



2022 Durham County *State of the County Health Report*

Top 5 Health Priorities

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



This report is an update on data from the 2020 Community Health Assessment (CHA) and the county's top five health priorities- affordable housing, access to healthcare and health insurance, poverty, mental health, and obesity, diabetes and food access. It also provides the most current data on the county's demographics, leading causes of death and COVID-19.

Its purpose is to provide the community with information on the health of its residents and to assist with grant writing, local policies, budgets and programs.

Durham County Government Health and Wellbeing for All

The efforts highlighted in this report align with the Durham County Government Strategic Goal 2: Health and Well-being for All.

Goal

Improve the quality of life across the lifespan through protecting the health of community, reducing barriers to access services and ensuring a network of integrated health and human services available to people in need.

Objectives

- Increase the number of healthy years that residents live
- Increase the quality of life in Durham County
- Support the optimal growth and development of children and youth



The Duke Gardens, courtesy of ABC11

Durham is ranked among the healthiest counties in North Carolina-

According to County Health Rankings, Durham County is ranked seventh among all counties in North Carolina for overall health outcomes in 2022. The health factors considered are clinical care, social and economic factors, and physical environments. These can be modified to improve the length and quality of life for residents. Areas of strength include 87% of people in Durham live close to a park or recreation facility, there is one primary care physician for every 790 residents, and Durham has one mental health provider for every 150 residents. All of these rates are better than the national and statewide averages. Some areas for improvement include 34% of Durham's adults are obese, 908 new cases of chlamydia were diagnosed per 100,000 and 14% of the population under age 65 do not have health insurance. These factors are equal to or worse than national and statewide averages.

Durham County Government is recognized as one of the healthiest employers in the nation-

Durham County Government is ranked number 62 of 100 top employers in the United States and fourth in the Triangle for healthiest employer. These awards are given to organizations that prioritize the well-being of their employees by their commitment to workplace wellness and exceptional health and benefits packages. Employers were evaluated on six categories including Culture and Leadership, Foundational Components, Strategic Planning, Communication and Marketing, Programming and Interventions, and Reporting and Analytics.

Progress on City of Durham 2019 housing bond– These projects are a part of the housing bond, the City of Durham's \$160 million, multi-year investment in affordable housing and services for low-income Durham residents. The Joyce, an \$18.8 million housing development, is expected to open in spring of 2023. This will include 80 apartment units, common areas, and green spaces. In September 2022, U.S. Department of Housing and Development's (HUD) Choice Neighborhoods Implementation grant selected Durham to receive \$40 million in funding. These will be used to support the redevelopment of Durham Housing Authority's 519 E Main St and Liberty St. apartments and make investments in the surrounding neighborhood. The E Main and Liberty St. demolition began for revitalization in November 2022. In September 2022, the Willard Street apartments received a top award of excellence in affordable housing for its design, sustainability, contribution to the local community, and public and community support. The renovated JJ Henderson Senior Apartments reopened in October 2022 with 177 affordable rental homes for seniors and disabled community members. Units include HVAC upgrades, energy efficient appliances, improvements to interior air quality, new roof and other renovations. Construction of the Elizabeth Street apartments is set to begin in early 2023, offering 72 family units. Using funding from the housing bond, 837 individuals experiencing homelessness are now in permanent housing.

Emerging Issues

Durham County has one of the highest COVID-19 vaccination rates in North Carolina- As of February 21, 2023, Durham County has administered 648,775 doses of COVID-19 vaccines. According to the CDC, approximately 95% of the population ages five and older is partially vaccinated and 85.4% of the population is fully vaccinated, meaning Durham County has the third highest vaccination rate in the state. Organizations such as the Durham County Department of Public Health, Duke Health, healthcare providers, Bull City Strong, LATIN-19, AACT+, Together for Resilient Youth (TRY), El Centro Hispano, and Triangle Empowerment Center continued providing vaccines in communities throughout the pandemic.

Durham County confirmed its first case of MPox- MPox, formerly known as Monkeypox, is a rare disease caused by the Mpox virus first discovered in 1958. Durham County confirmed its first case of mpox on July 11, 2022. Cases rose exponentially by the first week of August and doubled each week. Case numbers began to flatten in mid-September 2022, corresponding to the administration of Mpox vaccines. Durham County identified 46 cases of Mpox as of January 9, 2023. The last positive Mpox test reported in Durham County was November 30, 2022.

Gun violence is decreasing in Durham- Durham had 770 shootings January 1, 2022 through December 31, 2022, a decrease from 971 shootings in 2020 and 793 in 2021. Two-hundred and forty-seven people were shot in 2022, a decrease from 318 in 2020 and 278 in 2022. Durham County Public Health has a Gun Safety Team, Bull City United, and Project Build are programs designed to decrease violence in Durham.

New Initiatives

Agging Well Durham (AWD) is the result of merging two coalitions: the Durham Partnership for Seniors and the Durham Partnership for Seniors and More – COVID response. AWD's purpose is to center lived experiences of aging adults in its work and foster awareness of the implications of Durham's growing aging adult population. The backbone agency promotes and facilitates partnerships while advocating with aging adults on priorities they have identified. During its first year, AWD's focus will be implementation of Durham's [Master Aging Plan](#). The plan focuses on civic participation/employment, outdoor spaces/transportation, housing, community support and health services/older adult hunger and nutrition, social inclusion/social participation/elder abuse, neglect, and exploitation.

