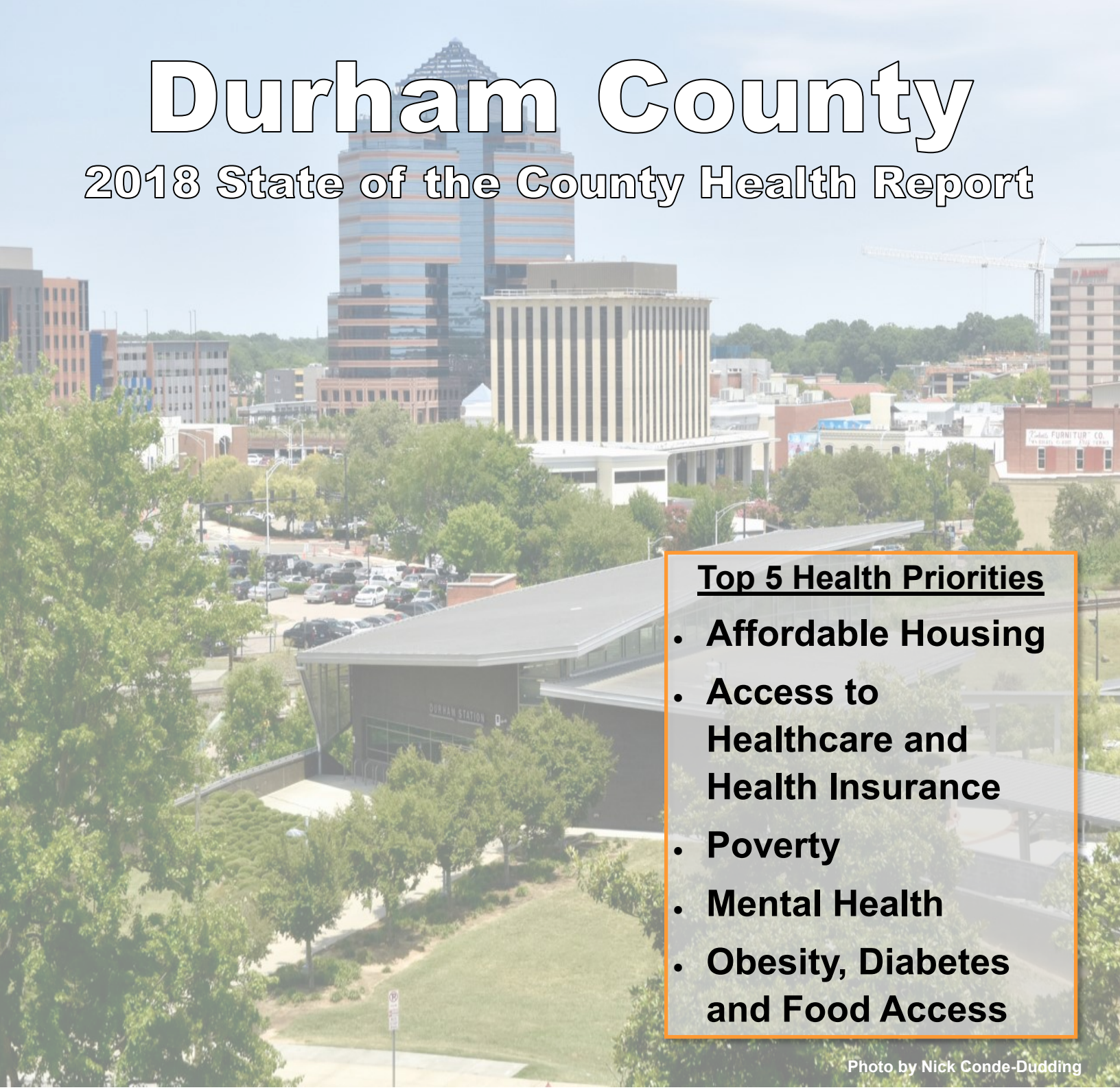
Durham County

2018 State of the County Health Report



Top 5 Health Priorities

- Affordable Housing
- Access to Healthcare and Health Insurance
- Poverty
- Mental Health
- Obesity, Diabetes and Food Access

Photo by Nick Conde-Dudding

This report provides an update from the 2017 Durham County Community Health Assessment (CHA) on the most current data highlighting demographics, leading causes of death, and the County's top five health priorities. Its purpose is to provide the community with information on the health of its residents and to serve as a resource for grant writing, local policies, budgets and programs.

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www.healthydurham.org

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Public Health

Partnership for a Healthy Durham
Better Together

Goals and Successes

Durham County Government Health and Well-Being For All

The efforts outlined in this State of the County Health report are guided by the Durham County Government Strategic Plan 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

Successes

CHA Award– At the January 2019 Community Health Assessment (CHA) Winter Institute, the North Carolina Division of Public Health granted the CHA Leadership Team, Durham County Department of Public Health (DCoDPH) and the Partnership for a Healthy Durham the Award of Excellence for its exemplary leadership and collaboration on its 2017 CHA. Many partners, volunteers and community members contributed to the CHA process and final report. Durham County was recognized for its joint efforts and quality of its report, which identified the top health priorities in Durham County.

