking, gardening and other types of yard work, and lifting weights were the most common types of physical activity reported by Durham residents.

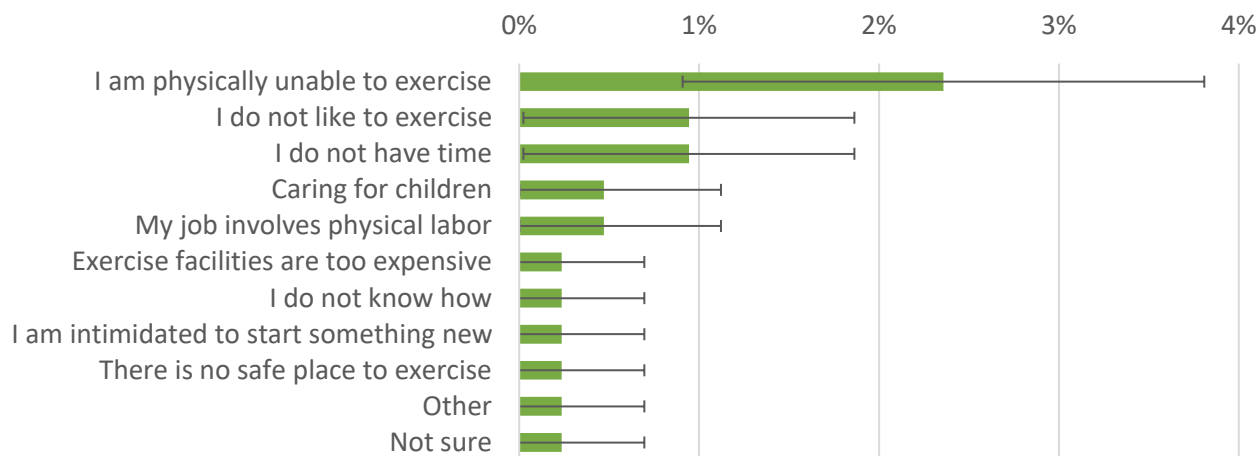
20. Where do you usually exercise or go to do physical activity?



*Common responses grouped together from the "other" or free text category

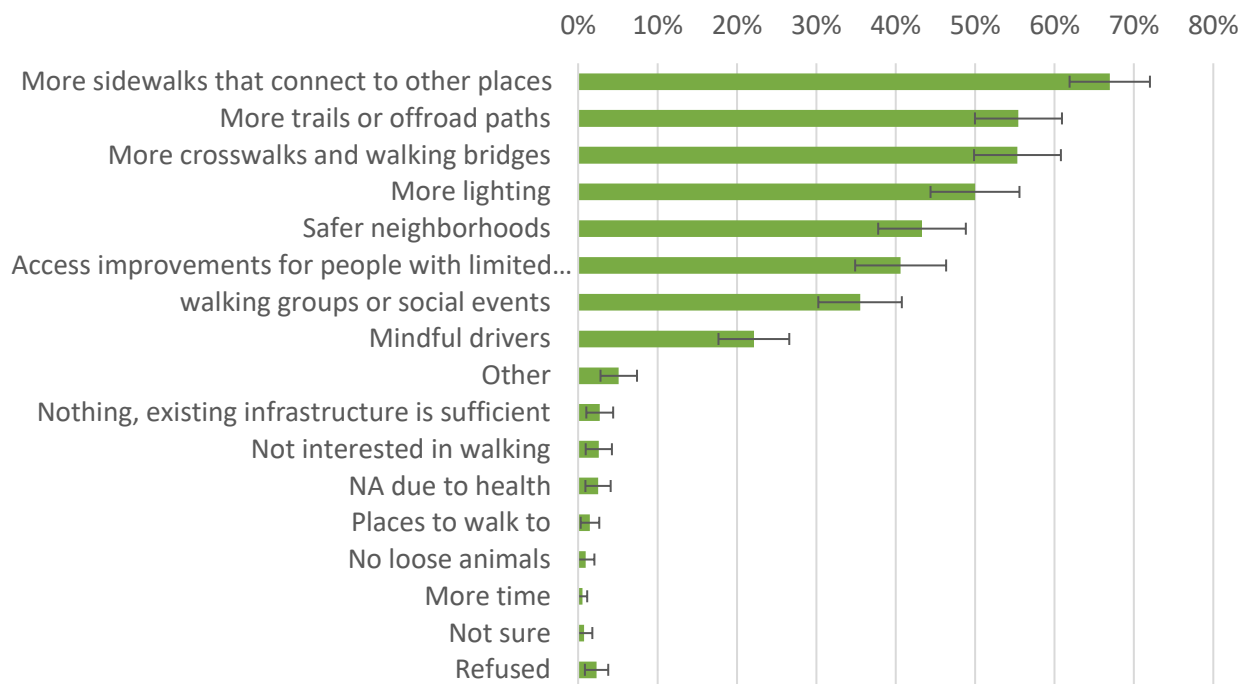
Interpretation: Note that this question was only answered by people who indicated that they engage in physical activity (n=404). Most residents reported exercising in their neighborhood (45.0%), at home (37.3%), or at a private gym or pool (32.5%).

21. What are the reasons you don't exercise during a normal week?



Interpretation: Please note that only people who responded that do not engage in physical activity answered this question (n=20). Being physically unable to exercise was the most common reason people were not physically active, followed by not enjoying exercise, not having time, caring for children, and having labor intensive jobs.

22. Whether you currently walk or not, would any of the following make you want to walk more? This includes for fun, for exercise, to get to a destination, etc.

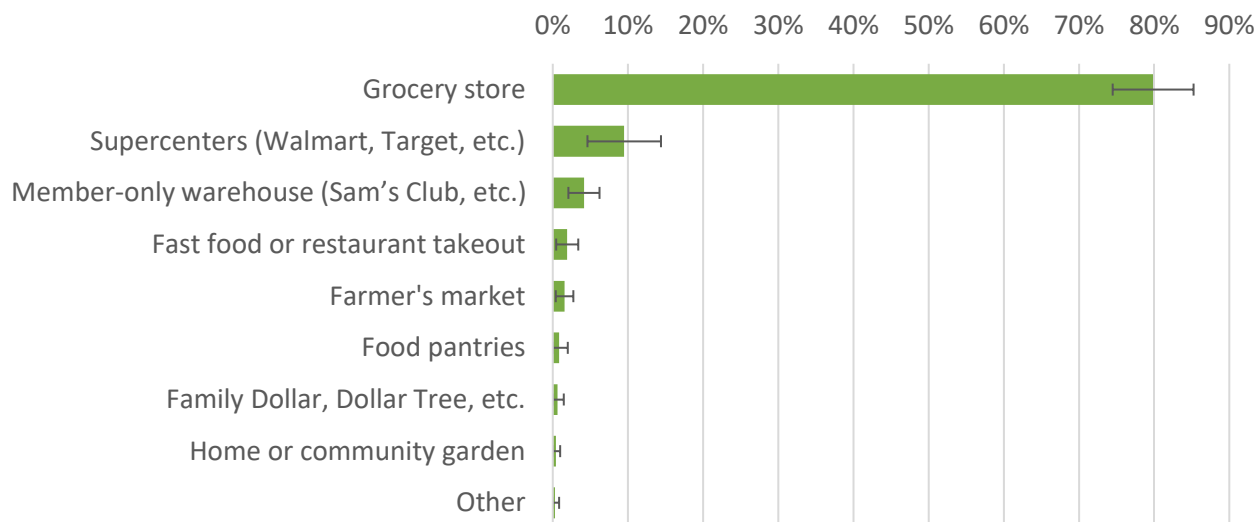


*Common responses grouped together from the "other" or free text category

Interpretation: The most common improvements that would motivate residents to walk more are more sidewalks that connect to other places, more trails and off-road paths, and more crosswalks and walking bridges.

