

Partnership for a Healthy Durham
Quarterly Meeting
Wednesday, April 12th, 2023
12-1:30 pm via Zoom
Minutes



Facilitator: Jeff Howell

Topic	Major Discussion	Recommendations and Action Steps
<p>Welcome <i>Jeff Howell, Overall Partnership Co-Chair, United Way of the Triangle</i></p>		
<p>2022 Community Health Assessment Survey Results, Trend Data, and Distribution of Funds <i>Savannah Carrico, Epidemiologist, Durham County Department of Public Health</i></p>	<p>Savannah Carrico, Epidemiologist at Durham County Department of Public Health, shared key findings from the most recent Community Health Assessment (CHA). This assessment has been done every three years since 2010 and is necessary to maintain Durham County Department of Public Health’s accreditation. Duke Health, the Partnership for a Healthy Durham, and Durham County Department of Public Health are all involved in this project. A total of 205 surveys were collected. In 2019, over 400 surveys were collected.</p> <p>The survey contains questions regarding access to healthcare, mental health, physical health, nutrition, tobacco, emergency preparedness, community improvement, and COVID-19.</p> <p>Key Findings Access to Healthcare</p> <ul style="list-style-type: none"> • Younger individuals (under 41 years old) reported they had a lapse in healthcare coverage in the past 12 months. • Younger people were less likely to have someone they think of as a personal healthcare provider. <p>Personal Health</p>	<p>If anyone is interested in being a part of writing this report or being involved in the process, contact Bria Miller at briamiller@dconc.gov</p> <p>Any additional questions on data received from the CHA, email Savannah Carrico at scarrico@dconc.gov</p>

Partnership for a Healthy Durham
Quarterly Meeting
Wednesday, April 12th, 2023
12-1:30 pm via Zoom
Minutes

- More Black or African Americans felt that their health was good, fair, or poor compared to whites, who mostly reported their health was excellent or very good.

Mental Health

When asked the question, *“How many days out of the last 30 was your mental health not good?”*

- People 66 years and older were more likely to report no bad days, while people under 36 years old were more often to report over 20 bad days.
- Women were more likely to report greater than 20 bad days than men.
- The top three primary causes of stress were finances, work, and personal relationships.

Discrimination

Discrimination questions were first included in the CHA in 2019.

“What kind of discrimination have you faced in the last 12 months?”

- The top response was that they had not experienced discrimination.
- Although this was great to see, there were, unfortunately, Durham residents that reported discrimination.
- The top two types of discrimination recorded in this CHA were racism and sexism.

Physical Activity (PA) and Nutrition

- The majority of participants listed walking as their primary form of exercise, followed by lifting weights and gardening. These were the same primary forms reported in 2019.
- Black or African Americans reported they were more likely to worry that food would run out before they got money to buy more than whites reported.

Housing

Partnership for a Healthy Durham
Quarterly Meeting
Wednesday, April 12th, 2023
12-1:30 pm via Zoom
Minutes

- The most common reason reported for having difficulty finding housing was affordability, which was not surprising as affordable housing is the number one health priority in Durham.
- Most participants reported living in Durham less than 21 years, which is interesting, showing that Durham is growing and changing and many people are moving into the area.
- Over half of the participants reported their housing impacts their health in a positive way.
- The third most common response on how housing impacts health was people living in poor conditions.
- Other reasons included affordability, however only a small amount reported it impacted their health, safety of neighborhoods, and cleanliness.
- Of participants who reported that they owned their homes, white people were three times as likely to own their home than Black or African Americans, which unfortunately is representative of the data seen in Durham County and shows, once again, disparities between white and Black or African American people.

Community Improvement

There were both open-ended questions and some choices for respondents.

- Most participants reported their neighbors make their community a good place to live. People feel safe around their neighbors and there are good people. Neighborhoods are diverse.
- Other top reasons participants listed their neighborhoods as good were them being quiet and safe places to live. Affordability in housing is a major issue for quality of life for Durham residents, as well as violent crime.
- Specifically for violent crime was gun violence and trying to minimize gun violence in the community and the harm it causes.

Partnership for a Healthy Durham
Quarterly Meeting
Wednesday, April 12th, 2023
12-1:30 pm via Zoom
Minutes

Covid-19

- Participants identified the top three diseases or conditions as COVID-19, mental health, and obesity.
- For the COVID-19 survey, unfortunately, 40% of residents reported that their mental health had worsened since March 2020.
- There were responses of mental health improving but not nearly to the extent to the amount who said it worsened.
- More whites reported getting COVID than Black or African Americans, and most participants (almost 94%) reported receiving at least one dose of a COVID-19 vaccine.