Durham Knows Campaign- Durham Knows is a public health campaign to increase HIV and Hepatitis C (HCV) testing and use of the HIV prevention drug, pre-exposure prophylaxsis (PrEP). The campaign grew from the work of the Partnership for a Healthy Durham, with funding from the NCCU Criminal Justice Institute between 2016 and 2018. During that time, the campaign worked with multiple community partners and DCoDPH to reduce HIV testing stigma. The campaign held 53 outreach programs and events, supported testing for several hundred individuals at 30 events and facilitated one testing policy change. Durham Knows increased social media audience reach and name recognition as well as facilitated new cross-sector partnerships. Partners continue the work of the campaign and seek additional funding.

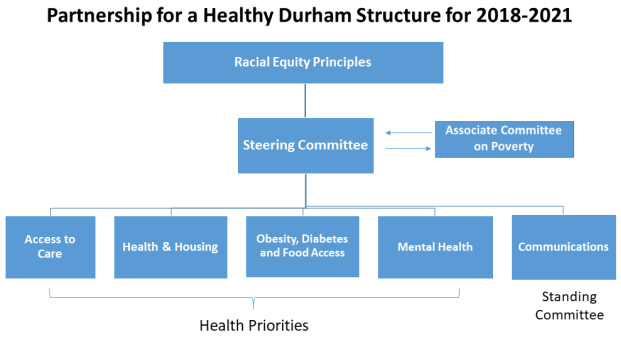
Opioid Prevention/Syringe Exchange– DCoDPH implemented the Safer Syringe Program (SSP) on April 2, 2018. The program offers onsite and mobile locations for SSP services including harm reduction and access to HIV and hepatitis C screening and care. The program offers new needles and other injection supplies, facilitates the safe disposal of used needles and connects people who inject drugs with treatment, medical services, and social services upon request. Naloxone, an opioid overdose reversal medication, is also offered. A needle disposal drop box is located in the lobby of the Durham County Human Services Building where participants are encouraged to safely dispose of used needles and syringes. According to internal DCoDPH data, the SSP served 60 participants, distributed 126 SSP kits, disposed of over 4,000 used needles/syringes, and dispensed 26 Naloxone kits in 2018.

The DCoDPH Pharmacy has been supplying free Naloxone to the community since 2015. In 2017, the Pharmacy replaced injectable Naloxone with nasal Naloxone for greater ease of use. According to DCoDPH records, the pharmacy dispensed 290 Naloxone kits to community members, Durham County Detention Center detainees upon release and Public Health Community Educators in 2018.

Innovation and Emerging Issues

New Initiatives

Partnership for a Healthy Durham Restructure
Based on the results of the 2017 CHA, the Partnership for a Healthy Durham voted in April 2018 to change its structure. The Partnership made this decision to reflect the needs of the community and respond to their input during the CHA process.



The committees for 2018-2021 are Access to Care; Communications; Health and Housing; Mental Health; and Obesity, Diabetes and Food Access. As of July 1, 2018, HIV/STI is no longer an independent committee of the Partnership and became a workgroup within the Access to Care committee.

Additional changes to the Partnership:

- **New Health and Housing Committee–** Affordable Housing was the top priority in the 2017 CHA. After talking with stakeholders doing this work, the need for a focus on health and housing was identified. The Health and Housing committee started meeting monthly in August 2018. The committee is currently focusing on learning more about housing issues in Durham, how those issues impact health and what data around housing is available. The committee will begin drafting an action plan in coming months.
- **Racial Equity Task Force–** Partnership members indicated a need for racial equity to be incorporated into the Partnership. Racism and discrimination was also the sixth priority identified by Durham County residents. The Partnership formed a time-limited task force to develop racial equity principles to guide the work of the Partnership committees and the Partnership overall. The task force began meeting in July 2018 and continues to meet monthly. Once the task force develops racial equity principles, the full Partnership will discuss and vote on accepting them.
- **New Community Health Improvement Plan (CHIP) Format–** The Partnership Coordinator worked with DCoDPH and the Partnership Steering committee to draft a new format for CHIPs. To date, the Access to Care, Communications and Obesity, Diabetes and Food Access committees have completed their 2018-2021 CHIPs. The CHIPS focus on policy, systems and environmental changes and incorporate feedback from Durham County residents during the CHA process. The new CHIP form is easier to understand and allows for more accountability and evaluation.

Emerging Issues

Immigration and ICE Raids– U.S. Immigration and Customs Enforcement (ICE) conducted raids across central North Carolina in early February 2019 that led to the arrest of more than 200 immigrants. Durham Mayor Steve Schewel and the Durham County Board of Commissioners condemned the raids.[26] The February statement issued by the County Commissioners included the raids, "serve to terrorize the immigrant and Latinx community in Durham to the point that it makes our community less safe."