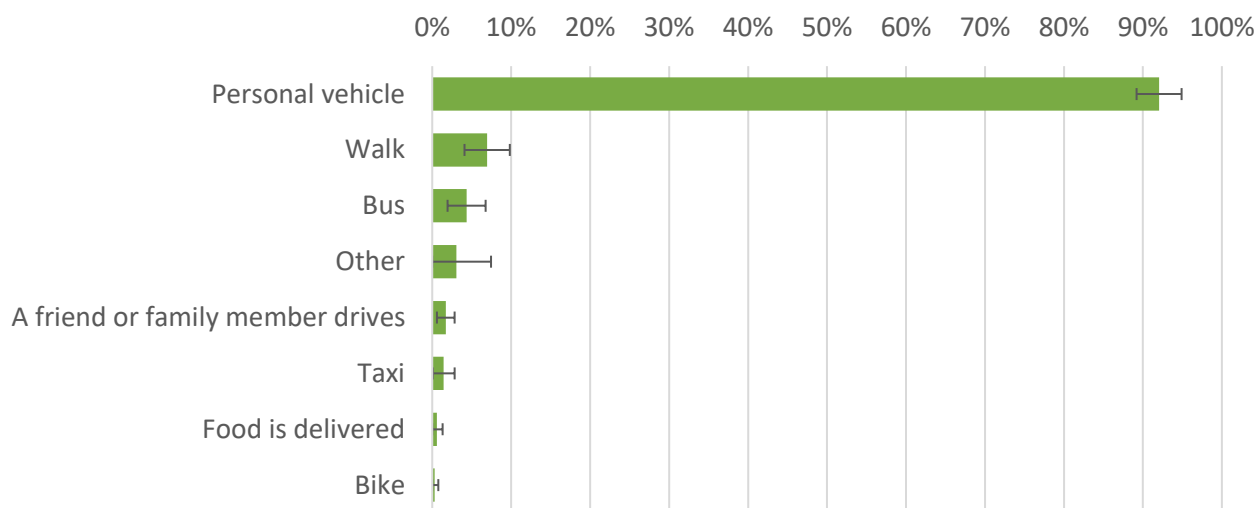
Diet and Food Access

23. Where do you get most of the food you eat at home?



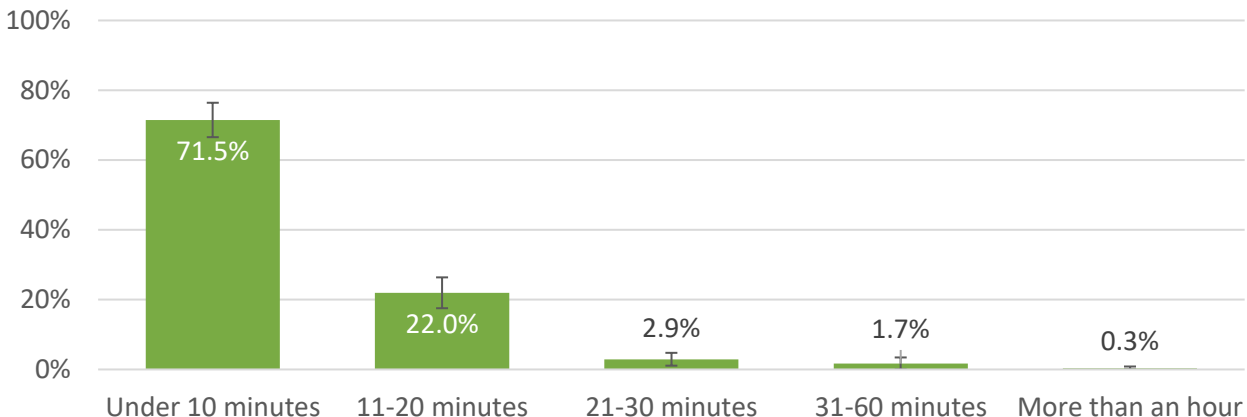
Interpretation: Most residents (79.9%) get most of the food they eat at home from a grocery store. Less than 1% of residents reported buying most of their food from a corner store, such as a Family Dollar or Dollar Tree store.

24. How do you usually get there?



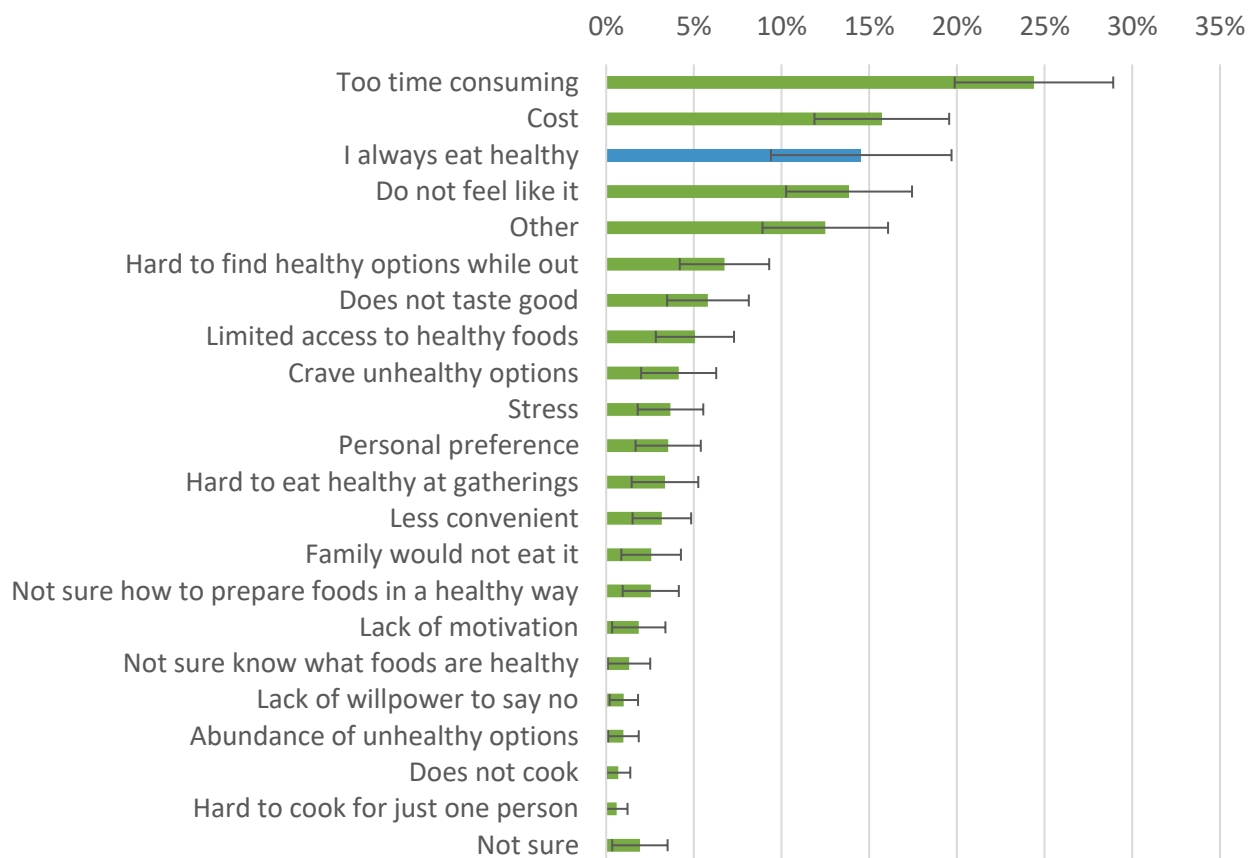
Interpretation: Most people (92.0%) drove a personal vehicle to buy the food they ate at home. However, 7.0% of people indicated that they walked and 4.4% of people used the bus to go buy food. Please note that this question was a check all that apply question.

25. About how long does it take you to get there? Please only include the time it takes you to get there from your home, one way.



Interpretation: For most people (71.5%), it takes less than 10 minutes to get to the place where they buy most of the food they eat at home. About 5% of people spent more than 20 minutes getting to the place where they bought most of their food.

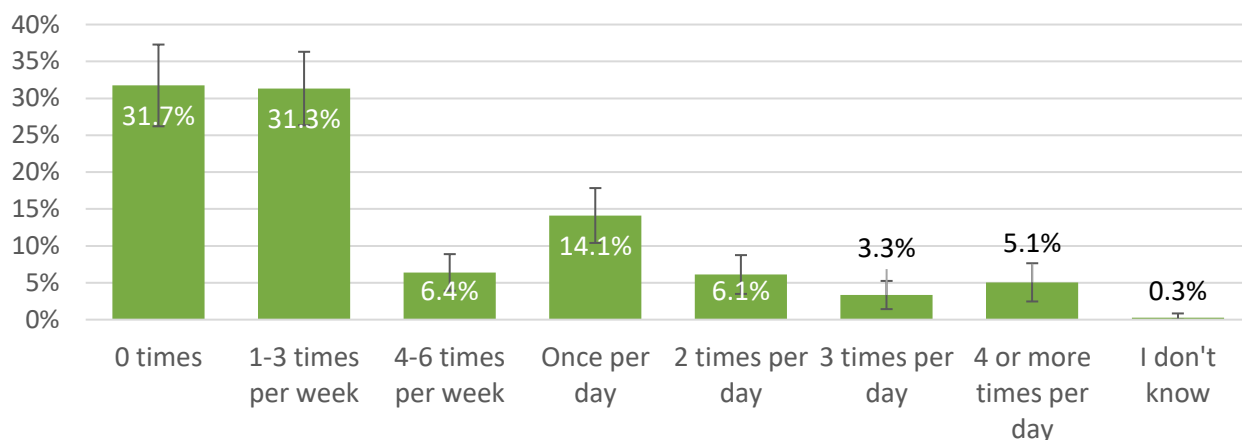
26. Most of us don't eat healthy all the time. When you aren't eating a healthy diet, what do you think makes it hard for you to eat healthy?



*Common responses grouped together from the "other" or free text category

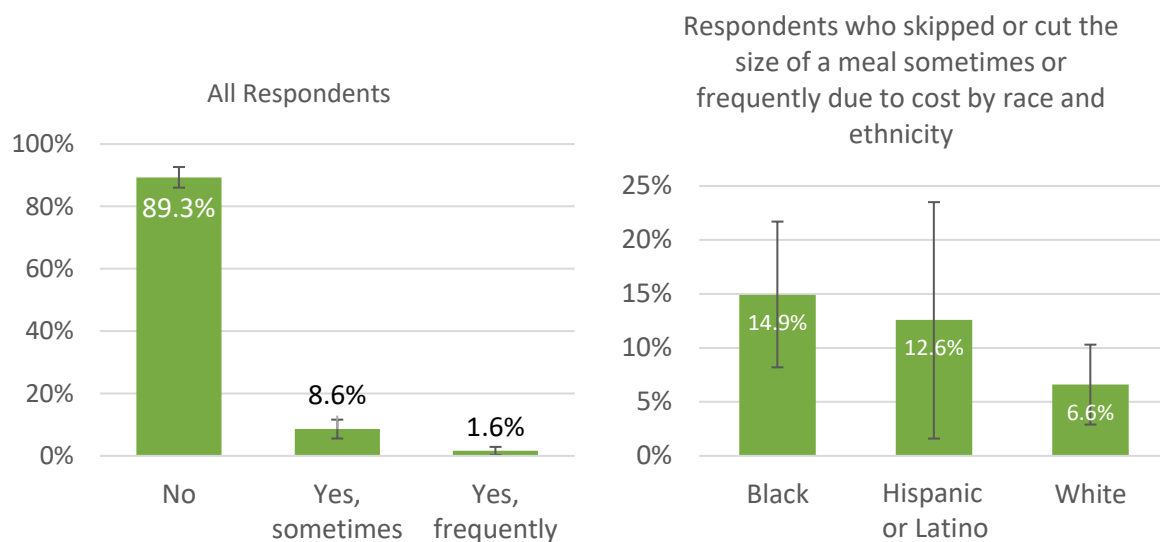
Interpretation: The number one reason cited among residents for not eating healthy was the time it takes to prepare healthy meals followed by cost, and not being in the mood to eat healthy. Separately, 14.8% of residents reported always eating healthy.