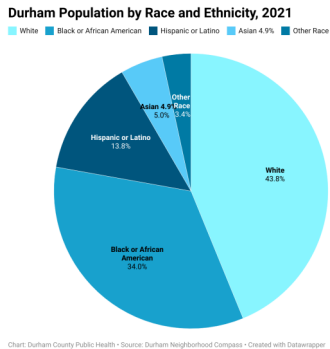


Food demonstration at World Hunger Day Event

GoDurham Connect offers free Lyft rides in North Durham- GoDurham Connect is a pilot program with the rideshare company, Lyft, allowing free rides up to \$25. This option provides transportation from residents' homes to schools, libraries, GoDurham bus stops, and shopping centers. This project is funded by the City of Durham and has support from the Durham County Transit Plan. Those interested in using GoDurham Connect can use code GDCONNECT2 for a free ride in eastern Durham or GDCONNECT3 for a free ride from northern Durham. Riders without smartphones or those who need transportation with wheelchair accessibility can schedule a ride by calling 919-485-7433.

Durham County’s population grew from 317,665 between 2016 and 2020 to 321,488 between 2019 and 2021. While the proportion of most racial categories stayed about the same, the Asian population and Native Hawaiian or Other Pacific Islander population grew by approximately 16% between 2019 and 2021. The proportion of males to females remains consistent. The median age increased from 35.5 in 2020 to 36.3 in 2021.

2021 Durham County Demographic Estimates		
Sex	Estimate	Percent
Male	156,221	47.9%
Female	169,905	52.1%
Age	Estimate	Percent
Median Age	36.3	-
Race and Ethnicity	Estimate	Percent
Asian	16,441	5%
Black or African American	110,957	34%
Hispanic/Latino	45,012	13.8%
Native American and Alaskan Native	5,946	1.8%
Native Hawaiian or Other Pacific Islander	220	0.1%
White	142,772	43.8%
Some Other Race	1,398	0.4%
Two or More Races	13,617	4.2%



Durham Population by Race and Ethnicity Change from 2019 to 2021

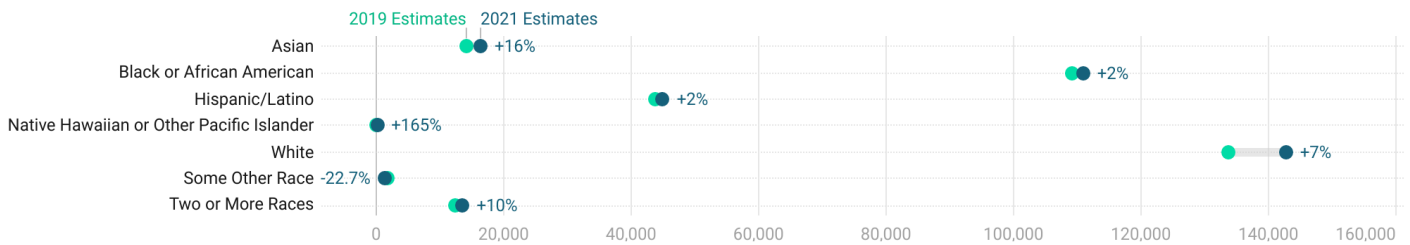


Chart: Durham County Health Department • Source: ACS • Created with Datawrapper

INFANT MORTALITY

Infant mortality is the death of a baby before they reach one year of life. The infant mortality rate is calculated by the number of infants who die in the first year of life in comparison to every one-thousand total births. This is an important rate in measuring overall health in society. The graph below shows significant differences in infant mortality between races and ethnicities in Durham. Total infant deaths decreased from 147 in years 2010 to 2014 to 124 in years 2017 to 2021. There was a total of 25 infant deaths in 2020 alone. Infant mortality rates are about four times higher for Black or African American babies than white babies in both spans of time. This is an increased gap compared to 2015-2019.

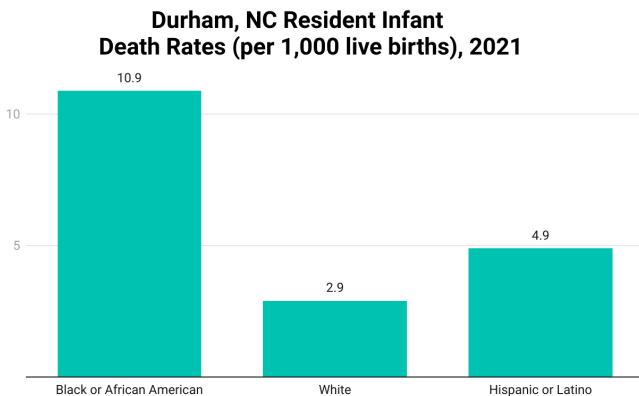


Chart: Durham County Public Health • Source: State of NC • Created with Datawrapper

Why do inequities exist?
 A report published by Duke University in 2018 highlights that Infant Mortality Rates for Black or African American babies has been twice the rate of White babies for about thirty-five years. Systemic issues related to discrimination, racism, and availability of resources are the primary contributing factors to the disparity. Black women are more likely to experience barriers when obtaining health care. Societal and health system factors contribute to maternal mortality for Black women. According to several studies, delayed prenatal care and racial discrimination contribute to infant mortality and poor birth outcomes.