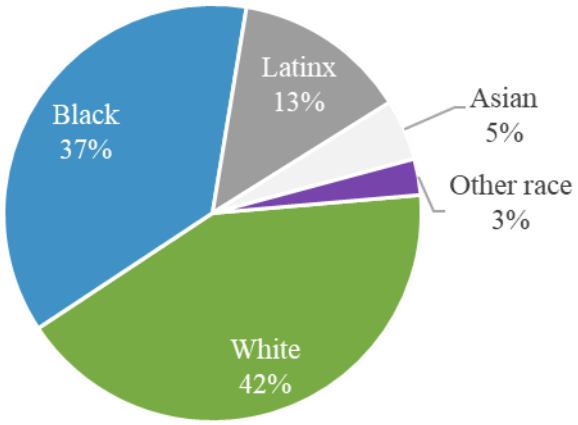
Gentrification and Income Inequality– Gentrification and income inequality were themes that came up repeatedly during the 2017 CHA process and in current community conversations. People of color who have lived in Durham for years shared that they are being pushed from their neighborhoods by those who purchase homes at higher prices, driving up home values and property taxes. Residents expressed that new, high income jobs in Durham cater to non-Durham residents and people with high levels of education.

Demographics

2013-2017 Durham County Demographic Estimates[6]		
Durham County Population Estimate: 300,865		
Sex	**Estimate**	**Percent**
Male	143,946	47.8%
Female	156,919	52.2%
Age	**Estimate**	**Percent**
Median Age	35.0	—
Race and Ethnicity	**Estimate**	**Percent**
Asian	14,201	4.7%
Black or African American	110,911	36.9%
Hispanic /Latino	40,484	13.5%
Native American and Alaskan Native	686	0.2%
Native Hawaiian or Other Pacific Islander	138	0.0%
White	126,557	42.1%
Some Other Race	679	0.2%
Two or More Races	7,209	2.4%

Durham's total population increased by 16% (42,287 people) between 2010 and 2017. While the median age increased slightly from 33.2 in 2010 to 35.0 in 2017, the proportion of females and males remained unchanged. The proportional racial diversity in 2017 was also nearly identical to that of 2010.[6] Detailed data on the most recent demographic estimates in Durham are presented in the table to the left.

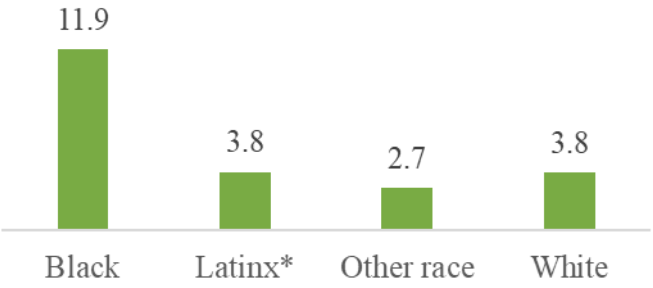
Durham Population by Race and Ethnicity, 2013-2017 [6]



Infant Mortality

Infant mortality rates measure the number of infants who die within the first year of life in comparison to the total number of infants born. Infant mortality rate is a key indicator for overall population health and provides insight on the quality of health care people receive.[2] In Durham, there are significant differences in infant mortality rate by race and ethnicity. During 2013-2017, black infants died at a rate three times higher than white infants.[21] Average infant death rates are displayed by race and ethnicity below.

Infant Mortality Rate by Race and Ethnicity, Durham County, 2013-2017 [21]