27. During the past 7 days, how many times did you drink a can, bottle, or glass of a sugary drink? Sugary drinks include soda, sweet tea, fruit punch, lemonade, fruit drinks, and sports drink. Please do not count diet drinks.



Interpretation: Most respondents (63.0%) drank sugary drinks 3 times or less per week. However, 8.4% of people drank sugary drinks 3 or more times per day.

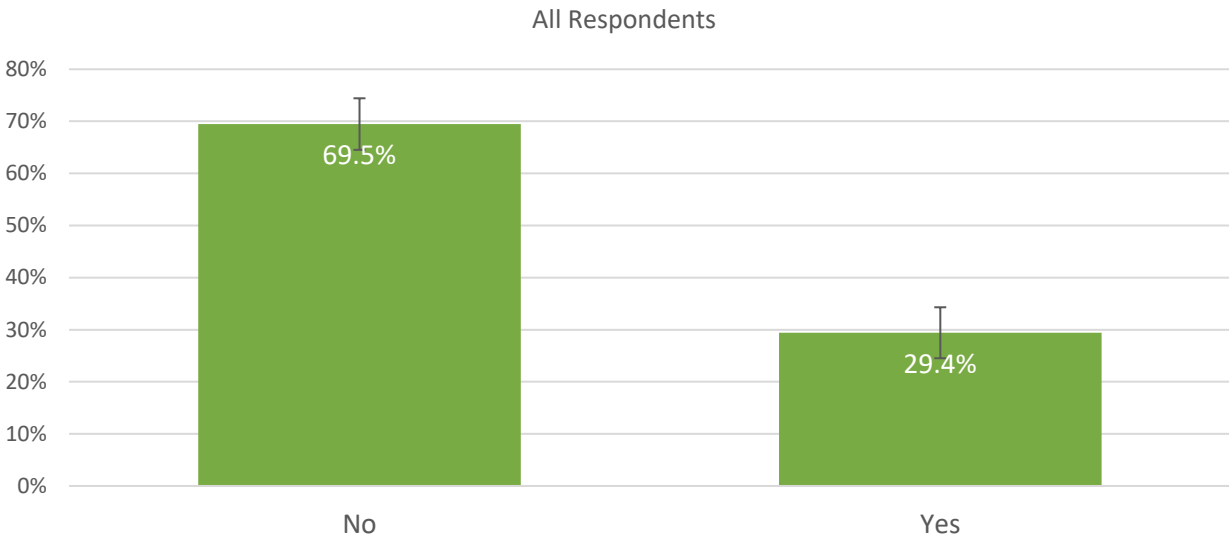
28. In the last 12 months, did you ever cut the size of your meals or skip meals because there wasn't enough money for food?



Interpretation: About 1 in 10 people (10.2%) skipped meals or cut the size of their meal because they didn't have enough money to buy food. Black residents (14.9%) were significantly more likely than white residents (6.6%) to have skipped or cut a meal either sometimes or frequently in the past year. **The difference between Hispanic or Latino residents and white residents was not statistically significant.**

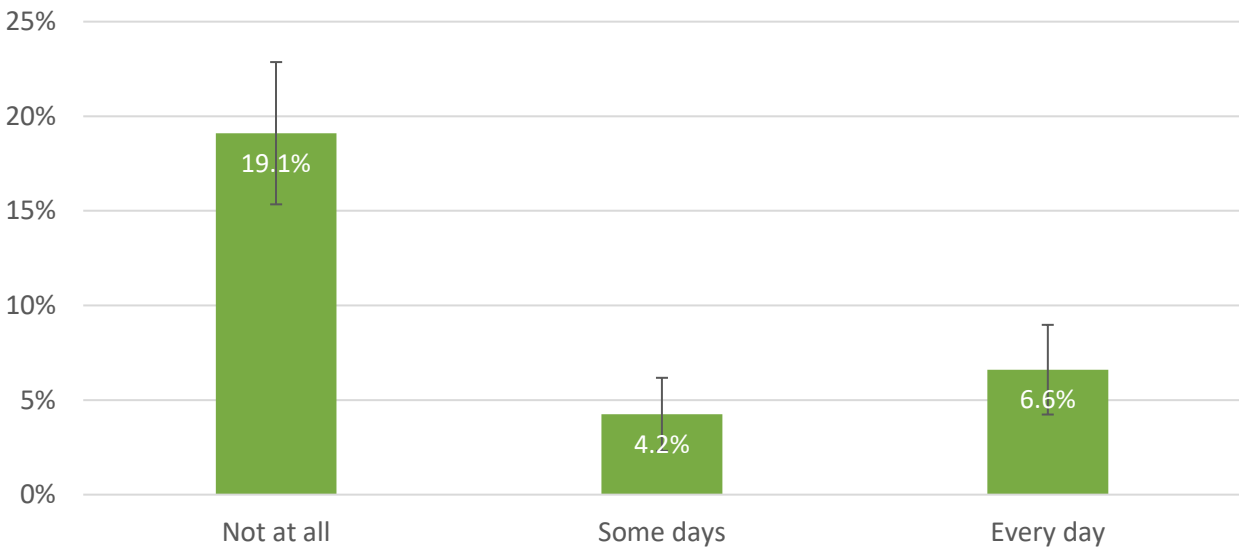
Tobacco Use

29. Have you smoked at least 100 cigarettes in your entire life?



Interpretation: Most residents (69.5%) have not smoked at least 100 cigarettes during their lifetime. The percent of respondents who smoked at least 100 cigarettes during their lifetime was similar for black residents (31.5%) and white residents (33.6%). A smaller percentage of Hispanic or Latino residents smoked at least 100 cigarettes during their lifetime. **Differences by race and ethnicity were not statistically significant.**

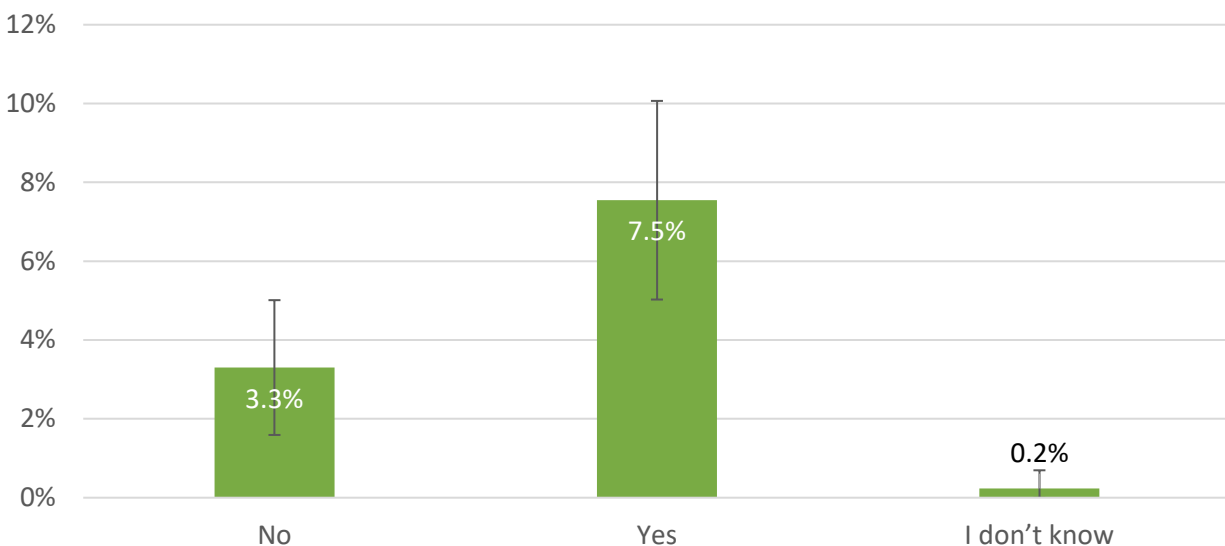
30. Do you NOW smoke cigarettes every day, some days, or not at all?



Interpretation: Please note that only people who responded that they had smoked at least 100 cigarettes during their lifetime answered this question (n=127). Most people (19.1%) who had smoked at least 100 cigarettes during their lifetime had quit smoking at the time of the survey. Only 10.8% of all

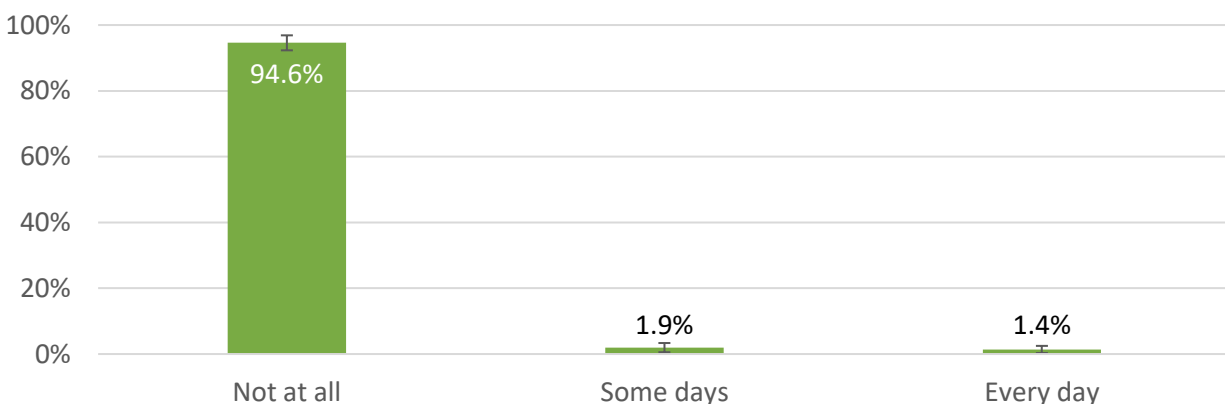
respondents were currently smoking, either some days or every day. This equates to 36.2% of respondents who smoked 100 cigarettes or more during their lifetime. The number of respondents who reported smoking some days or every day was too small to disaggregate by race and ethnicity.

31. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit?



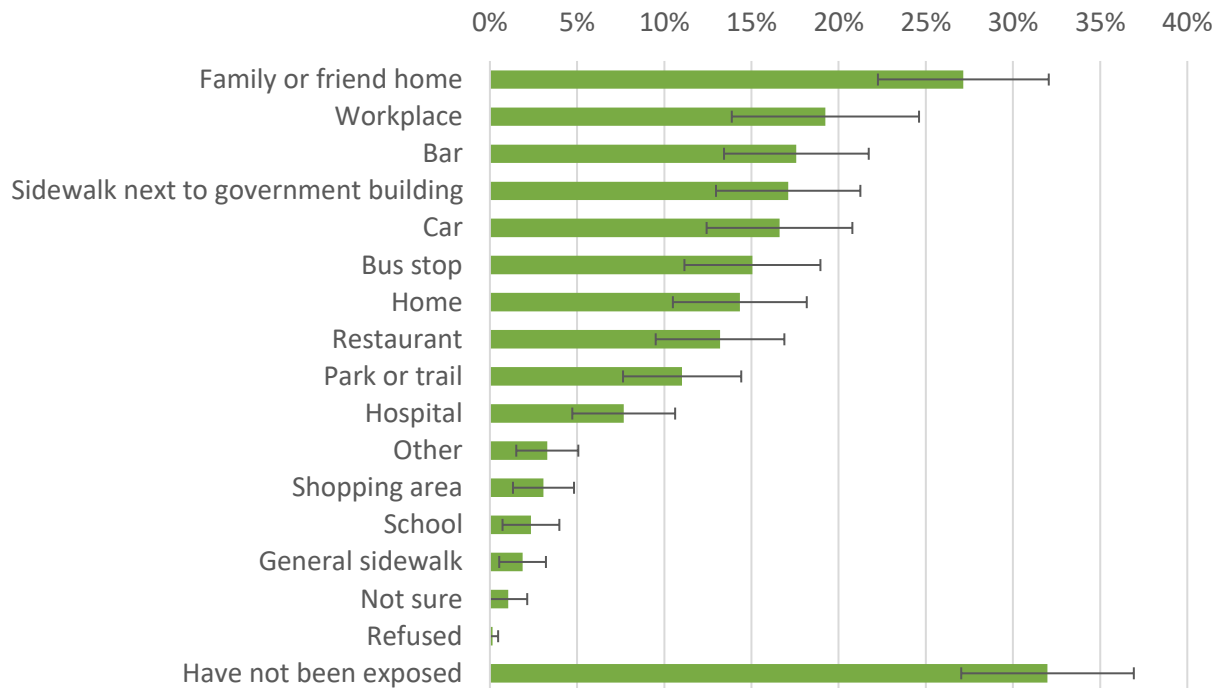
Interpretation: Please note that only people who responded that they had smoked at least 100 cigarettes during their lifetime and that they were currently smoking cigarettes every day or some days at the time of the survey answered this question (n=47). Among all respondents, 7.5% attempted to quit smoking for at least one day during the past year. This equates to 68% of respondents who reported currently smoking. The number of respondents who answered this question was not large enough to disaggregate by race and ethnicity.

32. Do you NOW use e-cigarettes every day, some days, or not at all?



Interpretation: Most people do not use e-cigarettes at all (94.6%). Responses across race and ethnicity categories were nearly identical (97.2% of black, 97.7% of Hispanic or Latino, and 95.7% of white residents did not use e-cigarettes at all) and **differences were not significant**.

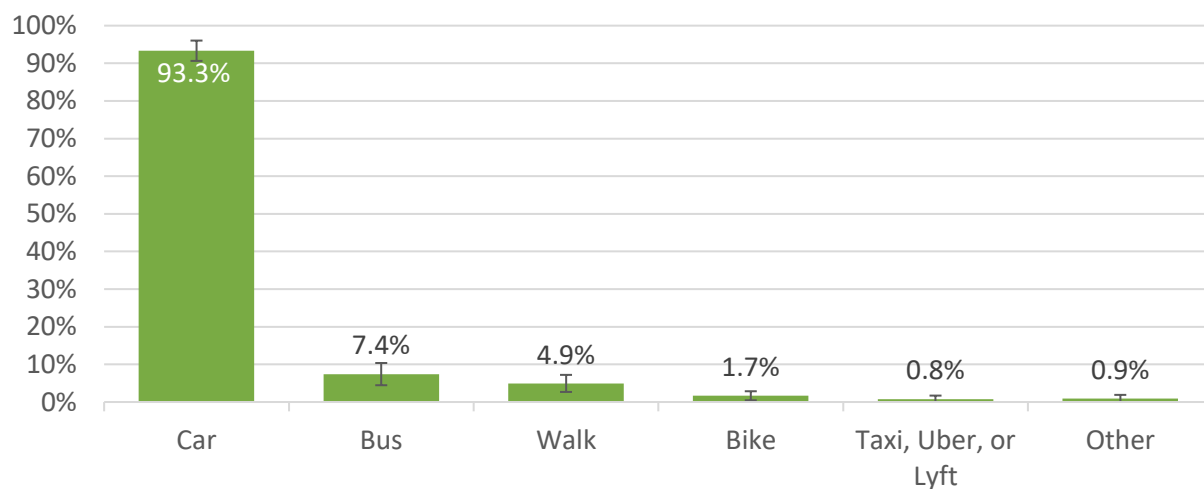
33. Have you been exposed to secondhand smoke in Durham County in the past year at any of these places?



Interpretation: Thirty-two percent of residents said they had not been exposed to secondhand smoke in Durham County during the past year. Of those who had been exposed to secondhand smoke, a family or friend’s home, the workplace, a bar, sidewalks next to government buildings, and cars were the most commonly noted places where the exposure occurred.