Leading Causes of Mortality by Race and Sex, Durham County, 2019

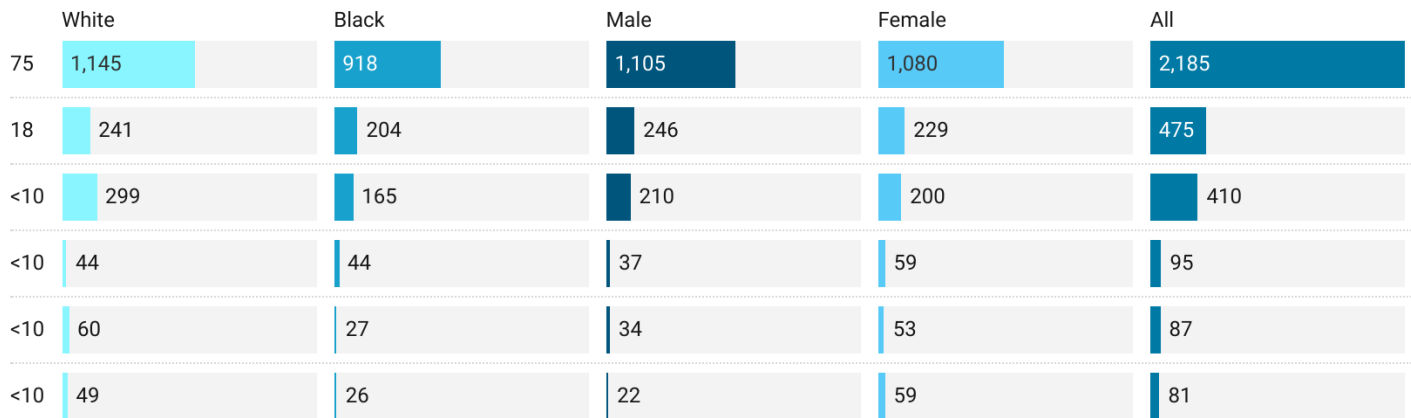


Chart: Durham County Public Health • Source: NCDHHS dataset • Created with Datawrapper

Cancer remains the leading cause of death among Durham residents. Following cancer is diseases of the heart, cerebrovascular disease, chronic lower respiratory diseases, and Alzheimer’s disease. When looking specifically at year 2019, we see Alzheimer’s disease in the top five causes of death unlike years 2015-2019 collectively.

Why are there inequities?

Mortality rates are higher for Black or African Americans than other races or ethnicities for all leading causes of death in Durham County, with the greatest disparities in cancer and heart disease. Mortality rates are higher for men than women each of the leading causes of death. Structural racism is a root cause of these inequities.

Life expectancy rates are similar to previous years, still showing lower life expectancy for Black residents than white residents. Average life expectancy overall is 80.0 2018 to 2020.

Life Expectancy of Durham County Residents by Sex and Race

	Male	Female	White	Black	All
2018-2020	77.2	82.5	82.5	76.6	80.0
2016-2018	77.5	82.7	82.4	77.1	80.2
2015-2017	77.2	82.5	82.2	76.3	80.0
2013-2015	77.1	82.3	82.0	76.7	79.8

Table: Durham County Public Health • Source: NC Center for Health Statistics • Created with Datawrapper

Affordable Housing

Health and Housing Symposium The Health and Housing committee is meeting monthly and engaging with organizations leading initiatives that address health and housing issues. The committee is seeking the most efficient platform to host a health and housing symposium.

Health and Housing Advocacy The Health and Housing committee has identified seven Durham-based organizations that provide the data or infrastructure for healthy housing advocacy. Based on these resources, the committee is developing tools to advocate for healthier home conditions.

Access to Healthcare and Health Insurance

Faith-based Access to Care Program The Partnership Access to Care program has held two meetings focused on discussing the intersections of faith communities and accessing healthcare and health insurance. The Access to Care committee plans to administer a survey to a larger pool of faith leaders to identify the specific needs of faith communities as it relates to accessing care. After the assessment is complete, the committee will develop an action plan along with the leaders.

Digital Health Literacy Program The Partnership Access to Care committee has hosted two informational sessions on health literacy resources in Durham. The committee continues discussing how to equitably share these resources to Durham residents, especially those with the greatest barriers.

Mental Health

Mental Health Resource Awareness The mental health committee has distributed over 300 physical mental health resource brochures in English and Spanish to healthcare facilities, educational institutions, community events, and partnering organizations in 2022. The resource is also available online in English and Spanish.

Community Resiliency Model Training The Mental Health Committee hosted a Community Resiliency Model (CRM) training in the Spring of 2022 for committee members. The committee selected this modality to increase access to non-traditional mental health support. The Mental Health committee and Durham Adverse Childhood Experiences and Resilience Taskforce created a joint Community Resiliency Model Teacher Collaborative. The goal of this project is for the Durham community to have increased skills to support their social, emotional, and mental health. The purpose is to disseminate mental health and wellness information and skills within the Durham community in partnership with community health advocates. Recruitment of community health advocates to become certified CRM teachers is scheduled to begin spring of 2023.