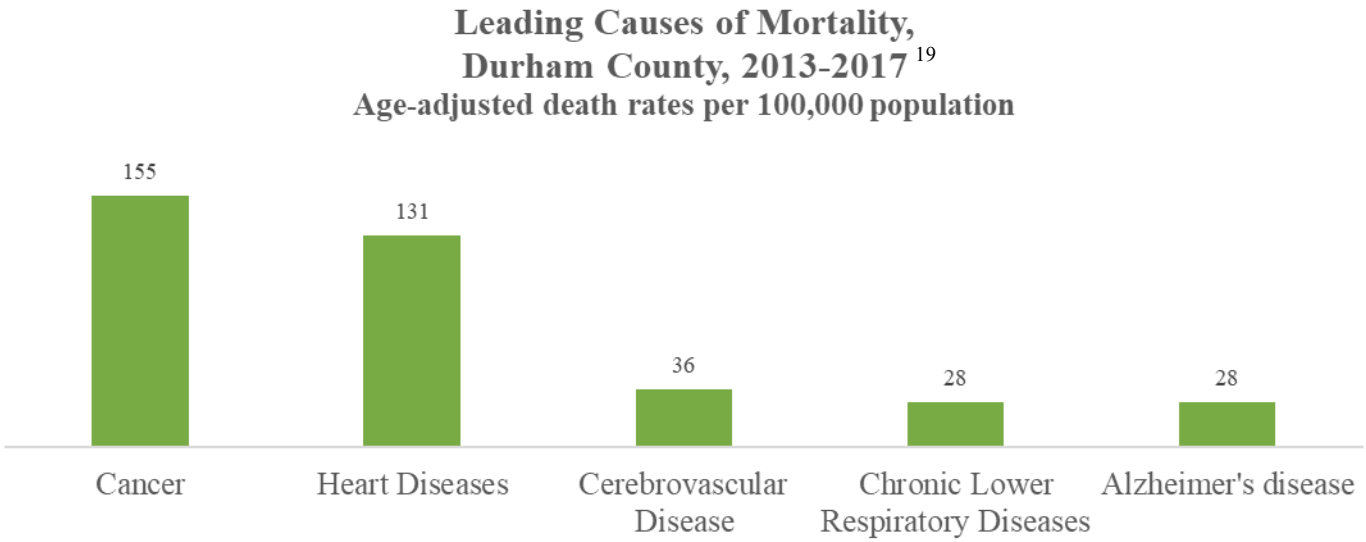


*This rate is based on a count less than 20 and is unstable. Please interpret with caution.

Why are there inequities?

People of color are more likely to be uninsured (see page 8) because of factors such as workforce discrimination and unequal access to job opportunities.[4,13] Lack of insurance and discrimination in health care settings leads to lower levels of access to prenatal care among people of color, especially for high risk services.[2] More generally, experiences of racism and discrimination have also been shown to contribute to inequities in health outcomes.[2]

Leading Causes of Mortality and Life Expectancy



The leading causes of death shown above have remained the same since 2011. Cancers continue to be the leading cause of death among all residents in Durham, with lung and breast cancer being the most common.[19] A detailed table of leading causes of death by race and sex is provided below. Rates for races other than black and white were excluded due to small numbers of events, which result in unstable rates.

Leading Causes of Death among Durham Residents by Race and Sex, 2013-2017 [19]
Age-adjusted death rates per 100,000 population

Cause of Death	All residents	Black	White	Female	Male
Cancer	155	193	140	136	184
Diseases of the Heart	131	165	116	100	174
Cerebrovascular Disease	36	42	33	33	40
Chronic Lower Respiratory Diseases	28	23	32	26	32
Alzheimer's disease	28	30	28	31	21

Mortality rates for four of the five leading causes of death were higher among black residents in Durham compared to whites, with chronic lower respiratory diseases being the exception. Mortality rates for males residents were also higher for four out of the five leading causes of deaths. Only the female mortality rate for Alzheimer's disease exceeded the men's mortality rates.[19]

Similarly, life expectancy was highest among whites and females during 2015-2017, as shown in the table to the right. [20]

Life Expectancy in Durham County by Group, 2015-2017[20]	
All	80.0
Males	77.2
Females	82.5
White	82.2
Black	76.8

Community Health Improvement Plan Measures

The following measures will be tracked as measures of progress for the Community Health Improvement Plans associated with each priority area identified through the 2017 Community Health Assessment.

Measure	Current Data
Percent of uninsured and underinsured residents aware of at least 2 low cost, preventive places for care other than the Emergency Department	Baseline in 2020
Number of Durham County residents reached by Access to Care committee health literacy efforts	Baseline in 2020
Percent of uninsured and underinsured residents who have a usual primary care provider	Baseline in 2019
Number of individuals actively working as community health workers (CHWs) in Durham	Baseline in 2020
Number of patient care teams who receive racial equity trainings	Baseline in 2020
Number of school meals sold in Durham Public Schools for all school levels	1,323,231 breakfast meals[11] 1,807,933 lunch meals[11]
Sugar sweetened beverage consumption one or more times per day among Durham Public School high school students	31% [15]
Number of vending machines with sugar sweetened beverages in Durham County hospitals and buildings	Baseline in 2020
Number of new Healthy Mile Trails created by July 1, 2020	5 existing Healthy Mile Trails
Percent of adults with diabetes	12% [17]
Percent of adults meeting CDC aerobic recommendations	61%[13]
Fruit and vegetable sales at Bull City Bucks sites	Baseline in 2020

Determinants of Health

The World Health Organization defines determinants of health as "circumstances in which people are born, grow up, live, work, and age. This also includes the systems in place to offer health care and services to a community. These circumstances are in turn shaped by a wider set of forces: economics, social policies, and politics."[30]

Although race is not real, the categorization of people by race has real consequences affecting people's access to resources. It also influences the way people interact with systems and other people. Policies leading to slavery, mass incarceration, segregated schools, forced sterilization, redlining, the environment, and many others perpetually operate to withhold wealth, power, and health from people of color since the beginning of this nation's history. This is known as structural racism. Structural racism results in good outcomes for whites in every system compared to people of color – which persist today even as these policies are overturned.[14]

Most of the top priorities community members identified in the 2017 CHA are determinants of health.[10] Determinants of health are important because they contribute directly to health outcomes. Focusing upstream on determinants of health and structural racism provides an opportunity to make changes that will increase health outcomes for entire populations rather than focusing on individual people.

Changes in Data: Affordable Housing

Healthy NC 2020 Goal: Decrease the percentage of people spending more than 30% of their income on rental housing to 36.1%.