Some of the possible reasons for inequities seen in the survey results were also discussed:

- There are some historical reasons for these inequities, including the mistrust of healthcare systems, lack of affordable housing, and low-wage job opportunities.
- If you disaggregate (separate) the question on having a personal healthcare provider by race, you would see that more Black or African Americans reported not having their own personal healthcare provider, likely due to the historical mistrust of medical systems and how they have been treated in the past.
- Next was that more Black or African American residents have experienced eviction or displacement than white residents. Savannah challenged viewers to think about the lower rate of Black or African American homeowners compared to whites and the historical significance of redlining (where loan or mortgage rates were exceptionally higher for these groups to keep them out of certain White neighborhoods).

Partnership for a Healthy Durham
Quarterly Meeting
Wednesday, April 12th, 2023
12-1:30 pm via Zoom
Minutes

- More Black or African Americans reported making less than 200% of the Federal Poverty Level for their household size than White people. This can be linked to many things, such as being limited to job opportunities and being offered jobs with low wages, no benefits, lack of career ladder, etc., which can play a role into these economic disparities.

Q and A for Savannah

Q: Can this be generalized to the whole county, for example, could we say that 10% of the whole county does not have access to health insurance?

A representative sample means we are looking based on population size and race, ethnicity and other social determinants of health, such as education and employment. We look at the census data that was collected, specifically at the ratios from the census.

- For example, if Durham is 35% Black or African American, and we got a similar number in our survey participants, that would be a representative sample.

Savannah recommended looking to census data if someone really wanted to look into it, due to the sample size being larger. However, if needed, one could extrapolate, or estimate, the answer being 10% of Durham's population does not have access to health insurance.

Q: Adding onto that question were curiosities about demographics of people who completed the surveys; both overall and broken down by how they completed the survey.

**Partnership for a Healthy Durham
Quarterly Meeting
Wednesday, April 12th, 2023
12-1:30 pm via Zoom
Minutes**

A: We decided we were not going to report any data if there were less than ten people in a category to make sure that no one could be identified as someone having answered the survey. We combined the online and over-the-phone surveys with the field surveys, so we did get a total number of 205 surveys when analyzing results. The reason we did that was because we only had 30 surveys over phone or online which is just too small. We would not have been able to share that data in order to meet the ten people or more threshold.

Q: Where can people find that information? Is there the dashboard within the county and will that be readily available online?

A: We are in the process of getting translations for the entire report. We just received translation for the executive reports today, so we will hopefully get that up. It will be on the Partnership's website and will probably be on the Durham County website. Bria Miller will let everyone know when and where they can find it once it is available.

Q: The results of more whites having Covid doesn't match with metrics we have previously seen-can you speak to that at all?

A: As mentioned earlier, this survey had a random sample, and these things can happen. So, that is something I would definitely consider putting into the writing section of the CHA because it just comes down to who answered the door and who said they had Covid, as we had only one person per household take the survey.

Q: Is there any data around the mistrust of the healthcare system and how that remains today?

Partnership for a Healthy Durham
Quarterly Meeting
Wednesday, April 12th, 2023
12-1:30 pm via Zoom
Minutes

A: Kimberly Monroe and her team at Duke are going to be rolling out the Entrust survey, which will help us gather that information.

Trend Data: Savannah next went over some of the questions in the CHA that had been repeated over the years. All this information is up on the Partnership’s website with the top five health priorities in the order as follows:

1. Affordable Housing
2. Access to Healthcare and Health Insurance
3. Poverty
4. Mental Health
5. Obesity, Diabetes, and Food Access

Affordable housing is the top health priority.

- When asked if there is a relationship between affordable housing and quality of life, the percentage of respondents choosing that there is a strong relationship has only increased since 2016 and this past year was the highest amount at about 25%.
- There was a small dip in this number in 2019, which could have been due to changes seen in the market.
- This might be more of an issue recently due to emergency programs from COVID-19 ending and the cost of housing increasing by greater than 30%.
- Regarding whom rents and who owns homes, we saw very similar numbers in 2019 and 2022.

Access to Healthcare and Health Insurance:

Partnership for a Healthy Durham
Quarterly Meeting
Wednesday, April 12th, 2023
12-1:30 pm via Zoom
Minutes

- We found that lower numbers of residents recorded a lapse in health coverage in the last year; something we have seen since we first started asking this question in 2013.
- The most common reason for lapse in coverage was due to being unemployed or between jobs, followed by the cost of health coverage.
- A greater percentage of respondents reported having difficulty finding healthcare since 2010, with not having health insurance and copays being too expensive as the top reasons for this.
- We did not ask about telehealth or access to it, and we might have only had one person, if any, put this down.