Obesity, Diabetes, and Food Access

Double Bucks Program Durham Double Bucks is now offered at four local farmers' markets and doubles SNAP benefits, Farmers' Market Nutrition Program (FMNP) vouchers, and cash for people receiving SNAP, WIC and Section 8 housing vouchers. In fiscal year 2022, the Black Farmers' Market reached 70 unique Double Bucks customers. The three other markets reached 452 unique customers. Customers shopping with Double Bucks spent \$93,310 on local foods in 1,595 transactions. Eighty-two percent of participants felt like their household had been eating healthier since using Double Bucks. Eighty-five percent of participants stated that since shopping with Double Bucks, their household has been able to buy more food while 15% reported buying the same amount of food, and 0% reported being able to buy less food.

Healthy Mile Trails The Healthy Mile Trails (HMT) were cleaned and repainted in 2022. The committee is exploring avenues to include signage in Spanish and expand to green spaces. Committee participants are collaborating with representatives from communities to install new HMTs in 2023.

School Nutrition Program As of October 31, 2022, 18,661 free lunches were distributed, 803 reduced price lunches were distributed, and 12,203 lunches were paid for in full. A total of 31,667 meals were served by Durham Public Schools, providing meals for 61.46% of the students.

Healthy NC 2030 Indicator: Severe housing problem **Desired Result: Improve Housing Quality** **2030 Goal: 14%**

Affordable housing was the top health issue identified by Durham County residents in the 2017 Community Health Assessment process carried over for 2020. Housing is the foundation of a healthy life. Many studies show a strong correlation between the quality of housing and physical and mental health.

The first chart below shows the percentage of home owners within races and ethnicities in Durham. There are still major disparities in home ownership between races. About 59% of white homes are owned while 0.2% of Native Americans own their homes. The second chart indicates the percentage of income spent on housing. According to the Department of Housing and Development (HUD), anyone who pays 30% or more of their income towards housing is considered housing cost burdened. In 2021, 48.6% of renters were considered cost burdened in Durham, with the vast majority of those who are cost burdened, 36.7%, paying more than 35% of their income in rent. While this is a high percentage, this is slightly lower than the 51% of housing cost burdened renters in Durham in 2019.

Percentage of Durham Households that Own and Occupy a Home by Race and Ethnicity, 2021

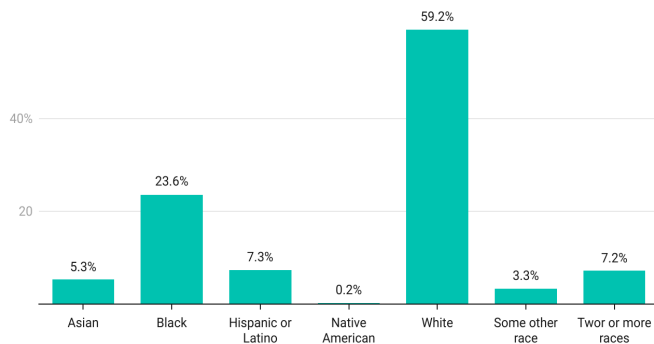


Chart: Durham County Public Health • Source: Census Bureau County Level Data • Created with Datawrapper

Gross Rent as a Percentage of Household Income (GRAPI), 2021

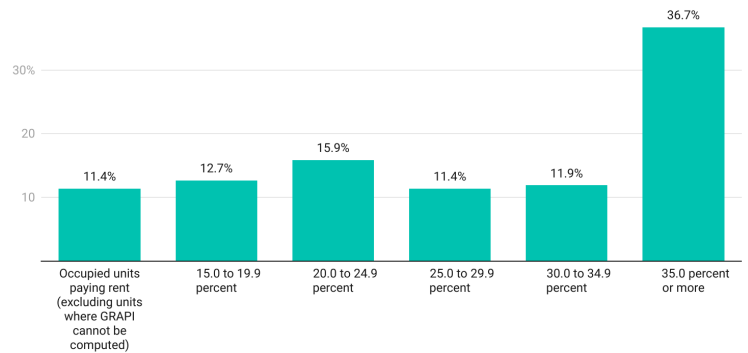


Chart: Durham County Public Health • Source: Census Bureau County Level Data • Created with Datawrapper

Why are there inequities? Populations of color have experienced systemic racism, presenting major barriers to obtaining home ownership. Historic policies such as “redlining”, a federal mortgage policy of the 1930’s and 40s, continue to impact disparities in home ownership which contributes to gaps in generational wealth and quality of housing. The most impacted population, Native Americans, have been denied the opportunities other Americans have in terms of accessing land and obtaining economic stability. Historically, Native Americans were forced to move to reservations. These reservations are placed in areas housing and employment opportunities are limited.

Progress Made

The City of Durham’s Community Development Department is funding a Down Payment Assistance Program. Beginning in May of 2022, families and low-income individuals were able to apply for financial assistance to help purchase a home in Durham city limits. Those who are eligible can receive up to \$20,000 for down payment and closing cost through a forgivable loan with a 0% interest rate. This initiative is intended to make home ownership more attainable for those who live in Durham but can’t afford the current for-sale market prices.