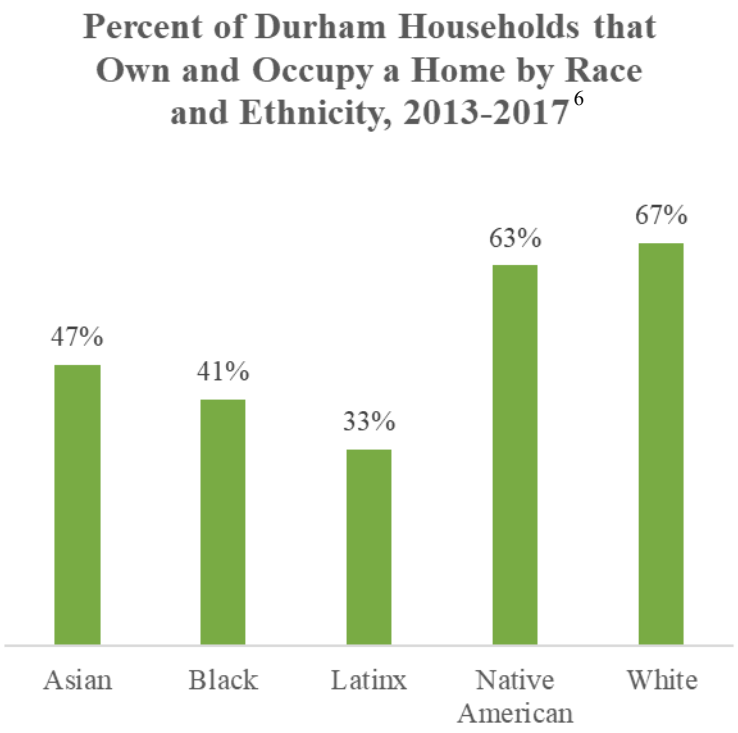
Renters are Impacted the Most by Rising Housing Prices

Seventy-one percent of Durham residents who were surveyed during the 2017 Community Health Assessment identified affordable housing as a top issue, making it the number one cited priority area.[10,13] Affordable housing affects home owners and renters in Durham due to the increasing housing prices.[6]

Since 2010, the median listing price for homes sold in Durham has increased by more than 40%. However, renters are being hit the hardest with increasing prices.[31] The United States Department of Housing and Urban Development (HUD) defines affordable housing as spending 30% or less of your income on housing costs.[12] In 2017, an estimated 23% of home owners in Durham were spending a third or more of their income on housing costs compared to 48% of renters.[6]

Why are there inequities?

In 1934 the Federal Housing Administration began a practice known as redlining, which assigned risk categories to neighborhoods based on racial demographics. Neighborhoods with a majority of people of color were deemed risky, which resulted in lower levels of access to mortgages for people of color compared to whites.[16] Redlining was outlawed in 1968, but the effects can still be seen. Research shows that the history of redlining contributes to as much as 30% of the homeownership gap between people of color and whites in recent years.[3] Given that renters are most impacted by rising housing prices in Durham, there is a clear link between home ownership and lack of affordable housing.[6]



Progress Made in the Last Year

Community organizations and local government are making efforts to address this issue. Durham Congregations Associations & Neighborhoods (CAN), the Coalition for Affordable Housing and Transit and others are advocating to ensure 15% of housing at light rail stops is affordable, especially in the downtown area.[28]

The Durham Housing Authority (DHA) is planning to redevelop several properties near downtown such as Liberty Street/Oldham Towers, J.J. Henderson, and Forest Hill Heights to make them mixed-use and mixed income properties.

Additionally, 82 affordable housing units will be built as Willard Street apartments on city-owned land at Jackson and Pettigrew. The County has approved affordable housing units as part of a mixed income project that will include apartments and commercial space on the 300 and 500 blocks of East Main St.

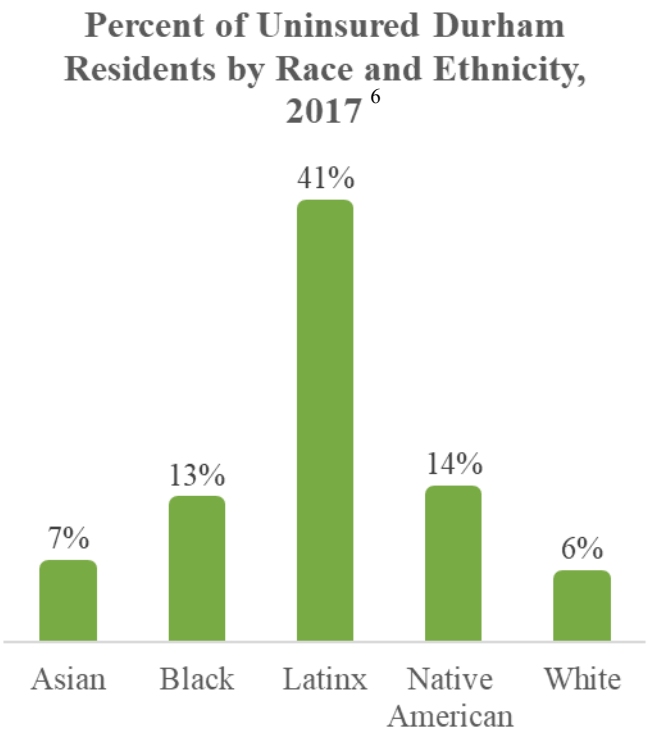
Changes in Data: Access to Health Care

Healthy NC 2020 Goal: Reduce the percentage of non-elderly uninsured individuals from 22.6% to 8%.