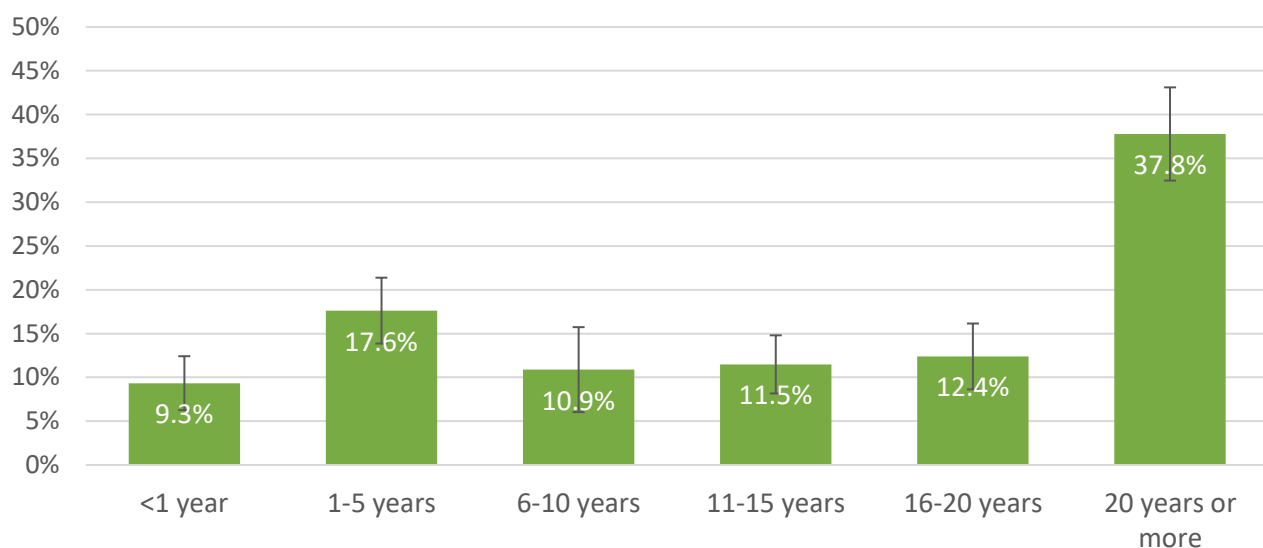
Household

34. In a typical week, what kinds of transportation do you use the most?



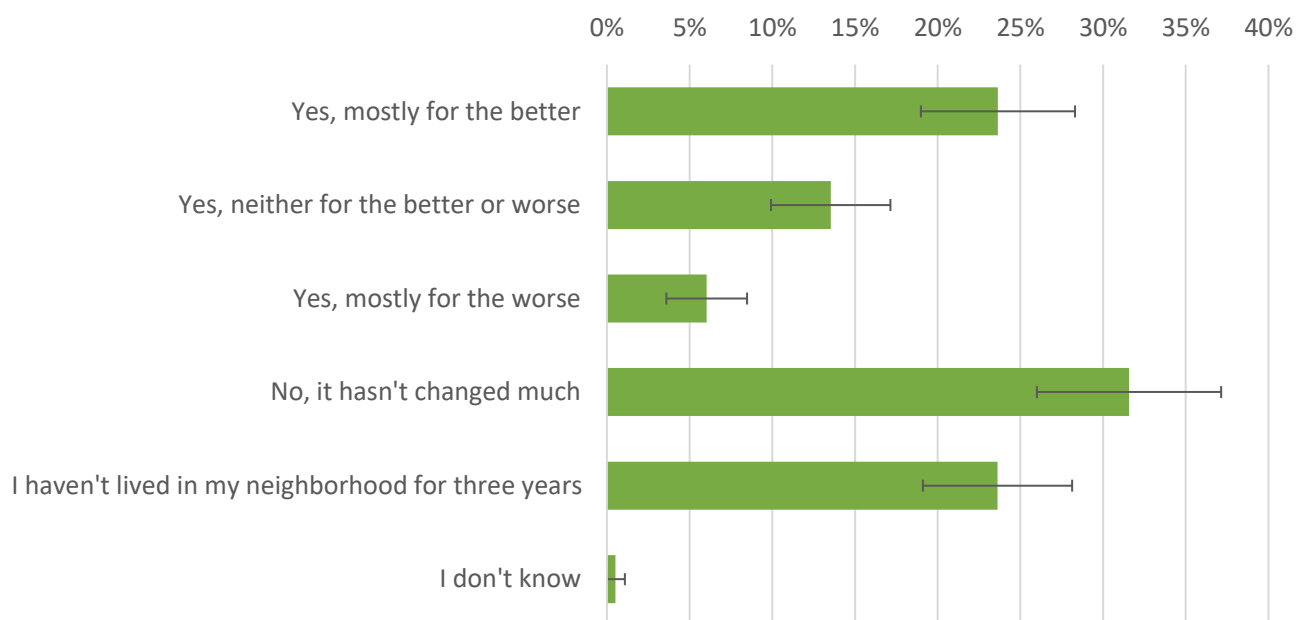
Interpretation: In a typical week, most residents (93.3%) use a car to get around.

35. How long have you lived in Durham County?



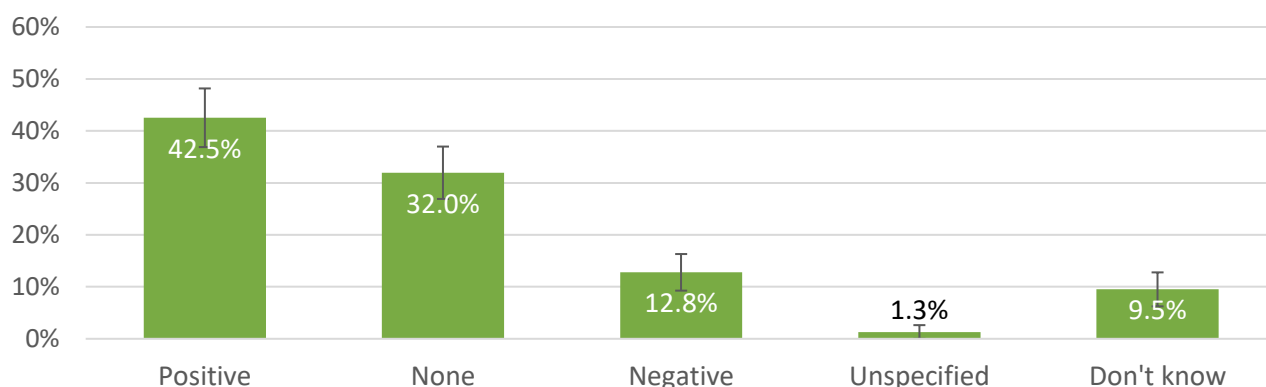
Interpretation: Most residents (61.7%) who were surveyed had lived in Durham County for 11 years or more.

36. Has your neighborhood changed over the past three years?



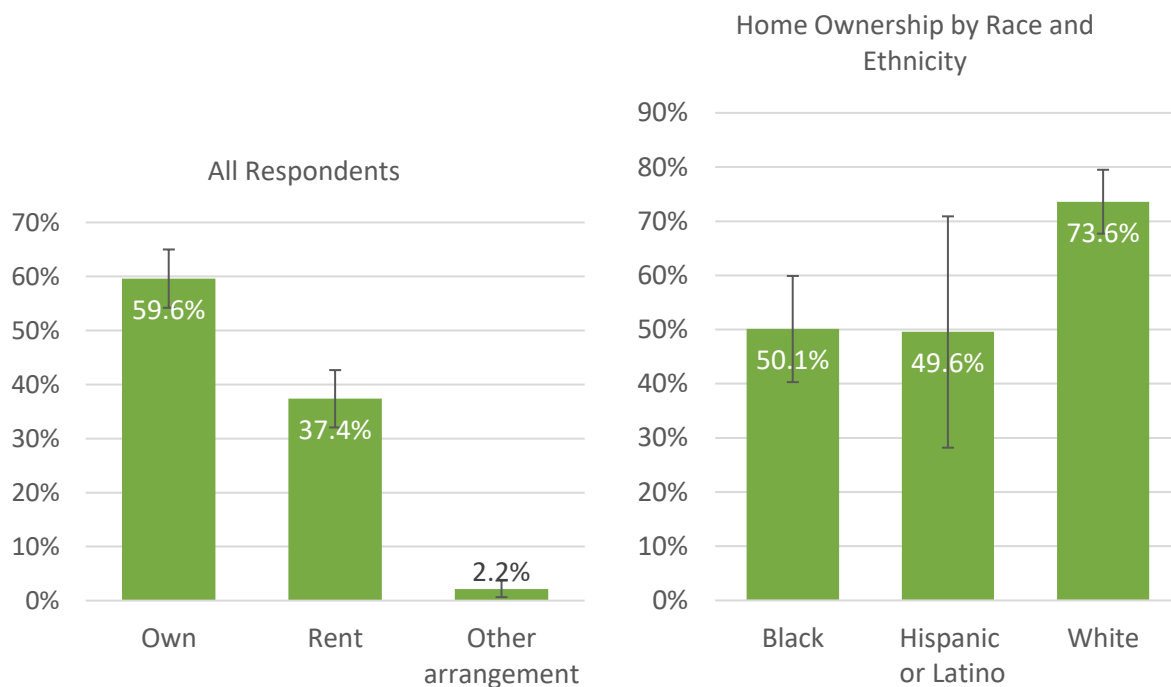
Interpretation: Few respondents (6.0%) felt their neighborhoods had changed for the worse in the past three years. About one fifth of residents (23.6%) surveyed felt their neighborhoods had changed for the better in the past three years.

37. How do you think your current housing impacts your health?



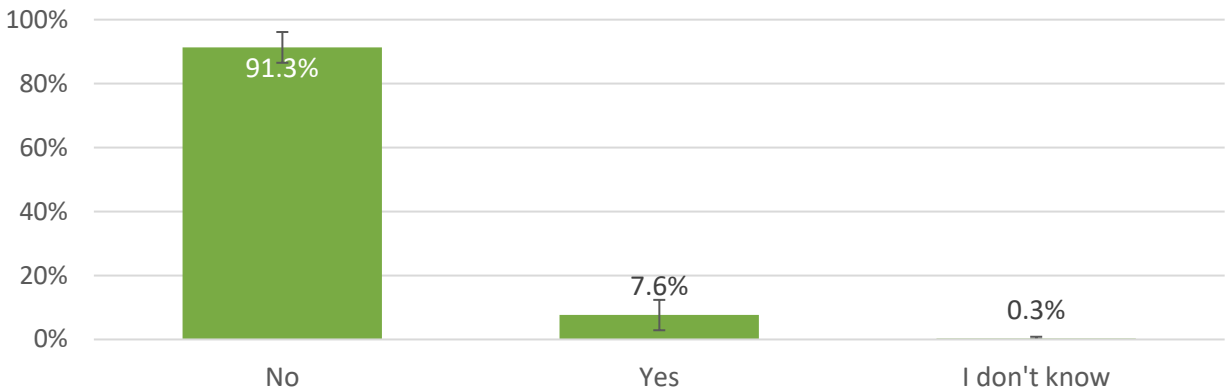
Interpretation: Most residents seemed to be aware of how housing affected their health, with 42.5% reporting that housing had a positive effect on their health and 12.8% responding that housing had a negative effect on their health. However, 32.0% of residents were unaware of any effect housing had on their health and responses from 1.3% of residents were not specific enough to be categorized and as a result were put in the “unspecified” category.

38. Do you own or rent your home?



Interpretation: Over half of residents (59.6%) reported owning their home. Home ownership varied by race and ethnicity. White residents were more significantly more likely to own a home compared to black residents (73.6% compared to 50.1%). **The sample size wasn’t large enough to detect a statistically significant difference between white residents and Hispanic or Latino residents.**