The Partnership for a Healthy Durham Health and Housing committee has hosted presentations from community partners on how their work intersects with health and housing. These presentations have brought to light many resources available and the need for a hub of information in a centralized location. The committee will continue encouraging housing service providers with the resources and capacity to utilize NCCARE360. They are exploring an alternative that requires less maintenance, but provides accurate information for organizations that cannot use NCCARE360. Additionally, the committee has developed a document with healthy housing resources. This includes topics such as data and advocacy; health, safety, and energy efficiency; designing for health and wellbeing; equitable access to housing; history of housing in Durham; community organizing and policy change; housing legislation; and ongoing projects.

CHANGES IN DATA: ACCESS TO HEALTHCARE AND HEALTH INSURANCE

Healthy NC 2030 Indicator: Uninsured Rate **Desired Result:** Decrease the uninsured population **Target:** 8%
Healthy NC 2030 Indicator: Primary Care Workforce **Desired Result:** Increase the primary care workforce **Target:** 100 counties 1:1,500

Access to healthcare and insurance was identified as the second highest health priority in Durham County in the 2017 Community Health Assessment carried over for 2020. Accessing quality healthcare is imperative to health, preventing and managing disease, and achieving health equity. Health care is most often obtained by health insurance, leaving those without health insurance most vulnerable to negative health outcomes. Preventive care and treatment are far less expensive and less harmful than emergency care. Resources such as telehealth appointments and primary care visits are less available to those uninsured resulting in residents not receiving the healthcare they need.

There are major disparities in insured populations particularly with Hispanic and Latino residents compared to Black, Asian, and white populations. As seen in the chart below, about 38% of the Hispanic or Latino population is uninsured while about 5% of the white population is uninsured. Over the past decade, Durham consistently has a better ratio of healthcare providers per citizen compared to North Carolina and national averages.

Percentage of Uninsured Durham Residents by Race and Ethnicity, 2021

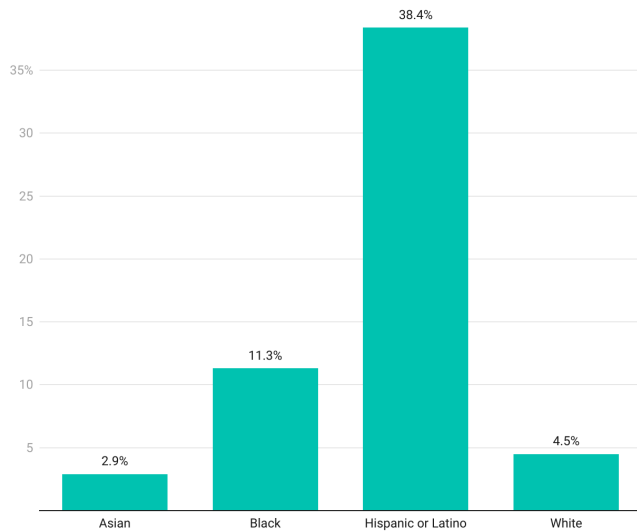


Chart: Durham County Public Health • Source: Census Bureau County Level Data • Created with Datawrapper

Why are there inequities? The group most impacted by disparities in accessing health care is Comunidad Latina. Lack of services being offered in Spanish and little information about healthcare and health insurance being available in Spanish, immigration status, and having jobs that do not provide health insurance are major barriers.

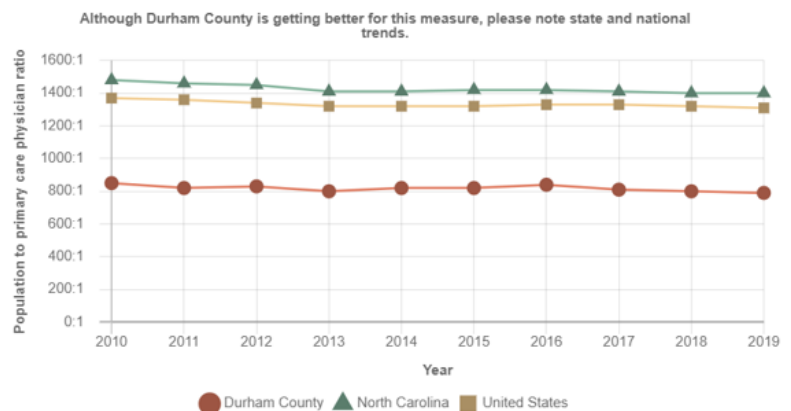
The Black or African American population has more than double the rate of uninsured population compared to white. People of color are more likely to be paid lower wages than white workers, leading to issues affording the cost of healthcare. Further, lower waged jobs are less likely to offer employer-based insurance which is the largest source of insurance in North Carolina.

Progress Made

The Partnership Access to Care committee has embarked on efforts to decrease the digital health literacy gap. They have engaged in conversations with local services addressing this issue and are strategizing ways to spread these resources more broadly. Additionally, the committee is updating the medical options brochure in English and Spanish for the use of patients and health care providers. This brochure will increase the knowledge of medical insurance and services in the community.