The Link Between being Uninsured and Access to Care

Access to care was identified as the number two health priority among Durham residents in the 2017 Community Health Assessment, with 70% of residents surveyed identifying it as a top issue in Durham.[10,13] Although the proportion of uninsured residents has decreased from 15% in 2015 to 13% in 2017, a large number of residents continue to be affected. An estimated 38,816 Durham residents were uninsured in 2017. Of those, 4,743 were children and adolescents under 19 years old.[6] Residents who were surveyed as part of the most recent Community Health Assessment identified cost as the number one barrier in getting health insurance. That was followed by lack of employer based plans, immigration status, and unemployment.[13]

The percent of Durham residents without insurance varies significantly by race and ethnicity. Data are disaggregated in the chart below.



Why are there inequities?

High cost and lack of employer based health plans were the two most commonly cited reasons Durham residents identified as barriers to getting health insurance.[13] As a result of workforce discrimination, people of color are less likely to be interviewed for a job when compared with whites with nearly identical credentials. This can lead to fewer job opportunities.[4] People of color are also more likely than whites to have low wage or hourly jobs.[9,24] These jobs often do not provide an option to buy employer sponsored health insurance.[9] Immigration status is also a barrier to gaining access to health insurance, and was cited as the third most common barrier among Durham residents.[13] These issues contributes to unequal access to health insurance by race.

Progress Made in the Last Year

Between 2015 and 2018, the Partnership for a Healthy Durham Access to Care committee worked with partners to develop a report about dental care options for the uninsured and underinsured and recommendations on expanding services. The committee was one of many partners involved in pilot projects related to transportation, housing and healthcare. The committee informed the public about the Affordable Care Act (ACA) Open Enrollment Period and local resources to help with enrollment through Durham Herald-Sun letters to the editor, social media, and partner networks.

In reviewing the input from the community, the committee's 2018-2021 strategies will focus on:

- Understanding and increasing uninsured and underinsured residents' awareness of affordable healthcare, resources, and insurance options available and how to access them
- Increasing the number of Community Health Workers in Durham County
- Facilitating racial equity training opportunities for patient care teams in Durham County
- Normalizing and destigmatizing HIV prevention and treatment efforts in healthcare settings

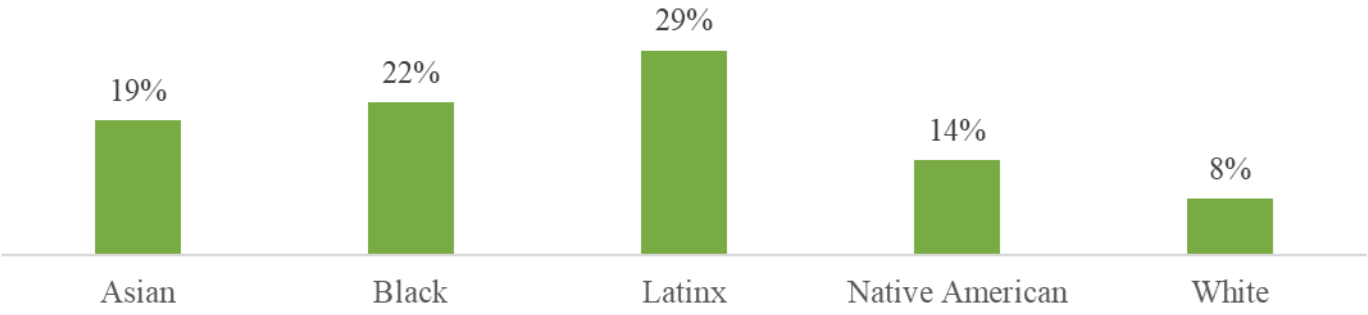
Changes in Data: Poverty

Healthy NC 2020 Goal: Decrease the percentage of individuals living in poverty to 12.5%.

Poverty is Decreasing in Durham

Poverty ranked third among top community priorities identified by residents in the most recent Community Health Assessment. Almost two thirds of residents who were surveyed (61%) said poverty was a top issue in Durham.[10,13] In total, more than 47,000 (16%) Durham residents were living at less than 100% of the poverty level in 2017. The percent of the population below the poverty level in Durham has decreased from 20% in 2010 to 16% in 2017, which is equivalent to the percent in North Carolina. Notably, female single-parent families were more than five times as likely to live in poverty (33%) compared to married couple families (6%). Poverty rates also varied by race, and are displayed below.[6]

Percent of Population below the Poverty Level by Race and Ethnicity, Durham County, 2013-2017[6]



Why are there inequities?