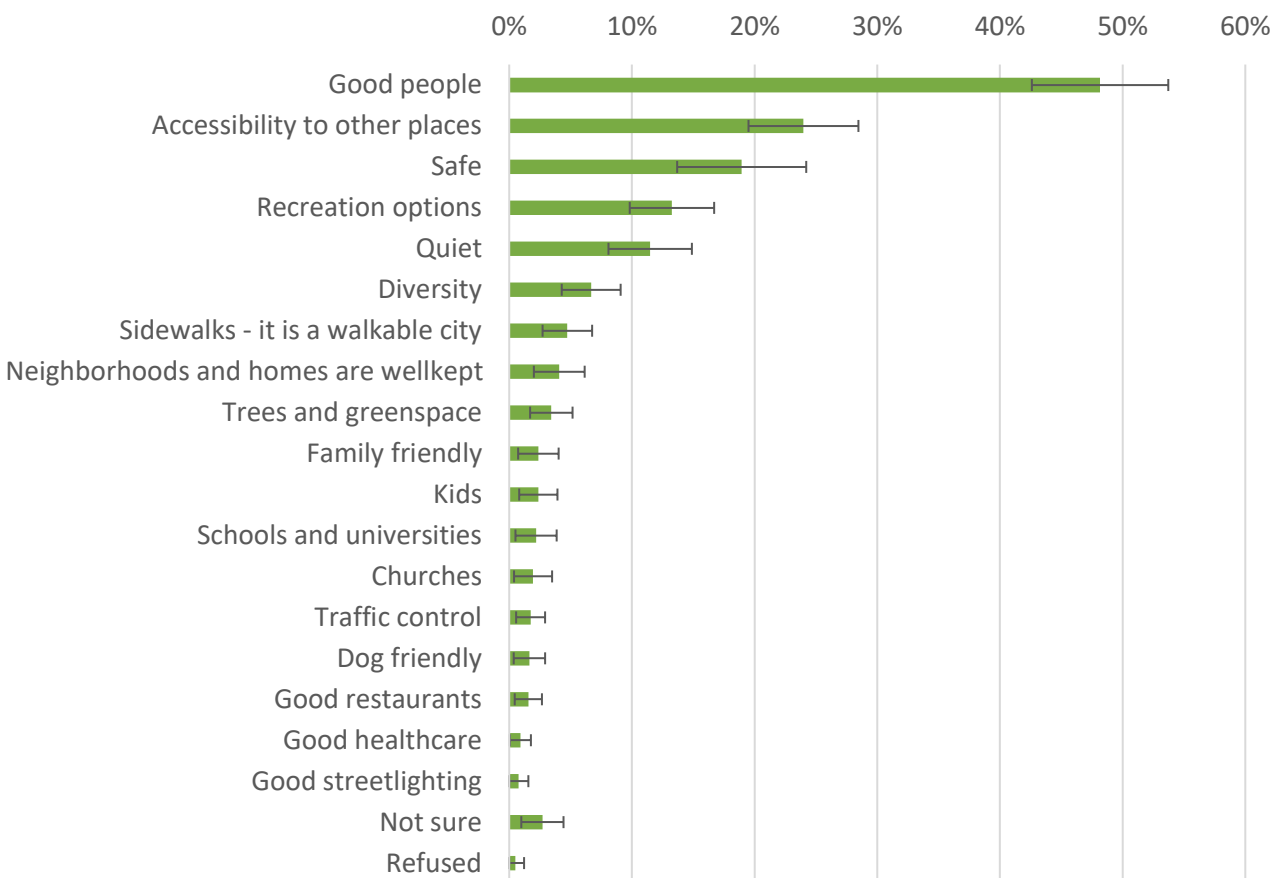
39. Have you or someone in your household been evicted or displaced while living in Durham County in the past three years?



Interpretation: Among residents surveyed, 7.6% had been evicted or displaced while living in Durham County in the past three years or had a household member who had been. **Differences by race and ethnicity were not statistically significant.**

Community Improvement

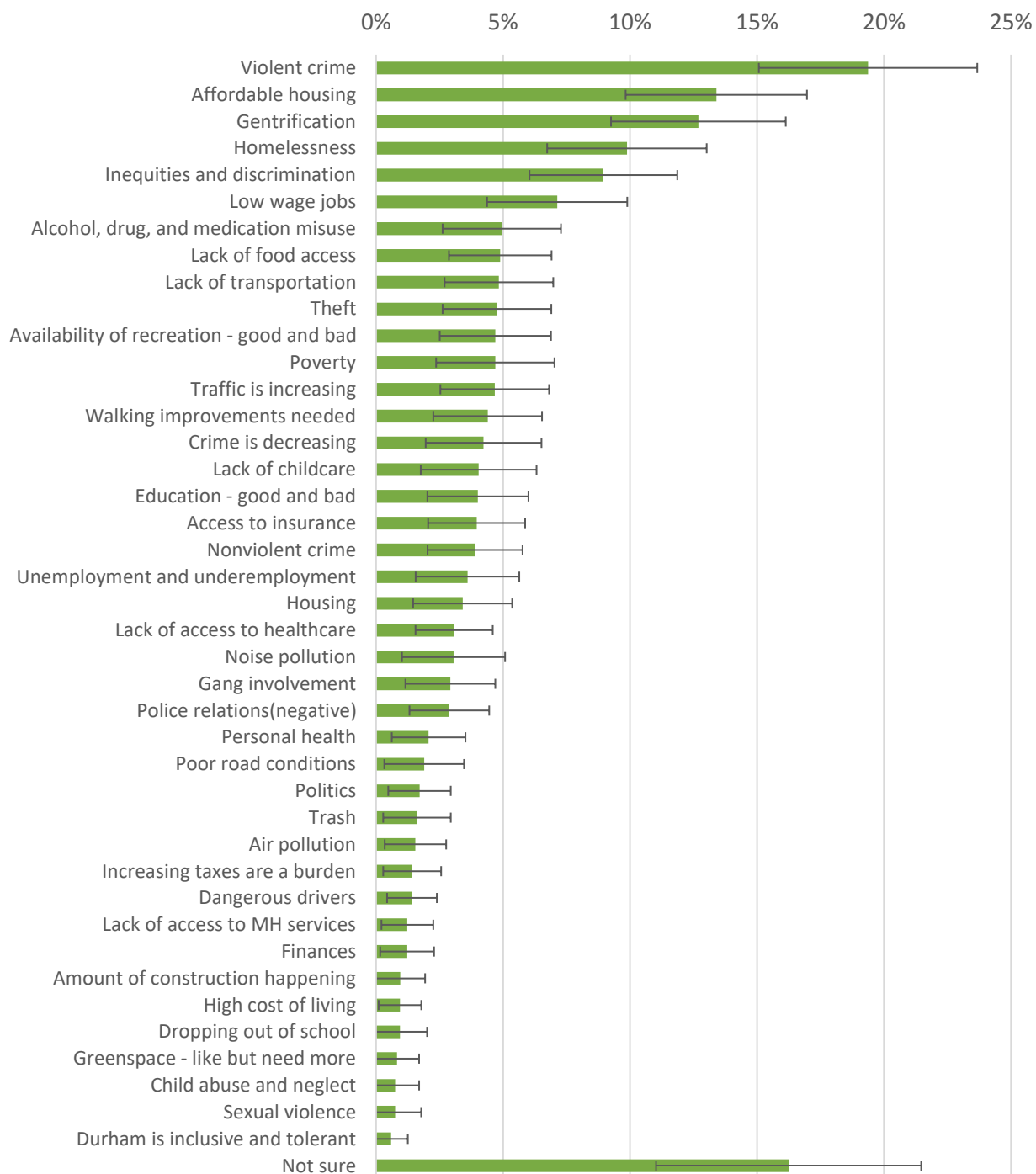
40. What people, places, or things make your neighborhood a good place to live?



*Common responses grouped together from the "other" or free text category

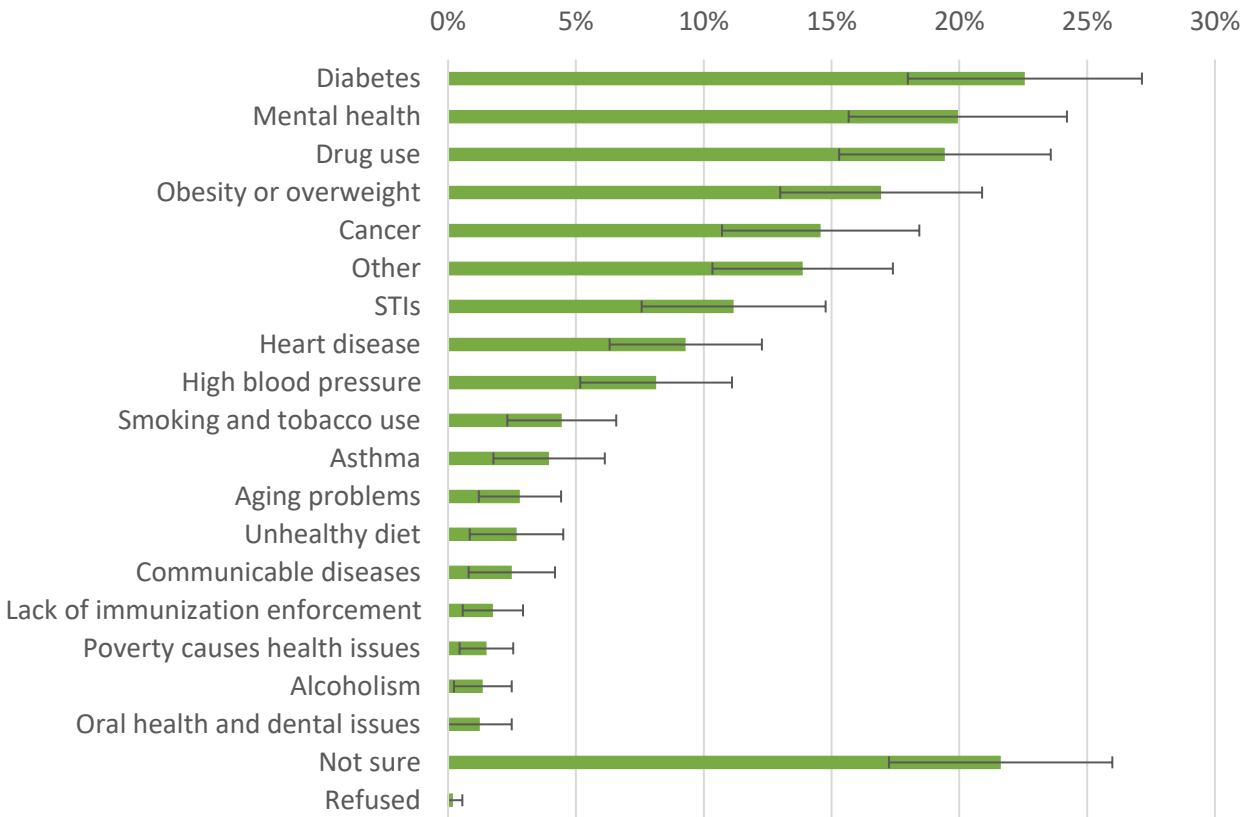
Interpretation: Among the people, places, or things that make neighborhoods in Durham a good place to live, good people were noted most often followed by accessibility to other places, safety, availability of recreational activities, and neighborhoods being quiet.