Poverty

- We looked at the number of those unemployed at the time of the survey, which we are happy to say has decreased.
- About 18.6% of participants in 2022 did not make 200% Federal Poverty Line for their household size, a decrease from 22.5% in 2019.
- What is exciting with our dashboard is that you can toggle between years and see the difference in numbers and potentially why there was a change.

Mental Health

- We asked about social and/or emotional support needed. Most respondents reported that they always or usually received this. These numbers are going down each year, but we are still seeing some responses of rarely or never receiving the social and/or emotional support needed.
- When asked how many days out of the last 30 was their mental health not good, about 50% of respondents in each survey year said zero days, with the next largest percentage at one to five days.

**Partnership for a Healthy Durham
Quarterly Meeting
Wednesday, April 12th, 2023
12-1:30 pm via Zoom
Minutes**

- Each of these previous responses saw an increase in 2019 and then a decrease to 2022, potentially due to the pandemic
- We are still seeing an increase in 20 or more bad days in 2022, almost a two percent increase since 2016.

Physical Activity, Nutrition, Food Access

- Most respondents in both 2019 and 2022 reported that people would want to walk more if there were more crosswalks and/or sidewalks
- In 2016 a safer environment was the top response to that question.

Participants were asked if they had cut meals due to a worry that they would not be able to afford more before it ran out.

- Our results show a two percent increase since 2013.

Distribution of Funds

Savannah also presented how Durham County has helped address top health concerns and priorities.

Obesity, Chronic Illness, and Food Access

- Since 2011, approximately \$20 million has been spent on these initiatives.
- In 2011, four of the top ten causes of death were obesity, heart disease, diabetes, and stroke.
- In 2020, we received one million dollars for food security initiatives, such as Durham Innovative Nutrition Education’s DINE for LIFE program, and Durham’s Double Bucks program, where SNAP recipients could have their SNAP benefits matched at various farmers’ markets.
- 96% of clients from the nutrition center reported positive outcomes.

Partnership for a Healthy Durham
Quarterly Meeting
Wednesday, April 12th, 2023
12-1:30 pm via Zoom
Minutes

- These examples are just a few of how we have a lot of great programs in Durham and are seeing a return on our investment.

Poverty Aid

- About \$35 million has been spent on poverty aid since 2011.
- Examples of programs are: Double Bucks for seniors, the Mayor’s Poverty Reduction initiative, REAL Durham, BECOMING Durham, and a seven-dollar increase in minimum wage since 2011.

Healthcare, Treatment, Dental Care, Mental Health

- Three million dollars has been spent towards this area of health since 2011.
- Examples include Project Blue Ridge to find dental care, healthcare reimbursement, initiatives to reduce uninsured populations, and we see the impact reflected in the numbers we see in the CHA, as well as Project Access.
- Around \$80 million has been allocated to mental health and/or substance abuse aid.
- Program examples include the safe syringes program, mental health inpatient treatment initiatives, take-home Naloxone kits, and pre- and post-natal support for parents.

Affordable Housing

- Around \$200 million has been spent on affordable housing since 2011.
- Initiatives include Forever Home, annual action plan, the move in/up/out program, and the rental assistance program.

Q & A with Savannah:

**Partnership for a Healthy Durham
Quarterly Meeting
Wednesday, April 12th, 2023
12-1:30 pm via Zoom
Minutes**

Q: Was there a question asked about substance abuse and do we have an updated Youth Risk Behavioral Survey (YRBS) analysis?

A: We are analyzing this currently and hope to have the report out by the end of the school year. We will also have trend data with the YRBS comparing 2017, 2019, and 2022 to see how the pandemic has affected our youth. For substance use, we didn't ask a specific question on drug usage, but we did see that drugs and/or alcohol were in the top five or six responses to stress. Alcohol was also an option for what has the greatest effect on health.

Q: Will the investment data be available on the dashboard as well?

A: Heeba Chergui had been working with the DCoPH to gather a lot of this data on investments and where they were placed, and we are just in the beginning stages of analyzing that work. Right now, we are really focusing on the CHA dashboard and getting the trend data up. Heeba got this data from the Public Health County website. It is all public information and includes donations, grants, investments the county has received.

Q: How are resources for mental health and substance abuse made available for the public? Or, maybe someone from the County can share about County resources?