Unequal access to jobs (see page 8) and income inequality contribute to disproportionate levels of poverty among people of color compared to whites. Over the past 30 years, there has been no improvement in the wage gap between Latinx and white workers and the wage gap between black and white workers actually increased significantly, even when controlling for education, experience, and geographic location.[18,29] Discrimination was the number one contributor to the increasing wage gap among black workers when compared to whites, but it affects some people more than others based on gender, work experience, education, and geographic location.[29] Similarly, discrimination was a key contributor to the wage gap between Latinx and white workers.[18] Gentrification also contributes to inequitable outcomes. New residents make an average of $13,000 more a year than existing residents.[27]

Progress Made in the Last Year

The Partnership for a Healthy Durham incorporated poverty into its restructured format as an associate committee (see page 3). The Partnership Steering Committee is continuing to discuss what this looks like and how to hold the Partnership accountable for addressing poverty. Poverty is not a separate committee because the coalition did not want to duplicate existing community efforts.

On March 7, 2019 Episcopalians United Against Racism (EUAR) and End Poverty Durham co-hosted a Faith Summit on Racism and Child Poverty. The purpose of the event was to bring interfaith groups and community members together to increase collaboration towards dismantling racism and ending child poverty in Durham. Expected outcomes of the event were to gain awareness and understanding of racism as the root cause of child poverty, discover existing resources/services available in Durham to reduce racism and child poverty, and create collaborative steps for congregations and organizations to work together.

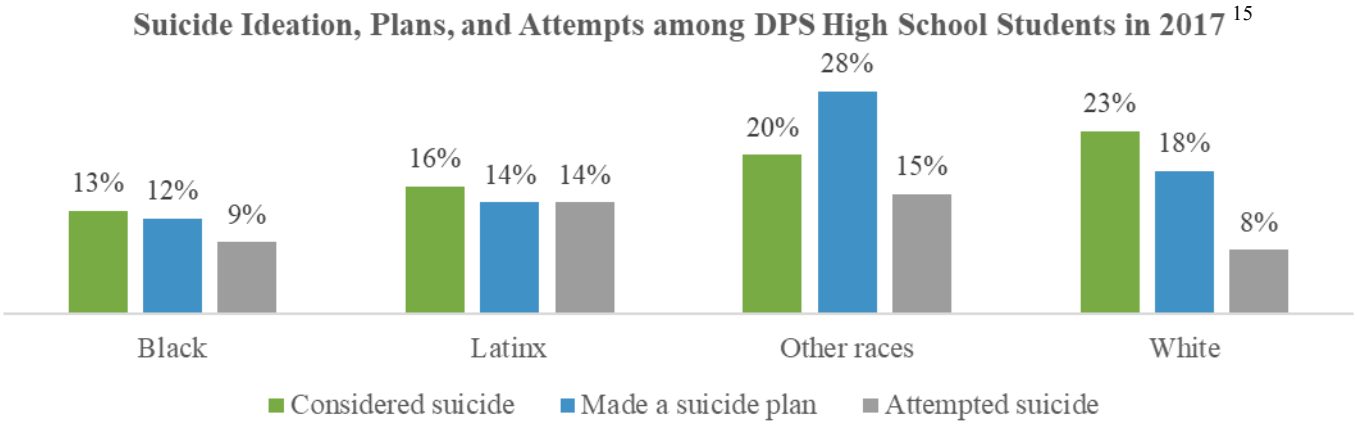
Changes in Data: Mental Health

Healthy NC 2020 Goal: Reduce the suicide rate to 7.03 per 100,000 population.

Trends in Mental health

Fifty-five percent of Durham residents surveyed as part of the Community Health Assessment identified mental health as a top community priority.[10,13] This report focuses on adolescent mental health due to a lack of county level data for adults. The Youth Risk Behavior Survey (YRBS), which is administered to Durham Public School (DPS) students, shows increasing levels of depression among adolescents. The percent of middle school students who reported being depressed increased slightly from 24% in 2013 to 26% in 2017. A similar increase was seen among high school students during the same time period (24% to 30%). Females reported the highest levels of depression among middle and high school students.[15]

High school students were asked about suicide ideation in the 12 months leading up to the survey. Among high school students, 16% considered committing suicide. There was not a significant change from 2015 to 2017. However, differences by race, ethnicity, and sex were significant during the 2017 school year.[15] Data are displayed below.



Why are there inequities?

The percent of white students reporting suicide ideation was the highest of any race; the percent of white students who attempted suicide was the lowest. While the percentage of Latinx students who considered suicide was lower than white students, most Latinx students who considered suicide attempted suicide.[15] Differences in access to mental health services may contribute to inequities in attempted suicide by race.[8]

Progress Made in the Last Year

The Partnership voted to shift its focus from substance use to mental health based on the 2017 CHA results, as substance use was not identified as a top priority.[10,13] The committee also wanted to avoid duplicating existing efforts such as Durham Joins Together to Save Lives. The Mental Health committee is currently drafting its 2018-2021 action plan.