Medical providers such as Lincoln Community Health Center, mobile pharmacies, community health events continue providing care to uninsured and underinsured populations.

Primary care physicians in Durham County, NC County, state and national trends



Healthy NC 2030 Indicator: Individuals below 200% federal poverty line **Desired Result:** Decrease the number of people living in poverty **Target:** 27%

Poverty was identified as the third top health priority in the 2017 Community Health Assessment carried over for 2020. Health status and access to resources are strongly predicted by level of income. Low income restricts vital resources such as healthy housing, transportation, education, and healthy food making it more difficult to live healthily.

The percentage of the population below 200% of the poverty level in Durham decreased from 14.1% in 2019 to 13.3% in 2021. While poverty levels decreasing is a positive indicator, higher salaries of those moving into Durham compared to those already living in Durham must be considered in this analysis.

There are many contributing factors to poverty. One factor is increased cost of living during the pandemic, which have not been regulated by wage increase. Rent is increasing annually, with obliging a larger portion of household income allocated to housing costs. Inflation also impacted financial hardship, with consumer prices increasing by 6.5% in 2022. These, in addition to other financial stressors, contribute to poverty rates. There are still significant racial disparities. The gap between poverty levels of Black residents and white residents has increased from an 8% gap in 2019 to a 13% gap in 2021.

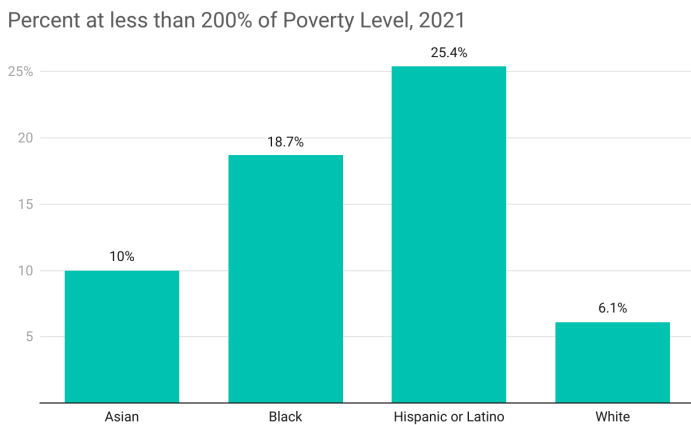
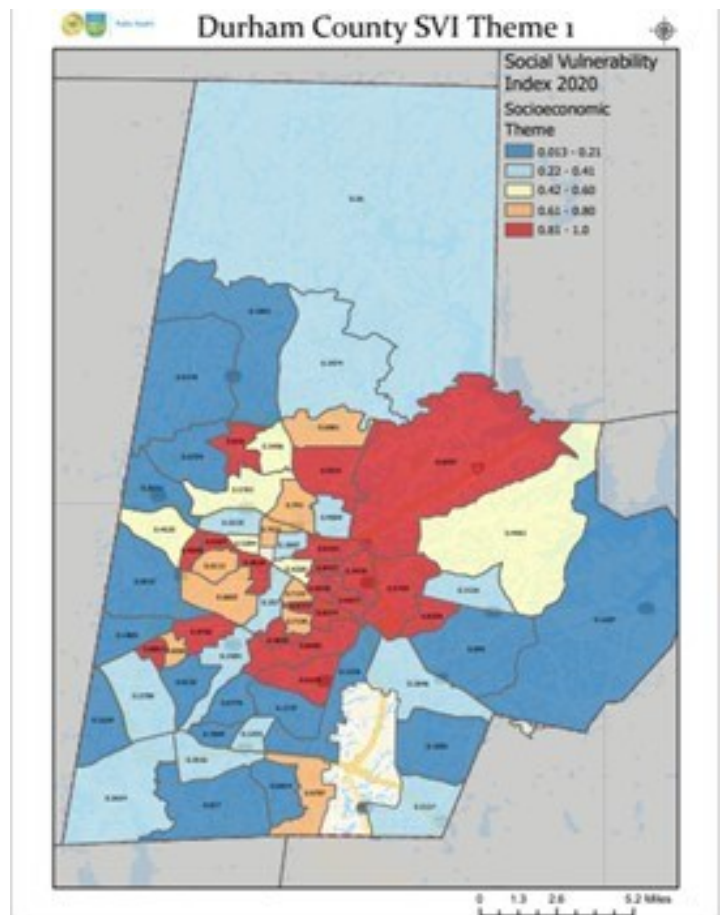


Chart: Durham County Public Health • Source: Census Bureau County Level Data • Created with Datawrapper

The map below shows a social vulnerability index in Durham County. These metrics include 100% and 150% of the poverty level in addition to lack of health insurance and housing cost burden (30% or more of household income being spent on housing). These variables give a more holistic view of socioeconomic status, indicating insufficient disposable income among households. Area in red have higher social vulnerability while areas in blue have lower social vulnerability.



Progress Made

Programs such as the Durham living wage project, Neighborhood matching grants, and the subsidized childcare subsidies are designed to decrease poverty rates in Durham. United Way of the Triangle adopted a strategy to end poverty using an anti-racism approach to distribute funds.