41. What issues have the greatest effect on quality of life for you personally or your community in Durham County?



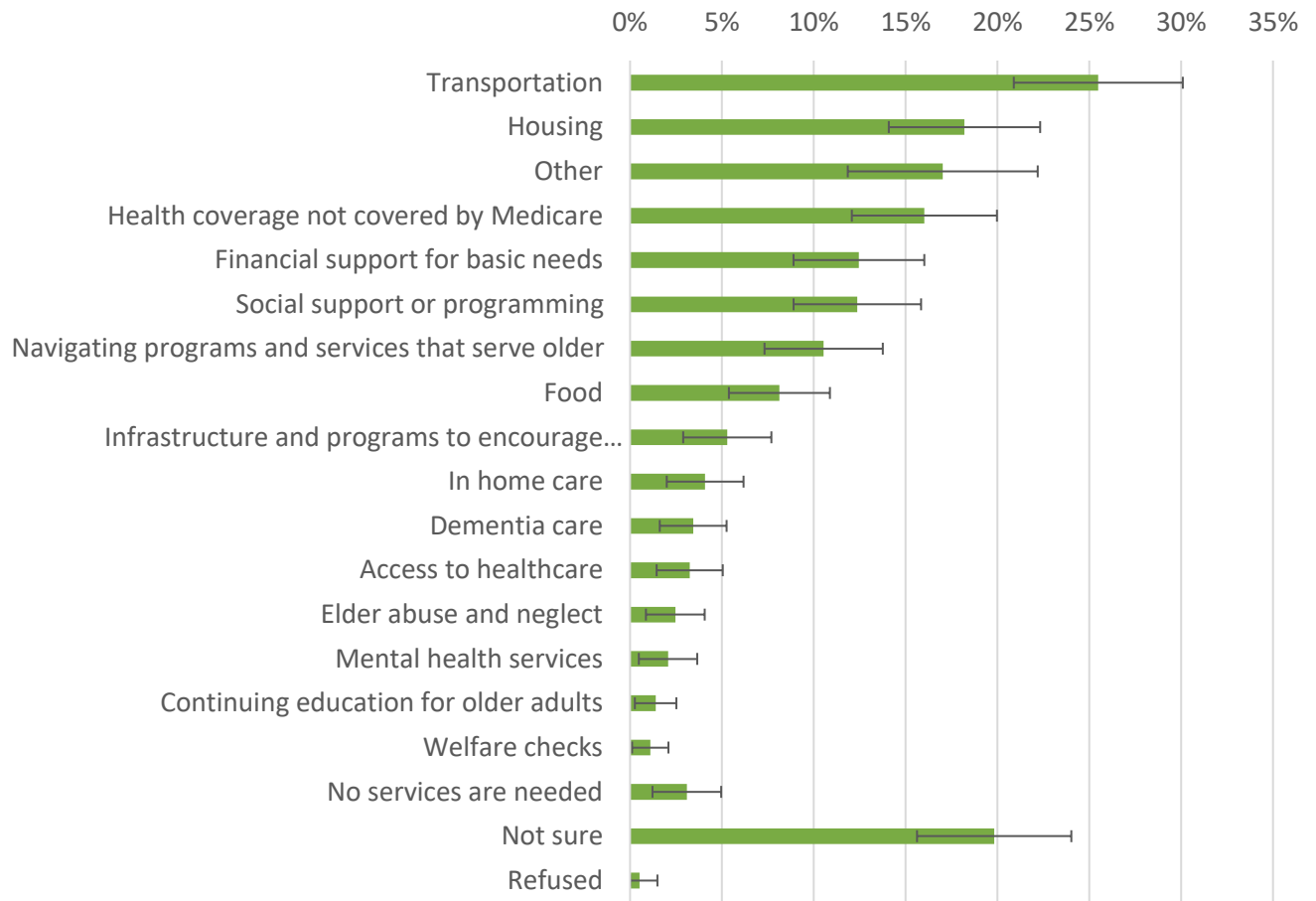
Interpretation: Violent crime, affordable housing, gentrification, homelessness, and inequities and discrimination were the five issues most commonly named as having the greatest effect on quality of life.

42. What are the most important health problems, that is, diseases or conditions, in Durham County?



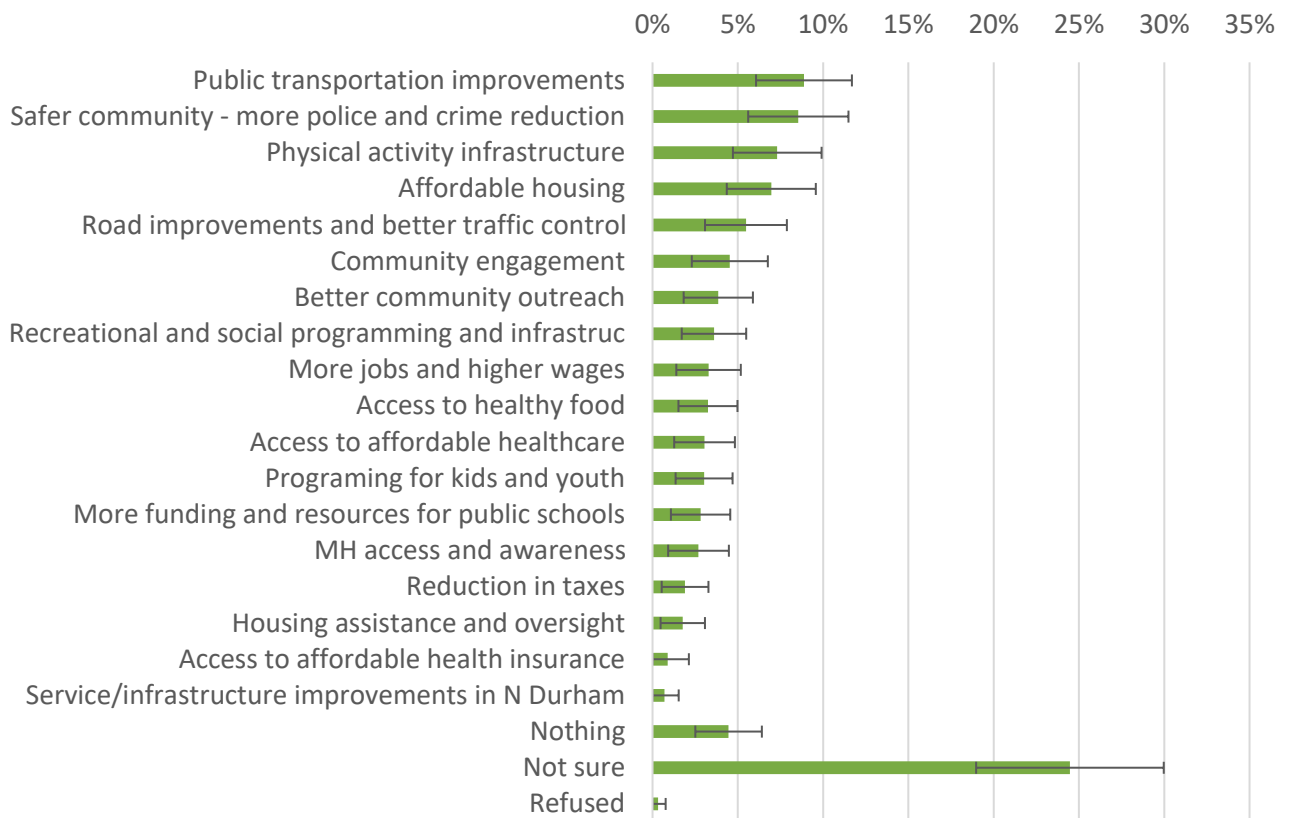
Interpretation: Diabetes, mental health, drug use, obesity or overweight, and cancer were the top five health concerns noted among Durham residents.

43. What, if any, services and supports are needed in Durham County to help improve the quality of life for adults ages 60 and older?



Interpretation: Transportation was the number one resource residents thought would improve quality of life for older adults. The next most commonly cited resources were housing, health coverage for services not covered by traditional Medicare, financial support, and social supports or programs. Three percent of respondents indicated that no additional resources are needed and 19.8% were unsure of what resources are needed.

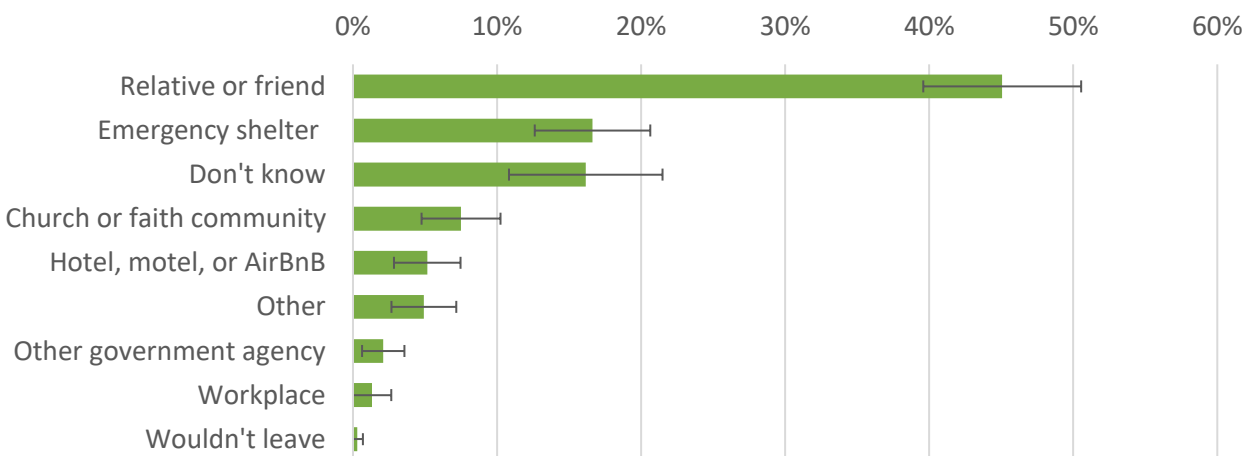
44. What could be done in Durham to support you and your community?