The Durham County Adverse Childhood Experiences (ACEs) Task Force has been meeting monthly since 2017. Along with several other initiatives, the group has organized numerous public viewings of the movie *Resilience* at local agencies and community organizations with facilitated discussions to increase awareness of ACEs and resilience. The task force held a strategic planning retreat in February 2019 to further define the Task Force's work and future actions.

The Duke University Hospital system is planning a $102 million expansion of Duke Regional Hospital. The expansion will include a new 112,000 square foot behavioral health facility with 42 inpatient beds, 18 -bed mental health emergency department, 30 outpatient rooms and additional services. The facility is expected to open in March 2021.[5]

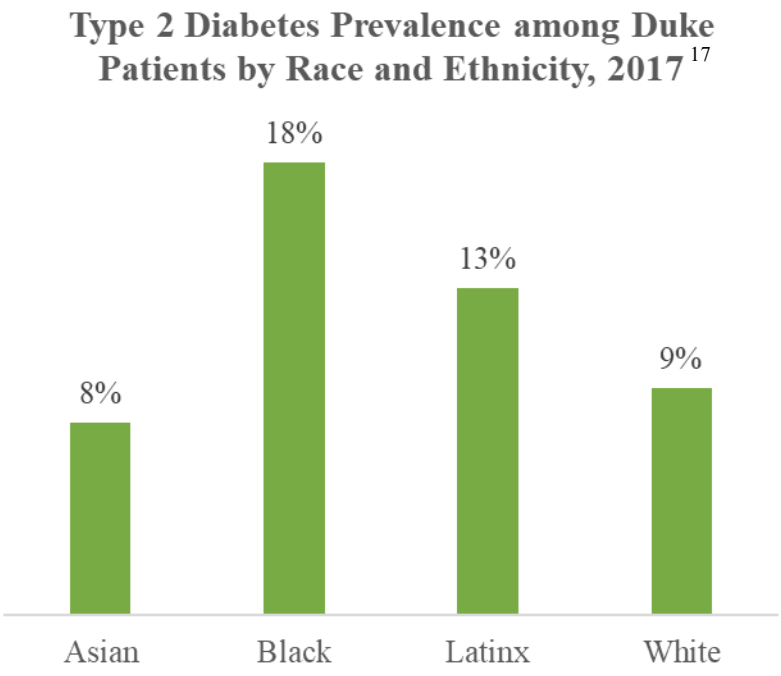
Changes in Data: Obesity, Diabetes, and Food Access

Healthy NC 2020 Goal: Decrease the percentage of adults with diabetes to 8.6%.

Connecting the Dots between Obesity, Diabetes, and Food Access

Nearly half (46%) of Durham residents who participated in the community health assessment survey said obesity, diabetes, and food access were top issues affecting their communities.[10,13] In 2017, 66% of adults in Regions 3 and 5 were overweight or obese. The percent of people who were overweight or obese in North Carolina was slightly higher (67%).[22] In contrast, the majority of Durham Public School (DPS) high school students (63%) surveyed in 2017 during through the Youth Risk Behavior Survey were neither overweight nor obese. Height and weight measurements for adults and high school students were self-reported.[15]

Obesity is one of the biggest predictors for type 2 diabetes.[23] The estimated percentage of the Durham population with diabetes (13%) was higher than the national average (9%).[17,7] Durham estimates are based off of prevalence data among Duke and Lincoln Community Health Center patients. Type 2 diabetes varied by race in Durham and is displayed below.



Why are there inequities?

Fast food companies target people of color with ads for unhealthy food and open up more fast food chains in neighborhoods where most residents are people of color compared to predominantly white neighborhoods.[25]

This is compounded by the fact that people of color are also more likely to live in areas without access to a nearby grocery store, which leads to lower levels of access to fresh fruits and vegetables.[1] The overabundance of fast food and limited access to healthy food in neighborhoods where most residents are people of color contributes to an increase in obesity and diabetes among people of color.[1,25]

Progress Made in the Last Year

Between 2015 and 2018, the Obesity, Diabetes, and Food Access committee supported and promoted the Double Bucks program, created two Healthy Mile Trails and educated policymakers about the need for Complete Streets in Durham.

In reviewing input from the community, the committee's 2018-2021 strategies will focus on:

- Working with Durham Public Schools to shift the culture around school meals to be more positive to increase the amount of sales and quality of food
- Shifting the culture and narrative to support an understanding of unhealthy foods and the companies that sell them
- Increasing use and support of existing infrastructure around physical activity and nutrition
- Increasing access to fruits and vegetables through existing programs (e.g., Double Bucks, SNAP)

This report was prepared by the Durham County Department of Public Health with assistance from the Partnership for a Healthy Durham. The Partnership for a Healthy Durham is a coalition of agencies and community members working together to improve the physical, mental, and social health and wellbeing of Durham County residents. This report will be available on the Partnership for a Healthy Durham website and hard copies will be printed and made available to the community.

Durham County Department of Public Health sponsored the printing of this report. For more information about this report, to obtain copies or find the schedule for Partnership for a Healthy Durham meetings, visit **www.healthydurham.org** or call (919) 560-7833.

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