



Partnership for a  
Healthy Durham



DukeHealth

## Survey Purpose, Methods, Data Collection, and Results of the 2023 Durham County County-wide Community Health Assessment

Durham County Department of Public Health (DCoDPH), the Partnership for a Healthy Durham, and Duke Health extends their gratitude to the residents of Durham County for participating in this survey. The data collected in this survey helps provide information to public health leadership to make important decisions about the health and well-being of Durham County residents. The data is also used to apply for grants that government agencies and local organizations can use to enact change in the community. Randomly selecting neighborhoods and meeting people in their homes results in better and more robust data. This opportunity allows community voices to be heard and provide outreach to populations not traditionally reached. This could not be possible without the honest conversations held in the community during this survey experience.

### Purpose of the Community Health Assessment Survey

The Community Health Assessment is done every three years as part of the accreditation process for the health department in addition to meeting the Affordable Care Act requirements for Duke Health. This assessment has been conducted every three years since 2010 in collaboration with the Partnership for a Health Durham and Duke Health by going door-to-door to randomly selected households in Durham County for a variety of reasons:

- One-on-one time spent with community members meant that thoughtful and genuine responses were recorded to better understand what key health issues community members identify in Durham County.
- The two-stage cluster sampling method captured a geographically wide range of Durham County to reach a representative sample.
- Meeting people at their homes helped find and interview people that normally wouldn't be reached in traditional survey methods.

The survey is the first step in the Community Health Assessment process.

### Survey Development

The 2023 Durham County Community Health Assessment survey process included members of the DCoDPH Population Health Division and internal divisions within the health department such as Health Education and Community Transformation, Nutrition, and Environmental Health as well as external partners including LATIN-19, El Centro Hispano, the Partnership for a Health Durham, El Futuro, Duke Health, the LGBTQ Center of Durham. The 2022 survey was modeled closely after the 2019 survey to ensure that trends between pre- and post- COVID-19 pandemic could be analyzed. The surveys were reviewed by all partners whose feedback was incorporated into the final survey. This assessment places equity at the helm and the survey design process intentionally included culturally appropriate questions. Many drafts of the survey were developed and each time it improved to be as equitable and inclusive of all of Durham County's residents as possible.

This year, an additional eight question survey was attached to the end of the survey that relates directly to resident's experience with COVID-19.

DCoDPH staff tested the survey in the lobby of the Durham County Health Department and it's COVID-19 vaccine clinic. To ensure an equitable approach, individuals of different backgrounds and cultures were asked to take the survey.

### Sampling Methods

The survey team partnered with the North Carolina Institute of Public Health (NCIPH). In total, 75 clusters were randomly selected from census tracts in Durham County and seven unique homes were selected within each cluster. The goal was to have seven surveys completed from each cluster for a total of 525 surveys. Completing 80% of this sample is considered powerful and successful.

### Survey Administration



The survey team relied on volunteers from DCoDPH, Duke University, Duke Health, local organizations, and community members to go door-to-door to collect surveys. Over 50 volunteers administered surveys from September 24 to November 5, 2022.

For the first time, door hangers were left on the doors of the seven selected homes within each cluster if there was no answer. Included on the door hanger was the phone number to a call center with staff at the health department

trained to administer the survey over the phone and a QR code if the participant preferred to take the survey online. This new option was utilized to boost the likelihood that seven surveys would be collected from each cluster. Door hangers were not left at every unanswered door to avoid getting too many surveys in one cluster thus skewing the results and risking overrepresentation of a population.

### Results

In total, 205 surveys were collected. Though 80% of 525 surveys were not completed, this sample size is powerful enough to analyze the data as a representative sample of Durham County. In some responses, the survey is underpowered to be analyzed by race and ethnicity. Thirty surveys were completed either over the phone or online and 175 surveys were completed door-to-door. This is a similar sample size to surveys conducted in 2010, 2013, and 2016. The sample size of 424 in 2019 was larger to disaggregate by race and ethnicity. Though the 2022 sample size was smaller than 2019 it remains just as powerful for the overall analysis of the responses. When the 2022 sample size was large enough (>10), data was analyzed by race.

The survey revealed common themes among responses. Below includes some of the key findings:

- There were significant differences in demographics between the door-to-door and online surveys.
- Racial disparities exist across most outcomes.

## Access to Care

- There are many explanations for the trends seen across questions. For example, younger people (<41) reported more that they had a lapse in health insurance or coverage at some point within the past year from the date the survey was given. Younger people were less likely to have someone they think of as a personal healthcare provider (PCP).

## Personal Health

- Most participants reported that they felt their health was excellent or very good. More Black or African Americans reported their health was good or fair or poor than whites.
- Those 66 years or older were more likely to report no bad days out of the last 30 while people under 36 years old or younger more often reported >20 bad days (days feeling stressed, depressed, or experiencing other mental health issues). Women were more likely to report > 20 bad days than men.
- The top three primary causes of stress were finances, work, and personal relationships. In 2019, the top three primary causes of stress were finances, work, and dealing with my own illness or disability.

## Discrimination

- Most participants reported not experiencing any discrimination within the past 12 months. Those that did cited racism and sexism as the most common forms of discrimination.

## Physical Activity

- The majority of participants reported walking as their primary form of exercise followed by lifting weights and gardening. These are the same top three forms of exercise as in 2019.

## Nutrition

- More Black or African Americans reported worrying that food would run out before they got money to buy more than whites.

## Tobacco Use

- Most participants reported not smoking cigarettes or e-cigarettes.

## Household

- The most common reason for having difficulty finding housing was affordability followed by the commute being too far.
- Most participants reported living in Durham County less than 21 years.
- Over half the participants reported that housing impacts their health in a positive way followed by a good location. The third most common way housing impacts participant's health was living in poor housing conditions.
- Of participants who own their home, whites were three times more likely to own their home than Black or African Americans. This gap has expanded since the 2019 survey in which whites were only 0.68 times more likely to own their home.

## Community Improvement

- Most participants reported that their neighbors made their community a good place to live followed by the neighborhood being quiet and safe.
- Affordable housing and violent crime were the top issues that have the greatest effect on quality of life.
- COVID-19, mental health, and obesity were the top three diseases or conditions identified by participants.

## COVID-19

- Many participants (40%) reported their mental health worsened since March 2020.
- More whites (25.3%) reported getting COVID-19 than Black or African Americans (10.5%).
- Most participants (78.5%) reported receiving at least one stimulus check.
- Most participants (93.9%) reported receiving at least one COVID-19 vaccine.

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