Interpretation: Residents indicated that top issues that could be addressed to better support their communities are public transportation improvements, safer communities, improvements to infrastructure that supports more physical activity, affordable housing, and improvements to roads and traffic control.

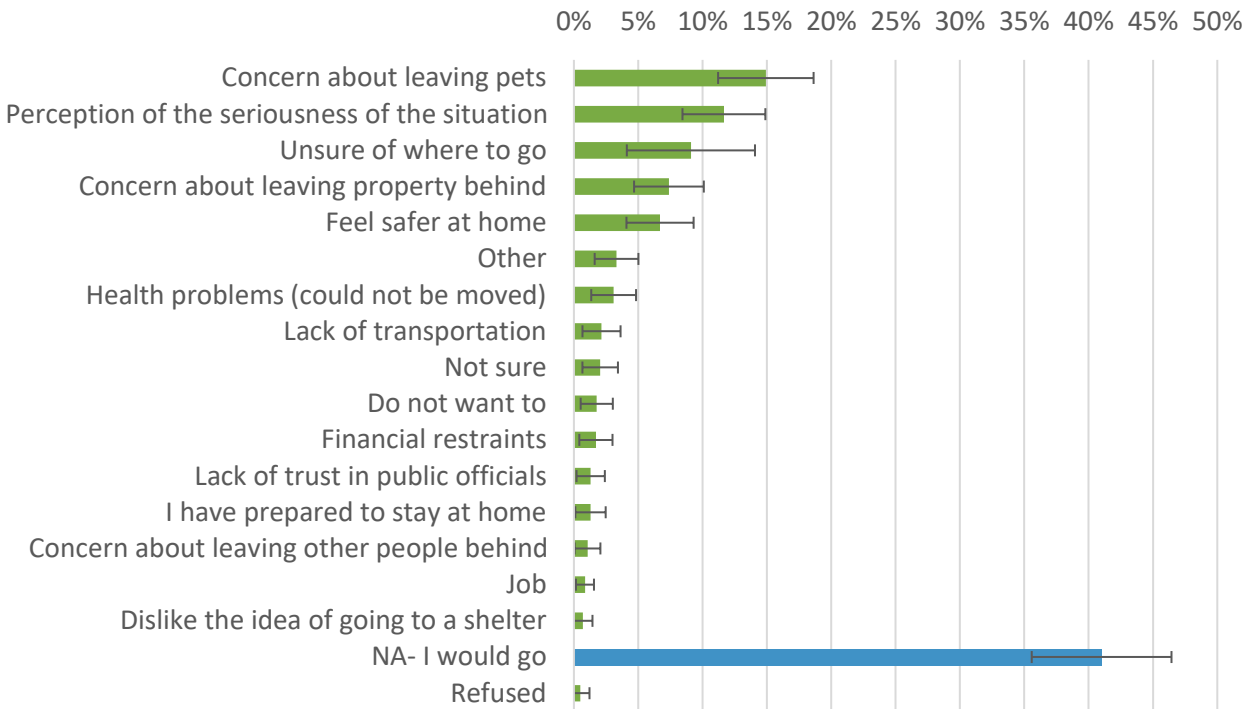
Emergency Preparedness

45. If you couldn't remain in your home, where would you go in a community-wide emergency?



Interpretation: Staying with a relative or friend was the most commonly reported place residents indicated they would go during a community wide emergency, with 45.1% of residents indicating that location. Emergency shelters were the next most common response, with 16.6% of residents indicating they would stay there. However, 16.2% of residents indicated they did not know where they would stay in an emergency. Less than 1% of residents said they would not leave their homes.

46. What would be the main reasons you might not evacuate or leave your home if asked to do so?

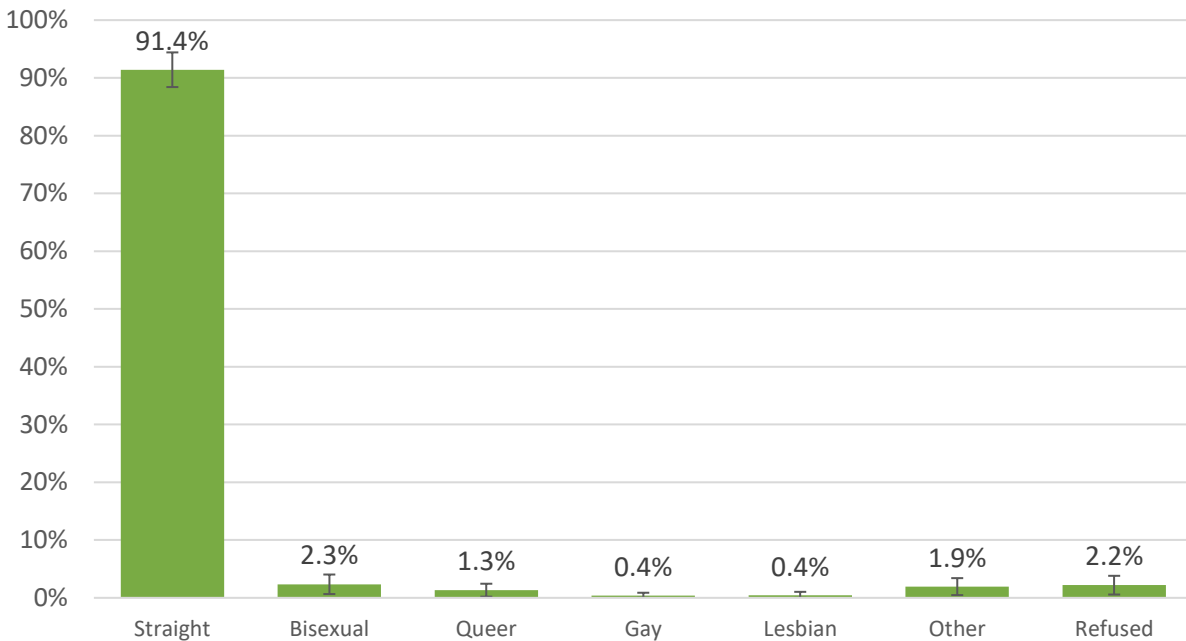


Interpretation: Concern about leaving pets behind was the number one reason residents cited as a potential reason they would not evacuate their homes if asked to do so. The next most common responses were residents’ perception of the seriousness of the situation, being unsure of where to go, concern about leaving property behind, and feeling safer at home. It should be noted that 41.0% of respondents indicated that there would be no reason they would not leave their homes if asked to do so during an emergency.

Demographic Data

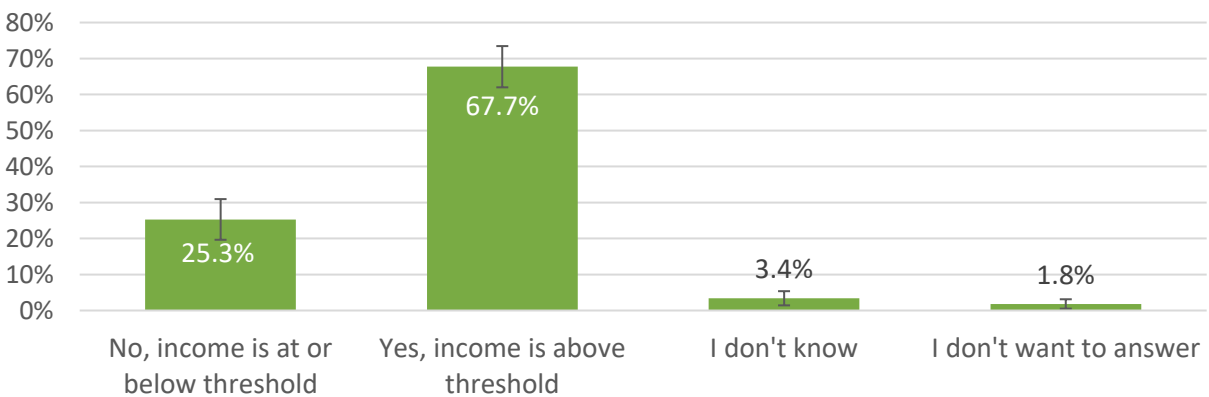
Note: demographic data from the tables at the beginning of the document are not shown below.

1. How would you describe your sexual orientation?



Interpretation: Among survey respondents, 91.4% were heterosexual or straight and 6.3% were lesbian, gay, bisexual, queer or another sexual orientation.

2. Percent of survey respondents with an annual household income below and above the 200% poverty level.



Interpretation: Most residents (67.3%) had incomes above 200% of the Federal Poverty Level (FPL). However, 25.3% of residents had incomes below the FPL.

References

1. **Schnall, Amy Helene, Nakata, Nicole and Bayleyegn, Tesfaye.** Community Assessment for Public Health Emergency Response Toolkit. *Centers for Disease Control and Prevention.* [Online] 2019. https://www.cdc.gov/nceh/hsb/disaster/casper/docs/CASPER-toolkit-3_508.pdf.
2. **U.S. Census Bureau American Community Survey.** *2013-2017 American Community Survey 5-Year Estimates.*