Why are there inequities?

People of color people experience higher rates of economic insecurity and several health concerns in Durham, as in most places in the United States. Economic insecurity and health concerns are linked and are caused by decades of institutional and systemic racism. Higher poverty rates among Black and Hispanic or Latin populations in Durham County lead to more exposure to poverty related effects such as higher rates of food insecurity, lower rates of health insurance, and more exposure to Adverse Childhood Experiences. The impacts of slavery, decades of Jim Crow, and ongoing racism and discrimination continue to exclude Black or African Americans from intergenerational access to capital and finance. This has resulted in higher rates of poverty for Black or African Americans than white Americans.

Healthy NC Indicator: Suicide rate **Desired Result:** Improve access and treatment for mental health needs **Target:** 11.1 per 100,000

Mental health was identified as the fourth health priority in the 2017 Community Health Assessment carried over for 2020. According to Healthy People 2020, “Mental health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society”. There are individual, relationship, community, and societal risk and protective factors that contribute to mental health.

As indicated in the graphs below, severe depression and Post traumatic Stress Disorder (PTSD) rates have increased in Durham County and statewide 2020-2022. An individual is considered severely depressed when they experience depression symptoms more than half the days over a two week period. Residents with PTSD who participated in this screening reported symptoms such as having nightmares or intrusive thoughts about a traumatic event and feeling numb or detached from their surroundings, people, and activities. Durham has one mental health provider for every 150 residents, higher than the statewide average. The availability of mental health providers is a protective factor in the community although there are barriers to accessing services.

Severe Depression Rates per 100,000 Residents

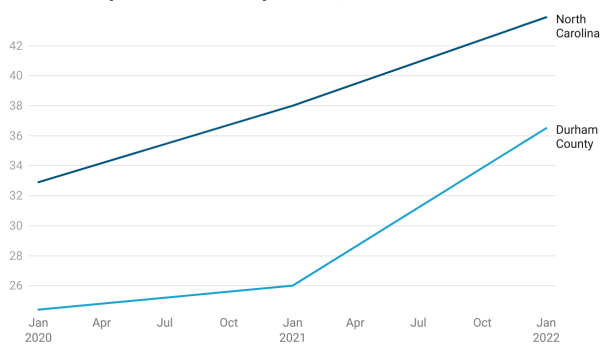


Chart: Durham County Public Health • Source: Mental Health America • Created with Datawrapper

Post Traumatic Stress Disorder Rates, per 100,000 Residents

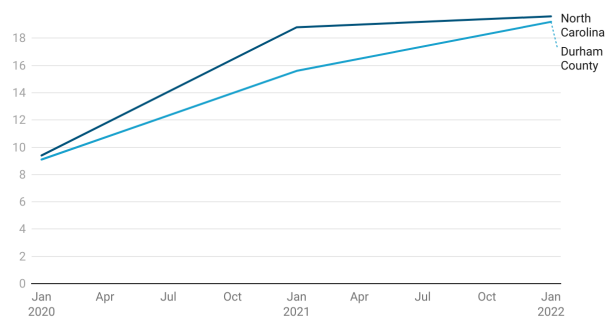


Chart: Durham County Public Health • Source: Mental Health America • Created with Datawrapper

Progress Made

The Partnership Mental Health committee has distributed mental health resource brochures in English and Spanish. The team also participated in the Suicide Awareness walk by demonstrating self-regulation tools and distributing resource guides. A new workgroup was formed between the Mental Health committee and Durham Adverse Childhood Experiences and Resilience Taskforce to form a Community Resiliency Model Teacher Collaborative. The goal of this project is for the Durham community to report having increased skills to support their social, emotional, and mental health. The purpose is to disseminate mental health and wellness information and skills within the Durham community in partnership with community health advocates.

The national 988 mental health line launched July 16, 2022. This line provides 24-hour access to trained crises counselors via text, telephone call, or chat through 988lifeline.org. The Partnership Mental Health committee hosted DHHS representative twice to receive information about the line and strategize the best ways to introduce the resource to Durham residents. There was a 32% increase in call volume between the resource being made available and October 2022. Other statistics of notes include a 49% increase in first time callers and a 48% increase in calls from teens ages thirteen to nineteen.

Holistic Empathy Assistance Response Team (HEART) was established by the City of Durham to connect people experiencing non-violent mental health crises or quality of life concerns with the appropriate care. These services include the number of times they were utilized in 2022: Crisis Call Diversion (1,110) Community Response Team (1,225), Care Navigation (460), and Co-Response (332).

El Futuro, a nonprofit outpatient clinic, continues providing bilingual mental health resources for Comunidad Latina families. In 2022, El Futuro served 2,192 clients, an increase of 36% from the previous year. This included 13,744 treatments and 9,170 teletherapy sessions.