A: There are a lot of programs and organizations that work towards mental health. Examples are El Futuro, Alliance Health, Duke has inpatient treatment center/one for youth as well.

Q: Is it safe to assume that Bria will have access to this PowerPoint and can make this available for the Partnership?

Partnership for a Healthy Durham
Quarterly Meeting
Wednesday, April 12th, 2023
12-1:30 pm via Zoom
Minutes

	<p>A: Absolutely!</p> <p>Q: <i>Has this money increased from before? It is hard to put this all in context without knowing that.</i></p> <p>A: This was our first effort at capturing this information in one space and understanding where it goes. As a Partnership, we will be looking at this and what it all means. We will keep people updated as we learn.</p> <p>Q: <i>Was any information collected about Durham’s vulnerable immigrant population?</i></p> <p>A: We did not. One of the main reasons was because we wanted to make it clear that we would keep this information confidential, and we didn’t want to ask something that could potentially put anyone in an uncomfortable position. We didn’t want people thinking we were going door to door asking that information.</p>	
<p>Panel Discussion: Evolution of Health in Durham <i>Mel Downey-Piper, National Senior Lead of Community Health, American Heart Association</i> <i>Rod Jenkins, Health Director, Durham County Department of Public Health</i></p>	<p>Rod Jenkins is the Public Health Director at Durham County Department of Public Health and a proud supporter of the Partnership.</p> <p>Marissa Mortiboy is the Population Health Division Director and previous Coordinator for Partnership for a Healthy Durham. Although she is no longer working directly and on a day-to-day basis with the Partnership, she loves group and work that is being done. She has been at the Durham County Department of Public Health for 11 years.</p> <p>Mel Downey-Piper started working at the Durham County Department of Public Health in 2008 as the Coordinator for a Partnership for a Healthy</p>	

**Partnership for a Healthy Durham
Quarterly Meeting
Wednesday, April 12th, 2023
12-1:30 pm via Zoom
Minutes**

<p><i>Kimberly Monroe, Program Manager, Duke Health Office of Community Health</i> <i>Marissa Mortiboy, Population Health Division Director, Durham County Department of Public Health</i> <i>Gina Upchurch, Executive Director, Senior PharmAssist</i></p>	<p>Durham. She has done four CHAs at this point and has seen it improve over the years. She previously worked as the Health Education Director for the County and is currently working for the American Heart Association, helping communities across the county with their health impact strategy. She is a Durham County resident and is happy to still be a part of this work.</p> <p>Gina Upchurch is the Executive Director of Senior PharmAssist and a pharmacist. She used to be on a board called Durham Health Partners, a group merged from Healthy Carolinians, the Foundation for a Better Health of Durham, and the Durham County Health Department. Duke Health and the health department decided to work on the CHA together, and they decided to create the Partnership for a Healthy Durham. She is very thankful for the team and the collaboration in Durham.</p> <p>Kimberly Monroe is the Program Manager for community engagement in the Office of Community Health and has been with the Partnership since 2005, starting in the Access to Care meetings. She is excited to see what else will happen together in Durham and mentioned how the Partnership is like a family.</p> <p><i>Q: What, or how, have you witnessed the Durham community come together to improve health and wellbeing?</i></p> <p>Mel Downey-Piper:</p> <ul style="list-style-type: none"> • The Partnership in general and the strong relationships with the community. This group is close and has great relationships, so when things need to get done, they can be done fairly quickly • Members showing up for one another and the community, especially with efforts for the CHA. Great efforts have been made for communities like the Latino community and door-to-door efforts. <p>Gina Upchurch:</p>	
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Partnership for a Healthy Durham
Quarterly Meeting
Wednesday, April 12th, 2023
12-1:30 pm via Zoom
Minutes

- Gina applauded the Partnership on the relationships built, quoting “Change happens at the speed of trust” and “Trust happens at the speed of relationships”. She recommends her new mantra, “Better integration means less navigation”, meaning we should continue building relationships to help the community
- Durham did a great job of breaking down the way the system worked when COVID-19 hit and how the Partnership, resources, and relationships cultivated made for change to occur when it was necessary.
- She loves that there are groups from COVID-19 that she is still a part of from the pandemic, including the African American Covid Taskforce Latin 19, and the Partnership for Seniors and More, which is now a nonprofit called Aging Well Durham.
- Aging Well Durham is doing the Master Aging Plan so that we can hear the voices of adults with disabilities and older adults to contribute to the health assessments.
- The ease of communication with integration of tools and resources, such as Zoom, has really helped the Partnership’s work. The Partnership did a great job on some major equity decisions being made when Covid hit, such as creating websites and phone numbers for people to access, recognizing digital inequity.
- The close integration and relationships built between Duke Health, North Carolina Central University, and other large organizations allowed for relationships to be built and work together for the betterment of Durham residents.