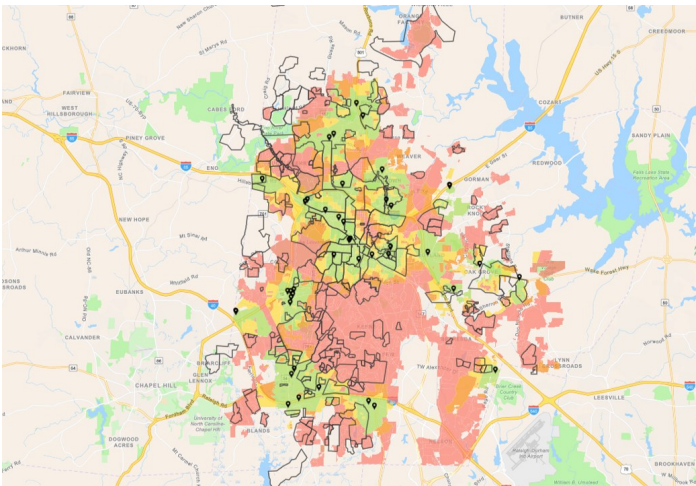
WHOLE Schools is led by a partnership among DPS Foundation, Durham Public Schools and Duke University/Duke Health. These partners lead planning, fundraising and implementation to promote healing, advance equity and accelerate learning. In 2022, over 400 students, parents and educators attending WHOLE schools wellness fairs, over thirty community organizations connected with families at WHOLE events, \$115,000 in funds have gone directly to schools for mental health and wellness projects, and fifty students and teachers attended weekend-long mental health retreats for deeper education and training.

CHANGES IN DATA: OBESITY, DIABETES, AND FOOD ACCESS

Healthy NC Indicator: Access to exercise opportunities **Desired Result:** Increase physical activities **Target:** 92%
Healthy NC Indicator: Limited access to healthy food **Desired Result:** Improve access to healthy food **Target:** 5%

Obesity, diabetes, and food access was selected as the fifth health priority by respondents to the 2017 carried over for 2020. There is positive correlation between exercise and physical, psychological, and social outcomes. Communities with ample opportunities for physical activity tend to have decreased risk of chronic conditions caused by overweight or obesity and risk of heart disease. (HealthyNC2030)

Type two diabetes rates have stayed the same in Durham at 12.9% of the adult population. There is a slight increase of .3% in diabetes rates in the Asian population between 2017 to 2019. Diabetes rates are most prevalent in Black or African Americans followed by Hispanic or Latino residents. Eighty-seven percent of Durham residents have access to exercise opportunities, while higher than the state-wide average, it is still below the target. When measuring access to healthy food, Durham's Food Index score is 7.7 out of 10 according to County Health Rankings. Thirty-four percent of Durham's population is considered overweight or obese.



Durham Food Apartheid Map

Type 2 Diabetes Prevalence by Race and Ethnicity, 2019

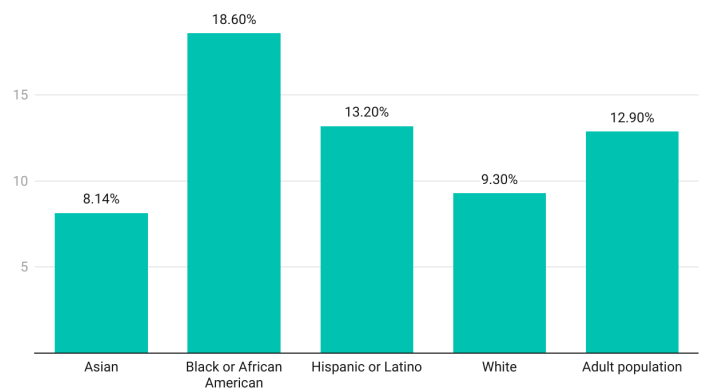


Chart: Durham County Public Health • Source: Durham Compass • Created with Datawrapper

Why are there inequities? In Durham County, Black or African Americans experience diabetes at twice the rate of white residents. Food apartheid highlights the racially discriminatory political structures that impact past and present access to, and control of, food. Black or African Americans are most severely impacted by food apartheid and have the highest rates of type two diabetes. Financial and physical barriers (such as zero or few grocery stores in close proximity) decrease access to healthy foods, contributing to nutritional deficiencies that can lead to illnesses such as type two diabetes. Community-led organizations such as Communities in Partnership and the Black Farmers Market have created platforms for farmers of color to sell products and provide healthy foods in communities most impacted by food apartheid.

Progress Made

The Partnership for a Healthy Durham Physical Activity, Nutrition, and Food Access (PANFA) committee continues maintaining Healthy Mile Trails and is making plans to improve language access and expand to include green spaces. Blue Cross Blue Shield Endowment funding for the Double Bucks program ended, but the program has been partially funded through support from Duke Office of Community Health and will continue operating. Program administrators continue seeking additional funding to operate the program at its full capacity. The program is expanding to the Black Farmers' Market in Durham and Raleigh. Durham Public School Nutrition program began conversations with students and parents to include more culturally appropriate meal options on the menu. PANFA members created materials to notify families about changes with free and reduced lunch applications and eligibility.

Duke Health, was awarded The Duke Endowment grant for a total of \$750,000 over five years to support the Partnership for a Healthy Durham. These funds are to continue the work accomplished in the first year of the grant for Physical Activity, Nutrition, and Food Access committee initiatives. These funds will be used to authentically co-create and implement interventions with communities most impacted by health issues, receiving training and consultation on racial equity from Communities in Partnership, provide information and resources in multiple languages, and more.