Rod Jenkins:

- Durham and community groups discuss public health in the way it is supposed to be done. The stakeholders who are a part of the Partnership for a Healthy Durham are doing this solely for bettering the community.

**Partnership for a Healthy Durham
Quarterly Meeting
Wednesday, April 12th, 2023
12-1:30 pm via Zoom
Minutes**

- He applauded efforts during the COVID-19 pandemic, with people and organizations from every sector and demographic coming together so that we can be back here today living how we hoped to be.
- Durham County Department of Public Health is great and Durham leads the way in NC.

Q: This is such a wonderful group doing great work but is also an unusual one. What has made this partnership not just sustain, but grow and succeed, over many years?

- The integration of groups working towards what the community needs leads to our coalition being sustainable
- Listening to community members on when and where meetings, programs, or initiatives should be held.
- Our committee and organizations have a passion and love for the community and its health that makes us so special.
- What has really helped has been the county-funded position to fully concentrate on the partnership and dedicate their time fully to what the partnership is doing. Although this position has been held by multiple people, they continue staying involved and that provides consistency. This continued involvement is also seen in various other positions and organizations within the community.
- Having subject matter experts working with the Durham County Department of Public Health, especially on projects like the CHA.

How do we continue the rapid response and efforts seen during COVID-19 working towards the latest CHA health priorities? How do we apply lessons learned to current priorities?

Partnership for a Healthy Durham
Quarterly Meeting
Wednesday, April 12th, 2023
12-1:30 pm via Zoom
Minutes

- Continue going into the community where the people are and where the important issues are being raised in order to keep listening and learn what can work to improve health.
- Pay attention to the fact that the Department of Social Services (DSS) will be overwhelmed after changes to Medicaid occur. Medicaid will be available to vulnerable groups that need more help. We need to collectively support DSS during these transitions.
- We should look to community-based organizations and partners instead of solely large organizations and ask some important questions: Are community health workers being paid? How are the large organizations working with the community?
- Continue recognizing efforts towards equity, such as the Racial Equity Institute trainings.
- Our partnership responds better than a lot of groups and we need to continue making sure there is representation for small and large organizations, share voices, and stay active and engaged in this work.
- Continue with advocacy work, communicating data and stories the health department has learned, in order to come together and create formative change.
- Continue involving multiple organizations and finding large funding sources.
- Stay accountable with data-driven results and do what we say we are going to do.

What is your hope for Durham as it relates to the Partnership over the next ten years?

- Be bold and continue to center the important issues to keep moving forward.
- Help with the City of Medicine becoming the Community of Health.

**Partnership for a Healthy Durham
Quarterly Meeting
Wednesday, April 12th, 2023
12-1:30 pm via Zoom
Minutes**

	<ul style="list-style-type: none"> • See the integration of Medicaid go smoothly. • Make sure programs and initiatives are community rooted. • Continue work that once won us Robert Wood Johnson Foundation Culture of Health award. • Keep leveraging our groups working with Duke and other big organizations. • Build up expertise in social determinants of health. • Continue working towards changes in systems and policy. • Make sure that health equity is present and that everyone in Durham has the opportunity to achieve optimal health. 	
<p>Announcements <i>All</i></p>	<p>The Racial Equity Taskforce wants to get the racial equity principles out to the committees and reach out to these groups more often. The group is considering a new name towards the goals of having systemic equity in our work. Systemic Equity Action Team (SEAT) will work to ensure that the racial equity principles stay at the forefront of the work being done.</p> <p>April is Child Abuse Prevention month.</p> <p>A documentary screening about Durham’s HEART team in collaboration with RTI is on April 19th, 7:00-830 with limited tickets.</p> <p>El Centro Hispano is hosting a health fair. April 26-28.</p> <p>It is Black Maternal Health week.</p> <p>The Annual dance party hosted by Equity before birth, a local nonprofit, is this Friday, April 14.</p>	<p>Reach out to Bria Miller or Najla McClain if you are interested in getting more involved with SEAT</p> <p>Questions? Reach out to Jeff Howell, Bria Miller, or Kimberly Monroe</p> <p>Email announcements to Bria Miller at briamiller@dconc.gov to share in a post meeting wrap-up</p>